

NEW EMPLOYEE DETAIL FORM

Personal Information:			
First Name: Teah Last Name:			Buffalo
Date of Birth (YYYY/MM/DD): 1999/08/08			
Phone #: 705-288-00	55	Alt. #:	
Email (Personal): teah	buffalo@outlook.com		_
Home Address:			
118 Dwyer Ave	Schumache	r ON	P0N 1G0
# Street	City	Province	Postal Code
Mailing Address (if dif		ON	DOM 400
609	Schumacher	ON	P0N 1G0
P.O Box	City	Pronvice	Postal Code
Employment Informati	ion:		
Start Date: June 12,	2023	Employee #:	
Employment Type: Permanent Contract End Date: Position: Communit	y Justice Coordinator	Employment Status:	Full Time Part Time Casual Salary: 54113 Pay Band: 6
Manager: Don Rusna	ak 		Grid: 0
Banking & Payroll Info			
Name of Bank: Scotial	bank		
Account #: 0616087			
Transit #: 45492			
Institution #: 002	-		
SIN #: 528-426-25	57		
Tax Exemption:			
Declaration Form Attack Yes No - Fed/Pri	ned? Band Membership #: <u>2´</u> ov Tax Forms Attached	190160901	
Pension and Benefits:			
	September 12, 2023		
Benefit Eligibility Date:	September 12, 2023		
Finance Only:			
Date Received:		Entered into Adagio	Systems by:



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal I	nformation					
Full Given Name:	Buffalo		Tean First		P	
Address:	118 dwyer Ave	enue	Filst		M Initial. Box #	_
	SCHUMACHER			ON Province	PON 1 GO	<u>></u>
Home Phone:	(705) 288-0055	Alternate Pho	one: ()			
Primary Email: $+$	eah. buffalo@outloo	ok.com	DOB M/D/Y	08/	08 / 1999	
SSN#:	508 406 257	Status # 2	19011	0090	21	_
2. Job Inform	nation			. A. A.		
Title:	Community Justice	Employee ID:				
Supervisor:	Don Roshar	_ Department:	Legal	Aid		
Work Location:	Timmins	_ Work Email:	HOUFF	010@	nantegal.	<u>)n-Ca</u>
Work Phone:	()	_ Cell Phone:	()		3	
Start Date:	June 12, 2023	Benefits	Sept 12, 8	2023 _{Pens}	sion: (Y) N Sept 1	2/23
Term Date:	NIA	_ Salary:	\$ 54	113		
3. Emergenc	y Contact Information		•			
Full Name:	Matchim		Kyle First		M Initial.	_
Address:	118 dwylr Auni Street Address	Je			009 Box #	_
	SCHUMACHER			ON Province	PON 160 Postal Code	_
Primary Phone:	1705) 262 - 4546	Alternate Pho	one: ()		
Relationship:	partner					





Nishnawbe-Aski Legal Services Corporation Acknowledgement



^{**}I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.**

Print Name

Signature

Dated this 13 day of 000, 2023

^{**}I hereby acknowledge that I have read and understood the Employee Manual.**

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION LAPTOP USER AGREEMENT



- 1. NALSC has issued you a business lap top/computer for work-related purposes. Employees in possession of NALSC equipment are expected to use the equipment for business purposes only and to maintain the equipment from misuse, damage or theft.
- 2. Employees who are provided with NALSC lap tops are accountable for any damage that may occur.
- 3. If a NALSC-owned lap top is damaged, lost, or stolen, it must be reported immediately to the Manager and the Finance department.
- 4. If a NALSC-owned lap top/computer is damaged, lost, or stolen through the negligence of the authorized user, that individual will be responsible for reimbursing NALSC for all repair or replacement costs. He or she will be required to reimburse NALSC the purchase price of the equipment.
- 5. At any time the manager of the employee may request for the lap top/computer to be returned.

Employee Declaration

I, <u>Trah Buffalo</u> , have rea Agreement and consent to adhere to the rules	ad and understand the above Lap top/Computer outlined therein.
Employee Signature	Legal Services Program
Don Rushak	June 13th 2023
Supervisor/Manager	Date

Laptop <u>or</u> Computer	Serial #	Colour
laptop	PF3W615C	Grey
Brand/Model	Brand New? Y N	Accessories Included? Y/N
lenovo	Purchase Date:	Please List:
		charger
ideapad 3		croa ger



Please complete and submit this form to y Scotiabank account.	our employer to ha	ave your paycheque automati	cally deposited into your
То:		-	
(INSERT NAME OF YOUR EMPLOYER)			
Please accept these instructions to automa	atically deposit my	paycheque into my bank acco	ount as outlined below:
Employee Information			
MS TEAH P BUFFALO			(705) 288-0055
118 DWYER AVENUE P	O BOX 609		
SCHUMACHER		PROVINCE	PON1G0
EMPLOYEE NUMBER (IF APPLICABLE)	*	DEPARTMENT (IF APPLICABLE)	<u> </u>
Employee Bank Account Information			
INSTITUTION	NUMBER	12 DIGIT A	CCOUNT NUMBER
THE BANK OF NOVA SCOTIA	002	45492	0616087
Company Processi	ng Instructions	Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS .			
I am advising the Company to change my not responsible for verifying these paymer or make other changes to my account.	payroll direct depo its to my account. I	sit as indicated above. I unde will notify the Company pror	rstand that Scotiabank is nptly in writing if I close
Authorized by:			
		2023-	JUN-07
SIGNATURE		DATE	

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.

2023 Personal Tax Credits Return

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.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name Buffa	S	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee nur	nber
Address 118 dw	jer Aue. P.O (For non-residents only		Social insurance number
schumachon	ontorio	P1010/1161	Country of permanent reside	nce	5 2 8 4 2 6 2 5 7
Basic personal amour from all sources will be greaturn at the end of the tax	nt – Every resident of Canad eater than \$165,430 and you gear. If your income from a in the appropriate section o	da can enter a basic person u enter \$15,000, you may hall sources will be greater th	al amount of \$15,000. However ave an amount owing on your in an \$165,430, you have the optic t for the 2023 Personal Tax Cred	come tax and be on to calculate a	ne enefit
2006 or later who lives wit parent who has the right to the child.	h both parents throughout to claim the "Amount for an e	he year. If the child does no eligible dependant" on line 8	ent may claim \$2,499 for each ir t live with both parents througho may also claim the Canada car	out the year, the regiver amount fo	or
or less, enter \$8,396. You		if your net income for the y	ncome for the year from all sour ear will be between \$42,335 and		335
	nsion Plan, old age security		a pension plan or fund (not incluplement payments), enter whic		
certified by Employment a		nada, and you will pay more	university or college, or an educ than \$100 per institution in tuiti		
6. Disability amount – If Tax Credit Certificate, ent		amount on your income tax	and benefit return by using Forn	n T2201, Disabil	ity
or common-law partner is following conditions apply	infirm) and your spouse's o	or common-law partner's es	amount on line 1 (line 1 plus \$2 timated net income for the year		use
 Your spouse or common-la 		e for the year will be less that	an the amount on line 1 (line 1 p	lus \$2,499 if you	ır
			a net income for the year of \$26		
dependant is infirm) and	your eligible dependant's es	timated net income for the	t on line 1 (line 1 plus \$2,499 if year if all of the following conditi	ons apply:	
who you are not supp	orting or being supported by	y	common-law partner who does	not live with you	and
	e dependant who is related				
			1 (line 1 plus \$2,499 if your dep 18 years of age for this depend		and
In all cases, go to line 9 if	your dependant is 18 years	or older, infirm, and has	a net income for the year of \$26	,782 or less.	
year, you support an infir	n eligible dependant (aged	18 or older) or an infirm sp	aw partner – Fill out this section louse or common-law partner w out the line 9 section of Form TI	hose net income	for
18 or older (other than the claimed an amount for if the You may enter a partial arout the line 10 section of forms.)	e spouse or common-law pa neir net income were under mount if their net income for Form TD1-WS. This worksh	artner or eligible dependant \$17,499) whose net income the year will be between \$ eet may also be used to cal	ne in the year, you support an in you claimed an amount for on libe for the year will be \$18,783 or 18,783 and \$26,782. To calculat culate your part of the amount if nount for more than one infirm d	ne 9 or could ha less, enter \$7,99 e a partial amou you are sharing	ve 19. nt, fill it
11. Amounts transferred their age amount, pension unused amount.	from your spouse or comincome amount, tuition am	nmon-law partner – If your ount, or disability amount or	spouse or common-law partner n their income tax and benefit re	will not use all o turn, enter the	f
benefit return, enter the u	nused amount. If your or you		of their disability amount on the partner's dependent child or graamount.		
13. TOTAL CLAIM AMOU Your employer or payer w		nine 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 benefits, or any other remuneration
- · you want to change the 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.

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 2023, 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 is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

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.)

Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$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 may 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 if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

-		_		
	_			

\$

Reduction in tax deductions

You may ask to have less tax deducted at source 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 (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to 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. Under the Privacy Act, individuals have a right of protection, access to and 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 on Info Source at canada.ca/cra-info-source.

Certification		
I certify that the information given on this form is correct and complete.		
Signature It is a serious offence to make a false return.	Date	2023-06-08

TD1 E (23) Page 2 of 2



2023 Ontario 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 Buffalo	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee num	ber
Address 118 dwyer Ave. P.O 60	Postal code	For non-residents only		Social insurance number
schumacher ontario	PIONIGO			5 2 8 4 2 6 2 5 7
1. Basic personal amount – Every person employed of you will have more than one employer or payer at the on page 2. 2. Age amount – If you will be 65 or older on December a partial amount if your net income for the year willing 2 section of Form TD10N-WS, Worksheet for the 2.	e same time in 2023, see "Ner 31, 2023, and your net in rill be between \$43,127 and	More than one employer or payer come will be \$43,127 or less, ent \$81,747. To calculate a partial a	at the same tim er \$5,793. You	may
3. Pension income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.				sion
4. Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$9,586.	mount on your income tax a	and benefit return by using Form	Γ2201, Disability	,
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	\$10,075 if you are supportin	g your spouse or common-law pa	artner and both	of
Your spouse or common-law partner lives with your	ı			
 Your spouse or common-law partner's net income 	for the year will be \$1,007	or less		
You may enter a partial amount if your spouse's or con To calculate a partial amount, fill out the line 5 section	You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD10N-WS.			
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	if you are supporting an e	ligible dependant and all of the fo	llowing	
 You do not have a spouse or common-law partner who you are not supporting or being supported by 	, or you have a spouse or o	common-law partner who does no	ot live with you a	and
The dependant is related to you and lives with you				
 The dependant's net income for the year will be \$1 	,007 or less			
You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD10N-WS.				
7. Ontario caregiver amount – You may claim this an your or your spouse's or common-law partner's:	nount if you are supporting	an eligible infirm dependant aged	18 or older who	o is
child or grandchild				
• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada				
To calculate this amount, fill out the line 7 section of Fo	orm TD10N-WS.			
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amount.	on-law partner – If your spount on their income tax and	oouse or common-law partner will benefit return, enter the unused	not use all of thamount.	eir
9. Amounts transferred from a dependant – If your obenefit return, enter the unused amount.	dependant will not use all of	their disability amount on their in	come tax and	
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine	ine the amount of your prov	incial tax deductions.		

Filling out Form TD1ON Fill out this form only if you a

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario 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 the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- 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 TD1ON, 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 TD1ON for 2023, 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 TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source 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 (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to 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. Under the Privacy Act, individuals have a right of protection, access to and 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 on Info Source at canada.ca/cra-info-source.

Certification		
I certify that the information given on this form is correct and complete.		
Signature	Date	2023-06-08



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION OATH OF CONFIDENTIALITY

As a person working at Nishnawbe-Aski Legal Services Corporation ("NALSC") you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC's policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC's Oath of Confidentiality Agreement.

EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC's Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

SIGNATURE JUNE 13, 2023
DATE

PRINT FULL NAME

SIGNATURE OF WITNESS

DATE

Liberty Gorman

Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification ————————————————————————————————————	
Last name (please print) BUFFAIO Usual first name and initials TCAN P	Social insurance number 5 2 8 4 2 6 2 5 7
Residential address including postal code 118 dwyer Ave. P.O. Box 609 Schumacher on Pon 1	
Is the employee's residence located on a reserve?	No 🕱
Indian status	
Is the employee an Indian as defined in the Indian Act?	No 🗌
If yes, was the employee an Indian as defined in the Indian Act:	
 □ prior to 2011? ☑ because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned after January 31, 2011, may be exempt from tax. □ because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after Sep exempt from tax. 	
Type of exemption *1	
The employee performs employment duties: 1. entirely on a reserve	mpplies. Check the the employer resides on a don exclusively for the and the employer is: e reserves; or esively to the social, (guideline 4). on of the Guidelines including es/indian-act-exemption e employment income is not
Employee certification ————————————————————————————————————	
I certify that the information given on this form is correct and complete. Signature Date 100	ne. 13, 2023

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the income has not and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to 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. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source

Instructions -

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide Filing the T4 Slip and Summary.

Employment-related income -

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.