



Personal Information:

First Name: Renzo Last Name: Caron
Date of Birth (YYYY/MM/DD): 1968/10/10
Phone #: 2505714242 Alt. #: _____
Email (Personal): renzoc@telus.net

Home Address:

413-755 McGill Road Kamloops BC V2C0B6
Street City Province Postal Code

Mailing Address (if different):

P.O Box City Province Postal Code

Employment Information:

Start Date: October 2, 2023 Employee #: _____
Employment Type: Permanent Contract
End Date: _____
Employment Status: Full Time Part Time Casual
BUDGET CODE: _____
Salary: \$132,694
Pay Band: 13B
Grid: 2
Position: Director of Legal Services
Manager: Irene Linklater

Banking & Payroll Information:

Name of Bank: CIBC
Account #: 7167237
Transit #: 01090
Institution #: 010
SIN #: 722232576

Tax Exemption:

Declaration Form Attached?
 Yes Band Membership #: 1790136401
 No - Fed/Prov Tax Forms Attached

Pension and Benefits:

Pension Eligibility Date: January 2, 2024
Benefit Eligibility Date: January 2, 2024

Finance Only:

Date Received: _____ Entered into Adagio Systems by: _____

EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
hereinafter called "NALSC"

- and -

Renzo Caron

1. Employment

You will hold the position of **Director of Legal Services**, operating out of **Thunder Bay**, and will report to the Executive Director. A brief job description for this position, which may be amended by the Company from time to time. Your title, duties and responsibilities may be changed at the discretion of the Company, consistent with your role, and shall not constitute a constructive dismissal.

For the period that you are employed, the expectation is that you shall devote the whole of your working time, attention, and ability to the business of NALSC and you shall truly and faithfully serve NALSC and shall use your best efforts to promote the interests of NALSC. To that end, you shall not engage in any activities which would result in your interests coming into conflict with the interests of NALSC.

2. Term

You will commence in your new position on **October 2, 2023**, and this agreement will continue for an indefinite duration, subject to the termination provisions contained herein. This position is based on NALSC funding for the **Legal Aid Program**.

3. Probationary Period

Your employment shall be subject to a three (3) month probationary period, during which time NALSC will determine your suitability. NALSC reserves the right to terminate this Agreement at any time during the probationary period for any reason so long as you are provided with minimum notice of such termination, or pay in lieu of notice, if any, in accordance with the *Ontario Employment Standards Act, 2000* (the "ESA"). This probationary period in no way acts as a guarantee of employment for this three-month period.

4. Compensation and Benefits

You will receive the following compensation and benefits:

(A) Salary. You will be paid **\$132,694 annually**. Our payroll is administered biweekly. Your position "**Director of Legal Services**" has been placed in pay band (13B) and your grid position is (2).

(B) Benefits. You will be entitled to participate in the benefit plan offered by NALSC to its employees during the term of this Agreement. The benefit plan is available to you following the completion of your probationary period, described above. NALSC reserves the right to vary the benefit plan at any time at its sole discretion.

8. Termination

While it is difficult to discuss the conclusion of a relationship at the outset, we believe it is helpful to address these issues so that both parties have clarity moving forward.

(a) **Just Cause.** If you engage in any act or omission which constitutes just cause at law, this Agreement will terminate immediately, and you shall receive no payments other than accrued wages and vacation entitlements to the date of termination.

(b) **Without Cause.** In the absence of just cause, NALSC may terminate this Agreement for any reason and at any other time upon providing you with your entitlements pursuant to the ESA. This notice or pay in lieu of notice shall be calculated based on your base salary only and shall be in full satisfaction of any obligations owing to you by NALSC, statutory, common law or otherwise.

(c) **By the Employee.** If you elect to terminate this Agreement, you shall provide NALSC with four weeks' written notice. This notice may be waived by NALSC at its sole discretion, without any further payment or obligation to you.

9. Confidentiality

During the term of this Agreement, you will have access to information that NALSC considers to be confidential. Such confidential information includes, but is not limited to, any information concerning clients, billing rates, employees, methods of procurement, financial, purchasing, marketing, logistical and or sales strategies and techniques of NALSC and other secret information and that such information constitutes valuable, special, and unique property of NALSC.

Accordingly, you agree that you will not, at any time, (either during employment or at any time thereafter) directly or indirectly, disclose to or for the benefit of any person, firm, corporation, association, business entity or agency, governmental or private, of any nature whatsoever and whosoever situate, any confidential information of NALSC, except in connection with the performance of your duties on behalf of NALSC or as publicly available other than as a consequence of the breach by you of your confidentiality obligations hereunder.

10. Return of Company Property and Documents

At the conclusion of employment, or earlier if requested by NALSC, you shall promptly surrender to NALSC, without retaining copies, all tangible items which are or contain confidential information pertaining to NALSC. You shall also return all electronic devices, files, memory keys, correspondence, memoranda, documents, training materials, manuals, computer software, hardware, and printouts, working papers, client lists, telephone/address books, business cards, appointment books, calendars and other tangible items which NALSC gave to you, or which you created in whole or in part within the scope of your employment, even if these items do not contain confidential information.

11. Authorization

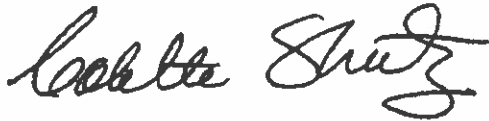
By signing this letter, you authorize NALSC to deduct from any outstanding payment, including wages owed to you by NALSC at any time, any monies which you owe to NALSC.

19. Copy of the Agreement

You hereby acknowledge receipt of a copy of this Agreement duly signed by NALSC.

Renzo, congratulations on your new position. I hope you find your new position challenging and rewarding and look forward to a mutually successful future together.

Yours truly,



Colette Shwetz
HR Manager

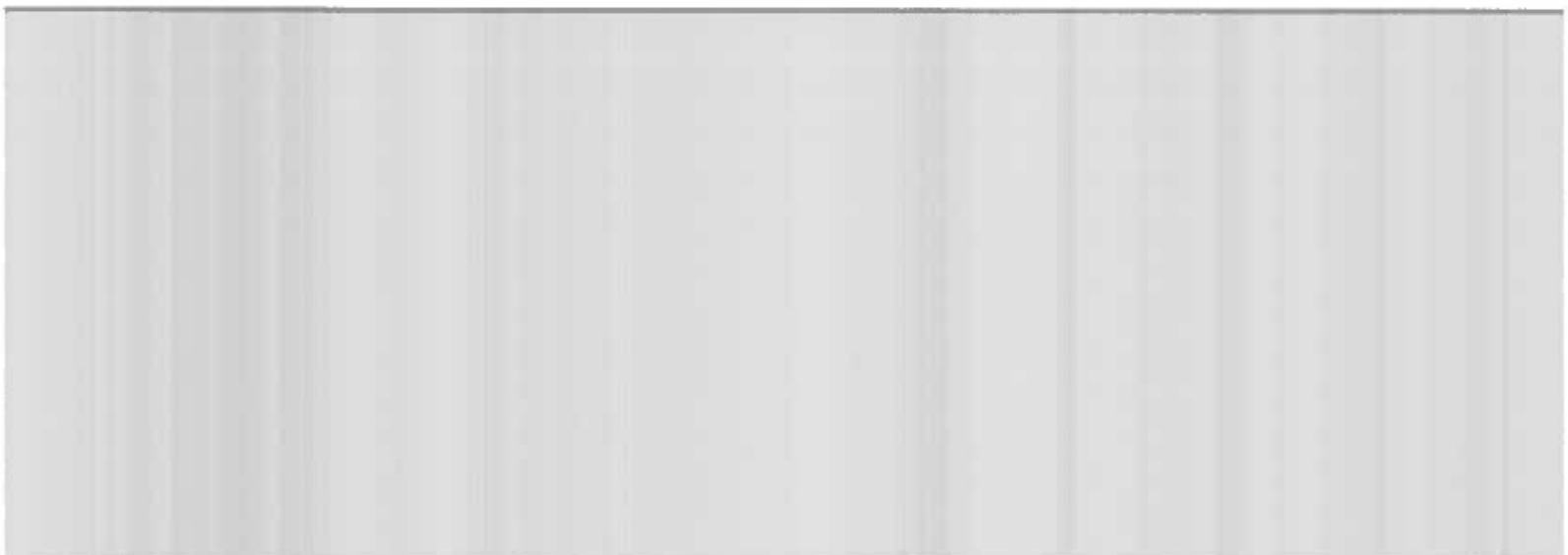
I hereby accept the position I have been offered and agree to abide to all the terms and conditions outlined in the letter of employment.



Employee Signature

SEPT. 15/23

Date



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 Caron	First name and initial(s) Renzo D.	Date of birth (YYYY/MM/DD) 1968/10/10	Employee number
Address 413 - 755 McGill Road, Kamloops, BC	Postal code V 2 C 0 B 6	For non-residents only Country of permanent residence	Social insurance number 7 2 2 2 3 2 5 7 6
<p>1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.</p>			11,865
<p>2. Age amount – If you will be 65 or older on December 31, 2023, and your net income will be \$43,127 or less, enter \$5,793. You may enter a partial amount if your net income for the year will be between \$43,127 and \$81,747. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2023 Ontario Personal Tax Credits Return.</p>			
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter whichever is less: \$1,641 or your estimated annual pension.</p>			
<p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,586.</p>			
<p>5. Spouse or common-law partner amount – Enter \$10,075 if you are supporting your spouse or common-law partner and both of the following conditions apply:</p> <ul style="list-style-type: none"> • Your spouse or common-law partner lives with you • Your spouse or common-law partner's net income for the year will be \$1,007 or less <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p>			
<p>6. Amount for an eligible dependant – Enter \$10,075 if you are supporting an eligible dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by • The dependant is related to you and lives with you • The dependant's net income for the year will be \$1,007 or less <p>You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.</p>			
<p>7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</p>			
<p>8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>			

Filling out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

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

Additional tax to be deducted

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

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date

October 1, 2023

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 Caron	First name and initial(s) Renzo D.	Date of birth (YYYY/MM/DD) 1968/10/10	Employee number
Address 413 - 755 McGill Road, Kamloops, BC	Postal code V 2 C 0 B 6	For non-residents only Country of permanent residence	Social insurance number 7 2 2 2 3 2 5 7 6

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

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.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if both of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm)

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 \$26,782 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- 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)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$26,782 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

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

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

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

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

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

Provincial or territorial personal tax credits return

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

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

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

Deduction for living in a prescribed zone

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

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts. For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

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

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

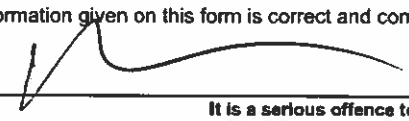
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature



Date

October 1, 2023

It is a serious offence to make a false return.

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) <u>CARON</u>	Usual first name and initials <u>RENZO</u>	Social insurance number <u>7222197576</u>
Residential address including postal code <u>413-755 MCGILL Rd, Kamloops, BC</u>		
Is the employee's residence located on a reserve? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Indian status	
Is the employee an Indian as defined in the Indian Act? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, was the employee an Indian as defined in the Indian Act:	
<input checked="" type="checkbox"/> prior to 2011?	
<input type="checkbox"/> because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.	
<input type="checkbox"/> because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.	

Type of exemption *1	
The employee performs employment duties:	
<input type="checkbox"/> 1. entirely on a reserve <input type="checkbox"/> 2. entirely off a reserve <input type="checkbox"/> 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: _____ %	
All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.	
<input type="checkbox"/> the employee performs at least 90% *2 of the employment duties on a reserve (guideline 1);	
<input type="checkbox"/> the employee and the employer reside on a reserve (guideline 2);	
<input type="checkbox"/> the employee performs more than 50% of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or	
<input type="checkbox"/> the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; and the employer is:	
<ul style="list-style-type: none"> • an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; or • an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4). 	
<small>*1 The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines. </small>	
<small>*2 Proration rule may apply: When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve. </small>	

Employee certification	
I certify that the information given on this form is correct and complete.	
Signature <u></u>	Date <u>OCT. 02 / 23</u>

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 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.



**NISHNAWBE - ASKI
Legal Services Corporation**

Employee Information

1. Personal Information

Full Given Name: Caron Renzo D.
Last First M Initial.

Address: 413 - 755 McGill Road
Street Address Box #

Kamloops BC V2C 0B6
City/Town Province Postal Code

Home Phone: (250) 571-4242 Alternate Phone: ()

Primary Email: renzoc@telus.net DOB 10 / 10 / 1968
M/D/Y

SSN #: 722 232 576 Status #: 1790136401

2. Job Information

Title: Director of Legal Services Employee ID: _____

Supervisor: Irene Linklater Department: Legal Services

Work Location: Thunder Bay Work Email: rcaron@nanlegal.on.ca

Work Phone: () Cell Phone: ()

Start Date: October 2, 2023 Benefits _____ Pension: Y / N

Term Date: _____ Salary: \$

3. Emergency Contact Information

Full Name: Caron Jonalyn M.
Last First M Initial.

Address: 413 - 755 McGill Road
Street Address Box #

Kamloops BC V2C 0B6
City/Town Province Postal Code

Primary Phone: (250) 307-1365 Alternate Phone: ()

Relationship: Spouse

Updated April 12, 2019

Protected B when completed / Protégé B une fois rempli

Employer's name - Nom de l'employeur
FNJC First Nations Justice Council
 103-3500 Carrington Road
 West Kelowna BC V4T3C1 CAN

Canada Revenue Agency / Agence du revenu du Canada
 Year / Année: 2021

T4
 STATEMENT OF REMUNERATION / ÉTAT DE LA RÉMUNÉRATION PAYÉ

Employer's account number / Numéro de compte de l'employeur
 Social insurance number / Numéro d'assurance sociale
 Exempt - Exemption
 722 232 576

Province of employment / Province d'emploi: BC
 Employment code / Code d'emploi: 29

Employment income / Revenus d'emploi: 14
 Employee's CPP contributions - see over / Cotisations de l'employé au RPC - voir au verso: 16
 3,166.45
 Employee's QPP contributions - see over / Cotisations de l'employé au RRQ - voir au verso: 17

Income tax deducted / Impôt sur le revenu retenu: 22
 EI insurable earnings / Gains assurables d'AE: 24
 56,300.00
 CPP/QPP pensionable earnings / Gains ouvrant droit à pension - RPC/RRQ: 26
 61,600.00

Employee's name and address - Nom et adresse de l'employé
 Last name (in capital letters) - Nom de famille (en lettres majuscules) / First name - Prénom Initials - Initiales
 → CARON Renzo
 413-755 McGill Road
 Kamloops BC V2C0B6 CAN

Employee's EI premiums / Cotisations de l'employé à l'AE: 18
 889.54
 RPP contributions / Cotisations à un RPA: 20
 Pension adjustment / Facteur d'équivalence: 52
 Employee's PPIP premiums - see over / Cotisations de l'employé au RPAP - voir au verso: 55

Union dues / Cotisations syndicales: 44
 Charitable donations / Dons de bienfaisance: 46
 RPP or DPSP registration number / No d'agrément d'un RPA ou d'un RF: 50
 PPIP insurable earnings / Gains assurables du RPAP: 56

T4 (21)

Other information (see over) / Autres renseignements (voir au verso)	Box - Case	Amount - Montant	Box - Case	Amount - Montant	Box - Case	Amount - Montant
	40	5,200.56	71	110,095.84		

Recipient / Bénéficiaire

Protected B when completed / Protégé B une fois rempli

Employer's name - Nom de l'employeur
FNJC First Nations Justice Council
 103-3500 Carrington Road
 West Kelowna BC V4T3C1 CAN

Canada Revenue Agency / Agence du revenu du Canada
 Year / Année: 2021

T4
 STATEMENT OF REMUNERATION / ÉTAT DE LA RÉMUNÉRATION PAYÉ

Employer's account number / Numéro de compte de l'employeur
 Social insurance number / Numéro d'assurance sociale
 Exempt - Exemption
 722 232 576

Province of employment / Province d'emploi: BC
 Employment code / Code d'emploi: 29

Employment income / Revenus d'emploi: 14
 Employee's CPP contributions - see over / Cotisations de l'employé au RPC - voir au verso: 16
 3,166.45
 Employee's QPP contributions - see over / Cotisations de l'employé au RRQ - voir au verso: 17

Income tax deducted / Impôt sur le revenu retenu: 22
 EI insurable earnings / Gains assurables d'AE: 24
 56,300.00
 CPP/QPP pensionable earnings / Gains ouvrant droit à pension - RPC/RRQ: 26
 61,600.00

Employee's name and address - Nom et adresse de l'employé
 Last name (in capital letters) - Nom de famille (en lettres majuscules) / First name - Prénom Initials - Initiales
 → CARON Renzo
 413-755 McGill Road
 Kamloops BC V2C0B6 CAN

Employee's EI premiums / Cotisations de l'employé à l'AE: 18
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Union dues / Cotisations syndicales: 44
 Charitable donations / Dons de bienfaisance: 46
 RPP or DPSP registration number / No d'agrément d'un RPA ou d'un RF: 50
 PPIP insurable earnings / Gains assurables du RPAP: 56

Box - Case	Amount - Montant
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Account Information

Set up your direct deposits and pre-authorized payments easily and conveniently.

Print, sign and submit this form as follows:

Direct Deposit: receive your payroll or other deposits into your account. Complete and submit this form to your employer or the company depositing the payment into your account.

Pre-authorized Payment: automatically pay your bills from your account. Complete and submit this form to your billing company to allow them to take the payment from your account.

Your Information

Name: RENZO CARON
Address: 413 - 755 MCGILL RD
KAMLOOPS BC
V2C 0B6

Direct Deposit Information

Transit: 01090
Institution Number: 010
Account Number: 7167237

Void Cheque

RENZO CARON
413 - 755 MCGILL RD
KAMLOOPS BC
V2C 0B6

PAY TO THE ORDER OF

DATE

\$

CIBC

01090 010 7167237

Signature: _____

Date: 02/OCT/23

DRIVER'S LICENCE and SERVICES CARD
British Columbia CAN

CANADA

CARON RENZO DUANE



DL: 5031410

Issued: 2019-Oct-10
 Expires: 2024-Oct-10
 Restrictions/
 Endorsements:
 Class: 4

DOB: 1968-Oct-10

BRITISH COLUMBIA 1968

Wt: 68.0 kg H: 185 cm
 Sex: M Eyes: BRN Hair: BLK
 413-755 MCGILL RD
 KAMLOOPS BC V2C 0B6

Government of Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

3508261


This is to certify that: - Le présent atteste que

Family Name - Nom de famille
CARON

Given Names - Prénoms
Renzo Duane

Alias - Nom d'emprunt

Registry No. - N° de registre
1790136401



is an Indian within the meaning of the Indian Act, Chapter 27, Statutes of Canada (1985)
 est un Indien au sens de la Loi sur l'Indien, Chapitre 27, des Lois du Canada (1985)

Date of Birth - Date de naissance	Registry Group - Groupe d'enregistrement
1968/10/10	SAGAMOK ANISHNABEK
Sex - Sexe	
M	
This card is valid until Cette carte est valide jusqu'à	
2024/10/08	
Holder's Signature - Signature du titulaire	
Issuing Officer's Signature - Signature de l'agent émetteur	Issue Date - Date d'émission
C. Taylor	2019/10/08
<small>For the public information please refer to GC Ottawa, Ontario, Canada K1A 0H4 Pour plus de renseignements veuillez vous adresser au GC, Ottawa (Ontario) Canada, K1A 0H4</small>	
89-004 2018-09-06 7530-21-023-3673	

This card remains the property of the issuing agency and must be surrendered upon request.



Personal Health Number: 9026 905 244




J02508 45