Agence du revenu du Canada

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 pav vou.

pay you.					
Last name PARRUTT	First name and initial(s)	Date of birth (YYYY/M)	3	Employee numb	er
A 1.1	Postal code	For non-residents		8	Social insurance number
219RYESTREET BOX ST	0 111	Country of permane	nt residen	ice	11912121816181018
MATACHEWAN, ON					
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$173,205 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	enter \$15,705, you may hall sources will be greater th	ave an amount owing of an \$173,205 you have t	n your inc he option	ome tax and ben to calculate a	efit
Canada caregiver amount for infirm children und 2007 or later who lives with both parents throughout the parent who has the right to claim the "Amount for an ethe child.	e year. If the child does no	t live with both parents	throughou	it the year, the	
Age amount – If you will be 65 or older on Decembor less, enter \$8,790. You may enter a partial amount calculate a partial amount, fill out the line 3 section of less.	if your net income for the y				5
 Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 	ar pension payments from or guaranteed income sup	a pension plan or fund (plement payments), en	not includ ter which	ding Canada ever is less:	
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Can total tuition fees that you will pay if you are a full-time of	ada, and you will pay more				
 Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,872. 	mount on your income tax	and benefit return by us	ing Form	T2201, Disability	
7. Spouse or common-law partner amount – Enter or common-law partner is infirm) and your spouse's o conditions apply: • You are supporting your spouse or common-law partners.	r common-law partner's es				
 Your spouse or common-law partner's net income spouse or common-law partner is infirm) 	for the year will be less that	an the amount on line 1	(line 1 plu	us \$2,616 if your	
In all cases, go to line 9 if your spouse or common-law					
8. Amount for an eligible dependant – Enter the diff dependant is infirm) and your eligible dependant's es: • You do not have a spouse or common-law partne who you are not supporting or being supported by	timated net income for the y r, or you have a spouse or	year if all of the followin	g conditio	ons apply:	ind
You are supporting the dependant who is related.					
The dependant's net income for the year will be le you cannot claim the Canada caregiver amount	ss than the amount on line	1 (line 1 plus \$2,616 if 18 years of age for thi	your depe s depend	endant is infirm a ant)	ınd
In all cases, go to line 9 if your dependant is 18 years	or older, infirm, and has	a net income for the ye	ar of \$28,	041 or less.	
9. Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged the year will be \$28,041 or less. To calculate the amount of the second second second second second second second sec	18 or older) or an infirm sp	ouse or common-law p	artner wh	ose net income for	he or
10. Canada caregiver amount for dependant(s) ago 18 or older (other than the spouse or common-law particular claimed an amount for if their net income were under you may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshow with another caregiver who supports the same dependent or older.	artner or eligible dependant \$15,705) whose net income the year will be between \$ set may also be used to cal	you claimed an amoun e for the year will be \$19 19,666 and \$28,041. To culate your part of the a	t for on lin 9,666 or le calculate imount if y	ne 9 or could have ess, enter \$8,375 e a partial amount you are sharing it	e t, fill
11. Amounts transferred from your spouse or community age amount, pension income amount, tuition amounused amount.	ount, or disability amount o	n their income tax and b	enefit ret	urn, enter the	
12. Amounts transferred from a dependant – If you benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and benefits.	ir spouse's or common-law	partner's dependent ch	nt on their ild or grai	r income tax and ndchild will not us	e
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	nine the amount of your tax	deductions.			0
PC-16-3595					



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 name and initial(s)	Date of birth (YYYY/MM/DD)	Employee numb	per			
PARRUTT	LEAHAN D	1972/02/03					
Address	Postal code	For non-residents only		Social insurance number			
219 RYE STREET BOX51, MATAC				11912121816181012			
Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2. Age amount – If you will be 65 or older on December.	e same time in 2024, see "N	fore than one employer or payer	at the same time				
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 between \$45,068 and 2024 Ontario Personal Tax	\$85,428. To calculate a partial a Credits Return.	mount, fill out the				
3. Pension income amount – If you will receive regula Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.	anteed Income Supplemen	t payments), enter whichever is	less: \$1,714 or	sion			
4. Disability amount – If you will claim the disability ar Tax Credit Certificate, enter \$10,017.							
5. Spouse or common-law partner amount – Enter sthe following conditions apply:	10,528 if you are supporting	g your spouse or common-law pa	artner and both o	of			
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 cor To calculate a partial amount, fill out the line 5 section	of Form TD1ON-WS.			581. 			
6. Amount for an eligible dependant – Enter \$10,528 conditions apply:							
You do not have a spouse or common-law partner who you are not supporting or being supported by	r, or you have a spouse or	common-law partner who does n	ot live with you a	nd			
The dependant is related to you and lives with you							
The dependant's net income for the year will be \$^							
You may enter a partial amount if the eligible dependa partial amount, fill out the line 6 section of Form TD10	nt's net income for the year N-WS.	will be between \$1,053 and \$11	,581. To calculate	e a			
7. Ontario caregiver amount – You may claim this ar	nount if you are supporting	an eligible infirm dependant aged	d 18 or older:				
 your child or your grandchild (or your spouse or co your parent, grandparent, brother, sister, aunt, une partner) 	cle, niece or nephew who is	resident in Canada (or your spo	use or common-l	aw			
To calculate this amount, fill out the line 7 section of F							
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 benefit return, enter the unused amount.	dependant will not use all o	f their 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 determ	ine the amount of your pro	vincial tax deductions.		0			