

## **NEW EMPLOYEE DETAIL FORM**

Personal Information:			
First Name: Tracey		Last Name:	Coultis
Date of Birth (YYYY/MM/D	<sub>D):</sub> 1972/02/01	<u></u>	
Phone #: 807-629-6160		Alt. #:	
Email (Personal): traceyo			
Home Address:			
103 Sherbrooke St	Thunder Bay	y ON	P7C 4R5
# Street	City	Province	Postal Code
Mailing Address (if differ	rent):		
P.O Box C	ity	Pronvice	Postal Code
Employment Information			
Start Date: September	11, 2023	Employee #:	
Employment Type:		Employment Status	
Permanent		Employment Status:	Full Time
Contract			Part Time Casual
End Date: N/	<del>1</del>	<del>.</del>	L
Position: Payroll Office	er		Salary: 61,479 —— Pay Band: 7
Manager: Terry Bortolin	1		Grid: 0
Banking & Payroll Inform	ation:		THE DESCRIPTION OF THE PERSON
Name of Bank: RBC			
Account #: 5059894	1		
Transit #: 003			
Institution #: 05092			9
SIN#: 493-272-751	<del></del>		
Tax Exemption:	EXXX.R		
Declaration Form Attached	?		
	and Membership #:		
✓ No - Fed/Prov	Tax Forms Attached		
Pension and Benefits:			
Pension Eligibility Date: De	ecember 11, 2023		
Benefit Eligibility Date: De	cember 11, 2023		
Finance Only:			
Date Received:		Entered into Adagio	Systems by:



### NISHNAWBE - ASKI Legal Services Corporation

#### **Employee Information**

1. Personal I	nformation				
Full Given Name:	COULTIS	7	RACE	Y	
	Last		First		M Initial.
Address:	103 SHERBRO	OKE S	т. 📣		
	Street Address		AND DE S		Box #
	HUNDER BA		197	ON	PTC4R5
	City/Town			Province	Postal Code
Home Phone:	1807) 629-6160	_ Alternate Pho	one: (	)	
Primary Email:	tracaycouttise	gmail.com	DOB MM/D/Y	0210	1172
S\$N#:	493 272 75	/ Status #			
	No.	The state of the s			
2. Job Inform	nation				
Title:	PAYROLL OFFICER	Employee ID:	THE STATE OF		
Supervisor:	Terry Bortolin	Department:	Fina	nce	
Work Location:	Thunder Bay	Work Email:	tcoul	tis On	anlegal.on.ca
Work Phone:	(0	Cell Phone:	( )		
Start Date:	Sept 11, 2023	Benefits	Decui	23 Pensior	On Dec 11,23
Term Date:	NIA	Salary:	\$61,4		
3. Emergenc	y Contact Information		•		
Fuil Name:	MADIGAN		TODD		
	Last		First		M Initial.
Address:	103 SHEKBROO	IKE ST	<u>-2</u>		Box #
	THUNDER BAN			ON	PTC 4R5
	THUNDER BAY City/Town 6286544	<u> </u>		Province	Postal Code
Primary Phone:		_ Alternate Pho	one: (	)	
Relationship:	SPOUSE			•	
	·				



# How to set up payments and deposits

Use this void cheque to set up pre-authorized payments and direct deposits. It contains your account's transit, institution and account numbers that third parties can use to set up the transactions.

Only share these details with parties you trust.

TRACEY COULTIS		VC	OID
Transit #: <b>05092</b>	Institution #:	Account #: 5059894	



# 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

Apt. 11, 2023

weiter

SIGNATURE OF WITNESS

DATE

PRINT FULL NAME OF WITNESS



#### **Application for membership** in a group registered pension plan

Return to Canada Life, Group Retirement Services

In this application, "you" and "your" refer to the person who is applying to become a member of the group registered pension plan (the plan), and "we," "us, and "our" refer to The Canada Life Assurance Company, the issuer of the group annuity product for the plan, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

Section 2 - InFormation About You (please print)   Date of employment   Date of birth   Date of birth   Date of birth   Date of birth   Date of employment   Date of birth	SECTION 1 - EMPL	OYER/PLAN SPO	NSOR		-			8 11 11 - 1	
SECTION 3 - INFORMATION ABOUT YOU (please print) Last name Middle intig! First name Middle intig! First name Date of employment Date of birth M3 2 72 - 55 You authorize the use of your Sink for tax reporting, identification and record keeping Last name of spouse/common-law partner First name  MADICA AS  Address [apt no., street no. street]  City THUNDER BAY Province Postal code Address is a PO box, general delivery or rural route, also include the civic or street address below Address (apt no., street no. street)  Telephone no. Alternate telephone no. Province of employment Date of birth Way Many Madica (apt no., street no. street)  Are you a connected person?  SECTION 3 - YOUR BENEFICIARY DESIGNATION You can appoint one or more beneficiaries. Notic, pension legislation or the terms of the plan may require payment of the death benefit to your qualifyir spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary form.  Primary beneficiary(see) on your death  MRDICAN  MRDICAN  MRDICAN  MRDICAN  MRDICAN  Are you a connected person?  SECTION 3 - YOUR BENEFICIARY DESIGNATION  You can appoint one or more beneficiaries. Notic, pension legislation or the terms of the plan may require payment of the death benefit to your qualifyir spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary form.  Primary buneficiary(lee) on your death  MRDICAN  MRDICA	Name of employer/pla	in sponsor		- 4. 6.	Pol	icy/plan number	10011	Serting and industries of the service of the service and the service of the service of the service and the service and the service of the ser	
Last name Middle initigl First game Division/subgroup Identification/employee number	SECTION 2 -INFOR	MATION ABOUT	(Oll (places print)	SO HE JE	KIXCES		68012		
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You authorize the use of your SiN for tax reporting, Identification and proced teeping record teeping record teeping.  Last name of spouse/common-law partner  First name  Date of birth yyyy mm dd  And the partner or civil union spouse as your beneficiary they will be inevocable (meaning you cannot change your beneficiary or province)  First name  First name  Date of birth yyyy mm dd  And the partner or color or possible or color or your grimany beneficiary to your grimany beneficiary or your death  First name  Date of birth yyyy mm dd  CULLIC CHILD  First name  Date of birth yyyy mm dd  CULLIC CHILD  First name  Date of birth yyyy marked or civil union spouse as your beneficiary they will be inevocable (meaning you cannot change your beneficiary or plated the paid to the surviving primary beneficiary or plated beneficiary to your plated beneficiary to your death  First name  First name  First name  Date of birth yyyy mm dd  Date of birth your plated beneficiary to your cannot change your beneficiary or plated beneficiary to your plated					WARRY WALKS COUNTY BARRY	WERE THE ART ACTIVATE	Gender	THE RESERVE OF THE PROPERTY OF	
### Address (apt. no., street no., street)    City	You authorize the use of	your SIN for tax reporting	identification and		THE RESERVE AND THE PERSON	Company to the comment of the property of			
Address (apt. no. street no. street)  SHERBLOOKE ST.  City THUNDER BAY  Province  Province  Province  Province  Province  Postal code  City  Province  City  Province  City  Province  Province  Province  City  Province  Province  Postal code  Province  Province  City  Province  Province  Postal code  Province  Postal code  Province  Postal code  City  Province  Postal code  Province  Postal code  Province  Postal code  Province  Postal code  City  Province  Postal code  Postal code  Province  Postal code  Postal code  Postal code  Postal code  Postal code  Postal code  Province  Postal code	Last name of spouse/	common-law partner	First name			Email a	ddress	-1	
City Province Postal code  Address (apt. no., street no., street)  If the above address is a PO box, general delivery or rural route, also include the civic or street address below  Address (apt. no., street no., street)  Teliaphone no. Alternate telephone no. Province of employment Date joined plan  Are you a connected person? Yes' No 'Form T100' must be filed by your employer with Canada Revenue Agency (the plan administrator can he determine whether you are a connected person).  SECTION 3 — YOUR BENEFICIARY DESIGNATION  You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the Designation of irrevocable beneficiary form.  Primary beneficiary(ses) on your death  All and the primary beneficiary to you Select box below OR Specify under Other your partner of the plan may require payment of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit to your qualifying the partner of the death benefit and your death  AR POUR AND TROLD PROVIDED TROLD			Therest	TOI	A	Require	for online access and to	email information	
Province   Province   Postal code   Postal	Address (apt. no., stre	et no., street) SHERBLOOM	KE ST		germietsku				
Address (apt. no., street no., street)  City Province Postal code  Province of employment Date joined plan  Set.  Are you a connected person? Yes No Form T1007 must be filed by your employer with Canada Revenue Agency (the plan administrator can he determine whether you are a connected person).  SECTION 3 - YOUR BENEFICIARY DESIGNATION  You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifyir spouse or common-law partner. All designations are revocable except in Quebec (see "important: Quebec residents"). If you wish to designate an irrevocable beneficiary form.  Primary beneficiary(lies) on your death  Last name First name Date of birth yyyy mm do Narried Cuebec (see Important: Quebec Common-law partner (child, friend, etc.)  MRDIGON TROM Relationship of beneficiary to you Select box below OR Specify under Other Warried Cuebec Common-law partner (child, friend, etc.)  MRDIGON TROM Relationship of beneficiary to you Select box below OR Specify under Other Warried Country Dynarm do Narried Country Dynarm do Country Dy	City THUN	DER BA			ON	5 × 5 × 500	Postal code	4R5	
Telephone no.  Alternate telephone no.  Province of employment  Date joined plan  Jyyy mm dd  Are you a connected person? Yes* No. *Form T1007 must be filed by your employer with Canada Revenue Agency (the plan administrator can he determine whether you are a connected person).  SECTION 3 — YOUR BENEFICIARY DESIGNATION  You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifyir spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocab beneficiary, complete the Designation of irrevocable beneficiary form.  Primary beneficiary(les) on your death  Date of birth  Jyyy mm dd  Relationship of beneficiary to you  Select box below OR Specify under Other  Gould Frame  Whole of the partner of the control of the partner of the plan may require payment of the death benefit to your qualifyir sole of birth  Jyyy mm dd  Relationship of beneficiary to you  Select box below OR Specify under Other  Gould Frame  Whole of the partner of the control of the partner of the plan may require payment of the death benefit to your qualifyir sole of the payment of the death benefit to your qualifyir sole of the payment of the death benefit to your qualifyir sole of the payment of the death benefit of the payment of the death benefit of the death benefit of the payment of payment o			ivery or rural route, also in	clude the civ		dress below			
Are you a connected person?	Address (apt. 110., Sire	et no., street)			City		Province	Postal code	
Are you a connected person?	Telephone no.	Alte	rnate telephone no.	Province o	f employment		Date joined plan		
Are you a connected person?   Yes*	Ex	t.					Manay mm dd		
You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifyir spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the Designation of irrevocable beneficiary form.  Primary beneficiary(ies) on your death  Last name  First name  Date of birth yyyy mm dd  Relationship of beneficiary to you Select box below OR Specify under Other Quebec (and if your partner)  Common-law Common-law (child, friend, etc.)  MRDIGAL TROD  1948 0695  PRIMARY 1998 01/5  Important: Quebec residents  If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  I the death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)  Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equesioners, or if there is no surviving primary beneficiaries, to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the contingent beneficiary(ies) on your death  Last name  First name  Date of birth  Pelationship to your	Are you a connected pedetermine whether you	are a connected pers	o *Form T1007 must be ton).	iled by your e	mployer with	Canada Revenue		ninistrator can he	
Spotse or comminion-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the Designation of irrevocable beneficiary form.  Primary beneficiary(les) on your death  Last name  First name  Date of birth  Yyyy mm dd  Married  Relationship of beneficiary to you  Select box below OR Specify under Other  (child, friend, etc.)  Married  Common-law  partner  (child, friend, etc.)  PRESIDENT 198 01 15  Important: Quebec residents  If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  I he death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)  Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equations of the trust is no surviving primary beneficiary(les), to your contingent beneficiary(les) named below. If there is no contingent beneficiary(les), the contingent beneficiary(les) on your death  Last name  First name  Date of birth  Relationship of beneficiary to you Select box below OR Specify under Other  Working Common-law Common-l	SECTION 3 - YOUR	BENEFICIARY DE	SIGNATION						
Married civil union spouse period (child, friend, etc.)  Married civil union spouse civil union spouse common-law partner (child, friend, etc.)  Married civil union spouse civil union spouse civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  I designate my married or civil union spouse revocably    The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)  Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiary (ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to your estate.  Contingent beneficiary(ies) on your death  Last name  First name  Date of birth  Patationship to your					Select box	below OR Spe	ecify under Other		
Coructs   Dyumo   198 of 15		T HOL HAIN	уууу пин с	Married	civil union				
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Important: Quebec residents  If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  I designate my married or civil union spouse revocably  The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)  Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the beneficiary(ies) on your death  Last name  Date of birth  Relationship to your	CourTIS	DYLAN	19930713	3 🗆			CHILD	CONTRACTOR STREET, STR	
Important: Quebec residents  If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  I designate my married or civil union spouse revocably  The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)  Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the beneficiary(ies) on your death  Last name  Date of birth  Retationship to your	Courts	BRITTAI	UY 1998 01 19	5 0				10 %	
Last name  First name  Date of birth	If you appoint you perform certain     I designate my     The death beneatherwise lacks beneficiary in the second control of th	your married or civil ur I transactions such as I y married or civil uni efit will be paid to the I s legal capacity unless nis section)	on spouse revocably utor(s) of a beneficiary what a formal trust has been on the specific and the specific and the specific are specific and the specific and the specific and the specific are specific as the specific and the specific are specific as the specific as the specific are specific as the specific as the specific as the specific are specific as the specifi	o is a minor ( established by	generally the will or sepa	parents) or the turate contract (in v	check the box below: tor or curator of a bene hich case, designate	eneficiary or eficiary who the trust as	
PAIstinchin to you	benefit will be paid to yo	our estate.	neficiary(ies), to your conf	tingent benefi	ciary(ies) nar	ned below. If the	e surviving primary ben re is no contingent be	eficiaries in equa neficiary(ies), the	
	Last name	First name			Rela	tionship to you		% of benefit	
Total 100%				Services Marry Co.				Total 1009/	

# Nishnawbe-Aski Legal Services Corporation Acknowledgement



<sup>\*\*</sup>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

<sup>\*\*</sup>I hereby acknowledge that I have read and understood the Employee Manual.\*\*

#### Protected B when completed

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 COLLTIS	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee numb	er			
Address	Postal code	For non-residents only	- 1	Social insurance number			
102 SIMPRINGES	Co. Contraction and all the contraction of the cont	Country of permanent resider	nce	O 2 amuel number			
103 SHEKBROOKE S				41327275			
<ol> <li>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 al partial claim. To do so, fill in the appropriate section of the calculated amount here.</li> </ol>	i enter \$15,000, you may ha	ave an amount owing on your inc	come tax and bend	efit			
<ol><li>Canada caregiver amount for infirm children und 2006 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child.</li></ol>	e year. If the child does not ligible dependant" on line 8	t live with both parents throughou may also claim the Canada care	It the year, the giver amount for	_			
calculate a partial amount, fill out the line 3 section of F	3. Age amount – If you will be 65 or older on December 31, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.						
<ol> <li>Pension Income amount – If you will receive regular Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income.</li> </ol>	or guaranteed income supp	plement payments), enter which	ever is less:				
<ol> <li>Tuition (full-time and part-time) – Fill in this section certified by Emptoyment and Social Development Cana- total tuition fees that you will pay if you are a full-time or</li> </ol>	ada, 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 ar Tax Credit Certificate, enter \$9,428.			•				
<ul> <li>7. Spouse or common-law partner amount – Enter the or common-law partner is infirm) and your spouse's or following conditions apply:</li> <li>You are supporting your spouse or common-law partners.</li> </ul>	common-law partner's esti	amount on line 1 (line 1 plus \$2,4 mated net income for the year if	99 if your spouse both of the				
Your spouse or common-law partner's net income is spouse or common-law partner is infirm)		n the amount on line 1 (line 1 plu	s \$2,499 if your				
In all cases, go to line 9 if your spouse or common-law	partner is infirm and has a	net income for the year of \$26,7	82 or less.				
8. Amount for an eligible dependant – Enter the diffe dependant is infirm) and your eligible dependant's estimate the difference of the dependent of the depend	mated net income for the ve	ear if all of the following condition	ns anniv				
<ul> <li>You do not have a spouse or common-law partner who you are not supporting or being supported by</li> </ul>	, or you have a spouse or o	common-law partner who does no	ot live with you an	d			
<ul> <li>You are supporting the dependant who is related to</li> </ul>							
<ul> <li>The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is Infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)</li> </ul>							
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 \$26,7	82 or less.				
<ol> <li>Canada caregiver amount for eligible dependant of year, you support an infirm eligible dependant (aged 18 the year will be \$26,782 or less. To calculate the amount of the year will be \$26,782 or less.</li> </ol>	or spouse or common-lay 8 or older) or an infirm spo nt you may enter here, fill o	w partner – Fill out this section if, use or common-law partner who ut the line 9 section of Form TD1	, at any time in the se net income for -WS.				
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law part claimed an amount for if their net income were under \$1 You may enter a partial amount if their net income for the ut the line 10 section of Form TD1-WS. This workshee with another caregiver who supports the same dependance or older.	18 or older – If, at any time ther or eligible dependant y 17,499) whose net income the year will be between \$18 that may also be used to calculant. You may claim this amounts	e in the year, you support an infir ou claimed an amount for on line for the year will be \$18,783 or les 1,783 and \$26,782. To calculate a ulate your part of the amount if yo ount for more than one infirm dep	m dependant age 9 or could have ss, enter \$7,999. a partial amount, fou are sharing it endant age 18				
<ol> <li>Amounts transferred from your spouse or comm their age amount, pension income amount, tuition amou unused amount.</li> </ol>	int, or disability amount on t	their income tax and benefit retur	n, enter the				
12. Amounts transferred from a dependant – If your or 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 na	artner's dependent child or grand	ncome tax and Ichild will not use				
13. TOTAL CLAIM AMOUNT - Add lines 1 to 12. Your employer or payer will use this amount to determine	e the amount of your tax de	eductions.		1500			
				- 4-7-500			



Protected B when completed TD10N



#### 2023 Ontario Personal Tax Credits Return

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	er
COULTIS	IBACEY	1972/02/01		
Address	Postal code	For non-residents only	Sc	ocial insurance number
103 SHERBROOKE		Country of permanent resider		
<ol> <li>Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2.</li> </ol>	e same time in 2023, see "N	More than one employer or payer	at the same time"	11,865
<ol> <li>Age amount – if you will be 65 or older on December enter a partial amount if your net income for the year w line 2 section of Form TD10N-WS, Worksheet for the 2</li> </ol>	rill be between \$43,127 and 2023 Ontario Personal Tax	l \$81,747. To calculate a partial a Credits Return.	mount, fill out the	•
<ol> <li>Pension Income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.</li> </ol>	ar pension payments from a ranteed Income Supplemen	pension plan or fund (not including payments), enter whichever is	ng Canada Pensio less: \$1,641 or	n
4. Disability amount – If you will claim the disability ar 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 supporting	ng your spouse or common-law pa	artner and both of	
<ul> <li>Your spouse or common-law partner lives with you</li> </ul>				
<ul> <li>Your spouse or common-law partner's net income:</li> </ul>				
You may enter a partial amount if your spouse's or corr To calculate a partial amount, fill out the line 5 section of	nmon-law partner's net inco of Form TD1ON-WS.	me for the year will be between \$	1,007 and \$11,082	2.
6. Amount for an eligible dependant - Enter \$10,075 conditions apply:	if you are supporting an el	igible dependant and all of the fo	llowing	
<ul> <li>You do not have a spouse or common-law partner, who you are not supporting or being supported by</li> </ul>	, 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				
<ul> <li>The dependant's net income for the year will be \$1,</li> </ul>				
You may enter a partial amount if the eligible dependent partial amount, fill out the line 6 section of Form TD10N	it's net income for the year I-WS.	will be between \$1,007 and \$11,0	982. To calculate a	
7. Ontario caregiver amount – You may claim this am your or your spouse's or common-law partner's:	ount if you are supporting a	an eligible infirm dependant aged	18 or older who is	
child or grandchild				
<ul> <li>parent, grandparent, brother, sister, aunt, uncle, nie</li> </ul>	ce or nephew who is reside	ent in Canada		
To calculate this amount, fill out the line 7 section of For				
8. Amounts transferred from your spouse or commo age amount, pension income amount, or disability amount.	on-law partner – If your sp unt on their income tax and	ouse or common-law partner will benefit return, enter the unused a	not use all of their amount.	
9. Amounts transferred from a dependant – If your debenefit return, enter the unused amount.	ependant will not use all of	their disability amount on their inc	come tax and	
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determin	e the amount of your provi	ncial tax deductions.	· · · · · · · · · · · · · · · · · · ·	11 865
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Government Gouvernment of Canada du Canada

493 272 751

SOCIAL NUMÉRO
INSURANCE D'ASSURANCE
NUMBER SOCIALE

TRACEY BETH COULTIS

NAS-28838 (10-07-M)

Canada

THIS IS NOT AN IDENTITY CARD. • CECT N'EST PAS UNE CARTE HOWEVER, IT SHOULD BE KEPT DIDENTITE. CEPENDANT, ELLE DEVRAIT ÉTRE GARDÉE DANS

IN A SAFE PLACE.

IN A SAFE PLACE.

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INE DATE DESPIRATION SIN NAY NOT BE USED IN CAPRANT SUR LE DEVANT DE CANDADA AFTER THAT DATE. THIS CARD IN CETTE CARTE. LE NAS NE PEUT CARDIS NOT AN AUTHORIZATION CETTE DATE. CETTE CARDADA APRÈS TO WORK IN CANADA.

TRANVAILLER AU CANADA.

TRANVAILLER AU CANADA.

CATÉGORIE

12 RÉSTRICTIONS/CONDITIONSLIGHT 1300 kg)

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