

Nishnawbe-Aski Legal Services
Corporation

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L'ŕCLŕ·Δᐱ

May 1, 2024

Morningstar Derosier
94 Algoma St N
Thunder Bay, ON

Re: Employment Agreement – Our Life Stories Assistant

Dear Morningstar:

On behalf of Nishnawbe-Aski Legal Services Corporation ("NALSC"), I am pleased to offer you employment as a Full-Time **Our Life Stories Assistant** in accordance with the terms and conditions described in the attached employment agreement ("the Agreement").

Please carefully read and consider the terms and conditions in the Agreement and confirm your understanding of, and agreement with, them by signing and returning the countersigned copy to me. Please retain the second copy of the Agreement your records. When countersigned by you, the Agreement shall constitute a binding employment agreement between you and NALSC.

Morningstar, we warmly welcome you to NALSC. We look forward to working with you and look forward to a mutually successful future together!

Yours truly,



Colette Shwetz
Director of Human Resources

Mailing Address:

101 Syndicate Ave N,
Suite 101, Thunder Bay,
On P7C 3V4

Tel: (807) 622-1413
Fax: (807) 622-3024

Email:
info@nanlegal.on.ca

Website:
Http://www.nanlegal.on.ca



Head Office:

679 City Road, Fort
William First Nation,
On P7J 1K3

EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
hereinafter called "NALSC"

- and -

Morningstar Derosier (Term Contract)

1. Employment

You will hold the position of **Our Life Stories Assistant**, operating out of **Thunder Bay**, and will report to the program manager. 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 **May 2, 2024**. Your employment term will end on **May 31, 2024**, subject to the termination provisions contained herein. This position is based on approved funding for **Our Life Stories Program**.

3. Compensation and Benefits

You will receive the following compensation and benefits:

(A) Salary. You will be paid **\$50.00 hourly**. Our payroll is administered biweekly.

(B) Benefits. You will be entitled to apply for benefits as per the NALSC Policy Manual.

4. Vacation

Vacation shall be paid to you each pay period as per the minimum amount required by the ESA (Employment Standards Act).

You are entitled to vacation time as per ESA. All vacation time must be pre-approved and will be scheduled at mutually convenient times recognizing that, in a small office such as ours, we must always be conscious of having coverage.

5. Hours of Work

Your regular hours of work are from **9am to 5pm**, with a one (1) hour unpaid lunch break, for a total of thirty-five (35) hours per week but may be changed based on NALSC's needs. Your hours of work will be determined

in consultation with your program manager. You may also be required to work evenings, Saturdays, and Sundays.

If you are required or work, or request to work, more hours than provided for in this Agreement you must first obtain the written direction or written approval of your program manager within 24 hours of working such hours. Also, as agreed upon during your interview, you are required to provide a copy of your criminal records check for this position. This will be required as soon as possible and before the end of your probationary period. Should you fail to provide this document, your probationary period may be extended, or your employment may be suspended or terminated.

6. Personnel Policies, Procedures and Rules

You will be bound by any personnel policies, procedures and rules established by NALSC. By signing this Agreement, the Employee confirms that you have been provided with, has read, and agrees to abide by all policies, procedures and rules established by NALSC.

7. 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 pursuant to the Employment Standards Act, 2000 ("ESA"), this Agreement will terminate immediately, and you shall only receive your minimum entitlements pursuant to the ESA.

(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.

8. 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.

9. 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.

10. 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.

11. Entire Agreement

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and cancels and supersedes any and all prior and contemporaneous agreements, discussions and understandings. There are no representations, warranties, forms, conditions, undertakings, or collateral agreements, express, implied, or statutory between the parties other than as expressly set forth in this Agreement. No waiver, modification, or termination of any term of this Agreement shall be effective unless in writing and signed by all parties.

12. Severability

The provisions, paragraphs and sub-paragraphs of this Agreement are and shall be deemed to be severable the one from the other. If any one or more of the provisions, paragraphs or sub-paragraphs contained herein shall be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions, paragraphs and subparagraphs contained herein shall not in any way be affected or impaired.

13. Headings

The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning interpretation of this Agreement.

14. Governing Law

This Agreement shall be governed in all respects by the laws of the Province of Ontario and the laws of Canada applicable therein.

15. Assignment

Except as otherwise provided herein, no assignment of any rights or delegation of any obligations provided for herein may be made by any party without the express written consent of all other parties hereto. Notwithstanding the foregoing, NALSC may, upon two (2) days written notice to you, assign its rights,

together with its obligations hereunder, to any associate or affiliate of NALSC.

16. Interpretation

The language used in this Agreement shall be deemed to be the language chosen by the parties to express their mutual intent, and the Agreement shall be interpreted without regard to any presumption or other rule requiring interpretation of the Agreement more strongly against the party causing it to be drafted.

17. Independent Legal Advice

You acknowledge that you have had ample opportunity to obtain independent legal advice in connection with the negotiation and ultimate execution of this Agreement. If you did not obtain independent legal advice, it is because you understood this Agreement, and did not feel that you needed legal advice. You therefore confirm that you are executing this Agreement freely, voluntarily and without duress.

18. Copy of the Agreement

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

Morningstar, 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
Director of Human Resources

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

5/2/2024

Date



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: Atkinson-Derosier Morningstar L.
Last First M Initial.

Address: 145 Johnson Ave
Street Address Box #

Thunder Bay ON P7B2V9
City/Town Province Postal Code

Home Phone: (249) 358 5922 Alternate Phone: ()

Primary Email: derosier.morningstar@semail.com DOB 12/27/1996
M/D/Y

SSN #: 542 762 810 Status # 1480119601

2. Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Work Email: _____

Work Phone: () Cell Phone: ()

Start Date: _____ Benefits _____ Pension: Y / N _____

Term Date: _____ Salary: \$ _____

3. Emergency Contact Information

Full Name: Derosier Michelle
Last First M Initial.

Address: _____
Street Address Box #

City/Town Province Postal Code

Primary Phone: (807) 707 2504 Alternate Phone: ()

Relationship: Mother



**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

May 2 2024

DATE

Momingstar Atkinson-Derosier

PRINT FULL NAME

SIGNATURE OF WITNESS

DATE

PRINT FULL NAME OF WITNESS

Determination of Exemption of an Indian's Employment Income

The CRA uses the term "Indian" as it has legal meaning under the Indian Act.

The term **employee** on this form refers only to an employee who is registered under the Indian Act.

Fill out this form if you think your income is tax exempt or partially tax exempt. Your employer will use your answers in part 1 to help determine the correct tax treatment of your income.

You and your employer should fill out this form, in addition to Form TD1. You must fill out these forms when you start a new job or if your employment situation changes and the employment income is exempt or partially exempt from tax under the Indian Act. For more information about employee and employer responsibilities, go to canada.ca/tax-filing-form-td1.

Part 1 – Employee information (to be filled out by the employee)

1.1 Are you registered under the Indian Act?

Yes. Continue to Section 1.2.

No. Do not use this form.

For more information, go to canada.ca/indian-status.

1.2 Are you a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act?

Yes. Do not use this form.

No. Continue to section 1.3.

To confirm the effective date of the agreements and the expiry dates, go to canada.ca/tax-indigenous-end-dates.

1.3 Fill out your name and address. Continue to section 1.4.

Last name (print) Atkinson-Derosier	First name and initials Morningstar L.	Social insurance number 51412716121810
Address of principal place of residence including postal code 145 Johnson Ave, Thunder Bay, ON, P7B2V9		

1.4 Do you live on a reserve? This means it is your principal place of residence and is the centre of your daily routine.

Yes No

Employee Certification

I certify that the following information is correct and complete:

- I am registered under the Indian Act
- I am **not** a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act
- If I answered **yes** in section 1.4, I live on a reserve, it is my principal place of residence and is the centre of my daily routine

Signature

Date

12/27/96

Part 2 – Employer information (to be filled out by the employer)

2.1 Fill out your name and business address. Continue to section 2.2.

Name of employer (please print) Type of business

Business address including postal code

2.2 Employment situation

This section will help you determine whether your employee's employment income is fully or partially exempt or not exempt. For more information on the tax exemption under section 87 of the Indian Act, go to canada.ca/taxes-guidelines-indigenous.

Connections to the reserve:

- If you are a resident on a reserve, this means the reserve is the place where the central management and control over the employer organization is actually located
- See section 1.4 of part 1 to determine if your employee lives on a reserve

What is the situation? (Tick one box only)

- Employee lives on a reserve and you are resident on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- Employee lives on a reserve and you are not resident on a reserve. Continue to section 2.3.
- Employee does **not** live on a reserve and you are resident on a reserve. Continue to section 2.4.
- Employee does **not** live on a reserve and you are not resident on a reserve but your employee is required to perform duties on a reserve. Continue to section 2.5.

If your employee does not meet one of the situations described above and you still think their income is fully or partially exempt, do **not** fill out this form. The employment situation may be uncommon. This may result in employment income being treated differently. For examples and to verify your employee's situation, go to canada.ca/tax-indigenous-uncommon-situations or call the CRA at 1-800-959-5525.

2.3 Employee lives on a reserve and employer is not resident on a reserve.**What is the situation?**

- Employee performs **more than 50%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- Employee performs **50% or less** of their employment duties on a reserve. Continue to section 2.6.

2.4 Employee does not live on a reserve and employer is resident on a reserve.**What is the situation? (Tick one box only)**

- Employee performs **more than 50%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- Employee performs **50% or less** of their employment duties on a reserve. Continue to section 2.6.
- You are a band as defined under the Indian Act that has a reserve, or a tribal council representing one or more of those bands.
- Your employee's duties of employment are in connection with your non-commercial activities carried on exclusively for the benefit of Indians who for the most part live on reserves. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- You are an organization controlled by one or more bands as defined under the Indian Act that have reserves, or one or more tribal councils representing one or more of those bands, and the organization is dedicated exclusively to the social, cultural, educational, or economic development of Indians who for the most part live on reserves. Your employee's duties of employment are in connection with your non-commercial activities carried on exclusively for the benefit of Indians who for the most part live on reserves. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.

2.5 Employee does **not** live on a reserve and employer is **not** resident on a reserve but the employee is required to perform duties on a reserve.

What is the situation?

- Employee performs **at least 90%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- Employee performs **less than 90%** of their employment duties on a reserve. Continue to section 2.6.

2.6 Prorating exempt income

The exemption may be prorated if your employee performed some of their duties on a reserve and those duties are not merely incidental to duties they performed off a reserve. The exemption will apply **only** to the portion of the income related to the duties your employee performed on the reserve.

What is the percentage of the employment duties the employee is required to perform on a reserve? _____ %

Did the employee also fill out Form TD1

- Yes. Continue to "Employer certification."
- No. Ask the employee to fill out and give you Form TD1, and then continue to "Employer certification."
- For more information, go to canada.ca/tax-filing-form-td1.

Employer certification

I certify that the information given in part 2 of this form is correct and complete.

Signature *hachery*

Date *May 2/24*

If you receive a Form TD1-IN with doubtful information, you should ask for proof from your employee, such as proof of address, or call the CRA at 1-800-959-5525 for assistance. It is an offence to knowingly accept a Form TD1-IN containing false statements.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

What to do with this form

- fill out all applicable parts
- employee and employer sign the certification areas
- employer keeps a signed copy for their records in case the CRA asks to see it

What happens if the employment situation changes

Fill out a new Form TD1-IN in the following situations:

- a change in the location of the employment duties, resulting from a new position with the same employer
- a change in the percentage of employment duties performed on reserve
- a change in the employee's residence, on or off reserve
- a change in the employee's residence, on or off reserve

Do not fill out a new Form TD1-IN in the following situations:

- the employee performs seasonal work (for example, snow removal or landscaping)
- the employee performs employment services that depend on the location of the clients or customers (for example, home repair services, social worker, or personal service work)

More information for employees

- To learn about the benefits, credits and requirements that apply to employees whose income is eligible for the tax exemption under section 87 of the Indian Act, go to canada.ca/taxes-benefits-indigenous
- For more guidance on the application of the Indian Act Exemption for Employment Income Guidelines to issues raised by the **COVID-19 crisis** (working from home), go to canada.ca/tax-guidelines-indigenous-covid19
- Tax-exempt salary or wages paid to employees are **not** subject to Canada Pension Plan (CPP) contributions. However, an employee can elect to participate in the CPP. For more information, go to canada.ca/cpp-ei-explained-indigenous
- Tax-exempt salary or wages paid to employees are subject to Employment Insurance (EI) premiums. For more information, go to canada.ca/cpp-ei-explained-indigenous

More information for employers

- For more information about various events that might change the employment situation, go to canada.ca/tax-life-events-employees
- For more information about how to report employment income that is exempt under section 87 of the Indian Act, go to canada.ca/tax-t4-indigenous
- Tax-exempt salary or wages paid to Indians are **not** subject to Canada Pension Plan (CPP) contributions. However, an employer can elect to participate in the CPP. For more information, go to canada.ca/cpp-ei-explained-indigenous
- Tax-exempt salary or wages paid to Indian workers are subject to Employment Insurance (EI) premiums. For more information, go to canada.ca/cpp-ei-explained-indigenous



2024 Ontario Personal Tax Credits Return

Protected B when completed

TD1ON

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 Atkinson-Derooster		First name and initial(s) Mockingstar L.	Date of birth (YYYY/MM/DD) 1996/12/27	Employee number
Address 145 Johnson Ave, Thunder Bay, P7B 2V9		Postal code P7B 2V9	For non-residents only Country of permanent residence	Social insurance number 514271628110
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 2024, see "More than one employer or payer at the same time" on page 2.				12,399
2. Age amount – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario Personal Tax Credits Return.				
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 : \$1,714 or your estimated annual pension.				
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 \$10,017.				
5. Spouse or common-law partner amount – Enter \$10,528 if you are supporting your spouse or common-law partner and both of the following conditions apply: <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 \$1,053 or less You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.				
6. Amount for an eligible dependant – Enter \$10,528 if you are supporting an eligible dependant and all of the following conditions apply: <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 \$1,053 or less You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.				
7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older: <ul style="list-style-type: none"> your child or your grandchild (or your spouse or common-law partner); your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner) To calculate this amount, fill out the line 7 section of Form TD1ON-WS.				
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.				
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.				
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.				<input type="text"/>

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 2024, 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 and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

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

Signature 

Date 2024-05-01

It is a serious offence to make a false return.



2024 Personal Tax Credits Return

TD1

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 Atkinson-Derosier	First name and initial(s) Morningstar L.	Date of birth (YYYY/MM/DD) 1996/12/27	Employee number
Address 145 Johnson Ave, Thunder Bay, ON	Postal code R7T1B2V19	For non-residents only Country of permanent residence	Social insurance number 5427628110

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, 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 \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

15,705

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 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, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. 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 \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 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 two 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 \$2,616 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 \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 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 \$2,616 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 \$28,041 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 \$28,041 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 \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. 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 2024, 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 2024?

- 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, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. 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 2024:

- \$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.

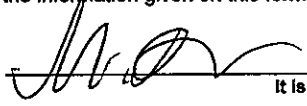
Forms and publications

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 and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

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 2024-05-01


ON
Driver's Licence
Permis de conduire
CANADA

1,2 NAME / NOM
**ATKINSON-DEROSIER,
 MORNINGSTAR LEE**
 8 145 JOHNSON AVE
 THUNDER BAY, ON, P7B 2V9
 4d NUMBER
A8272 - 56469 - 66227
 4e ISSI / DEL. 2023/10/24 4b EXP / EXP. 2028/10/25
 5 DD / REF. HX4352343 16 HGT / HAUT. 178 cm
 18 SEX / SEXE F
 9 CLASSI. G2
 CATEG.
 - 12 REST. / X
 COND.

3 DOB / D0N **1996/12/27**




CERTIFICATE OF INDIAN STATUS
CERTIFICAT DE STATUT INDIEN

Indian and Northern Affairs Canada
 Affaires indiennes et du Nord Canada

Registration no. / Numéro d'inscription
1480119601

Family Name / Nom de famille
ATKINSON-DEROSIER
 Given Names / Prénoms
MORNINGSTAR LEE
 Alias / Nom d'emprunt

Date of Birth / Date de naissance
1996/12/27 Sex / Sexe **F**
 Date of Issuance / Date de délivrance
2020/03/12
 Renewal / Date de renouvellement
2030/12/27

Registry Group no. and Name / No du groupe de registre et nom
148 - EAGLE LAKE