

## Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

**Employee identification**

Last name (please print)	Usual first name and initials	Social insurance number
Albany	Robert A	41918101026313
Residential address including postal code		
500 Rabbit Lake Rd, Kenora, Ontario P9N4K8		
Is the employee's residence located on a reserve?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Indian status**

Is the employee an Indian as defined in the Indian Act? Yes  No

If yes, was the employee an Indian as defined in the Indian Act:

prior to 2011?

because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.

because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

**Type of exemption \*1**

The employee performs employment duties:

1. entirely on a reserve     2. entirely off a reserve     3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: \_\_\_\_\_ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs at least 90%\*2 of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs more than 50% of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; and the employer is:

- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; or
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

\*1 The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to [canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines](http://canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines).

\*2 Proration rule may apply: When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.

**Employee certification**

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

Signature Robert Albany Date January 07/2020

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



**NISHNAWBE - ASKI  
Legal Services Corporation**

**Employee Information**

**1. Personal Information**

Full Given Name: Albany Robert A  
Last First M Initial.

Address: 500 Rabbit Lake Road  
Street Address Box #

Kenora ON P9N 4K8  
City/Town Province Postal Code

Home Phone: (807) 464-0981 Alternate Phone: ( )

Primary Email: bob.albany71@gmail.com

SSN #: 498 002 633 Status # 2150025501  
Fort Severn

**2. Job Information**

Title: Gladue Caseworker Employee ID: \_\_\_\_\_

Supervisor: George Edwards Department: \_\_\_\_\_

Work Location: Kenora Work Email: balbany@nanlegal.on.ca

Work Phone: (807) 467-8824 Cell Phone: ( )

Start Date: January 06/20 Benefits: \_\_\_\_\_ Pension: Y/N Y

Term Date: \_\_\_\_\_ Salary: \$47,000 / \$50,000 after 3m

**3. Emergency Contact Information**

Full Name: Albany Bernice  
Last First M Initial.

Address: 424 3rd Street South Apt# 2  
Street Address Box #

Kenora ON P9N 1J1  
City/Town Province Postal Code

Primary Phone: (807) 407-2812 Alternate Phone: (807) 467-8205 (W)

Relationship: Sister



Aboriginal Affairs and  
Northern Development Canada

Affaires autochtones et  
Développement du Nord Canada

3146759

**CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN**

This is to certify that - Le présent atteste que



Family Name - Nom de famille

**ALBANY**

Given Names - Prénoms

**Bobby Allan**

Alias - Nom d'emprunt

Registry No. - N° de registre

**2150025501**

is an Indian within the meaning of the *Indian Act*, chapter 27, Statutes of Canada (1985).  
est un Indien au sens de la *Loi sur les Indiens*, chapitre 27 des Lois du Canada (1985).

Date of Birth - Date de naissance		Registry Group - Groupe d'enregistrement	
1971/10/02		FORT SEVERN	
Sex - Sexe	This card is valid until Cette carte est valide jusqu'au		
M	2020/12/10		
Holder's Signature - Signature du titulaire			
<i>Robert Allard</i>			
Issuing Officer's Signature - Signature de l'agent émetteur		Issue Date - Date d'émission	
<i>Justin Kavanaugh</i>		2015/12/10	
<small>Finder please return postage free to AANDC Ottawa, Ontario, Canada K1A 0H4 Quiconque trouve le présent est prié de le retourner franc de port, au AADNC, Ottawa (Ontario) Canada, K1A 0H4 83-004 2012-03-28 7530-21-023-3673</small>			



## 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.

Robert Albany  
SIGNATURE

January 07/2020  
DATE

Robert Albany  
PRINT FULL NAME

[Signature]  
SIGNATURE OF WITNESS

January 7/20  
DATE

Susanna Baxter  
PRINT FULL NAME OF WITNESS