

NEW EMPLOYEE DETAIL FORM

Personal Information:				
First Name: Arturo		Last Name:	Acosta	
Date of Birth (YYYY/MM	_{1/DD):} 1983/10/05			
Phone #: 807-631-44	73	Alt. #:		
Email (<i>Personal</i>): acos	talawtbay@gmail.com		_	
Home Address:				
1-305 Balsam St	Thunder Ba	y ON	P7A 5N6	
# Street	City	Province	Postal Code	-
Mailing Address (if dif	ferent):			
P.O Box	City	Pronvice	Postal Code	
Employment Informati	on:			
Start Date: June 19,	2023	Employee #:		
Employment Type: Permanent Contract End Date:		Employment Status:	Full Time Part Time Casual	
Position: Staff Lawy	er		Salary: 97,480	
Manager: Don Rusna	ak		—— Pay Band: Grid:	
Banking & Payroll Info	rmation:			
Name of Bank: Scotial	oank			
Account #: 0041785				
Transit #: 00687				
Institution #: 002				
SIN #: 520-157-59	 95			
Tax Exemption:				
Declaration Form Attach Yes ✓ No - Fed/Pro	ned? Band Membership #: ov Tax Forms Attached			
Pension and Benefits:				
	September 16, 2023			
Benefit Eligibility Date:	September 16, 2023			
Finance Only:				
Date Received:		Entered into Adagio	Systems by:	

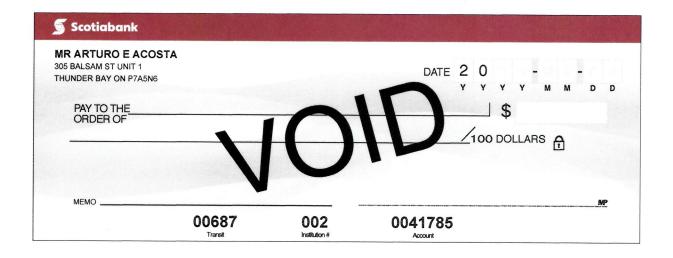


NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal I	nformation	
Full Given Name:	Acoste, Atvo E. Last First M. Initial.	
Address:	1-365 Colsan SH Street Address Box #	
	City/Town ON Province Postal Code	
Home Phone:	(801) 631 - 4473 Alternate Phone: ()	
Primary Email:	acosterbay cay M/DN 10 105/1983	
SSN#:	520 157 595 Status#	
2. Job Inform	nation	
Title:	Staff Langer Employee ID:	
Supervisor:	Don Russer Department: Legal Aid - Staff Lawer	
Work Location:	Athrest Charles acceste @ ronlegal. On	0,
Work Phone:	() Cell Phone: (807) 631 - 4473	
Start Date:	Sept 1/2 Pension N Sept 1/2 2023	
Term Date:	Salary: \$ 97,480	
3. Emergency	y Contact Information	
Full Name:	Acosta Abraham A	
Address:	Last First M Initial. 1-305 Balsay St Tunder Bax Street Address Box #	
(City/Town Province Postal Code 807) 707 - 7703	
Primary Phone:	Alternate Phone: ()	
Relationship:	Bethr	











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.

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PRINT FULL NAME OF WITNESS

June 19, 2023.

TD1

2023 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 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	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee nur	nber
Address	Postal code	For non-residents only		
1-200-R1- 11	Ordinal Code	Country of permanent reside	ence	Social insurance number
1 203 Dailson ST	V H H SP	9		52015759
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$165,430 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	I enter \$15,000, you may had sources will be greater th	ave an amount owing on your in	come tax and be	enefit
Canada caregiver amount for infirm children und 2006 or later who lives with both parents throughout the parent who has the right to claim the "Amount for an ethe child.	ie year. If the child does no ligible dependant" on line 8	t live with both parents throughor may also claim the Canada car	out the year, the egiver amount fo	or
3. Age amount – If you will be 65 or older on Decemb or less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of I	if your net income for the year. Form TD1-WS.	ear will be between \$42,335 and	l \$98,309. To	335
4. Pension income amount – If you will receive regul. Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income.	or guaranteed income sup	plement payments), enter whic l	never is less:	
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Canatotal tuition fees that you will pay if you are a full-time of the contract	ada, and you will pay more or part-time student.	than \$100 per institution in tuition	on fees. Enter the	е
 Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$9,428. 				
7. Spouse or common-law partner amount – Enter to common-law partner is infirm) and your spouse's or following conditions apply:	common-law partner's est	amount on line 1 (line 1 plus \$2, imated net income for the year i	499 if your spou f both of the	se
You are supporting your spouse or common-law p				
 Your spouse or common-law partner's net income spouse or common-law partner is infirm) 			-	r
In all cases, go to line 9 if your spouse or common-law	partner is infirm and has a	a net income for the year of \$26,	782 or less.	
8. Amount for an eligible dependant – Enter the differdependant is infirm) and your eligible dependant's estimated by You do not have a spouse or common-law partner who you are not supporting or being supported by	mated net income for the v	ear if all of the following condition	ons apply:	and
You are supporting the dependant who is related to	o you and lives with you			
 The dependant's net income for the year will be les you cannot claim the Canada caregiver amount 	ss than the amount on line	1 (line 1 plus \$2,499 if your depe 18 years of age for this depend	endant is infirm	and
In all cases, go to line 9 if your dependant is 18 years				
9. Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged 1 the year will be \$26,782 or less. To calculate the amou	or spouse or common-land 8 or older) or an infirm spo nt you may enter here, fill o	w partner – Fill out this section ouse or common-law partner wh out the line 9 section of Form TD	if, at any time in ose net income to 1-WS.	for
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law par claimed an amount for if their net income were under \$\text{You}\$ you may enter a partial amount if their net income for the out the line 10 section of Form TD1-WS. This workshee with another caregiver who supports the same depended or older.	18 or older – If, at any time ther or eligible dependant y 17,499) whose net income he year will be between \$18 et may also be used to calc ant. You may claim this amo	e in the year, you support an inf you claimed an amount for on lin for the year will be \$18,783 or le 8,783 and \$26,782. To calculate ulate your part of the amount if yount for more than one infirm de	irm dependant a le 9 or could havess, enter \$7,999 a partial amoun you are sharing i pendant age 18	ve 9. nt, fill t
 Amounts transferred from your spouse or commendate age amount, pension income amount, tuition amountsed amount. 	unt, or disability amount on	their income tax and benefit reti	urn, enter the	
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or your all of their tuition amount on their income tax and benefit	Spouse's or common-law r	partner's dependent child or gran	income tax and adchild will not us	se
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine	ne the amount of your tax d	leductions.		W265
				# 0 S

	Protected B when complete
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 be or any other remuneration you want to change the amounts you previously claimed (for example, the number of your eligible dependants has change 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	
Lyou have more than one employer or payer at the same time and you have already claimed personal tax credit amounts of you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed of this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	on another Form TD1 for 2023 n another Form TD1, check
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 will not deduct tax from your earnings.	e 13. Your employer or payer
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 2 Yes (Fill out the previous page.)	2023?
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 T territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensi will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.	ionor Vour amplayer or naver
Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount personal amount only.	
Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are only amount on this form.	are a Saskatchewan resident claiming the basic personal
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 nort 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	hern zone for more than six
 \$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 tay deducted from each payment if you receive other income and	

x 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.

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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, 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 Signature	ation given on this form is correct and complete. Date	2023-06-13



2023 Ontario **Personal Tax Credits Return**

TD10N

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 and initial(s)	Date of birth (YYYY/MM/DD)	Employee numl	ber
Acosta	ANNOE	1983 1005		
Address	Postal code	For non-residents only Country of permanent resider		Social insurance number
1-305 Balson St	PITHEN	6	4	5/20 115/75/9/5
 Basic personal amount – Every person employed If you will have more than one employer or payer at the on page 2. 	e same time in 2023, see "N	More than one employer or payer	at the same time	11,000
2. Age amount – If you will be 65 or older on Decembenter a partial amount if your net income for the year wine 2 section of Form TD10N-WS, Worksheet for the 2	ill be between \$43,127 and	l \$81,747. To calculate a partial a	ter \$5,793. You r mount, fill out the	nay e
 Pension income amount – If you will receive regul- Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension. 	ar pension payments from a ranteed Income Supplemen	a pension plan or fund (not includ at payments), enter whichever is	ing Canada Pens less: \$1,641 or	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	T2201, Disability	
5. Spouse or common-law partner amount – Enter State following conditions apply:	\$10,075 if you are supportin	ng your spouse or common-law pa	artner and both o	of
 Your spouse or common-law partner lives with you 	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 cor To calculate a partial amount, fill out the line 5 section	nmon-law partner's net inco of Form TD1ON-WS.	ome for the year will be between \$	\$1,007 and \$11,0	82.
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	if you are supporting an el	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	nd
 The dependant is related to you and lives with you 				
 The dependant's net income for the year will be \$1 	TANK TANK TANK TERMINING MEMORIPHISM			
You may enter a partial amount if the eligible dependa partial amount, fill out the line 6 section of Form TD10	nt's net income for the year N-WS.	will be between \$1,007 and \$11,	082. To calculate	e a
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	is
 child or grandchild 				
 parent, grandparent, brother, sister, aunt, uncle, ni 		dent in Canada		
To calculate this amount, fill out the line 7 section of Fo				
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amount.	on-law partner – If your sp ount on their income tax and	pouse or common-law partner will d benefit return, enter the unused	not use all of the amount.	eir
9. Amounts transferred from a dependant – If your obenefit return, enter the unused amount.	dependant will not use all of	f 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	ne the amount of your prov	incial tax deductions.		at 1205
				- k



Filling out Form TD10N

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 TD10N 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 TD10N, 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		
Signature It is a serious offence to make a false return.	Date	2023-06-13

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

1, Artwo Acosta ha	ve read and understand the above Lap top/Computer
Agreement and consent to adhere to the	rules outlined therein.
Siferet	Legal Aid Onferio
Employee Signature	Program
Don Rusnak	June 19,2023
Supervisor/Manager	Date

Laptop <u>or</u> Computer	Serial #	Colour
	MJ-OEE 62P	Black
Brand/Model	Brand New? YN	Accessories Included? Y/N
Lows	Purchase Date:	Please List:
Thinkfad		House are charger