

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 <i>Gaudreau</i>	First name and initial(s) <i>Dana A</i>	Date of birth (YYYY/MM/DD) <i>1970-11-06</i>	Employee number
Address <i>707 John St Unit 35</i>	Postal code <i>A7B1Z7</i>	For non-residents only Country of permanent residence	Social insurance number <i>486 5111116</i>

  

<p><b>1. Basic personal amount</b> – 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.</p>	<b>12,399</b>
<p><b>2. Age amount</b> – 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.</p>	
<p><b>3. Pension income amount</b> – 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 <b>whichever is less</b>: \$1,714 or your estimated annual pension.</p>	
<p><b>4. Disability amount</b> – 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.</p>	
<p><b>5. Spouse or common-law partner amount</b> – Enter \$10,528 if you are supporting your spouse or common-law partner and <b>both</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse or common-law partner's net income for the year will be \$1,053 or less</li> </ul> <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p>	
<p><b>6. Amount for an eligible dependant</b> – Enter \$10,528 if you are supporting an eligible dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant's net income for the year will be \$1,053 or less</li> </ul> <p>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.</p>	
<p><b>7. Ontario caregiver amount</b> – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:</p> <ul style="list-style-type: none"> <li>• your child or your grandchild (or your spouse or common-law partner);</li> <li>• your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)</li> </ul> <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</p>	
<p><b>8. Amounts transferred from your spouse or common-law partner</b> – 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><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>12,399</b></div>

**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](https://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](https://canada.ca/cra-information-about-programs).

**Certification**

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

Signature Dana Gaudreau

Date 2024-05-16

It is a serious offence to make a false return.

2024 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 <b>Gaudreau</b>	First name and initial(s) <b>Dana A</b>	Date of birth (YYYY/MM/DD) <b>1970-11-06</b>	Employee number
Address <b>707 John st unit 35</b>	Postal code <b>R1T1B1A2Z7</b>	For non-residents only Country of permanent residence	Social insurance number <b>498651111116</b>

**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.

**15,705**

**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](https://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.

\$ 20.00

**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](https://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](https://canada.ca/cra-information-about-programs).

**Certification**

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

Signature Dana Gaudreau

Date 2024-05-16

It is a serious offence to make a false return.

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M02032467</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>400706\$29358</b>	<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>748338696RP0001</b>																																																																																																																																																																		
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>PARAMED INC 400 - 3000 STEELES AVE E  MARKHAM ON Canada</b>		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>	<b>8</b> SOCIAL INSURANCE NO. <b>486-511-116</b>																																																																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>Dana Gaudreau 300 WEST MARY ST THUNDER BAY ON, Canada</b>		<b>7</b> POSTAL CODE <b>L3R4T9</b>	<b>10</b> FIRST DAY WORKED D M Y 01 04 2023																																																																																																																																																																		
<b>13</b> OCCUPATION <b>Scheduling Coordinator</b>		<b>11</b> LAST DAY FOR WHICH PAID D M Y 24 08 2023	<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y 01 09 2023																																																																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>672</b>		<b>14</b> EXPECTED DATE OF RECALL D M Y <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																																																																																																																																			
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ <b>14,189.17</b>		<b>16</b> REASON FOR ISSUING THIS ROE Quit <b>E</b>																																																																																																																																																																			
<b>15C</b> THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.		<b>17</b> ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.																																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> </tr> </thead> <tbody> <tr><td>1</td><td>100.00</td><td>2</td><td>1,264.92</td><td>3</td><td>1,438.50</td></tr> <tr><td>4</td><td>1,744.00</td><td>5</td><td>1,549.70</td><td>6</td><td>712.50</td></tr> <tr><td>7</td><td>1,776.30</td><td>8</td><td>1,660.00</td><td>9</td><td>1,373.50</td></tr> <tr><td>10</td><td>1,330.00</td><td>11</td><td>1,239.75</td><td>12</td><td></td></tr> <tr><td>13</td><td></td><td>14</td><td></td><td>15</td><td></td></tr> <tr><td>16</td><td></td><td>17</td><td></td><td>18</td><td></td></tr> <tr><td>19</td><td></td><td>20</td><td></td><td>21</td><td></td></tr> <tr><td>22</td><td></td><td>23</td><td></td><td>24</td><td></td></tr> <tr><td>25</td><td></td><td>26</td><td></td><td>27</td><td></td></tr> <tr><td>28</td><td></td><td>29</td><td></td><td>30</td><td></td></tr> <tr><td>31</td><td></td><td>32</td><td></td><td>33</td><td></td></tr> <tr><td>34</td><td></td><td>35</td><td></td><td>36</td><td></td></tr> <tr><td>37</td><td></td><td>38</td><td></td><td>39</td><td></td></tr> <tr><td>40</td><td></td><td>41</td><td></td><td>42</td><td></td></tr> <tr><td>43</td><td></td><td>44</td><td></td><td>45</td><td></td></tr> <tr><td>46</td><td></td><td>47</td><td></td><td>48</td><td></td></tr> <tr><td>49</td><td></td><td>50</td><td></td><td>51</td><td></td></tr> <tr><td>52</td><td></td><td>53</td><td></td><td></td><td></td></tr> </tbody> </table>		P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	1	100.00	2	1,264.92	3	1,438.50	4	1,744.00	5	1,549.70	6	712.50	7	1,776.30	8	1,660.00	9	1,373.50	10	1,330.00	11	1,239.75	12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53				<b>A - VACATION PAY</b> \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ <b>B - STATUTORY HOLIDAY PAY FOR</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table> <b>C - OTHER MONIES (SPECIFY)</b> \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____		D	M	Y	\$	D	M	Y	\$				\$				\$				\$				\$				\$				\$				\$				\$				\$				\$
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																																																																																
1	100.00	2	1,264.92	3	1,438.50																																																																																																																																																																
4	1,744.00	5	1,549.70	6	712.50																																																																																																																																																																
7	1,776.30	8	1,660.00	9	1,373.50																																																																																																																																																																
10	1,330.00	11	1,239.75	12																																																																																																																																																																	
13		14		15																																																																																																																																																																	
16		17		18																																																																																																																																																																	
19		20		21																																																																																																																																																																	
22		23		24																																																																																																																																																																	
25		26		27																																																																																																																																																																	
28		29		30																																																																																																																																																																	
31		32		33																																																																																																																																																																	
34		35		36																																																																																																																																																																	
37		38		39																																																																																																																																																																	
40		41		42																																																																																																																																																																	
43		44		45																																																																																																																																																																	
46		47		48																																																																																																																																																																	
49		50		51																																																																																																																																																																	
52		53																																																																																																																																																																			
D	M	Y	\$	D	M	Y	\$																																																																																																																																																														
			\$				\$																																																																																																																																																														
			\$				\$																																																																																																																																																														
			\$				\$																																																																																																																																																														
			\$				\$																																																																																																																																																														
			\$				\$																																																																																																																																																														
<b>18</b> COMMENTS		<b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT																																																																																																																																																																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>START DATE</th> <th>END DATE</th> <th>AMOUNT</th> <th>PER DAY</th> <th>PER WEEK</th> </tr> <tr> <th></th> <th>D M Y</th> <th>D M Y</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>PSL</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - Not Ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - Ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MAT/PAR/CC/FC</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			START DATE	END DATE	AMOUNT	PER DAY	PER WEEK		D M Y	D M Y				PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Not Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																														
	START DATE	END DATE	AMOUNT	PER DAY	PER WEEK																																																																																																																																																																
	D M Y	D M Y																																																																																																																																																																			
PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																
WLI - Not Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																
WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																
MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																
		<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French	<b>21</b> TELEPHONE NO. <b>(905) 470-4000 5776</b>																																																																																																																																																																		
		<b>22</b> I AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.																																																																																																																																																																			
		Name of Issuer <b>Calista Selvarajan</b> D M Y <b>31 08 2023</b>																																																																																																																																																																			



ON CANADA  
Driver's Licence  
Permis de conduire



Ontario

12 NAME / NOM

GAUDREAU,  
DANA ANNE

8 300 W MARY ST  
THUNDER BAY, ON, P7E 4K8

44 NUMBER /  
NUMERO G0870 - 15217 - 06106

49 ISS/DEL 2020/1/10

16 HGT/HAUT 155 CM

5 DOI/REF GV3831910

15 SEX/SEXE F

9 CLASS/ CATEG G

13 REST/ COND X



Dana Gaudreau  
3 DOB/DPN 1970/1/06



G0870-15217-06106  
1570/11/06