Dylan, I extend a very warm welcome to you. I hope you find your employment with the organization
challenging and rewarding and look forward to a mutually successful future together.

Yours truly,

Colette Shwetz HR Manager

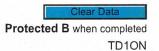
I hereby accept the position I have been offered and agree to abide to all the terms and conditions outlined in the letter of employment.

Employee Signature

Date



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	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	
Bargon	Dylan K	1999/09/11		
Address	Postal code	For non-residents only Country of permanent resident	Social insurance number	
	00 P1410 65	3	\$ 18101810121 4 13	84
1. Basic personal amount – Every person employed if you will have more than one employer or payer at the	in Ontario and every pensio	ner residing in Ontario can claim	this amount.	
on page 2.	e same time in 2023, see in	note than one employer or payer a	at the same time" 11,865	
2. Age amount – If you will be 65 or older on December	er 31, 2023, and your net in	come will be \$43,127 or less, enter	er \$5,793. You may	
enter a partial amount if your net income for the year w line 2 section of Form TD1ON-WS, Worksheet for the 2			mount, fill out the	
3. Pension income amount – If you will receive regula			ng Canada Pension	_
Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.	ranteed Income Supplemen	t payments), enter whichever is	ess: \$1,641 or	1
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 T	2201, Disability	
5. Spouse or common-law partner amount – Enter sthe following conditions apply:	\$10,075 if you are supportin	g your spouse or common-law pa	rtner and both of	
 Your spouse or common-law partner lives with you 	ı			
 Your spouse or common-law partner's net income 				
You may enter a partial amount if your spouse's or cor To calculate a partial amount, fill out the line 5 section		me for the year will be between \$	1,007 and \$11,082.	
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	5 if you are supporting an e	ligible dependant and all of the fo	lowing	
 You do not have a spouse or common-law partner who you are not supporting or being supported by 	r, or you have a spouse or o	common-law partner who does no	t live with you and	
 The dependant is related to you and lives with you 				
 The dependant's net income for the year will be \$1 	1,007 or less			
You may enter a partial amount if the eligible dependa partial amount, fill out the line 6 section of Form TD10		will be between \$1,007 and \$11,0	082. To calculate a	
7. Ontario caregiver amount – You may claim this ar your or your spouse's or common-law partner's:	mount if you are supporting	an eligible infirm dependant aged	18 or older who is	
child or grandchild				
 parent, grandparent, brother, sister, aunt, uncle, n 		lent in Canada		
To calculate this amount, fill out the line 7 section of Fo	orm TD1ON-WS.			
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amount.	non-law partner – If your spount on their income tax and	pouse or common-law partner will d benefit return, enter the unused	not use all of their amount.	, idi <u>, aa -</u>
9. Amounts transferred from a dependant – If your benefit return, enter the unused amount.	dependant will not use all o	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 determ	ine the amount of your prov	vincial tax deductions.	11,865	



Please complete and submit this form to your employer to have your paycheque automatically deposited into your Scotiabank account.

To: Nishnawbe-Aski Legal Services

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

Employee Information

MISS KASHINA CASTONG	UAY	(705) 221-4410
270 CEDAR ST N UNIT 5		
TIMMINS	PROVINCE	POSTAL CODE P4N6J8
EMPLOYEE NUMBER (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)	

Employee Bank Account Information

NSTITUTION NUMBER		12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	70292	0129283
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.

I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.

Authorized by:

Madad ashr gun

2023-JUL-12

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.