

New Employee Checklist

Lunch Monitors

Require	d c	ocumentation for newly hired Lunch Monitors includes the following.
The hir at 33 Sp	ing bec	documents listed below are available through Document Depot, by visiting Human Resources tacle Lake Drive in Dartmouth, or by request can be mailed out to the candidate.
	1.	Notice of Commencement of Employment for Casuals
	2.	Employee Personal Information Profile
	3.	Criminal Records Check with a Vulnerable Sector Check (\$50-\$60 Fee - Contact your local Police Department or RCMP detachment to initiate the process, or online at www.backcheck.net/halifax/ Check must be dated within 3 months of date of hire). If the CRC is obtained through MyBackCheck, it needs to be shared with the HRSB Headquarters and the Vulnerable Sector Check needs to be completed and showing as "Clear": this is a requirement for processing the application.
	4.	Child Abuse Registry Search Form A (original with copy of driver's license or Health Card - HR will send to Department of Community Services) or completed Child Abuse Search results letter.
	5.	Copy of Driver's License or Health Card (to accompany Child Abuse Search)
	6.	Employee Confidentiality Agreement
	7.	HRCE Acceptable E-Mail Use Protocol and Consent Form
	8.	Void Cheque or Banking Information for payroll deposit purposes
	9.	Tax Forms (TD1 and TD1NS - two page forms)
Please comple	for ted	ward <u>all</u> completed documents in original (OR via fax if the Child Abuse Register Search is) via interoffice mail or regular mail to:
33 Spec	tac	source Services tle Lake Drive , NS B3B 1X7
All doc	ume	ents must be received by HR prior to the new employee being issued a payroll number. In with Centre's Policy, new employees cannot work until they provide a satisfactory Criminal

Records Check with Vulnerable Sector Check.

Questions? If you have any questions in relation to the above, please do not hesitate to contact our Human Resources Department. Please contact Carla Spears at 464-2000, ext. 2185. Thank You.



Notice of Commencement of Employment For Non Teaching Casual Employees

Human Resource Services

This notice is to be completed by all Non Teaching Casual employees indicated in Section 2 upon the first substitute assignment for the school year. The information requested is essential to process payroll. Please note this form is not required for substitute teachers, casual EPA's, casual Secretaries or casual Library Support Specialists.

SECTION 1: Perso	nal Data	(To be co	mpleted b	y Employee)			
Title:	☐ Mrs	☐ Ms	☐ Miss	Emi	p. #:		
Last Name:				First Name:			
Social Insurance Number: Date of Birth:							
Mailing Address: _					Month Day Year		
City:			Province:		Postal Code:		
Home Phone #:			= ==	Email address:			
It is a requirement	t of the H			re for Educatio account direct	on that all employees receive payment t deposit.		
Please atta	ich a vo	id chequ	e OR bar	nk authoriza	tion form for direct deposit.		
	☐ Bank	ing informat	ion on file a	and current (for r	returning employees)		
Employee Signature:			-		Date:		
SECTION 2: Emplo	yment D	ata (To b	e complet	ed by School/:	Site)		
First Day Worked:	Mor	th I	Day	Year			
Substitute Position:	☐ Nev	v (no 400#)	☐ Ret	urning Sub #4	400		
	(Term emp	oloyees requ	ire a new er	nployee # for su	bstitute assignments)		
Position Title:		/Student Mo n Monitor - F		stitute	tor Cafeteria Worker Door Monitor Other:		
School/Site:							
Principal/Supervisor Signature: Date:							
SECTION 3: For HR Purposes Only (To be completed by Human Resources)							
Position Number: Vacation Pay:			Emp	loyee Personnel	l Number:		
THE FORM IO TO	DE COME	LETER ON	THE ELDOW		MINISTERS THE NEW COLLOCK WILL		

THIS FORM IS TO BE COMPLETED ON THE FIRST DAY OF ASSIGNMENT FOR THE NEW SCHOOL YEAR AND FAXED TO HUMAN RESOURCE SERVICES @ 464-2316



Employee Personal Information Profile

SECTION 1: Personal Information								
Start Date: Position Hired For:								
Work Location:								
Title: Mr. Mrs. Ms. Miss NSTU Prof# (Teachers Only):	_							
Last Name: First Name:	-							
Middle Name: Initials: Preferred Name:								
SIN#: Date of Birth: Year Month Day								
Gender: Male Female								
Home Phone #: Alternate #:	_							
Primary Email: Alternate Email:								
Primary Address:								
Number & Street:	_							
City: Province: Postal Code:								
Summer Address (If different from above):								
Number & Street:	_							
City: Province: Postal Code:								
SECTION 2: Emergency Contact Information								
Last Name: First Name:	_							
Gender:								
Relationship:								
Contact #: Alternate #:	_							
SECTION 3: HR Section								
Date CRC Received: Date CAR Received:								
Employee #: Position #:								



Employee Confidentiality Agreement

I acknowledge that I will not disclose any confidential documents or confidential information made available to or acquired by me, in any manner whatsoever, during the course of my employment at the Halifax Regional Centre for Education.

Confidential documents and information include, but are not limited to the following: decisions or data not intended for release, employee information, payee information, applicant information, student information, any other personal information.

I understand that violation of this agreement may result in discipline up to and including discharge or termination of my employment with the Halifax Regional Centre for Education.

I agree that upon termination or resignation of my employment, I will return to the Halifax Regional Centre for Education all documents, software, data and other media that belong to the Board that I may have taken possession of during my employment with the Board.

Employee's Signature	. Date	
Employee's Name (Please Print)	-	

HRCE Acceptable E-Mail Use Protocol and Consent Form

E-mail is an important mechanism for communication at the Halifax Regional Centre for Education. However, use of Halifax Regional Centre for Education's electronic mail systems and services are a privilege, not a right, and therefore must be used with respect and in accordance with the goals and policies of the Halifax Regional Centre for Education.

The objectives of this policy are to outline appropriate and inappropriate use of the Halifax Regional Centre for Education's e-mail systems and services in order to minimize disruptions to services and activities, as well as comply with applicable policies and laws.

Scope

This policy applies to all e-mail systems and services owned by the Halifax Regional Centre for Education, all e-mail account users/holders at the Halifax Regional Centre for Education (both temporary and permanent), and all company e-mail records.

Account Activation/Termination

Access to e-mail accounts at the Halifax Regional Centre for Education is controlled through individual accounts and passwords. Each user of the Centre's e-mail system will be required to read and sign a copy of this E-Mail Acceptable Use Protocol prior to receiving an e-mail access account and password.

It is the responsibility of the employee to protect the confidentiality of their account and password information.

All employees of the Halifax Regional Centre for Education are entitled to an e-mail account. E-mail accounts will be granted to third party non-employees on a case-by-case basis. Possible non-employees that may be eligible for access include:

- Contractors.
- Term employees.

Applications for these temporary accounts must be submitted in writing to the Coordinator, Information Technology by the Director of the department.

E-mail access will be terminated when the employee or third party terminates their association with the Halifax Regional Centre for Education, unless other arrangements are made. The Halifax Regional Centre for Eduction is under no obligation to store or forward the contents of an individual's e-mail inbox/outbox after the term of their employment has ceased.

General Expectations of HRCE staff

Important official communications are often delivered via e-mail. As a result, employees of the Halifax Regional Centre for Education with e-mail accounts are expected to check their e-mail in a consistent and timely manner during regular business hours (8 a.m. to 4:30 p.m.) so that they are aware of important announcements and updates, as well as for fulfilling business- and role-oriented tasks.

Unless an employee is away from the office for an extended period of time, every effort will be made to acknowledge or respond to incoming e-mail within one or two working days.

E-mail users are responsible for mailbox management, including organization and cleaning. If a user subscribes to a mailing list, he or she must also be aware of how to un-subscribe their e-mail address from the list, and is responsible for doing so in the event that their e-mail address changes.

E-mail users are also expected to comply with normal standards of professional and personal courtesy and conduct. E-mail use at the Halifax Regional Centre for Education will comply with all applicable laws, all the Halifax Regional Centre for Education policies, and all the Halifax Regional Centre for Education contracts.

Appropriate Uses of e-mail include:

- Communicating with fellow employees, schools, business partners of the Halifax Regional Centre for Education, and clients within the context of an individual's assigned responsibilities.
- Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities.
- Participating in educational or professional development activities.

In addition to requirements defined through the Board's *Acceptable Use* Policy, inappropriate uses of e-mail include:

- Viewing, copying, altering, or deletion of e-mail accounts or files belonging to the Halifax Regional Centre for Education or another individual without authorized
- permission. Sending of unreasonably large e-mail attachments. The total size of an individual e-mail message sent (including attachment) should be 2mb's or less.
- Opening e-mail attachments from unknown or unsigned sources. Attachments are the primary source of computer viruses and should be treated with utmost caution.

 Sharing e-mail account passwords with another person, or attempting to obtain another person's e-mail account password. E-mail accounts are only to be used by the registered user.

Excessive personal use of the Halifax Regional Centre for Education e-mail
resources. The Halifax Regional Centre for Education allows limited personal use
for communication with family and friends, independent learning, and public
service so long as it does not interfere with staff productivity, pre-empt any business
activity, or consume more than a trivial amount of resources. The Halifax Regional
Centre for Education prohibits personal use of its e-mail systems and services for
unsolicited mass mailings, non-Halifax Regional Centre for Education commercial
activity, political campaigning, dissemination of chain letters, and use by nonemployees.

Monitoring and Confidentiality

The e-mail systems and services used at the Halifax Regional Centre for Education are owned by Centre, and are therefore its property. This gives the Halifax Regional Centre for Education the right to monitor any and all e-mail traffic passing through its e-mail system. Staff will not actively read end-user e-mail. However, e-mail messages may be inadvertently read by IT staff during the normal course of managing the e-mail system.

In addition, backup copies of e-mail messages may exist, despite end-user deletion, in compliance with the Halifax Regional School Board's records retention policy¹. The goals of these backup and archiving procedures are to ensure system reliability and prevent business data loss.

Use extreme caution when communicating confidential or sensitive information via e-mail. Keep in mind that all e-mail messages sent outside of the Halifax Regional Centre for Education become the property of the receiver. A good rule is to not communicate anything that you wouldn't feel comfortable being made public. Under the *Freedom of Information and Protection of Privacy Act* all electronic communications are subject to FOIPOP requests.

Reporting Misuse

Any allegations of misuse should be promptly reported to Coordinator, Information Technology. If you receive an offensive e-mail, do not forward, delete, or reply to the message. Instead, report it directly to the individual named above.

¹ currently under development

Disclaimer

The Halifax Regional Centre for Education assumes no liability for direct and/or indirect damages arising from the user's use of the Halifax Regional School Board's e-mail system and services. Users are solely responsible for the content they disseminate. The Halifax Regional Centre for Education is not responsible for any third-party claim, demand, or damage arising out of using the Halifax Regional School Board's e-mail systems or services.

Failure to Comply

Violations of this policy will be treated like other allegations of wrongdoing at the Halifax Regional Centre for Education. Allegations of misconduct will be adjudicated according to established procedures. Sanctions for inappropriate use on the Halifax Regional School Board's e-mail systems and services may include, but are not limited to, one or more of the following:

- 1. Temporary or permanent revocation of e-mail access;
- 2. Disciplinary action according to applicable the Halifax Regional Centre for Education policies;
- 3. Termination of employment; and/or
- 4. Legal action according to applicable laws and contractual agreements.

E-Mail User Agreement

I have read and understand the E-Mail Acceptable Use Protocol. I understand if I violate the rules explained herein, I may face legal or disciplinary action according to applicable policies of the Halifax Regional Centre for Education or laws.

Name:	 	;::	 	
Signature:	 	 	 +4.	
Date:	 			



2019 Nova Scotia Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions. Fill out this form based on the best estimate of your circumstances.

Last name	First name		me and initial(s)		s)	C	ate of birth (YYYY/MM/DD) Employee number		nber				
Address		Postal code				_	For non-residents only -		Social in	Social insurance numbe			
		H	-		+	_	Country of permanent residence						1
1. Basic personal amount — Every person employed in Nova Scotia and every pensioner residing in Nova Scotia can claim the basic personal amount. If your taxable income from all sources for the year will be \$25,000 or less enter \$11,481, comprising the basic amount of \$8,481 and the additional amount of \$3,000, and if it is more than \$75,000 enter \$8,481. If your taxable income will be between \$25,000 and \$75,000 and you want to calculate a partial claim for the \$3,000 additional amount, get Form TD1NS-WS, Worksheet for the 2019 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.								i I	!				
\$4,141. If your net income for the year will be between	2. Age amount – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$30,828 or less, enter \$4,141. If your net income for the year will be between \$30,828 and \$58,435 and you want to calculate a partial claim, get Form TD1NS-WS, Worksheet for the 2019 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section.												
2.1 Age amount supplement – If you will be 65 or old \$25,000 or less, enter \$1,465. If your taxable income to supplement claim. To calculate the claim get Form TD1	or the year	ar wi	ili be l	betwo	een :	\$2	5.000 and \$75.000 you can ca	sources will be alculate a					
3. Pension income amount – If you will receive regular Pension Plan, Quebec Pension Plan, Old Age Security estimated annual pension income, whichever is less.	r pensio , or Gua	n pa rante	ymer eed Ir	nts fro	om a e Su	a p	ension plan or fund (excluding element payments), enter \$1,1	Canada 73, or your					
4. Tultion and education amounts (full time and par institution certified by Employment and Social Develop in this section. If you are enrolled full time, or if you hav tuition fees you will pay, plus \$200 for each month that physical disability, enter the total of the tuition fees you	ment Ca e a men you will	nada tal o be e	a, and ir phy inrolle	d you sical ed. If	will disa you	pa abil ar	y more than \$100 per institution ity and are enrolled part time, are enrolled part time and do not be the said to not be the sa	on in tuition fees enter the total of t have a mental	i, fill if the				
5. Disability amount – If you will claim the disability are Credit Certificate, enter \$7,341.	nount or	yoı	ır inco	ome t	tax r	retu	ırn by using Form T2201, Disa	bility Tax	·				
6. Spouse or common-law partner amount – If you a or her net income for the year will be \$848 or less, enter and you want to calculate a partial claim, get Form TD	r \$8,481	. If I	nis or	herr	net ir	nco	ome for the year will be between	s with you, and en \$848 and \$9	his ,329				
6.1. Spouse or common-law partner supplement – If you are supporting your spouse or common-law partner who lives with you, and your taxable income from all sources will be \$25,000 or less, enter \$3,000 less his or her net income. If your taxable income from all sources will be between \$25,000 and \$75,000 and your spouse or common-law partner's net income will be under \$3,000, you can calculate a supplement claim. To calculate the claim, get Form TD1NS-WS, and fill in the appropriate section.							rom						
7. Amount for an eligible dependant – If you do not I who lives with you and whose net income for the year to between \$848 and \$9,329 and you want to calculate a	vill be \$8	348	or les	s, en	ter\$	88.4	481. If his or her net income fo	r the year will b	e e				
7.1. Amount for an eligible dependant supplement – If you do not have a dependant relative who lives with you, and your taxable income from all sounce income. If your taxable income from all sources will be between \$25,000 will be under \$3,000, you can calculate a supplement claim. To calculate the section.				sourc 000 a	es v	will \$7:	be \$25,000 or less, enter \$3,05,000 and your eligible depend	000 less his or h dant's net incom	e				
8. Caregiver amount – If you are taking care of a deper or less, and who is either your or your spouse's or com	endant w mon-law	ho li par	ives v tner's	vith y	ou, \	wh	ose net income for the year w	ill be \$13,677		***************************************			
 parent or grandparent (aged 65 or older); or relative (aged 18 or older) who is dependent on you 													
If the dependant's net income for the year will be between TD1NS-WS and fill in the appropriate section.													
9. Amount for infirm dependants age 18 or older – I spouse's or common-law partner's relative, who lives in \$2,798. You cannot claim an amount for a dependant between \$5,683 and \$8,481 and you want to calculate	i Canada ou claim a partial	ed o clai	d whom line m, ge	ose r e 8. Ii t For	net in f the m T(nco e de D1	ome for the year will be \$5,683 ependant's net income for the NS-WS and fill in the appropri	or less, enter year will be ate section.					
10. Amounts transferred from your spouse or cominist or her age amount, pension income amount, tuition enter the unused amount.	and edu	cati	on an	nount	ts, o	or d	isability amount on his or her i	ncome tax retui	n,				
11. Amounts transferred from a dependant – If your income tax return, enter the unused amount. If your or will not use all of his or her tultion and education amount.	your spo	use	's or o	comn	non-l	-lav	v partner's dependent child or	grandchild					
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determine	ne the a	mou	nt of	your	prov	vin	cial tax deductions.						

Protected B when completed
Filling out Form TD1NS
Fill out this form only if you are an employee working in Nova Scotia or a pensioner residing in Nova Scotia and any of the following apply:
 you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
 you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or you want to increase the amount of tax deducted at source.
Sign and date it, and give it to your employer or payer.
If you do not fill out Form TD1NS, your employer or payer will deduct taxes after allowing the basic personal amount only.
More than one employer or payer at the same time
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1NS for 2019, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1NS, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.
Total income less than total claim amount
Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. Then your employer or payer will not deduct tax from your earnings.
Additional tax to be deducted
If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.
Reduction in tax deductions
You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.
Forms and publications
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.
Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-info-source.

 - Certification ————————————————————————————————————	
I certify that the information given on this form is correct and complete.	
Signature	Date

2019 Personal Tax Credits Return

Protected B when completed

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions. Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	
Address	Postal code	For non-residents only -	Soc	ial insurance number
		Country of permanent residence	1	
Basic personal amount – Every resident of Canada payer at the same time in 2019, see "More than one en see "Non-residents" on page 2.	a can claim this amount. If ynployer or payer at the sam	you will have more than one emp ne time" on page 2. If you are a n	loyer or on-resident,	12,069
2. Canada caregiver amount for infirm children und born in 2002 or later, that resides with both parents the year, the parent who is entitled to claim the "Amount fo for that same child who is under age 18.	oughout the vear. If the chil	d does not reside with both pare	nts throughout the	
3. Age amount – If you will be 65 or older on December or less, enter \$7,494. If your net income for the year will get Form TD1-WS, Worksheet for the 2019 Personal T	II be between \$37,790 and	\$87,750 and you want to calcula	es will be \$37,790 te a partial claim,	-
4. Pension Income amount – If you will receive regula Plan, Quebec Pension Plan, Old Age Security, or Guar annual pension income, whichever is less.	ar pension payments from a ranteed Income Supplemen	a pension plan or fund (excluding at payments), enter \$2,000 or you	Canada Pension ir estimated	
5. Tuition (full time and part time) – If you are a stude Employment and Social Development Canada, and you are enrolled full time or part time, enter the total of the	ມ will pay more than \$100 ຕ	or college, or an educational inst per institution in tuition fees, fill in	itution certified by this section. If you	
6. Disability amount – If you will claim the disability ar Certificate, enter \$8,416.	mount on your income tax r	eturn by using Form T2201, Disa	bility Tax Credit	
7. Spouse or common-law partner amount – If you a whose net income for the year will be less than \$12,060 and his or her estimated net income for the year. If his she is infirm), you cannot claim this amount. In all case	9 (\$14,299 if he or she is In or her net income for the ve	nfirm), enter the difference between the same of the s	en this amount 299 or more if he or	
8. Amount for an eligible dependant – If you do not he who lives with you and whose net income for the year the Canada caregiver amount for children under ag her estimated net income. If his or her net income for the cannot claim this amount. In all cases, if his or her net income for the cannot claim this amount. In all cases, if his or her net income for the cannot claim this amount. In all cases, if his or her net income for the cannot claim this amount. In all cases, if his or her net income for the cannot claim this amount.	will be less than \$12,069 (\$ j e 18 for this dependant), ne vear will be \$12,069 or n	14,299 if he or she is infirm and enter the difference between this nore (\$14,299 or more if he or sh	you cannot claim amount and his or le is infirm), you	
9. Canada caregiver amount for eligible dependent an infirm eligible dependent (aged 18 or older) or an in \$23,906 or less, get Form TD1-WS and fill in the appro	nfirm spouse or common-la	w partner – If, at any time in the aw partner whose net income for	year, you support the year will be	
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law phave claimed an amount for if his or her net income enter \$7,140. If his or her net income for the year will be Form TD1-WS and fill in the appropriate section. You care sharing this amount with another caregiver who supsection.	partner or eligible depend e were under \$14,299) who e between \$16,766 and \$2 an claim this amount for m	ant you claimed an amount for ose net income for the year will be 3,906 and you want to calculate ore than one infirm dependant as	on line 9, or could e \$16,766 or less, a partial claim, get te 18 or older, If you	
11. Amounts transferred from your spouse or common his or her age amount, pension income amount, tuition amount.	non-law partner - If your samount, or disability amou	spouse or common-law partner wint on his or her income tax return	rill not use all of n, enter the unused	
12. Amounts transferred from a dependant – If your income tax return, enter the unused amount. If your or use all of his or her tultion amount on his or her incom	your spouse's or common-	law partner's dependent child or	n his or her grandchild will not	
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determi	ne the amount of your tax (deductions.		

Filling out Form TD1							
 Fill out this form only if any of the following apply: you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefit remuneration 	ts, or any other						
you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed) you want to claim the deduction for living in a prescribed zone you want to increase the amount of tax deducted at source							
Sign and date it, and give it to your employer or payer.							
If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount only.							
More than one employer or payer at the same time							
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2019, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on line 13 and do not fill in lines 2 to 12.							
Total income less than total claim amount							
Check this box if your total income for the year from all employers and payers will be less than your total claim amount on payer will not deduct tax from your earnings.	ine 13. Your employer or						
Non-residents (Only fill in if you are a non-resident of Canada.)							
As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Car	nada in 2019?						
Yes (Fill out the previous page.)							
No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)							
If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.							
Provincial or territorial personal tax credits return							
If your claim amount on line 13 is more than \$12,069, you also have to fill out a provincial or territorial TD1 form. If you are an empt Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of repayer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax determine the amount of your tax determines the your tax determines the amount of your tax determines the you	cidence. Vaur employer or						
If you are claiming the basic personal amount only (your claim amount on line 13 is \$12,069,), your employer or payer will deduct after allowing the provincial or territorial basic personal amount.							
Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2019, you may be able to claim the Form TD1SK, 2019 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you a personal amount on this form.	child amount on are only claiming the basic						
Deduction for living in a prescribed zone If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row be you can claim any of the following:	ginning or ending in 2019,						
 \$11.00 for each day that you live in the prescribed northern zone 							
\$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction	\$						
Employees living in a prescribed Intermediate zone can claim 50% of the total of the above amounts. For more information, go to canada.ca/taxes-northern-residents.							
Additional tax to be deducted							
You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.	\$						
Reduction in tax deductions							
You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Decletter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority from your safary.	ductions at Source, to get a						
Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institution law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a composed commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-in-	ns to the extent authorized by in 237 of the Act and is used for plaint with the Privacy						
- Certification							
I certify that the information given on this form is correct and complete.							

It is a serious offence to make a false return.

Signature .

YYYY/MM/DD

Date_