





2024 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 na	ame a	nd ini	tial(s)	E	Date of birth (YYYY/MM/DD)	Employee nur	nber						
DYRLAND	MARK	G.			1	963 11 06	<u> </u>							
Address	Pr		Postal code			For non-residents only			ial insurance number					
1478 JOHN STREET ROAD THUNDER BAY ON.		P 7	7 G	1 H	9	Country of permanent reside	IICE	4	7 1	1	1 2	3	0 2	2 4
1. Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2. 2. Age amount – If you will be 65 or older on December.	same ti er 31, 20	me in 24, ar	2024 ad you	, see "N ir net in	VIO1	re than one employer or payer me will be \$45,068 or less, er	at the same tin	may	. -		12	,3	99	_
enter a partial amount if your net income for the year w line 2 section of Form TD10N-WS, Worksheet for the 2	ill be bei 2024 On	ween tario P	\$45,0 erso:)68 and nal Tax	I \$8 Cr	85,428. To calculate a partial a edits Return.	amount, fill out l	he						
3. Pension income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.	er pension anteed l	n pay ncome	ment e Sup	s from a plemen	a p	ension plan or fund (not inclut ayments), enter whichever is	ling Canada Pe s less: \$1,714 o	nsion r				66	,000	.00
4. Disability amount If you will claim the disability ar Tax Credit Certificate, enter \$10,017.	nount or	your	incon	ne tax a	m	benefit return by using Form	T2201, Disabilit	У	_			10	,017	.00
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	10,528 i	f you	are si	pportir	ıg <u>y</u>	your spouse or common-law p	artner and bot h	of	_					
 Your spouse or common-law partner lives with you 	l													
Your spouse or common-law partner's net income	for the y	ear wi	ill be :	1,053	or i	less								
You may enter a partial amount if your spouse's or con To calculate a partial amount, fill out the line 5 section					וחוכ	e for the year will be between	\$1,053 and \$11	,581.						
 Amount for an eligible dependant Enter \$10,528 conditions apply: 	if you a	re sup	porti	ng an e	ligi	ble dependant and all of the f	ollowing							
 You do not have a spouse or common-law partner who you are not supporting or being supported by 	, or you	have	a spo	use or	COI	nmon-law partner who does n	ot live with you	and						
The dependant is related to you and lives with you														
 The dependant's net income for the year will be \$1 	,053 or I	ess												
You may enter a partial amount if the eligible dependar partial amount, fill out the line 6 section of Form TD10I		ncome	for t	ne year	wi	II be between \$1,053 and \$11	,581. To calcula	ite a						
7. Ontario caregiver amount - You may claim this an	nount if y	ou are	e sup	porting	an	eligible infirm dependant age	d 18 or older:		_					
 your child or your grandchild (or your spouse or co your parent, grandparent, brother, sister, aunt, unc partner) 		•	• • •		re	sident in Canada (or your spo	use or common	-law						
To calculate this amount, fill out the line 7 section of Fo	rm TD1	W-NO	s.											
8. Amounts transferred from your spouse or comm age amount, pension income amount, or disability amo								heir						
Amounts transferred from a dependant – If your obenefit return, enter the unused amount.	lependa	nt will	not u	se all o	f th	eir disability amount on their i	ncome tax and							
10. TOTAL CLAIM AMOUNT Add lines 1 to 9. Your employer or payer will use this amount to determine	ne the a	mouni	t of yo	ur prov	rinc	cial tax deductions.			Ī			8	8416	.00
										_				

My Olean Dala

Protected B when completed

Filling out Form TD10N						
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.						
if you do not me dat to only to to try your only job of payor the annual and annual and annual annua						
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 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 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 and used to administer or enforce the Income Tax Act and related proyadministering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, reforeign government institutions to the extent authorized by law, Failure to provide this information may result in paying inter Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file Commissioner of Canada regarding the handling of their personal information, Refer to Personal Information Bank CRA PP Programs and Information Holdings at canada,ca/cra-information-about-programs.	rest or penalti e a complaint	es, or in other actions. with the Privacy				
Certification						
I certify that the information given on this form is connect and complete.						
	Date	2023-12-20				
Signature It is a serious offence to make a false return.	Date	2724"18 PV				
- It is a serious untilide in mand a mise remain						