

NEW EMPLOYEE DETAIL FORM

| Personal Inf | formation: | TWINK-WE SOFTE | | ALCOHOLOGICAL STREET, |
|------------------|------------------------------|---|---------------------|---|
| First Name: _ | | | Last Name: | Wawia |
| Date of Birth | (YYYY/MM/DD | _{D):} 1980/08/26 | | |
| Phone #: 80 | 7-620-9957 | | Alt. #: | |
| | | vawia@outlook.com | | |
| Home Addre | | 271, 475 | | |
| 470 Polelin | ie Rd | Murillo | ON | P7K 0T6 |
| | Street | City | Province | Postal Code |
| Mailing Add | lress (if differe | nt): | | |
| P.O Box | Cit | ty | Pronvice | Postal Code |
| Employment | t Information: | | | |
| Start Date: | Sept 5, 2023 | | Employee #: | |
| Employment | nt Type: | | | - |
| ₽ | Permanent | | Employment Status: | ✓ Full Time |
| | Contract | | | Part Time |
| E. | nd Date: | | | Casual |
| Position: S | Service Referi | ral Worker | | Salary: 50,166 —— Pay Band: 5 |
| Manager: C | Colette Shwet | Z | | Grid: 2 |
| | Payroll Informa | ition: | | And a server and |
| Name of Ban | | | | |
| Account #: 7 | 844182 | | | |
| Transit #: 00 | | | | |
| Institution #: _ | 010 | | | |
| - | 13-751-438 | _ | | |
| Tax Exemption | | | | |
| | form Attached? | | 020444204 | |
| لـــــا | 'es Barı lo - Fed/Prov Ta | nd Membership #: <u>19</u> ax Forms Attached | 930144301 | |
| | 0 • FUU/FIUV 1 | ax Forms Autacheu | | |
| Pension and | Benefits: | | | |
| | | cember 5, 2023 | | |
| Benefit Eligibi | ility Date: Dec | ember 5, 2023 | | _ |
| Finance Onl | ly: | | | |
| Date Receive | ed: | | Entered into Adagio | Systems by: |



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

| 1. Personal I | nformation | | | |
|------------------|------------------------------|--------------|-----------------|-------------------|
| Full Given Name: | Wawia | | Instal-Lynn | M |
| Address: | 1470 Poleline Street Address | Rd | First 9 | M Initial. Box # |
| | City/Town | | ON Province | Postal Code |
| Home Phone: | (807) 620-9957 | Alternate Ph | ione: () | |
| Primary Email: | Crystal. Wawia@ | outlook.com | DOB 08 18 | 16 180 |
| SSN#: | 513 751 438 | Status # | 930144301 | |
| 2. Job Inforn | nation | A Paris | | |
| Title: | Service Referral | Employee ID: | | |
| Supervisor: | Colette Shuetz | Department: | Admin | |
| Work Location: | Thunder Bay | Work Email: | cwawalo | panlegal on co |
| Work Phone: | (| Cell Phone: | | <u> </u> |
| Start Date: | Sept 5, 2023 | Benefits | Dec 5, 23 Pensi | on ON Dec 5,23 |
| Term Date: | 100 | Salary: | : 50,110le | |
| 3. Emergenc | y Contact Information | | | |
| Full Name: | Pykari Last | | David | M Initial. |
| Address: | 470 Poletine Street Address | Ld | | Box # |
| | Mw1/5 City/Town | | ON Province | Postal Code |
| Primary Phone: | (807) 627-2498 Bur mer | Alternate Ph | none: () | |
| Relationship: | <u> IMI INOT</u> | | | |



Customer Account Information For Payroll, Direct Deposit or Pre-Authorized Payment

1. Instructions

This form provides account information in place of a voided cheque and is used when arranging payroll, other direct deposits (e.g. CPP/QPP, disability payments, dividends, government deposits) or pre-authorized payments.

- 1. This form should be submitted by the CIBC customer to the employer or the company initiating the payroll, direct deposit or preauthorized payment along with their respective application.
- 2. Upon receipt of this form, the employer or company should use this information to update their records and initiate a change to the CIBC customer's banking information on file.

| 2. Customer Infoi Name | rmation | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
|---|--|---------------------------------------|--------------------------------|------------------------|
| CRYSTAL WAW | /IA | | | |
| Address 470 POLELINE R | D | | | |
| City MURILLO | | Province/Territor ON | y Postal Code P7K 0T6 | |
| B. Banking Inform | ation | | | |
| ddress 127 WEST ARTH | UR ST | City THUNDER BAY | Province/Territory ON | Postal Code P7E 5P7 |
| onstitution Number Transit Number O0897 | | Account Number 7844182 | | |
| | eptember 6, 2023 Date (Month day, year) | x Z | er Signature (sign within box) | |



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

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



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

PRINT FULL NAME

SIGNATURE OF WITNESS

PRINT FULL NAME OF WITNESS

Sept 5, 2023.







Human Resources

Développement des Development Canada ressources humaines Canada

SOCIAL **INSURANCE** NUMBER

NUMÉRO D'ASSURANCE SOCIALE

513 751 438

CRYSTAL-LYNN MIRIAM WAWIA

SIGNATURE



The is to carify that the holder is an inclain within the meeting of the Inden Act, chapter 27, Species of Canada (1965). Lis parks area coins abress quit son bullets of the first sure of the Life out less indense, chapter 27, Lise du Canada (1965).

inac serial no. 213516534



Canada

- . SIGN THIS CARD.
- . KEEP ON YOUR PERSON.
- TO CHANGE YOUR NAME AS SHOWN ON THIS CARD, OBTAIN THE NECESSARY FORM FROM ANY CANADA EMPLOYMENT CENTRE
- NAS 2683 (3-94) B (1-95-3)

- . SIGNEZ CETTE CARTE
- · GARDEZ-LA SUR VOUS.
- POUR FAIRE CHANGER LE NOM APPARAISSANT SUR CETTE CARTE, DEMANDEZ LE FORMULAIRE APPROPRIÉ À TOUT CENTRE D'EMPLOI DU CANADA.

Canada



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 nar | | | | | First name and initial(s) | Date of birth (YYYY/MM/DD) | Employee numb | er |
|---------------------|-------------------------------------|-------------------------------|--------------------------------------|----------------------|--|---|----------------------|---------------------------|
| way | UKA | | | | 4 4 | | | |
| Address | 011 | 11 | Murillo | 1.0 | Postal code | For non-residents only Country of permanent resider | | Social insurance number |
| 470 | Poleline | KO | MARITIO | IUN | PAKOTI | p | | 51 13 4 1511 41318 |
| 1. Başi | c personal a | mount – E | very person em | ployed in | | ner residing in Ontario can claim | this amount. | |
| If you w | ill have more | than one e | employer or pay | er at the | same time in 2023, see "N | More than one employer or payer | at the same time | |
| 2. Age | amount - If y | ou will be | 65 or older on [| December | r 31, 2023, and your net in | come will be \$43,127 or less, en | ter \$5,793. You m | ay |
| | | | | | ll be between \$43,127 and 023 Ontario Personal Tax | \$81,747. To calculate a partial a Credits Return. | amount, fill out the | |
| 3. Pens | ion income | amount – | If you will receiv | /e regular | r pension payments from a | pension plan or fund (not includ | ling Canada Pens | ion |
| | uebec Pensic timated annua | | | or Guara | anteed Income Supplemen | t payments), enter whichever is | less: \$1,641 or | |
| 4. Disa Tax Cre | bility amount dit Certificate | t – If you w e, enter \$9, | ill claim the dis 586. | ability am | nount on your income tax a | and benefit return by using Form | T2201, Disability | |
| | ise or comm wing conditio | | rtner amount - | - Enter \$1 | 10,075 if you are supportin | g your spouse or common-law p | artner and both o | ſ |
| • You | ır spouse or d | common-la | w partner lives | with you | | | | *** |
| • You | ır spouse or d | common-la | w partner's net | income fo | or the year will be \$1,007 | or less | | |
| | | | | | | me for the year will be between : | \$1,007 and \$11,08 | 32. |
| To calc | ulate a partial | amount, fi | Il out the line 5 | section of | f Form TD1ON-WS. | • | | |
| | unt for an eli ns apply: | gible depe | endant – Enter | \$10,075 i | if you are supporting an el | igible dependant and all of the fo | ollowing | |
| • You who | i do not have you are not | a spouse supporting | or common-law or being suppo | partner, | or you have a spouse or o | common-law partner who does n | ot live with you an | d |
| • The | dependant is | s related to | you and lives | with you | | | | |
| • The | dependant's | net incom | e for the year w | rill be \$1,0 | 007 or less | | | |
| You ma partial a | y enter a part mount, fill ou | ial amount t the line 6 | if the eligible d section of Forn | ependant n TD1ON- | t's net income for the year I-WS. | will be between \$1,007 and \$11, | 082. To calculate | a |
| | | | - You may clain on-law partner's | | ount if you are supporting | an eligible infirm dependant aged | 1 18 or older who | s |
| • chil | d or grandchi | ld | | | | | | |
| • par | ent, grandpar | ent, brothe | r, sister, aunt, ı | ıncle, nied | ce or nephew who is resid | ent in Canada | | |
| To calci | late this amo | unt, fill out | the line 7 secti | on of For | m TD1ON-WS. | | | |
| | | | | | | ouse or common-law partner will benefit return, enter the unused | | r |
| | unts transfer return, enter t | | | If your de | ependant will not use all of | their disability amount on their in | ncome tax and | |
| | | | Add lines 1 to this amount to | | e the amount of your provi | incial tax deductions. | · | |

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 TD10N, 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

It is a serious offence to make a false return.

Date Sept. 6123

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 num | iber |
|---|---|---|---|--|
| Address | Postal code | For non-residents only | | Social insurance number |
| 470 Pokline Rd Murillo, DN | 20 O | Country of permanent resider | nce | Array Commercial Comme |
| | - 177101 | | | 511375114318 |
| Basic personal amount — Every resident of Canac 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. | u enter \$15,000, you may ha all sources will be greater that | ave an amount owing on your inc an \$165,430, you have the ontion | come tax and be | enefit |
| Canada caregiver amount for infirm children un 2006 or later who lives with both parents throughout the parent who has the right to claim the "Amount for an eather child. | he year. If the child does no eligible dependant" on line 8 | t live with both parents throughor may also claim the Canada care | ut the year, the egiver amount fo | ır |
| 3. Age amount – If you will be 65 or older on December or less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of | if your net income for the ve | ncome for the year from all source ear will be between \$42,335 and | es will be \$42,3 \$98,309. To | 35 |
| 4. Pension Income amount – If you will receive regu Pension Plan, Quebec Pension Plan, old age security \$2,000 or your estimated annual pension income. | r, or guaranteed income sup | plement payments), enter which | ever is less: | |
| 5. Tuition (full-time and part-time) - Fill in this section certified by Employment and Social Development Cartotal tuition fees that you will pay if you are a full-time | nada, and you will pay more or part-time student. | than \$100 per institution in tuition | n fees. Enter the | |
| 6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,428. | | | | |
| Spouse or common-law partner amount – Enter or common-law partner is infirm) and your spouse's o following conditions apply: | or common-law partner's esti | amount on line 1 (line 1 plus \$2,4 imated net income for the year if | 199 if your spous both of the | 9 . |
| 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) | for the year will be less tha | n the amount on line 1 (line 1 plu | ıs \$2,499 if your | |
| In all cases, go to line 9 if your spouse or common-law | v partner is infirm and has a | net income for the year of \$26,7 | 782 or less. | |
| Amount for an eligible dependant – Enter the diff dependant is infirm) and your eligible dependant's est | timated net income for the y | ear if all of the following condition | ns apply: | 04.0 |
| You do not have a spouse or common-law partne who you are not supporting or being supported by | er, or you have a spouse or o | common-law partner who does n | ot live with you a | and |
| You are supporting the dependant who is related | | | | |
| The dependant's net income for the year will be le you cannot claim the Canada caregiver amount | ess than the amount on line in the state of | 1 (line 1 plus \$2,499 if your depe 1 8 years of age for this dependa | ndant is infirm a ant) | and |
| In all cases, go to line 9 if your dependant is 18 years | | | | |
| Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged the year will be \$26,782 or less. To calculate the amount | 18 or older) or an infirm soc | buse or common-law partner who | se net income f | he or |
| 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 3 You may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same dependent of older. | artner or eligible dependant y \$17,499) whose net income the year will be between \$16 set may also be used to calc | ou claimed an amount for on line for the year will be \$18,783 or le 3,783 and \$26,782. To calculate ulate your part of the amount if y | e 9 or could have ss, enter \$7,999 a partial amount ou are sharing it | e . fill |
| 11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amounused amount. | mon-law partner – If your sount, or disability amount on | pouse or common-law partner w their income tax and benefit retu | rill not use all of irn, enter the | |
| 12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene | r spouse's or common-law p | eartner's dependent child or gran- | income tax and dchild will not us | ie |
| 13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ | ine the amount of your tax d | eductions. | | |
| | 3. | | | |



| Pı | rotected 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 benefor any other remuneration | its, |
| 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 a you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on at this box, enter "0" on Line 13 and do not fill in Lines 2 to 12. | another Form TD1 for 2023, nother 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 13 will not deduct tax from your earnings. | 3. 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 202 Yes (Fill out the previous page.) | 3? |
| 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 territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensione will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deduction | er. Your employer or payer |
| Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if your 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 supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are only claimount on this form. | a Saskatchewan resident iming 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 norther months in a row beginning or ending in 2023: - \$11.00 for each day that you live in the prescribed northern zone | n 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. | Ψ |
| 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. Eater the additional law amount was used to deducted from each payment of the control of | |
| 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 o periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, an amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at 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 y RRSP contributions from your salary. | d tuition and education Source, to get a letter of |
| 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 Sept. 6123 |

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) | Usual first name and initials | 1 | Social insurance number | | | |
|--|---|---------------------------------|---|--|--|--|
| Wawia | Crustal-Lung M | | 511 13 171511 1413 18 | | | |
| Residential address including postal code | 6. ON PAKOTE | - | | | | |
| Is the employee's residence located on a reserve? | IV, DR PARTIE | Yes [| No 🔼 | | | |
| — Indian status — | | | | | | |
| Is the employee an Indian as defined in the Indian Ac | t? | Yes 🏲 | No 🎵 | | | |
| If yes, was the employee an Indian as defined in the | | 155 | 🗀 | | | |
| p prior to 2011? | | | | | | |
| because of Bill C-3 (also known as the Gender lafter January 31, 2011, may be exempt from tax | | me earned | on or | | | |
| because of the creation of the Qalipu Mi'kmaq F exempt from tax. | irst Nation Band? Only income earned on o | r after Sept | ember 22, 2011, may be | | | |
| Type of exemption 1 | | | | | | |
| The employee performs employment duties: | | | | | | |
| 1. entirely on a reserve 2. entirely off | f a reserve 🔀 3. partially on and | partially off | a reserve | | | |
| If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: 50 % | | | | | | |
| All of the employee's employment income is exempt appropriate box. | from income tax if any one of the following s | ituations ap | plies. Check the | | | |
| the employee performs at least 90%*2 of the e | mployment duties on a reserve (guideline 1) |), | | | | |
| the employee and the employer reside on a res | | | | | | |
| the employee performs more than 50% of the reserve (guideline 3); or | employment duties on a reserve, and the en | nployee or t | he employer resides on a | | | |
| the employee's employment duties are connect benefit of Indians who, for the most part, reside | | | | | | |
| an Indian band that has a reserve or a tribal co | uncil representing one or more Indian band: | s that have | reserves; or | | | |
| an Indian organization controlled by one or mo cultural, educational, or economic developmen | re such bands or tribal councils and is dedic t of Indians who, for the most part, reside or | ated exclus | ively to the social, guideline 4). | | | |
| *1 The type of exemption is based on the Indian Act Exemexamples of exempt income and term definitions, go to -employment-income-guidelines. | nption for Employment Income Guidelines. For a f canada.ca/en/revenue-agency/services/aboriç | ull description jinal-people | n of the Guidelines including s/indian-act-exemption | | | |
| *2 Proration rule may apply: When less than 90% of the exempted by another guideline, the exemption is to be performed on the reserve. | duties of an employment are performed on a responsible. The exemption will apply to the portion | erve and the of the income | employment income is not related to the duties | | | |
| Employee certification | | | | | | |
| I certify that the information given on this form is con | rrect and complete. | | | | | |
| <i>A</i> >- | | 0 | 41.155 | | | |
| Signature | Da | te | 1.6/23 | | | |
| ersonal information (including the SIN) is collected for the purposes dministering tax, benefits, audit, compliance, and collection. The inf | | | | | | |

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 disckosed 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.