

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.

Motor	November 28, 2023
SIGNATURE	DATE
Rachel Catroppa	
PRINT FULL NAME	
SIGNATURE OF WITNESS	DATE
PRINT FULL NAME OF WITNESS	

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

Dated this 28th day of November 2023

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



Employee Information

1. Personal I	nformation								
Full Given Name:	CATROPPA, RACHE	L							
	Last		First		M Initial.				
Address:	2246 MCGREGOR AV	VΕ							
	Street Address				Box#				
	THUNDER BAY			ON	P7E5G7				
	City/Town			Province	Postal Code				
Home Phone:	(807) 358-6898	_ Alternate Pho	one: ()					
Primary Email:	rachelcatroppa@hotm	ail.com	DOB M/D/Y	03 / 0	7 / 1988				
SSN#:	538166026	Status # No	t Applic	able					
2. Job Inform	nation								
Title:	TRAVEL COORDINATOR	Employee ID:							
Supervisor:		_ Department:							
Work Location:		_Work Email:							
Work Phone:	(
Start Date:	NOV 28 2023 Benefits Pension: Y / N								
Term Date:		Salary:	\$	-					
3. Emergency	y Contact Information								
Full Name:	DOWSWELL CURTIS	•							
T BIT T GITTO.	Last		First		M Initial.				
Address:	2246 MCGREGOR AV	/E							
	Street Address				Box #				
	THUNDER BAY			ON	P7E5G7				
	City/Town			Province	Postal Code				
Primary Phone:	(807) 252-7828	Alternate Pho	one: ()					
Relationship:	COMMON LAW PART	NER							

Clear Data



Canada Revenue Agency

Agence du revenu du Canada

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.

					I = .			
Last name CATROPPA	First name and initial(s)		Date of birth (YYYY/MM/DD 1988/03/07		Employee nur	nber		
Address		Postal code		sidents only		Social in	nsurance number	
2246 MCGREGOR AVE		P 7 E 5 G 7	Country of	nce	51315	3 8 1 1 6 6 0 12 1		
4 Pasta negeral amount. Sugar maidant of Canad		.l.,,l.,,l.,,l.,,l.,,l.,,l.,,l.,,l.,,l.	_ 	IE 000 Hawayes	if concernation and	<u> </u>	1.10101012	
 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. 	enter \$1	15,000, you may has will be greater the	ave an amount an \$165,430, y	owing on your income on have the option	come tax and be n to calculate a	enefit	15000	
 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 ei the child. 	ie year. I	If the child does no	l live with both	parents througho	ut the year, the			
3. Age amount – If you will be 65 or older on Decembor less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of f	if your no	et income for the ye				335		
 Pension Income amount – If you will receive regularies Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 								
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Caratotal tuition fees that you will pay if you are a full-time of	ada, and	d you will pay more	iniversity or co than \$100 per	llege, or an educa institution in tuitio	itional institution in fees. Enter th	1 ie		
6. Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$9,428.	mount o	n your income tax a	and benefit retu	ım by using Form	T2201, Disabili	ity		
7. Spouse or common-law partner amount – Enter to or common-law partner is infirm) and your spouse's or following conditions apply:	r commo	on-law partner's est				ise		
 You are supporting your spouse or common-law p Your spouse or common-law partner's net income 		7.	n the amount o	on line 1 (line 1 pl	us \$ 2,499 if you	ır		
spouse or common-law partner is infirm) In all cases, go to line 9 if your spouse or common-law	nartner	is I nfirm and has a	net income fo	r the year of \$26	782 or less			
8. Amount for an eligible dependant – Enter the diffe dependant is infirm) and your eligible dependant's est • You do not have a spouse or common-law partner who you are not supporting or being supported by	erence b imated n r, or you	etween the amoun	t on line 1 (line ear if all of the	1 plus \$2,499 if y following condition	our eligible ons apply:	and		
 You are supporting the dependant who is related to 	o you ar	nd lives with you						
 The dependant's net income for the year will be let you cannot claim the Canada caregiver amount 	ss than t for infir	the amount on line m children under	1 (line 1 plus \$ 18 years of ag	2,499 if your depo e for this depend	endant is infirm ant)	and		
In all cases, go to line 9 if your dependant is 18 years	or olde	r, infirm, and has a	a net income fo	r the year of \$26,	782 or less.			
9. Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged 1 the year will be \$26,782 or less. To calculate the amount of the support of the s	8 or old	er) or an infirm sp	ouse or commo	on-law partner wh	ose net income			
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law parclaimed an amount for if their net income were under \$\footnote{Y}ou may enter a partial amount if their net income for tout the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same depend or older.	rtner or e 17,499) the year et may a	eligible dependant whose net income will be between \$1 also be used to calc	you claimed an for the year wi 8,783 and \$26, sulate your part	amount for on lin Il be \$18,783 or le 782. To calculate of the amount if	e 9 or could ha ess, enter \$7,99 a partial amoul ou are sharing	ve 19. nt, fill it		
11. Amounts transferred from your spouse or community age amount, pension income amount, tuition amounused amount.						f		
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 benefit	r spouse	s's or common-law	partner's deper	•				
13. TOTAL CLAIM AMOUNT - Add lines 1 to 12. Your employer or payer will use this amount to determine the second sec	ine the a	mount of your tax	deductions.				15000	
with another caregiver who supports the same depends or older. 11. Amounts transferred from your spouse or common their age amount, pension income amount, tuition amounused amount. 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 benefits. TOTAL CLAIM AMOUNT — Add lines 1 to 12.	mon-law ount, or d depend r spouse fit return	w partner — If your stisability amount on lant will not use all store or common-law; no enter the unused	spouse or com- their income to of their disabilities partner's deper- amount.	than one infirm de mon-law partner v ex and benefit ret by amount on their	vill not use all or urn, enter the income tax and	3 f -	1	



Protected B when completed

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.

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	\$		

Reduction in tax deductions

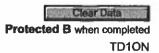
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and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

Forms and publications

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

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information 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	2023-11-28
It is a serious offence to make a false return.		





2023 Ontario **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)		0	Pate of birth (YYYY/MM/DD)	nber									
CATROPPA	RACHEL		19	988/03/07										
Address	Postal code		Т	For non-residents only		Social			ial insurance numb					
2246 MCGREGOR AVE		P 7	P 7 E 5 G 7 Country of permanent residence		5 3	8	1	6 6	3 0	2	6			
 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. 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 re 								1	1,8	36	5	_		
enter a partial amount if your net income for the year wi line 2 section of Form TD10N-WS, Worksheet for the 2	ill be bet	ween	\$43,	,127 and	1 \$8	31,747. To calculate a partial a								
3. Pension income amount – if you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.												*********		
4. Disability amount - If you will claim the disability and Tax Credit Certificate, enter \$9,586.	nount on	your	incor	me tax a	and	benefit return by using Form	T2201, Disability	,						
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	10,075 ii	you a	are s	upportin	g y	our spouse or common-law p	artner and both	of						_
Your spouse or common-law partner lives with you	J													
Your spouse or common-law partner's net income if	for the yo	er wi	ill be	\$1,007 c	or k	8 5 \$								
You may enter a partial amount if your spouse's or come To calculate a partial amount, fill out the line 5 section of					me	for the year will be between t	\$1,007 and \$11,	082.						
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	if you a	e sup	porti	ing an el	ligit	ole dependant and all of the fo	ollowing							
 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 				and										
The dependant is related to you and lives with you														
 The dependant's net income for the year will be \$1. 	,007 or k	388												
You may enter a partial amount if the eligible dependent partial amount, fill out the line 6 section of Form TD10N		come	o for t	he year	wil	I be between \$1,007 and \$11,	082. To calculat	e a						
7. Ontario caregiver amount – You may claim this am your or your spouse's or common-law partner's:	ount if y	ou are	e sup	porting a	an	eligible infirm dependant ageo	1 18 or older who	o is						
child or grandchild														;
 parent, grandparent, brother, sister, aunt, uncle, nic 				is resid	leni	t in Canada								
To calculate this amount, fill out the line 7 section of Fo	m TD10	W-MC	S.						_					
8. Amounts transferred from your spouse or common age amount, pension income amount, or disability amount, or disability amount.								eir						
9. Amounts transferred from a dependant – If your d benefit return, enter the unused amount.	ependan	ıt will	not u	se all of	the	eir disability amount on their in	ncome tax and							
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine	ne the ar	nouni	t of ye	our provi	inci	ial tax deductions.			F			-	118	B5

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 TD10N for 2023, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD10N, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 10.

Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

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

Reduction in tax deductions

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

Forms and publications

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

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

The second secon			_
Certification			
I certify that the information given on this form is correct and complete.			
Signature	Date	2023-11-28	
It is a serious offence to make a false return.			_