

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.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	
Address 137 Reinder Ne, Thurst	Buy ON P7 Cleft	For non-residents only – Country of permanent residence	Social	insurance number
Basic personal amount – Every resident of payer at the same time in 2020, see "More than see "Non-residents" on page 2.				12,298
2. Canada caregiver amount for infirm childred born in 2003 or later, that resides with both pare year, the parent who is entitled to claim the "Amfor that same child who is under age 18.	nts throughout the year. If the chi	ld does not reside with both parer	nts throughout the	
3. Age amount – If you will be 65 or older on De or less, enter \$7,637. If your net income for the get Form TD1-WS, Worksheet for the 2020 Person	year will be between \$38,508 and	\$89,422 and you want to calcula	es will be \$38,508 te a partial claim,	
4. Pension income amount – If you will receive Plan, Quebec Pension Plan, Old Age Security, cannual pension income, whichever is less.				
5. Tuition (full time and part time) – If you are Employment and Social Development Canada, are enrolled full time or part time, enter the total	and you will pay more than \$100			
6. Disability amount – If you will claim the disal Tax Credit Certificate, enter \$8,576.	bility amount on your income tax	and benefit return by using Form	T2201, Disability	1
7. Spouse or common-law partner amount — whose net income for the year will be less than and their estimated net income for the year. If the infirm), you cannot claim this amount. In all cas line 9.	\$12,298 (\$14,571 if they are infired eir net income for the year will be	m), enter the difference between \$12,298 or more (\$14,571 or mo	this amount are if they are	
8. Amount for an eligible dependant – If you of who lives with you and whose net income for the Canada caregiver amount for children under estimated net income. If their net income for the this amount. In all cases, if their net income for the 9.	e year will be less than \$12,298 (\$ age 18 for this dependant), ent year will be \$12,298 or more (\$1	614,571 if they are <b>infirm</b> and you er the difference between this am 4,571 or more if they are <b>infirm</b> ),	ount and their you cannot claim	
9. Canada caregiver amount for eligible deperan infirm eligible dependant (aged 18 or older) \$24,361 or less, get Form TD1-WS and fill in the	or an infirm spouse or common-l			
10. Canada caregiver amount for dependant( 18 or older (other than the spouse or common have claimed an amount for if their net income \$7,276. If their net income for the year will be be WS and fill in the appropriate section. You can a sharing this amount with another caregiver who section.	n-law partner or eligible depend ne were under \$14,571) whose n etween \$17,085 and \$24,361 and slaim this amount for more than or	lant you claimed an amount for the tincome for the year will be \$17 you want to calculate a partial cla the infirm dependant age 18 or old	on line 9, or could 1,085 or less, enter aim, get Form TD1- ler. If you are	
11. Amounts transferred from your spouse of their age amount, pension income amount, tuition amount.				
12. Amounts transferred from a dependant – income tax and benefit return, enter the unused grandchild will not use all of their tuition amounts.	amount. If your or your spouse's	or common-law partner's depend	ent child or	
13. TOTAL CLAIM AMOUNT – Add lines 1 to 1 Your employer or payer will use this amount to 0		deductions.		

TD1 E (20)

### 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 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.

If you do not fill out Form TD1, 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 TD1 for 2020, 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 less than total claim amount

Check 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.

### Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2020?

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.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.

### Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$12,298, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. 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.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,298), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2020, you may be able to claim the child amount on Form TD1SK, 2020 Saskatchewan Personal Tax Credits Return. 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

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 2020, you can claim any of the following:

- \$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

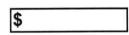
\$

Employees living in a prescribed intermediate zone can 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, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.



### Reduction in tax deductions

You can ask to have less tax deducted on your income tax return and benefit 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 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.

Source at canada.ca/cra-info-source.		
— Certification —————		 _
I certify that the information given on this form is correct and complete	<b>(</b>	

Signature

It is a serious offence to make a false return.

YYYY/MM/D



# 2020 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.

First name and initial(s) Date of birth (YYYY/MM/DD) Employee number Last name 10114 Address Postal code For non-residents only -Social insurance number Country of permanent residence 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 2020, see "More than one employer or payer at the same time" 10,783 on page 2. 2. Age amount - If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$39,193 or less, enter \$5,265. If your net income for the year will be between \$39,193 and \$74,293 and you want to calculate a partial claim, get Form TD10N-WS, Worksheet for the 2020 Ontario Personal Tax Credits Return, and fill in the appropriate section. 3. Pension income amount - If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less. 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 \$8,712. 5. Spouse or common-law partner amount - If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$915 or less, enter \$9,156. If their net income for the year will be between \$915 and \$10,071 and you want to calculate a partial claim, get Form TD10N-WS and fill in the appropriate section. 6. Amount for an eligible dependant - If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$915 or less, enter \$9,156. If their net income for the year will be between \$915 and \$10,071 and you want to calculate a partial claim, get Form TD10N-WS and fill in the appropriate section. 7. Ontario caregiver amount - You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's: · child or grandchild · parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada If this is your situation, get Form TD10N-WS and fill in the appropriate section. 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.

### 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 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 2020, 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 less than total claim amount

Check 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 wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

#### Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return 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 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.

Certification	
I certify that the information given on this form is correct and complete.	
Signature Signature	Date 4 9 20
It is a serious offence to make a false return.	

## 2022 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

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	First na	me and in	itial(s)	1	Date of birth (YYYY/MM/DD)	Employee nun	nber				
STONE	DOREE		, ,	1971-01-14							
Address		Postal co	ode		For non-residents only		Social ins	urance	num	ber	
405 DENIES DE LA SELLINISTE DAY OUTADIO		P  7  C	6   A	6	Country of permanent residen	ice	4   8   8	7   3	3 9	3	2
1. Basic personal amount – Every resident of Canad	a can en	nter a basic	c person	nal	amount of \$14,398. However,	if your net incor	ne 				
from all sources will be greater than \$155,625 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.	Il source	s will be a	reater th	han	n \$155,625, you have the option	n to calculate a					_
2. Canada caregiver amount for infirm children und born in 2005 or later, that resides with both parents thr year, the parent who is entitled to claim the "Amount for amount for that same child who is under age 18.	oughout	the year.	If the chi	nild	does not reside with both pare	ents throughout	child the				
3. Age amount – If you will be 65 or older on Decembor less, enter \$7,898. If your net income for the year way get Form TD1-WS, Worksheet for the 2022 Personal T	ill be bet	tween \$39	,826 and	d \$	\$92,480 and you want to calcula	es will be \$39,8 ate a partial clai	826 m,				
<b>4. Pension income amount</b> – If you will receive regul Plan, Quebec Pension Plan, Old Age Security, or Gua annual pension income, whichever is less.	ar pension ranteed	on paymer Income St	nts from uppleme	n a ent	pension plan or fund (excluding payments), enter \$2,000 or you	g Canada Pens ur estimated	on				
5. Tuition (full time and part time) – If you are a stude Employment and Social Development Canada, and you are enrolled full time or part time, enter the total of the	u will pa	y more tha	an \$100	y o	or college, or an educational ins er institution in tuition fees, fill in	titution certified this section. If	by you				
6. Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$8,870.	mount o	n your ince	ome tax	ar	nd benefit return by using Form	T2201, Disabil	ty				
7. Spouse or common-law partner amount – If you whose net income for the year will be less than Line 1 and their estimated net income for the year. If their ne infirm), you cannot claim this amount. In all cases, if t go to Line 9.	ا Line 1) t income	plus \$2,35 for the ye	0 if they ar will be	e L	re <b>infirm</b> ), enter the difference Line 1 or more (Line 1 plus \$2,3	between this ar 350 if they are	nount				
8. Amount for an eligible dependant – If you do not who lives with you and whose net income for the year claim the Canada caregiver amount for children ur their estimated net income. If their net income for the yearnot claim this amount. In all cases, if their net incololder, go to Line 9.	will be le nder age year will	ess than L e 18 for th be Line 1	ine 1 (Lir is deper or more	ine nd (L	<ul> <li>1 plus \$2,350 if they are infirn lant), enter the difference between line 1 plus \$2,350 or more if the</li> </ul>	n and you cann een this amoun ey are infirm), y	<b>ot</b> t and ou				
9. Canada caregiver amount for eligible dependant or spouse or common-law partner – 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 \$25,195 or less, get Form TD1-WS and fill in the appropriate section.											
10. Canada caregiver amount for dependant(s) age age 18 or older (other than the spouse or commonor could have claimed an amount for if their net in less, enter \$7,525. If their net income for the year will Form TD1-WS and fill in the appropriate section. You If you are sharing this amount with another caregiver appropriate section.	law part come we be betwee can clair	tner or eli ere under een \$17,67 m this amo	gible de \$16,748 70 and \$ ount for n	<b>epe</b> (8) (\$25) mo	endant you claimed an amou whose net income for the year 5,195 and you want to calculate are than one infirm dependant a	nt for on Line s will be \$17,670 a a partial claim age 18 or older.	e, or				
11. Amounts transferred from your spouse or community their age amount, pension income amount, tuition amounused amount.	mon-lav	w partner disability a	– If your imount o	ır sı	pouse or common-law partner their income tax and benefit ret	will not use all o turn, enter the	of				
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 be	ir spouse	e's or com	mon-law	N P	artner's dependent child or gra	eir income tax a ndchild will not	and use				
13. TOTAL CLAIM AMOUNT – Add Lines 1 to 12. Your employer or payer will use this amount to determ	nine the a	amount of	your tax	x d	eductions.						

<ul> <li>Filling out Form TD1</li> <li>Fill out this form only if any of the following apply:</li> <li>you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration</li> <li>you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)</li> <li>you want to claim the deduction for living in a prescribed zone</li> <li>you want to increase the amount of tax deducted at source</li> <li>Sign and date it, and give it to your employer or payer.</li> <li>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 pay you.</li> </ul>
<ul> <li>you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration</li> <li>you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)</li> <li>you want to claim the deduction for living in a prescribed zone</li> <li>you want to increase the amount of tax deducted at source</li> <li>Sign and date it, and give it to your employer or payer.</li> <li>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.</li> </ul>
<ul> <li>you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)</li> <li>you want to claim the deduction for living in a prescribed zone</li> <li>you want to increase the amount of tax deducted at source</li> <li>Sign and date it, and give it to your employer or payer.</li> <li>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.</li> </ul>
<ul> <li>you want to claim the deduction for living in a prescribed zone</li> <li>you want to increase the amount of tax deducted at source</li> <li>Sign and date it, and give it to your employer or payer.</li> <li>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.</li> </ul>
Sign and date it, and give it to your employer or payer.  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.
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 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, ch this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.
Total income less than total claim amount
Check 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.
Non-residents (Only fill in if you are a non-resident of Canada.)
As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2022?  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.)
If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.
Provincial or territorial personal tax credits return
If your claim amount on Line 13 is more than \$14,398, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions. If you are claiming the basic personal amount <b>only</b> , your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.
<b>Note:</b> If you are a Saskatchewan resident supporting children under 18 at any time during 2022, you may be able to claim the child amount on Form TD1SK, 2022 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are <b>only</b> claiming the bapersonal amount on this form.
Deduction for living in a prescribed zone
If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed <b>northern</b> zone for more than six months in a row beginning or ending in 202 you can claim any of the following:  • \$11.00 for each day that you live in the prescribed northern zone
<ul> <li>\$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</li> <li>Employees living in a prescribed intermediate zone can claim 50% of the total of the above amounts.</li> </ul>

# Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

1000	
1.8	
Ψ	

### Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return 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 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 a right of protection, access to and correction of their personal

tification		
rtify that the information given on this form is correct and complete.		
nature DM Itm	Date	2022-01-05



# 2022 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 STONE	First nan		nd initi	al(s)	Date of birth (YYYY/MM/DD) Employee number 1971-01-14								
Address		Pos	tal co	de		For non-residents only Country of permanent resider	nce	Sc	ocia	l insu	urance	e nui	mber
					8	8 7	7 3	3	9 3 2				
Basic personal amount – Every person employed If you will have more than one employer or payer at the on page 2.	in Ontario	and ne in	every 2022	pensio , see "M	ne 1or	er residing in Ontario can claim re than one employer or payer	n this amount. at the same tim	ne"			11	,14	11
2. Age amount – If you will be 65 or older on December 31, 2022, and your net income from all sources will be \$40,495 or less, enter \$5,440. If your net income for the year will be between \$40,495 and \$76,762 and you want to calculate a partial claim, get Form TD10N-WS, Worksheet for the 2022 Ontario Personal Tax Credits Return, and fill in the appropriate section.													
3. Pension income amount – If you will receive regularly, Quebec Pension Plan, Old Age Security, or Guarpension income, whichever is less.	ar pension ranteed Ir	n pay	ments e Sup	s from a plemen	t p	ension plan or fund (excluding payments), enter \$1,541, or you	Canada Pensiour estimated and	on nua	ıl				
4. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,001.	mount on	your	incon	ne tax a	nd	benefit return by using Form	T2201, Disabilit	У		_			
5. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.													
6. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.													
7. Ontario caregiver amount – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:													
child or grandchild													
parent, grandparent, brother, sister, aunt, uncle, n					ler	nt in Canada							
If this is your situation, get Form TD10N-WS and fill in		•			_				_	-			
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.	dependar	t will	not u	se all of	f th	neir disability amount on their	r income tax and	d		_			
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determ	ine the ar	noun	nt of yo	our prov	ind	cial tax deductions.							

TD10N E (22)

	27272				
=:	llina		Form	TD4	ON
ГΙ	HILLIC	Out	COIIII	1111	UN

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 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 2022, 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 less than total claim amount

Check 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 wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

#### Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return 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.

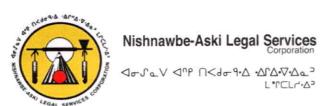
### Forms and publications

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 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 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 Info Source at canada.ca/cra-info-source.

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	2022-01-05







# **COVID-19 Vaccination Attestation Form**

*Definitions are contained in Appendix A to this document.							
Personal Attestation:							
I, Deven Sine, attest to the following:							
I attest to being Fully Vaccinated, and consent to providing proof of vaccination (as specified in the Nishnawbe-Aski Legal Services Corporation Mandatory COVID-19 Vaccination Policy).							
I understand that the consequence for providing any false information or misrepresentation related to this attestation may be discipline, up to and including dismissal, per the NASLC's Mandatory COVID-19 Vaccination Policy. By completing this Attestation Form I consent to NALSC collecting and retaining this information in accordance with its Mandatory Vaccination Policy.							
No Charles Account Plan							
Employee name and title: Diven Stone, LAOS ASSOSMENT OFF OF							
Employee signature:							
Date: On 400 Location: Thursda Alas							

# Appendix A

مريه عربه

# For the purposes of this document, the following definition will apply:

- Approved Vaccine: Vaccine(s) approved by Health Canada for use in Canada in relation to COVID-19.
- Fully Vaccinated: An individual is considered fully vaccinated if they have received all required doses of a vaccine approved by Health Canada to produce an immune response to COVID-19, and any requisite or recommended waiting period to achieve the optimal vaccine efficiency (i.e. the waiting period for the vaccine to take effect) as set out by Canadian health authorities has passed.
- **Not Vaccinated**: An individual is considered Not Vaccinated if they are not Vaccinated and/or refuse to disclose their vaccination status.

# Appendix B

The information collected through and in conjunction with this Attestation form will be kept secure and confidential, as specified in the NALSC Mandatory COVID-19 Vaccination Policy.

Questions regarding the collection, retention, destruction or use of this personal information should be directed to NALSC's Human Resources Department.

# 2021 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 TOVE	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number			
Address Reinder for Thursday	Postal code PTC6K4	For non-residents only – Country of permanent residence	Social	insurance numbers		
1. Basic personal amount – Every resident of Canada from all sources will be greater than \$151,978 and you return at the end of the tax year. If your income from all partial claim. To do so, fill in the appropriate section of the calculated amount here.	enter \$13,808, you may ha Il sources will be greater tha Form TD1-WS, Worksheet	ive an amount owing on your inc in \$151,978, you have the optior for the 2021 Personal Tax Credi	to calculate a ts Return, and enter			
2. Canada caregiver amount for infirm children und born in 2004 or later, that resides with both parents thr year, the parent who is entitled to claim the "Amount for that same child who is under age 18.	oughout the year. If the chil	d does not reside with both pare	ills tilloughout the			
3. Age amount – If you will be 65 or older on Decemb or less, enter \$7,713. If your net income for the year w get Form TD1-WS, Worksheet for the 2021 Personal T	ill be between \$38,893 and	\$90,313 and you want to calcula	es will be \$38,893 ate a partial claim,			
4. Pension income amount – If you will receive regul Plan, Quebec Pension Plan, Old Age Security, or Gua annual pension income, whichever is less.	ar pension payments from a ranteed Income Supplemer	a pension plan or fund (excluding nt payments), enter \$2,000 or you	Canada Pension ur estimated			
5. Tuition (full time and part time) – If you are a stude Employment and Social Development Canada, and you are enrolled full time or part time, enter the total of the	ou will pay more than \$100 p	or college, or an educational ins per institution in tuition fees, fill in	titution certified by this section. If you			
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$8,662.						
7. Spouse or common-law partner amount – If you whose net income for the year will be less than Line 1 and their estimated net income for the year. If their net infirm), you cannot claim this amount. In all cases, if t go to Line 9.	(Line 1 plus \$2,295 if they a t income for the year will be	are i <b>nfirm</b> ), enter the difference Line 1 or more (Line 1 plus \$2,2	295 if they are			
8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,295 if they are infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 or more if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$24,604 or less and they are infirm and are age 18 or older, go to Line 9.						
9. Canada caregiver amount for eligible dependan an infirm eligible dependant (aged 18 or older) or an \$24,604 or less, get Form TD1-WS and fill in the appr	infirm spouse or common-	w partner – If, at any time in the law partner whose net income fo	e year, you support r the year will be			
10. Canada caregiver amount for dependant(s) age age 18 or older (other than the spouse or commonor could have claimed an amount for if their net in less, enter \$7,348. If their net income for the year will Form TD1-WS and fill in the appropriate section. You If you are sharing this amount with another caregiver appropriate section.	-law partner or eligible de come were under \$16,103 be between \$17,256 and \$ can claim this amount for n	pendant you claimed an amou b) whose net income for the year 24,604 and you want to calculate hore than one infirm dependant a	will be \$17,256 or a a partial claim, get age 18 or older.			
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition am unused amount.	nmon-law partner – If your ount, or disability amount o	spouse or common-law partner n their income tax and benefit re	will not use all of turn, 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 be	ur spouse's or common-law	partner's dependent child or gra	eir income tax and ndchild will not use			
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.				

Pr	rotected B when completed
Filling out Form TD1	
Fill out this form only if any of the following apply:	
<ul> <li>you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefit or any other remuneration</li> </ul>	ts,
you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)	
<ul> <li>you want to claim the deduction for living in a prescribed zone</li> <li>you want to increase the amount of tax deducted at source</li> </ul>	
Sign and date it, and give it to your employer or payer.	based on the income they
If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer pay you.	based on the income they
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 or for 2021, you <b>cannot claim them again</b> . If your total income from all sources will be <b>more</b> than the personal tax credits you Form TD1, <b>check</b> this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	n another Form TD1 claimed on another
Total income less than total claim amount	
Check this box if your total income for the year from all employers and payers will be less than your total claim amount on L or payer will not deduct tax from your earnings.	ine 13. Your employer
Non-residents (Only fill in if you are a non-resident of Canada.)	
As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Car	nada in 2021?
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.)	
If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.	
Provincial or territorial personal tax credits return	
If your claim amount on Line 13 is more than \$13,808, you also have to fill out a provincial or territorial TD1 form. If you are an emp Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of repayer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax decrease.	sidence. Your employer or
If you are claiming the basic personal amount <b>only</b> , your employer or payer will deduct provincial or territorial taxes after allowing the basic personal amount.	
Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2021, you may be able to claim the Form TD1SK, 2021 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you a personal amount on this form.	child amount on are <b>only</b> claiming the basic
Deduction for living in a prescribed zone	
If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed <b>northern</b> zone for more than six months in a row be you can claim any of the following:	ginning or ending in 2021,
\$11.00 for each day that you live in the prescribed northern zone	
<ul> <li>\$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</li> </ul>	\$
Employees living in a prescribed <b>intermediate</b> zone can claim 50% of the total of the above amounts. For more information, go to <b>canada.ca/taxes-northern-residents</b> .	
Additional tax to be deducted	
You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.	\$
Reduction in tax deductions	and the short over the state of
You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable ta on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expense tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Redu 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 no your employer deducts RRSP contributions from your salary.	es, charitable donations, and uce Tax Deductions at
Forms and publications	

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 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 Info Source at canada.ca/cra-info-source.

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Certification —		
I certify that the information given on this form is correct and complete.		
Signature	Date	2021-02-02
It is a serious offence to make a false return.		YYYY/MM/DD

-laves identification





# Determination of Exemption of an Indian's Employment Income

- To ensure correct information is entered, we suggest that this form be completed by the employer, in the presence of the employee.
- We use the term "employee" on this form to refer only to an employee who is an Indian.
- As an employer, you can use this form to help determine if an Indian's employment income is exempt from income tax. For the
  purpose of this exemption, an Indian is someone who is registered with Aboriginal Affairs and Northern Development Canada as an
  Indian, according to the terms of the *Indian Act*, or who is entitled to be so registered.
- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that
  employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a
  reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- We have created this form according to the Indian Act Exemption for Employment Income Guidelines. For a complete description of the Guidelines and examples where income is exempt and where it is taxable, go to www.cra.gc.ca/aboriginalpeoples.
- If the employee's circumstances change, the employee will be required to complete a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide – Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide – Filing the T4 Slip and Summary.

Employee identification		
Last name (please print)	Usual first name and initial(s)	Social insurance number 4, 8, 8, 7, 3, 3, 9, 3, 2
STONE	DOREEN	1/00/100/100
Residential address including postal code	SONT, THUNDERBAY	I ONTARIO, PTC ZE8
197 INGLE WOOD CRE	1	Yes No IV
Is the above address located on a reserv		
Is the employee registered or entitled to		Indian Act? Yes V No
If yes, was the employee entitled to be re	egistered:	
prior to 2011?	On the Fruit in Indian Basistration	Act)? Only income earned on or after January 31, 2011,
may be exempt from tax.		
because of the creation of the Qa exempt from tax.	llipu Mi'kmaq First Nation Band? Only	income earned on or after September 22, 2011, may be
Type of exemption (check the box besid	de the situation that applies)	
Does the employee perform employment	t duties:	
1. entirely on reserve?	2. entirely off reserve?	3. partially on and partially off reserve?
If you chose 3 above, indicate the percent	ntage of the employment duties the e	mployee performs on the reserve:%
All of the employee's employment incom	e is exempt from income tax if any or	ne of the following situations applies:
the employee performs at least 90%	%* of the employment duties on a res	erve (guideline 1);
the employee and the employer res	side on a reserve (guideline 2);	
reserve (guideline 3); or		eserve, and the employee or the employer resides on a
the employee's employment duties benefit of Indians who, for the most	are connected to the employer's non- part, reside on reserves and the emp	commercial activities carried on exclusively for the sloyer resides on a reserve; <b>and</b> the employer is:
an Indian band that has a reserve	e or a tribal council representing one	or more Indian bands that have reserves; or
<ul> <li>an Indian organization controlled cultural, educational, or economi</li> </ul>	by one or more such bands or tribal c development of Indians who, for the	councils and is dedicated exclusively to the social, a most part, reside on reserves (guideline 4).
*Proration rule may apply: When less income is not exempted by another guincome related to the duties performe	uideline, the exemption is to be prorate	ment are performed on a reserve and the employment ed. The exemption will apply to the portion of the
Employee certification		
I certify that the information given in this	form is correct and complete.	
Signature	JUNL	Date

**Employment-related income** 

Employment insurance benefits, retiring allowances, Canada Pension Plan payments, Quebec Pension Plan payments, registered pension plan benefits, or wage-loss replacement plan benefits will usually be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.

Privacy Act, personal information bank number CRA PPU 047





# 2007 ONTARIO PERSONAL TAX CREDITS RETURN

Date of birth (YYYY/MM/DD)

Aulolly

TD10N

Employee number

### Do you have to complete this form?

Complete this form if you have not previously given an Ontario TD1ON form to your employer or payer, or if there has been a change in your entitlement to personal tax credits, and you are an employee working in Ontario or a pensioner residing in Ontario.

If you complete this form, base it on the best estimate of your circumstances. Be sure to sign and date it on the back page, and give it to your employer or payer. Your employer or payer will use both this form and your most recent federal TD1 form to determine the amount of your tax deductions.

First name and initial(s)

Address including postal code	Country of permanent residence	Social insurance number
ME PORKLUSA AND IL THURSDAY LOW		1600022 930
PIS ROCKWOOD AND. N THUNDERBAYON	'	140 8 11 D D 1512 K
PIAGHT		
1. Basic personal amount – Every person employed in Ontario and eve	ry pensioner residing in Ontario can c	aim this
amount. If you will have more than one employer or payer at the same tin	ne in 2007, see the section called "Inc	ome from
other employers or payers" on the back page.		8,553
2. Age amount - If you will be 65 or older on December 31, 2007, and you	our net income from all sources will be	\$31,088 or
less, enter \$4,176. If your net income will be between \$31,088 and \$58,9	28 and you want to calculate a partial	claimi, get
the Worksheet for the 2007 Ontario Personal Tax Credits Return (TD10)	V-WS) and complete the appropriate s	ection.
3. Pension income amount - If you will receive regular pension paymer	its from a pension plan or fund (exclud	ling Canada
Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed In	come Supplement payments), enter \$	1.183 or your
estimated annual pension income, whichever is less.	• • • • • • • • • • • • • • • • • • • •	
4. Tuition and education amounts (full time and part time) – If you are	a student enrolled at a university co	llege or
educational institution certified by Human Resources and Social Develop	ment, and you will pay more than \$10	noge, or O per
institution in tuition fees, complete this section. If you are enrolled full time	e or if you have a mental or physical	disability and
are enrolled part time, enter the total of the tuition fees you will pay, plus	\$461 for each month that you will be s	ancolled If
you are enrolled part time and do not have a mental or physical disability,	enter the total of the tuition fees you	will nav nive
\$138 for each month that you will be enrolled part time.	criter the total of the talifort lees you	will pay, plus
5. Disability amount – If you will claim the disability amount on your inco	ma tournels - Francisco Toole /	N6776 =
Credit Certificate, enter \$6,910.	me tax return by using Form 12201, L	isability lax
6. Spouse or common-law partner amount - If you are supporting your	spouse or common-law partner who	lives with
you, and whose net income for the year will be \$726 or less, enter \$7,262	. If his or her net income for the year	will be
between \$726 and \$7,988 and you want to calculate a partial claim, get the	ne Worksheet for the 2007 Ontario Pe	rsonal Tax
Credits Return (TD1ON-WS) and complete the appropriate section.		
7. Amount for an eligible dependant – If you do not have a spouse or c	ommon-law partner and you support a	i dependent
relative who lives with you, and whose net income for the year will be \$72	6 or less, enter \$7,262. If his or her ne	et income for
the year will be between \$726 and \$7,988 and you want to calculate a pa	rtial claim, get the Worksheet for the 2	2007 Ontario
Personal Tax Credits Return (TD10N-WS) and complete the appropriate	section.	
<ol><li>Caregiver amount – If you are taking care of a dependant who lives w</li></ol>	ith you, whose net income for the year	will be
\$13,792 or less, and who is either your or your spouse's or common-law p	partner's:	
<ul> <li>parent or grandparent (aged 65 or older), or</li> </ul>		
<ul> <li>relative (aged 18 or older) who is dependent on you because of an infir</li> </ul>	nity,	
enter \$4,031. If the dependant's net income for the year will be between \$	13,792 and \$17,823 and you want to	calculate a
partial claim, get the Worksheet for the 2007 Ontario Personal Tax Credit	s Return (TD10N-WS) and complete	the
appropriate section.	transmit (transmit transmit tr	
9. Amount for infirm dependants age 18 or older - If you are supporting	g an infirm dependant aged 18 or olde	er who is
your or your spouse's or common-law partner's relative, who lives in Cana	ada, and whose pet income for the ver	r will be
\$5,731 or less, enter \$4,031. You cannot claim an amount for a dependar	of voti claimed on line 8. If the depend	ant's not
income for the year will be between \$5,731 and \$9,762 and you want to c	alculate a partial claim, get the Morks	heet for the
2007 Ontario Personal Tax Credits Return (TD10N-WS) and complete the	a appropriate section	lear for the
10. Amounts transferred from your spouse or common-law partner -	If your spouse or common law partne	r will not upo
all of his or her age amount, pension income amount, tuition and education	in amounts or disability amount on his	or hor
income tax return, enter the unused amount.	in amounts, or disability amount on his	o nei
11. Amounts transferred from a dependant - If your dependant will not	use all of his or her disability amount	4 11
her income tax return, enter the unused amount. If your or your spouse or	common low partners dependent at:	t on als of
grandchild will not use all of his or her tuition and education amounts or	bis or her income for a time.	IQ OF
amount.	this of her income tax return, enter th	e unusea
12. TOTAL CLAIM AMOUNT - Add lines 1 through line 11. Your empl	Over or naver will use your claim amou	int to
determine the amount of your provincial tax deductions.	s, or payor will use your claim annot	
A contract the appropriate		

Forms and publications
You can get forms and publications on our Web site at www.cra.gc.ca/forms or by calling 1-800-959-2221.
— Why is there an Ontario TD1ON form?
Your employer or payer uses the personal tax credit amounts you claim on your TD1ON form to calculate how much provincial tax to deduct from each payment.
— Total income less than total claim amount
Will your total income for the year from all employers and payers be less than your total claim amount on line 12? Yes No If yes, your employer or payer will not deduct tax from your earnings.
— Addition or reduction to tax deductions
If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal TD1 form.
You can ask to have <b>less tax deducted</b> if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form. To make this request, complete Form T1213, <i>Request To Reduce Tax Deductions At Source</i> , 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.
— Income from other employers or payers
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 2007, you can choose not to claim them again. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 12 on the front page and do not complete lines 2 to 11.
— Certification
I certify that the information given in this return is, to the best of my knowledge, correct and complete.
Signature Date QUII 07

Printed in Canada

Last name

STONE

# 2005 PERSONAL TAX CLEDITS RETURN

Date of birth (YYYY/MM/DD)

1971/01/14

Employee number

Complete this TD1 form if you have a new employer or payer and you will receive salary, wages, commissions, pensions, Employment Insurance benefits, or any other remuneration, or if you wish to increase the amount of tax deducted at source. Be sure to sign and date it on the back page and give it to your employer or payer, who will use it to determine the amount of your tax deductions.

If you do not complete a TD1 form, your new employer or payer will deduct taxes after allowing the basic personal amount only.

You **do not** have to complete a new TD1 form every year unless there is a change in your entitlement to personal tax credits. Complete a new TD1 form no later than seven days after the change.

First name and initial(s)

DREEN

You can get the forms and publications mentioned on this form from our Web site at www.cra.gc.ca/forms or by calling 1-800-959-2221.

Address including postal code	PAREA	For non-residents only -	Social insurance nui	mber
A		Country of permanent residence	U8272	3 930
195 ROCKWOOD AVE N.	HUNDERBAY ON		70015	7 174
	•			
1. Basic personal amount – Every resident	of Canada can claim this am	nount. If you have more than one en	nployer or	
payer at the same time, see the section calle	d "Income from other employ	yers or payers" on the back page. If	you are a	0.440
non-resident, see the section called "Non-res	idents" on the back page.			8,148
2. Age amount - If you will be 65 or older on	December 31, 2005, and yo	our net income for the year will be \$	29,619 or less,	
enter \$3,979. If your net income will be between	een \$29,619 and \$56,146 an	d you want to calculate a partial cla	im, get the	
Worksheet for the 2005 Personal Tax Credits	Return (TD1-WS) and com	plete the appropriate section.	5.0	
3. Pension income amount – If you will rece	eive regular pension paymen	its from a pension plan or fund (exc	luding Canada	
or Quebec Pension Plans (CPP/QPP), Old A	ge Security, and guaranteed	income supplements), enter \$1,000	0 or your	
estimated annual pension income, whichever	r is less.			
4. Tuition and education amounts (full tim	e and part time) - If you are	e a student enrolled at a university,	college, or	
educational institution certified by Human Re	sources and Skills Developn	nent Canada, and you will pay more	than \$100 per	
institution in tuition fees, complete this sectio	n. If you are enrolled full time	e, or if you have a mental or physica	al disability and	
are enrolled part time, enter the total of the to	uition fees you will pay, plus	\$400 for each month that you will be	e enrolled. If	
you are enrolled part time and do not have a	mental or physical disability.	enter the total of the tuition fees yo	ou will pay, plus	
\$120 for each month that you will be enrolled		Market Control of State Control of Control o		
5. Disability amount – If you will claim the d	isability amount on your inco	ome tax return by using Form T2201	, Disability Tax	
Credit Certificate, enter \$6,596.	,,			
6. Spouse or common-law partner amount	t - If you are supporting you	r spouse or common-law partner wh	no lives with	
you, and whose net income for the year will be	ne \$692 or less, enter \$6.919	9. If his or her net income for the year	ar will be	
between \$692 and \$7,611 and you want to c	alculate a partial claim, get t	he Worksheet for the 2005 Persona	al Tax Credits	
Return (TD1-WS) and complete the appropri				
7. Amount for an eligible dependant – If yo		common-law partner and you suppo	rt a dependent	
relative who lives with you, and whose net in	come for the year will be \$60	22 or less enter \$6,919. If his or he	r net income for	
the year will be between \$692 and \$7,611 ar				
Personal Tax Credits Return (TD1-WS) and			0 2000	
			yoar will bo	
8. Caregiver amount – If you are taking care			ear will be	
\$13,141 or less, and who is either your or yo	-	partner's.		
parent or grandparent (aged 65 or older), c				
• relative (aged 18 or older) who is dependent			to calculate a	
enter \$3,848. If the dependant's net income	for the year will be between the	\$13,141 and \$16,969 and you want	opriate section	
partial claim, get the Worksheet for the 2005				
9. Amount for infirm dependants age 18 o	r older – If you are supporting	ng an infirm dependant aged 18 or o	older who is	
your or your spouse's or common-law partne	r's relative, who lives in Can	ada, and whose net income for the	year will be	
\$5,460 or less, enter \$3,848. You cannot cla	im an amount for a dependa	nt you claimed on line 8. If the depe	endant's net	
income for the year will be between \$5,460 a			rksheet for the	
2005 Personal Tax Credits Return (TD1-WS				
10. Amounts transferred from your spous				
all of his or her age amount, pension income	amount, tuition and educati	on amounts, or disability amount or	ı his or her	
income tax return, enter the unused amount.				
11. Amounts transferred from a dependar	nt - If your dependant will no	t use all of his or her disability amo	ount on his or	
her income tax return, enter the unused amo	unt. If your or your spouse of	r common-law partner's dependent	child or	
grandchild will not use all of his or her tuition				
amount.				
		26 M		- 1
12. TOTAL CLAIM AMOUNT – Add lines	1 through line 11. Your emp	ployer or payer will use this amount	to determine	(1)
the amount of your tax deductions.				$-\psi$
			Form continues or	the back -

	— Production for D.A. A.
	Deduction for living in a prescribed zor living in a prescribed zor living in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row beginning
	or ending in 2005, you can claim:
	• \$7.50 for each day that you live in the prescribed northern zone, or
	• \$15 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 can claim 50% of the total of the above amounts.
	For more information, get Form T2222, Northern Residents Deductions, and the publication called Northern Residents Deductions – Places in Prescribed Zones (T4039).
	— Total income less than total claim amount
	Will your total income for the year from all employers and payers be less than your total claim amount on line 12? Yes No
	If yes, your employer or payer will not deduct tax from your earnings.
ı	— Additional tax to be deducted ————————————————————————————————————
	You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or Old Age Security pension. By doing this, you may not have to pay as much tax when you file your income tax return.
I	To choose this option, state the amount of additional tax you want to have deducted. To change this deduction later, you will have to complete a new TD1 form, <i>Personal Tax Credits Return.</i>
ŀ	— Reduction in tax deductions ————————————————————————————————————
	You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to an RRSP, child care or employment expenses, and charitable donations). To make this request, complete 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.
ŀ	— Non-residents
	If you are a non-resident of Canada, tick this box and answer the question below. If you are unsure of your residency status, call the International Tax Services Office at 1-800-267-5177.
	Will you include 90% or more of your world income when determining your taxable income earned in Canada in 2005? If yes, complete the front page. If no, enter "0" on line 12 on the front page and do not complete lines 2 to 11 Yes as you are not entitled to the personal tax credits.
ŀ	Income from other employers or payers
	If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another TD1 form for 2005, you can choose not to claim them again. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 12 on the front page and do not complete lines 2 to 11.
ŀ	— Certification ————————————————————————————————————
	I certify that the information given in this return is, to the best of my knowledge, correct and complete.
l	Signature Date
	It is a serious offence to make a false return.
ŀ	— Provincial or territorial personal tax credits return
l	In addition to this federal personal tax credits return, you may have to complete a provincial or territorial personal tax credits return.
	If your claim amount on line 12 on the front page is more than \$8,148, complete a provincial or territorial TD1 form in addition to this form. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this form and your most recent provincial or territorial TD1 form to determine your tax deductions.
	If you are claiming the basic personal amount <b>only</b> (your claim amount on line 12 on the front page is \$8,148), do not complete a provincial or territorial TD1 form. Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.
	Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2005, you may be entitled to claim the child amount on the 2005 Saskatchewan Personal Tax Credits Return (TD1SK). Therefore, you may want to complete the TD1SK form even

if you are claiming the basic personal amount only on the front page of this form (your claim amount on line 12 is \$8,148).

If you entered "0" on line 12 on the front page because you are a non-resident and you will not include 90% or more of your world income when determining your taxable income earned in Canada in 2005, do not complete a provincial or territorial TD1 form. You are

not entitled to the provincial or territorial personal tax credits.



# 2001 C ARIO PERSONAL TAX CREDITS ETURN

# Do I have to complete this form?

Complete this Ontario TD1 form if you completed a federal Form TD1, 2001 Personal Tax Credits Return, and you are:

- · an employee working in Ontario; or
- · a pensioner residing in Ontario.

If you complete this form, be sure to sign and date it on the back page and give it to your employer or payer with your federal TD1 form. Your employer or payer will use both forms to determine the amount of your payroll tax deductions.

Last name STONE	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code	DOROCIO	For non-residents only – Country of permanent residence	Social insurance number
193 N. ROCKWOOD AVE -	THUNDERBAY ON	CANADA	4881733 932

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 in 2001, see the section called "Income from other employers or payers" on the back page.	\$7,426
2. Age amount – If you will be 65 or older on December 31, 2001, and your net income from all sources will be \$26,994 or less, enter \$3,626. If your net income will be between \$26,994 and \$51,168 and you want to calculate a partial claim, get the Worksheet for the 2001 Ontario Personal Tax Credits Return (TD1ON-WS) and complete the appropriate section.	
3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada or Quebec Pension Plans (CPP/QPP), Old Age Security and guaranteed income supplements), enter \$1,027 or your estimated annual pension income, whichever is less.	
4a. Tuition and education amounts (full-time) – If you are a student enrolled full-time at a university, college, or educational institution certified by Human Resources Development Canada, enter the total of the tuition fees you will pay, if more than \$100 per institution, plus \$205 for each month that you will be enrolled full-time.	
4b. Tuition and education amounts (part-time) – If you are a student enrolled part-time at a university, college, or educational institution certified by Human Resources Development Canada, enter the total of the tuition fees you will pay, if more than \$100 per institution, plus \$62 for each month that you will be enrolled part-time.	
5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$4,409.	7
6. Spousal amount – If you are supporting your spouse or common-law partner who lives with you, and his or her net income for the year will be \$631 or less, enter \$6,306. If his or her net income for the year will be between \$631 and \$6,937 and you want to calculate a partial claim, get the <i>Worksheet for the 2001 Ontario Personal Tax Credits Return</i> (TD1ON-WS) and complete the appropriate section.	
7. Equivalent-to-spouse amount – If you do not have a spouse or common-law partner and support a dependent relative who lives with you, and his or her net income for the year will be \$631 or less, enter \$6,306. If his or her net income for the year will be between \$631 and \$6,937 and you want to calculate a partial claim, get the Worksheet for the 2001 Ontario Personal Tax Credits Return (TD10N-WS) and complete the appropriate section.	
8. Caregiver amount – If you are taking care of a person who lives with you, whose net income for the year will be \$11,976 or less, and who is either your or your spouse's or common-law partner's:  • parent or grandparent age 65 or older, or  • relative age 18 or older who is dependent on you because of an infirmity, enter \$2,450. If the dependant's net income for the year will be between \$11,976 and \$14,426 and you want to calculate a partial claim, get the Worksheet for the 2001 Ontario Personal Tax Credits Return (TD10N-WS) and complete the appropriate section.	
9. Amount for infirm dependant age 18 or older – If you are supporting an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and his or her net income for the year will be \$4,976 or less, enter \$2,450. You cannot claim an amount for a dependant claimed on line 8. If the dependant's net income for the year will be between \$4,976 and \$7,426 and you want to calculate a partial claim, get the Worksheet for the 2001 Ontario Personal Tax Credits Return (TD1ON-WS) and complete the appropriate section.	
10. Amounts transferred from your spouse or common-law partner — If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts (maximum \$5,135), or disability amount on his or her income tax return, enter the unused part.	
11. Amounts transferred from your dependant – If your dependant will not use all of his or her tuition and education amounts (maximum \$5,135) or disability amount on his or her income tax return, enter the unused part.	
12. TOTAL CLAIM AMOUNT – Add lines 1 through line 11. Your employer or payer will use your claim amount to	

Form continues on the back

determine the amount of your provincial payroll tax deductions.

- Forms and publications
You can get the forms and publications mentioned on this form from the Internet at www.ccra-adrc.gc.ca or by calling 1-800-959-2221.
- Why is there an Ontario TD1 form?
Ontario has adopted a new method of calculating personal income tax. This new method is called "Tax on income." With this method, your provincial income tax will no longer be a percentage of federal income tax. You will calculate your provincial income tax directly on your taxable income, according to Ontario's own tax rates and brackets, as well as Ontario's own non-refundable tax credits. Similarly, your employer or the payer of your pension will now calculate the provincial tax to deduct from your pay or pension cheque using the "Tax on income" method.
Your employer or payer uses the personal tax credit amounts you claim on your TD1 form to calculate your payroll tax deductions. With the former "Tax on tax" method, there was only a federal TD1 form. With "Tax on income", there is also an Ontario TD1 form because Ontario established its own values for many of the personal tax credit amounts.
— Income from other employers or payers —
Your earnings may not be subject to payroll tax deductions if your employment income from all employers for the year will be less than your total claim amount.
Will your total employment income for the year be less than your total claim amount on line 12 on the front page?
If you have more than one employer or payer and you have already claimed personal tax credit amounts on another Form TD1ON for 2001, you can choose not to claim them again. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 12 on the front page and do not complete lines 2 to 11.
— Certification ————————————————————————————————————
I certify that the information given in this return is, to the best of my knowledge, correct and complete.
Signature Date Utber 3/07  It is a serious offence to make a false return.

Printed in Canada



# 2001 PARIO PERSONAL TAX CREDIT ETURN

# Do I have to complete this form?

Complete this Ontario TD1 form if you completed a federal Form TD1, 2001 Personal Tax Credits Return, and you are:

- · an employee working in Ontario; or
- · a pensioner residing in Ontario.

If you complete this form, be sure to sign and date it on the back page and give it to your employer or payer with your federal TD1 form. Your employer or payer will use both forms to determine the amount of your payroll tax deductions.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	
STONE Address including postal code	DOREEN I-	For non-residents only -	Social insurance num	nber
Transformation and consider a state of the s		Country of permanent residence	418181713	2932
195 N. ROCKWOOD AVE,	THUNDERBAYON PIAGAT		70013	0100
		la considiracia Ostorio con o	alaim this	
Basic personal amount – Every personal amount. If you will have more than one.	erson employed in Ontario and ever	y pensioner residing in Ontario can called "Income from other employer.	s or pavers"	
on the back page.	s employer in 2001, see the section	called moome nom emer employer		\$7,426
2 Age amount – If you will be 65 or o	older on December 31, 2001, and yo	ur net income from all sources will b	e \$26,994 or	
less, enter \$3,626. If your net income	will be between \$26,994 and \$51,16	68 and you want to calculate a partia	I claim, get the	
Worksheet for the 2001 Ontario Perso	onal Tax Credits Return (TD1ON-WS	<ul> <li>and complete the appropriate sect</li> </ul>	ion.	
3. Pension income amount – If you	will receive regular pension payment	ts from a pension plan or fund (exclu	iding Canada	
or Quebec Pension Plans (CPP/QPP)		ncome supplements), enter \$1,027	or your	
estimated annual pension income, wh		rolled full time at a university college	e or	
4a. Tuition and education amounts educational institution certified by Hun	nan Resources Development Canac	la enter the total of the tuition fees	ou will pay, if	
more than \$100 per institution, plus \$2	205 for each month that you will be	enrolled full-time.		
4b. Tuition and education amounts	(part-time) - If you are a student e	nrolled part-time at a university, colle	ege, or	
educational institution certified by Hur	nan Resources Development Canac	la, enter the total of the tuition fees y	ou will pay, if	
more than \$100 per institution, plus \$6	32 for each month that you will be er	nrolled part-time.		
5. Disability amount - If you will claim	n the disability amount on your inco	me tax return by using Form T2201,	Disability Lax	
Credit Certificate, enter \$4,409.		and his o	r her net	
6. Spousal amount – If you are suppincome for the year will be \$631 or les	orting your spouse or common-law p	ome for the year will be between \$63	31 and \$6,937	
and you want to calculate a partial cla	im, get the Worksheet for the 2001	Ontario Personal Tax Credits Return	(TD1ON-WS)	
and complete the appropriate section.				
7. Equivalent-to-spouse amount - I	f you do not have a spouse or comm	non-law partner and support a deper	ndent relative	
who lives with you, and his or her net	income for the year will be \$631 or I	ess, enter \$6,306. If his or her net in	come for the	
year will be between \$631 and \$6,937	and you want to calculate a partial	claim, get the Worksheet for the 200	11 Ontario	
Personal Tax Credits Return (TD10N			ill bo \$11 076	
8. Caregiver amount – If you are tak or less, and who is either your or you	ing care of a person who lives with y	ou, whose het income for the year w	/III be \$11,976	
• parent or grandparent age 65 or old		•		
• relative age 18 or older who is depo	endent on you because of an infirmit	ty,		
enter \$2,450. If the dependant's net in	ncome for the year will be between \$	311,976 and \$14,426 and you want to	o calculate a	
partial claim, get the Worksheet for the	e 2001 Ontario Personal Tax Credit	s Return (TD1ON-WS) and complete	e tne	
appropriate section.		and the december of the state o	r who is visur or	
9. Amount for infirm dependant agree your spouse's or common-law partner	e 18 or older – It you are supporting	g an infirm dependant age 18 or olde	vill be \$4 976 or	
less, enter \$2,450. You cannot claim	an amount for a dependant claimed	on line 8. If the dependant's net inco	ome for the year	
will be between \$4,976 and \$7,426 ar	nd you want to calculate a partial cla	im, get the Worksheet for the 2001 (	Ontario	
Personal Tax Credits Return (TD10N	I-WS) and complete the appropriate	section.		
10. Amounts transferred from your	spouse or common-law partner -	- If your spouse or common-law part	ner will not use	
all of his or her age amount, pension	income amount, tuition and education	on amounts (maximum \$5,135), or di	sability amount	
on his or her income tax return, enter		and the second states and a	ducation	
11. Amounts transferred from your	dependant – If your dependant wil	not use all of his or her tuition and e	education	
amounts (maximum \$5,135) or disabi	inty amount on his of her income tax	return, enter the unused part.		

Canad'ä

12. TOTAL CLAIM AMOUNT - Add lines 1 through line 11. Your employer or payer will use your claim amount to

determine the amount of your provincial payroll tax deductions.

— Forms and publications —
You can get the forms and publications mentioned on this form from the Internet at www.ccra-adrc.gc.ca or by calling 1-800-959-2221.
— Why is there an Ontario TD1 form? ————————————————————————————————————
Ontario has adopted a new method of calculating personal income tax. This new method is called "Tax on income." With this method, your provincial income tax will no longer be a percentage of federal income tax. You will calculate your provincial income tax directly on your taxable income, according to Ontario's own tax rates and brackets, as well as Ontario's own non-refundable tax credits. Similarly, your employer or the payer of your pension will now calculate the provincial tax to deduct from your pay or pension cheque using the "Tax on income" method.
Your employer or payer uses the personal tax credit ámounts you claim on your TD1 form to calculate your payroll tax deductions. With the former "Tax on tax" method, there was only a federal TD1 form. With "Tax on income", there is also an Ontario TD1 form because Ontario established its own values for many of the personal tax credit amounts.
— Income from other employers or payers ————————————————————————————————————
Your earnings may not be subject to payroll tax deductions if your employment income from all employers for the year will be less than your total claim amount.
Will your total employment income for the year be less than your total claim amount on line 12 on the front page?
If you have more than one employer or payer and you have already claimed personal tax credit amounts on another Form TD1ON for 2001, you can choose not to claim them again. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 12 on the front page and do not complete lines 2 to 11.
— Certification —
I certify that the information given in this return is, to the best of my knowledge, correct and complete.
Signature  Date  ### ### Date  ###################################

Printed in Canada

A 21290591  APLOYERS NAME AND ADDRESS  SCHALL NO. OF NOE AMENDED OR REPLACED  PROTECTION  PROPRESS NAME AND ADDRESS  SCHALL NAME AND ADDRESS  SCHALL NAME AND ADDRESS  TOTAL NOUR BOAT OR REVENUE  APA PERIOD TYPE  BOTAL CODE  PAY PERIOD TYPE  BOTAL NOUR PAID  PROTECTED DATE OF RECAL  LAST DAY NORMED  PAY  LAST DAY ROWNERD  PAY  PROTECTED DATE OF RECAL  LAST DAY PERIOD  PAY  PORT DOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  PROPRIETE PROPRIETE PROCESSING THIS ROLE  PAY  PORT DOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  REASON FOR ISSURIGITHES ROLE BENEVIS (OTHER THAN REGULAL PARTY OF THE PAY ADDRESS (OTHER THAN REGULA)  PAY  PORT DOTAL INSURABLE EARNINGS P.P. REBURBALE EARNINGS  PAY  PAYBRING TO PERFORMENT OF PAYABLE EARNINGS P.P. REBURBALE EARNINGS  PAYBRING TO PERFORMENT PROPRIETE PAYABLE PA	Development Cana		LOYMENT ( =)		EMPLOYER: TH	E GUIDE - HOW TO CO PLOYMENT, PROVIDES	ETE THE R	STRUCTIONS.	Protected whe	en complet
MINIOTORES NAME AND ADDRESS  SCHAMBAND STORE  SCHAMBAND STORE  SCHAMBAND STORE  SCHAMBAND SCHAMBAND SCHAMBAND STORE  SCHAMBAND	SERIAL NO.	Sjarre i	2 S	ERIAL N	NO. OF ROE AMENDED	OR REPLACED 3	EMPLOYER'S	PAYROLL REFE	RENCE NO.	
SHARDORE AKI EGAL DEFICES  SHARDORE AKI EGAL DEFICES  SPAYRERICOTYPE  BI-DIKLY  MICOVEES NAME AND ADDRESS  PROSTAL CODE  PAYRERICOTYPE  STOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OFFICES  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OFFICES  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OF THE FAIL PAY PERIOD ON PROVINCE PAYRES  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OF THE PAY PERIOD ON PROVINCE PAYRES  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OF THE PAYRES OF THE PAY PERIOD ON PROVINCE PAYRES  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOMA AND ASSESSMENT OF THE PAYRES OF THE PAY PERIOD ON PAYRES  TOTAL INSURABLE EARNINGS PROVINCE OF THE PAYRE PAYRES OF THE PAYRES OF THE PAYRES PAYRES PAYRES PAYRES PAYRES PAYRES PAYRES OF THE PAYRES PAYR	SHOW A PROPERTY OF THE PROPERTY OF	CHOCK LINE	ESPERIMENTAL ALANDA DEPER	lo in	and the critical	5	REVENUE CA	NADA BUSINESS	NO. (BN)	termeln
SCHARLES EASH EGGL STARLES OF THE STARLES BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS P.P. INSURABLE	EMPLOYER'S NAME AND	ADDRES	DORH bod OBL		THE SECOND	DO/III sasunitu	1375	7 MIR	DORDER AL	200
POSTAL CODE    POSTAL CODE   SOCIAL INSURANCE NO   HERS - 733 - 932	JISHNAW	BE=	ASKI_ LEG	AL	DERVICE	SCOFF	PAY PERIOD	TYPE	nali un la l	subiviba
MELOVEES NAME AND ADDRESS  STORE DORGEN  PS N ROCK LOOD AVENUE  THANDER BRY, ONT RELO  SOUPTION  AND ASSESSMENT OFFICER  TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS PP, INSURABLE EARNINGS  SOUPHETE ACCORDING TO CHART ON REVERSE  AND IN GRANT AN INCIDENTIAN OF THE FINAL PAY PERIOD OR PAYABLE ANNINGS  SOUPHETE ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS  SOUPHETE INFORMATION OF THE FINAL PAY PERIOD OR PAYABLE ANNINGS  SOUPHETE ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS  SOUPHETE ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS  SOUPH THERE HAS BEEN A PAY PERIOD OR PAYABLE ANNINGS  TELEPHONE NO.  SOUPH THERE HAS BEEN A PAY PERIOD OR PAYABLE ANNINGS  SOUPH THERE HAS BEEN A PAY PERIOD OR PAYABLE ANNINGS  SOUPH THERE HAS BEEN A PAY PERIOD OR PAYABLE ANNINGS  TOTAL INSURABLE EARNINGS  TOTAL INSURABLE EARNINGS  TELEPHONE NO.  SOUPH THERE HAS BEEN A PAY PERIOD OR PAYABLE ANNINGS  TOTAL INSURABLE EARNINGS  TOTAL INSU	50			9			BILL	JKLY		
MELOVEES HAME AND ADDRESS  TORE DORGEN  DORGEN		<b>小</b> 心	REKT-BUD	2	Pipo I on William I	POSTAL CODE 8	SOCIAL INSU	IRANCE NO.	taidt to no	payle o
MELOYIES NAME AND AUDITIOSS  STORE DORGEN  POR COLLISION AVENUE  THUMBER BOY, ONTARIO  PTA GAT  COUPATION  AND ALD ASSESSMENT OFFICE  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  JAHAS  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  JAHAS  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  JAHAS  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  PREASON FOR ISSUING THIS ROLE  FOR FURTHER INFORMATION, CONTACT  MAN JAHAS BALL EARNINGS  TOTAL INSURABLE EARNINGS P.P. INSURABLE EARNINGS  TOTAL INSURABLE EARNINGS P.	This Model	BUILDE	angraling an	Delen	Gloyer may be s	e en a Alondardon	488-	733 -		DOING D. C
STORE, DORGEN  195 N ROCK WOOD AVENUE  THUNDER BAY, ONTARIO  PTA GAT  COUPATION  PTA GAT  PTA GAT  COUPATION  PTA GAT	EMPLOYEE'S NAME AND					MINETY SANDERS		IODUED IN A S	D N	Yourselo
TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH ON REVERSE  TOTAL INSURABLE EARNINGS BEEN A PAY PERIOD WITH A PAY PERIOD	e yourgay perfod					the last \$3 con	FIRST DAY W	DECIMENT OF	1110	9102
THUMBER BAY ONT ARIO  PTA GAT  COUPATION  AN ALD ASSESSMENT OFFICER  TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS P.P. INSURABLE EARNINGS  ONLY COMPLETE IF THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS  ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULA PAY FOR A MACATION PAY  B. STATUTORY HOLIDAY PAY FOR OR PAYABLE  INSURABLE EARNINGS  P.P. INSUR	Stone,	Do				11	LAST DAY F	OR WHICH PAID	D N	ylorier, 1
FINAL BAY PERIOD  COUPATION  CAT  COUPATION  CAT  COUPATION  CAT  COUPATION	195 N	ROC	KWOOD A	VEV	NUE	to reconst	LAST DATE.	OH WHIGHTAND	0910	502
COUNT COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH SOURCE AND IN SURABLE EARNINGS ACCORDING TO CHART ON REVERSE  INSURABLE EARNINGS P.P. INSURBE P.P. INSURABLE EARNINGS P.P.	THUNDER	B	AY ONT	AR	16 100	12	FINAL PAY P		D N	T. O.
TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE	DTA 101	T	was shorte.	mem	period of employ	seet	ENDING DAT	EOR L	160	0 00
TOTAL INSURABLE FARNINGS ACCORDING TO CHART ON REVERSE	OCCUPATION	~ /				14 EXPECTED DATE	OF RECALL	Weekly	D N	1 Y
TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE    CONTINUE COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.    SALE SALE SALE SALE SALE SALE SALE SALE	OAL AID A	SSES	SMENT O	FFIC	CH	NNKNOWN	NOT RE	TURNING		
TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  SOLO 800 18  TELEPHONE NO.	TOTAL INSURABLE HOL	JRS ACC	ORDING TO CHART ON	REVER	SE	16	odeline s	Vima2	23117 1. 161-113	
TELEPHONE NO.   1800   1465 - 5581  TELEPHONE NO.   1800   1465 -				1918	12425	REASON FOR ISS	UING THIS RO	E ENTER	CODE F	-
TELEPHONE NO. ► (800) 465 - 5581  ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS P.P. INSURBING P.P. INSURBER EARNINGS P.P. INSURBER EARNINGS P.P. INSURBER EARNINGS P.P						FOR FURTHER INFO	RMATION CON	TACT — —		
ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE IF PAYMENTS OR BENEFITS OTHER THAN REGULA PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLA PAY PERI	TOTAL INSURABLE EAF	NINGS A	CCORDING TO CHART	ON REV	/ERSE	The second secon	an K	OBINSON		
ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE IF PAYMENTS OR BENEFITS OTHER THAN REGULA PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE PAYANINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS. P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS.  2 3 3 P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS.  5 6 6 S. S. STATUTORY HOLIDAY PAY FOR S.				\$	1088018	TELEPHONE NO.	(8N)	1465-	5581	
DALY COMPLETE IP PAID SIGNATURE OF ISSUER  PAID IN OFFERE FIRE AND PERIOD OF PAYABLA PAY PERIOD OF PAYABLA PAYABLA PAYABENDA OF PAYABLA PAYABLA PAYABENDA OF PAYABLA PAYABLA PAYABENDA OF PAYABLA PAYABANDA PAYABLA PAY			bns aprims	S phus		HUGILIO MUT C				DECI II AD
INSURABLE EARNINGS	ONLY COMPLETE IF THE	ERE HAS	BEEN A PAY PERIOD V	WITH NO	O INSURABLE	PAID IN OR IN AN	ITICIPATION C	F THE FINAL PA	Y PERIOD OR	PAYABLE
2 3 5 6 6 S S S S S S S S S S S S S S S S S	TABLETT TO THE TOTAL PROPERTY.	1	Participated of the same	To the same	Parameter and		uspiradt i	B - STATUTORY H	OLIDAY PAY FOR	onihogs
SIGNATURE OF ISSUER  S C - OTHER MONIES (SPECIFY)  C - OTHER MONIES (SPECIFY)  S C - OTHER MONIE		2	South result siles de	3	Signature Someon	\$	e de la company	D M	\$	ac puigs.
11		5	DISHO CLOSTON	6					\$	
11			get voltrodavor	9	eu evituoesno	to radmuss of		V68 (1 2 2 V	\$	
14 15 \$  17 18 \$  20 21 \$  23 24 18 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE AMOUNT \$  PAYMENT START DATE AMOUNT \$  PER DAY PER WEEK   COMMUNICATION PREFERRED IN 21 TELEPHONE NO.  ENGLISH FRENCH   FRENCH   FRENCH   FRENCH   FRENCH    AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  SIGNATURE OF ISSUER NAME OF ISSUER (please print) DATE			ied Earniage +	BILLI	araings of 150			nough		
17 18 \$  20 21 \$  23 24 18 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE AMOUNT \$  PAYMENT START DATE AMOUNT \$  PER DAY PER WEEK  OMMUNICATION PREFERRED IN PREFERRED IN PER WEEK  AMOUNT START DATE WEEK  OMMUNICATION PREFERRED IN PER DAY WEEK  OMMUNICATION PREFERRED IN START DATE WEEK  OMMUNICATION PREFERRED IN START DATE WEEK  OMMUNICATION PREFERRED IN START DATE THE LAST DAY WORKED.  AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY SETTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  SIGNATURE OF ISSUER (please print)  DATE  NAME OF ISSUER (please print)  DATE			102 GIR EBW T		CILLIA TO CONSIGNA	C - OTHER MONIES (S	PECIFY)		Φ.	
20 21  23 24  15 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  SOMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMAWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  SIGNATURE OF ISSUER  NAME OF ISSUER (please print)  D ATE		14		15		East 27	Eggs State	Trypesage 1 miles		•
23 24 18 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE		17	经证明	18		4 Mast 4	Vo	SOUTH THE STATE OF		
ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  SOMMUNICATION PREFERRED IN ENGLISH FRENCH  AM AWARRE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY SERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  NAME OF ISSUER (please print)  DATE		20		21		Splen I	ryldina	M-Imes I	\$	
ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  SOMMUNICATION PREFERRED IN PER DAY  AMA AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  NAME OF ISSUER (please print)  DATE	A Francisco	23	Dallard VA	24	SELECTION AS IN	18 COMMENTS		vidicoMT		
ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  AMOUNT  PER DAY  PER DAY  PER DAY  PER DAY  SOMMUNICATION PREFERRED IN  ENGLISH  FRENCH  AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  SIGNATURE OF ISSUER  NAME OF ISSUER (please print)  DATE		26		27	<b>ラステクでは</b>		d abobe			
PAYMENT START DATE  D M Y  SOMMUNICATION PREFERRED IN  ENGLISH FRENCH  SIGNATURE OF ISSUER  AMOUNT  PER WEEK  NAME OF ISSUER  PAYMENT START DATE  AMOUNT  PER DAY  D M Y  SIGNATURE OF ISSUER  AMOUNT  PER DAY  D M Y  SIGNATURE OF ISSUER  AMOUNT  PER DAY  D M Y  SIGNATURE OF ISSUER  AMOUNT  PER DAY  D M Y  SIGNATURE OF ISSUER  AMOUNT  PER DAY  D M M MARKE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY  D M M MARKE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY  D M M MARKE THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKE THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M MARKET THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M M M M M M M M M M M M M M M M M M	ONLY COMPLETE IF PA	ID SICK	  MATERNITY/PARENTAL	LEAVE	OR	THE PARTY NO				
PAYMENT START DATE  D M Y  SOMMUNICATION PREFERRED IN ENGLISH FRENCH  AMOUNT  PER DAY PER WEEK  D M J TELEPHONE NO.  AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY SERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M J M J M J M J M J M J M J M J M J M	GROUP WAGE LOSS IN	IDEMNIT	Y PAYMENT (AFTER THI	E LAST	DAY WORKED).	Cure first entry		ok 150. In con	aplata Bioc	not con
D M Y  SOMMUNICATION PREFERRED IN PER WEEK  PER WEEK  D M Y  SOMMUNICATION PREFERRED IN PREFERRED IN PROBLEM AND HEREBY  ENGLISH FRENCH  SERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M PROBLEM D M PROBL	ere there is a pay				dy pay period acc	SUI abile e armings	arto nwou	Asard & retria	av pened va	Sured wil
SOMMUNICATION PREFERRED IN PREPARED IN ENGLISH FRENCH ( )  AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  NAME OF ISSUER (please print)  DATE		TE	AMOUNT	7	PER	100				
COMMUNICATION PREFERRED IN 21 TELEPHONE NO. ( )  AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M 301131	I I		\$	1						
AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M  SIGNATURE OF ISSUER  NAME OF ISSUER (please print)  D ATE	typhre.	Silva V	a topin en i to	H ADO		NATION OF THE CO	SAN EXPL	SCIVERS DUIV	THE FOLLON	
AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  D M  SIGNATURE OF ISSUER  NAME OF ISSUER (please print)  DATE	COMMUNICATION PREF	ERREDI	N 21 TELEPHO	NE NO.	fillional ac					SHOPLING
CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  FRANK MKM ED  SIGNATURE OF ISSUER  NAME OF ISSUER (please print)  D M 1993										
DERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  FRANK MCKM ED  SIGNATURE OF ISSUER  D M SATER DESCRIPTION OF ISSUER (please print)  D ATE	AM AWARE THAT IT IS	AN OFFE	ENCE TO MAKE FALSE E	NTRIES	S AND HEREBY					THE
SIGNATURE OF ISSUER (Please print)  FRANK MCKAY ED 22 05 10  DATE	CERTIFY THAT ALL STA	TEMENT	S ON THIS FORM ARE T	RUE.	NO VARIANCE DE	samen, m	C) THE PROPERTY IS			M
Significant Control of the Control o	M	4		130	FRANK	MCKAY	ED		2210	5/03
	United the Control of	GNATURE	OF ISSUER	1101	The state of the	NAME OF ISSUER (please)	print)		The second	DATE
Ce formulaire est également disponible en fi	anada	SIX YEA	RS FROM THE END OF THE THIS EMPLOYMENT (	THE YE	AR RED — SEE REVERS	E	Oe formu	iaire est egaler	nont disponi	210 OII 116

Information is collected on this form for the administration and the enforcement of the Employment Insurance Act. For further information please refer to Registration Numbers HRDC PPU 150, HRDC PPU 180 and HRDC PPU 385 in Info Source available at Human Resource Centres of Cahada. Under the provisions of the Privacy Act and the Access to Information Act, individuals have the right to protection of and access to their personal information.

Completion of this form is mandatory whenever there is an interruption of earnings. Failure to issue a ROE within the time limit is a breach of Section 136 of the El Act. On conviction, the employer may be subject to a fine or imprisonment or both.

## INSTRUCTIONS FOR BLOCK 15A - Total insurable hours

Enter total insurable hours for the number of pay periods according to the following chart. For example, where your pay period type is weekly, provide total insurable hours in the last 53 consecutive pay periods, or less if the period of employment was shorter.

	LAST DAY FOR WHICH PAID		1925-F1 - FMURRISH SHEDS - F1 - F1 - F2 - F2 - F2		
£015012A	Pay Period Type Reported in Block 6				
Y M G	Weekly ADER TO STAG	Last 53		OCCUPATION	
	Bi-Weekly	Last 27	Para Probation Stores	BUAL DIAMAGE	
	Semi-Monthly	Last 25	SORDING TO CHART ON REVERSE	TOTAL INSURABLE HOURS ACC	
1 300	Monthly	Last 13	10.410		
	13 Pay Periods a Year	Last 14	ACCORDING TO CHART ON REVERSE	TOTAL INSURABLE EARNINGS	
		Mind Calle			

## INSTRUCTIONS FOR BLOCK 15B - Total insurable earnings - and a 15C - Breakdown of insurable earnings by pay periods -

Note: While insurable earnings for premium purposes are limited to \$39,000 annually, there is no such maximum for ROE reporting purposes. For example if the insurable earnings in the appropriate pay periods are \$56,345.02, report all of those earnings.

Only complete 15B

9		NI II I		C		4
8	Pay Period Type		cutive pay periods to report for: 15E gs or 15C - Detailed Earnings -	8		7
	Reported in Block 6		od of employment was shorter	11	THE REAL PROPERTY.	10
a a	Weekly	Last 27	di .	14		13
	Bi-Weekly	Last 14	18	37		81
8	Semi-Monthly	Last 13	21	20		18
	Monthly	Last 70 00	24 9 9 9	23		22
	13 Pay Periods a Year	Last 7	27	26		25
			The second secon	Charles on a	PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSON AND ADMINISTRATION AND ADMINISTRATION AND ADMINI	100

If not, complete Block 15C. In completing 15C, the first entry should record the insurable earnings for the final (most recent) insured pay period. Enter a breakdown of insurable earnings by pay period according to the above chart. Where there is a pay period with zero or no insurable earnings, enter "nil". PAYMENT START DATE

#### THE FOLLOWING PROVIDES AN EXPLANATION OF THE CODE ENTERED IN BLO OF THIS RECO

A - SHORTAGE OF WORK

B - STRIKE OR LOCKOUT

C - RETURN TO

D - ILLNESS OR INJURY

E-OUIT

F-PREGNANCY/ PARENTAL

K-OTHER

COMMENTS SECTIONALTRAD

G.- RETIREMENT

H - WORK

J - APPRENTICE TRAINING

M - DISMISSAL

N - LEAVE OF

ABSENCE

EMPLOYERS NAME AND ADDRESS  MISHAFLANCE ACK COMMUNICATION PREVENCE OF CONTROL SCRIPTION OF THE RNAME PRODUCT OF THE RNAME PRODUCT OF THE RNAME AND ADDRESS  EMPLOYEES NAME AND ADDRESS  DOLL SCRIPTION  ILAST DAY FOR WHICH PAID  IN ALL STAY FOR WHICH PAID	SE	A2129	06		EHIAL	IO. OF ROE AMENDED	OR REPLACED	3 EMPLOYER'S	TA MOLE HE			
SALE PLANT OF THE	EM	The second of th		SS		ongst nat 100	<del>a nguatanana</del> MOCIGIH atanti	5 REVENUE CA	NADA BUSINE	SS NO. (BN)	<del>ningsior</del> masilor	oln
POSTAL CODE  POSTA	1	MANUSEE-	As	KI LEGAL	DEF	DICES-LO	at askal Lebas			RPO	lapod !	SVE
EMPLOYEES NAME AND ADDRESS  DORGEN STONE  195 N ROCK WOOD AVENUE  195 N ROCK WOOD AVENUE  195 N ROCK WOOD AVENUE  196 N ROCK WOOD AVENUE  197 NAL PAY PERIOD  198 N ROCK WOOD AVENUE  198 N ROCK WOOD AVENUE  199 N SUNDABLE HAVE DIS SENTINGS ACCORDING TO CHART ON REVERSE  199 TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  199 TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  199 TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  190 N Y REASON FOR ISSUING THIS ROC EXTENSION OF THE THAN RECOUR EXPENSES.  190 N Y COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS.  190 N Y COMPLETE IF THERE HAS BEEN A PAY PERIOD ON THE NO INSURABLE EARNINGS.  190 N Y COMPLETE IF THERE HAS BEEN A PAY PERIOD ON THE NO INSURABLE EARNINGS.  190 N Y S S STATUTORY HOLDAY PAY PERIOD ON PAYA  190 N Y COMPLETE IF PAYMENTS OR BENEFTS GOTHER THAN RECOUR EXPENSES.  190 N Y S S STATUTORY HOLDAY PAY POR INSURABLE EARNINGS.  190 N Y S S S S S S S S S S S S S S S S S S	-		2 1		- 00		POSTAL CODE	The state of the s	to the one among the care of the care	oj vidblo i	otelen	100
DORSES NAME AND AUDITIES  PRAY PORTION  DID AT JUNIOUS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS P.P. INSURABLE EARNINGS ACCOMPLETE IF THERE HAS BEEN A PAY PERIOD OF PAYA  IN BURNABLE EARNINGS P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS ACCOMPLETE IF PAYBENTY OR BENEFITS OTHER THAN REQUIRED AND THE PAYALETY OF THE PAYALETY OF BENEFITS OTHER THAN REQUIRED AND THAN PAYALE		, fied to the	niños	tional to sell a of	align	s 5d yann 19yoton	07C 1470	DINOMINATE.	THE CETT	0.0		
DORRED STONE  195 N ROCKUSCO AUCHUE  TRUVINCE BOY ONT  PTA LAT  DOCUPATION  DOCUPATION  DOCUPATION  DOCUPATION  TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  945.  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  FOR FURTHER INFORMATION, CONTACT  FERENCE CORPORATE SACISTIANT  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  FOR FURTHER INFORMATION, CONTACT  TELEPHONE IN C. STUTION OF THE PRAIL PREVENTING OF BENEFITS OTHER THAN REGUL  CATED DATE ANTICIPATION OF THE PRAIL PREVENTING ON	EM	IPLOYEE'S NAME AND A	DDRES	SS Chart Per example	priw	ordina to the softe	nor shonen yet	The second secon	ORKED	Alda'u an	1819 19	Y
AST DAY PER WINCH PAID    SATISTIC PRINCIPLES   SATISTICATE	-	sew memycons						11 augri slos	ian istofé		M	01
PRIADE PAY PERIOD  COUNTING  COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE  SACIOUS  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE  INSURABLE EARNINGS P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS.  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS.  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS.  ONLY COMPLETE IS THERE HAS SEEN A PAY PERIOD WITH NO INSURABLE EARNINGS.  ONLY COMPLETE IS PAYMENTS ON BENEFTS (OTHER THAN REGULATION OF THE RINAL PAY PERIOD OR PAYA FOR A VACANTOR PAY.  S. STATUTORY VOLIDAY PAY				2000 Aven	UE	vag eviluačanos	to teamura		OR WHICH PAI	034	ola	20
DOLLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE  ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS. P.P. INSURABLE EARNINGS. P.P. INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS. P.P. INSURAB	1		17,	Ont q				FINAL PAY PE		031	106	30
TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  S	_ oc		L				14 EXPECTED DA	TE OF RECALL	Weekly	D	М	-
TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  FOR FURTHER INFORMATION, CONTACT  FOR FURTHER INFORM	37	DEATINE JUSTI	ce (	O-OKDINATORS	, A	SSISTANT	MUKNOWN	NOT RET	URNING			×
TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  S	T	OTAL INSURABLE HOUR	RS ACC	ORDING TO CHART ON	REVER	SE	16	Virtinal	Semi-N			7
TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE  S 0 0 5 90  TELEPHONE NO.						945.	REASON FOR	ISSUING THIS RO	E ENTE	RCODE	-	
ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.  INSURABLE EARNINGS P.P. INSURABLE EARNINGS P.P. INSURABLE EARNINGS  S	Т	OTAL INSURABLE EARN	IINGS A	ACCORDING TO CHART	ON REV	'ERSE	A PHONE IN THE	MAR PROBE	WE STANDARD			
ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE IF PAID SICKMATERNITY/PARENTALLEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  ONLY COMPLETE ARTHORY OF THE MARK PAYMENT OF	A	ST 14 PAIPERI	ops	bae seathrase	\$	20015.90	TELEPHONE NO.	MOI (80)	1)622-	1413		
INSURABLE EARNINGS   P.P. INSURBE EARNINGS   P.P. INSURB	·	NLY COMPLETE IF THE ARNINGS. COMPLETE	RE HAS	S BEEN A PAY PERIOD V	VITH NO	INSURABLE	PAID IN OR IN	ANTICIPATION O	F THE FINAL F	AY PERIOD	OH PAYAL	BLE
5 6 8 8 9 9 S 11 11 12 S S S S S S S S S S S S S S S S		INSURABLE EARNINGS		INSURABLE EARNINGS		INSURABLE EARNINGS		O I SHOW THE	B - STATUTORY	v 1	SUMM	115
8 9 9 11 12 12 12 13 14 15 15 16 17 18 18 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	die			re following char.	H 501 V	richebus boheb y	I\$ 10	196.14	thera are	1 1441 002	CHELICAL Y	TRE
11 12 12 C. OTHER MONIES (SPECIFY)  14 15 \$ 17 18 \$ 20 21 \$ 23 24 \$ 26 27 ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE AMOUNT PER PER DAY WORKED.  PAYMENT START DATE AMOUNT PER PER DAY WORKED.  PAYMENT START DATE AMOUNT PER PER DAY WORKED.  COMMUNICATION PREFERRED IN STELEPHONE NO.  PER DAY		17 18 18 18 18 18 18 18 18 18 18 18 18 18		uan ilini araasi da s	TUTTO	yeqevilu.earti.	io redmin 1		vect .			+
14 15 18 S  17 18 S  20 21 S  23 24 S  COMMENTS  COMMENT				led Earnings +	11911	arrings or 150			Contract State Land			-
17 18 \$ 20 21 \$ 23 24 18 COMMENTS \$  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  PER DAY  BENGLISH   FRENCH  AMOUNT  AMOUNT  BENGLISH   FRENCH  BENGLISH   FRENCH				2, 19hona aswar		IRO TE TO POLICE IN	C - OTHER MONIE			e		-
20 21  23 24  15 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  PER DAY  PER DAY  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FOR DAY  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  COMMUNICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY  MEEK  D MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  FRENCH  B MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  AMOUNT  FRENCH  B MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  B MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  B MINICATION PREFERRED IN  ENGLISH DAY  FRENCH  B MINICATION PREFERRE							1,881,37					1
23 24 18 COMMENTS  ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  AMOUNT  PER DAY  PER DAY  PER DAY  SENGLISH  FRENCH  1 TELEPHONE NO.  AMOUNT  PER DAY  P							AF tead	(1) 	BAVVEE	The state of the s		+
ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  D M Y  S PER WEEK  COMMUNICATION PREFERRED IN ENGLISH FRENCH  I TELEPHONE NO.  AMOUNT PER DAY  PER DAY  S PER WEEK  COMMUNICATION PREFERRED IN ENGLISH FRENCH  I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.							Et 136.1	y y y y	VIEIMISS	Ψ	1	•
ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  AMOUNT  PER DAY  PER DAY  PER DAY  PER DAY  I TELEPHONE NO.  AMOUNT  PER DAY  I TELEPHONE NO.  AMOUNT  PER DAY  PER DAY  I TELEPHONE NO.  AMOUNT  FRENCH  I TELEPHONE NO.  AMOUNT  FRENCH  I TELEPHONE NO.  AMOUNT  FRENCH  AMOUNT  FRENCH  AMOUNT  FRENCH  AMOUNT  PER DAY										4149		
GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  PAYMENT START DATE  AMOUNT  PER DAY  PER WEEK  COMMUNICATION PREFERRED IN  ENGLISH  FRENCH  AMOUNT  FRENCH  AMOUNT  PER WEEK  THE DAY  AMOUNT  PER DAY  AMOUNT  PER WEEK  THE DAY  AMOUNT  PER DAY  AMOUNT  AMOUNT  AMOUNT  PER DAY  AMOUNT  A		NI V COMPLETE IS DAI		MAATEDNITY/DADENTAL		OR	The state of the s					
PAYMENT START DATE  D M Y  S PER DAY  ANOUNT ANALYSIA MA SECULORY DIMOLOGY SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  FRENCH  ANOUNT SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  FRENCH  ANOUNT SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  FRENCH  ANOUNT SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  ANOUNT SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  ANOUNT SHIP BY  COMMUNICATION PREFERRED IN  FRENCH  ANOUNT SHIP BY  ANOTHER BY  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOTHER BY  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOTHER BY  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOUNT SHIP  ANOT	0	GROUP WAGE LOSS IND	EMNIT	Y PAYMENT (AFTER THE	LAST	DAY WORKED).	ORIF	PACTUAL	- Wacr	Tienstek	TAKER	2
D M Y  S  PER DAY  PE					nlore	by pay period acc	tipple earnings	sdown offinsu saminos, entr	niena brea insurable	penod. E zero or no	red pay	Sile
COMMUNICATION PREFERRED IN PER WEEK THE SIGN OF THE PROPERTY OF MELTING OF ME				AMOUNT	1/							
COMMUNICATION PREFERRED IN STELEPHONE NO. SECOND SHOULD SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW				\$	1	PER			Olly Octor Ali	man I seem m		
I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.		- Wallet (69)	Marie C	A MARKET COLUMN	FALLO	WEEK USA IN 30						
CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  CENTRAL STATEMENTS ON THIS FORM ARE TRUE.  CENTRAL STATEMENTS ON THIS FORM ARE TRUE.  CENTRAL STATEMENTS ON THIS FORM ARE TRUE.				N 21 TELEPHOI	NE NO.	-1413					ORTAGE	
Calma Rettracks												100
		The state of the s		171		DITION OF THE PARTY OF THE PART	0				M	HH
SIGNATURE OF ISSUER NAME OF ISSUER (please print)  DATE		1/1/	20	DV III								30

EMPLOYERS PAYROL CREFERENCE NO.

99

Information is collected on this form for the administration and the enforcement of the Employment Insurance Act. For further information please refer to Registration Numbers HRDC PPU 150, HRDC PPU 180 and HRDC PPU 385 in Info Source available at Human Resource Centres of Canada. Under the provisions of the Privacy Act and the Access to Information Act, individuals have the right to protection of and access to their personal information.

Completion of this form is mandatory whenever there is an interruption of earnings. Failure to issue a ROE within the time limit is a breach of Section 136 of the El Act. On conviction, the employer may be subject to a fine or imprisonment or both.

# INSTRUCTIONS FOR BLOCK 15A - Total insurable hours

Enter total insurable hours for the number of pay periods according to the following chart. For example, where your pay period type is weekly, provide total insurable hours in the last 53 consecutive pay periods, or less if the period of employment was shorter.

	Pay Period Type Reported in Block 6		onsecutive pay periods to report for: 15A  - Total Hours - OR period of employment was shorter	LE SERVICE
	Weekly DADJAR TO STACE	Last 53	And the second s	MOUTABLOOK
in.	Bi-Weekly	Last 27	Maynish A. Wegitta 962	And Boll, About 10th
	Semi-Monthly	Last 25	CORDING TO DRAIS ON REVENSE.	TOTAL INSURABLE HOURS AO
	Monthly	Last 13	- eCFV	
	13 Pay Periods a Year	Last 14	AGCORDING TO CRART ON REVERSE	TOTAL INSURABLE EARNINGS

# INSTRUCTIONS FOR BLOCK 15B - Total insurable earnings - and 15C - Breakdown of insurable earnings by pay periods

Note: While insurable earnings for premium purposes are limited to \$39,000 annually, there is no such maximum for ROE reporting purposes. For example if the insurable earnings in the appropriate pay periods are \$56,345.02, report all of those earnings.

Only complete 15B if there are insurable earnings in each pay period according to the following chart

Pay Period Type  Reported in Block 6  Number of consecutive pay periods to report for: 15B  - Total Earnings or 15C - Detailed Earnings -  Or less if period of employment was shorter	8	T OK
Weekly Last 27		13
Bi-Weekly Last 14		
Semi-Monthly Last 13	g	-0;
Monthly 2 Last 75 150	S Comment	
13 Pay Periods a Year Last 7	2	25

If not, complete Block 15C. In completing 15C, the first entry should record the insurable earnings for the final (most recent) insured pay period. Enter a breakdown of insurable earnings by pay period according to the above chart. Where there is a pay period with zero or no insurable earnings, enter "nil".

# THE FOLLOWING PROVIDES AN EXPLANATION OF THE CODE ENTERED IN BLOCK 16 OF THIS RECORD OF EMPLOYMENT

A - SHORTAGE OF WORK

B - STRIKE OR LOCKOUT

C - RETURN TO SCHOOL

D - ILLNESS OR INJURY

E - QUIT

F-PREGNANCY/ PARENTAL

ATEMENTS ON THIS FORM ARE TRUE.

K-OTHER

COMMENTS SECTIONSTIFE

G- RETIREMENT

- WORK SHARING J - APPRENTICE TRAINING

M - DISMISSAL

N - LEAVE OF

ABSENCE



1 SER	Human Resources Developement Canada IAL NO. / N° DE SÉRIE	Developpement a humaines Canad	des resso	RECORD OF I	ECORD AMEND	ED OR R	EPLACED		1	OLL REF	ERENCE NO.	DE L'EMP	OVELIE	
4	N3264	5347		N° DE SÉRIE DU	RELEVÉ MODIFI	É OU RE	MPLACE	N	E REFERENCE	DU REG	STRE DE PATE	DE L'EMPL	UTEUN	
4 EMF	PLOYER'S NAME AND ADI		ADRES	SE DE L'EMPLOYEUR	Les rens d		riolis) aim	5 SING	LE BUSINESS ENREGISTREM	MENT UN	IQUE POUR LES			rrioiri
	radinados de Jai Perspendinados de Jai	rent of their		ick fins die Fanga since chömage P			poutsu sign	BLX	821129		noitanti		adtru	1 10
				rvices Corpor	ation			6 COM			D IN/COMMUNI	CATIONS D		
	R.R.#4, Miss	ion Rd.,	Box	23, Site 6	7 POSTA	AL CODE	/ CODE POSTAL	8 PAY	PERIOD TYPE	1978-1962-015	DE PÉRIODE L		PHANÇA	TO ANC
9 EMI	Thunder Bay,			SE DE L'EMPLOYÉ(E)	P7C	ies i	422	10 SOC	b1-week	1 v E NO. /	N° D'ASSURAN	CE SOCIAL	Ė	аны фі
	- stualmetičiasi	is a ceayer	A STATE				went jeve	488	-733-93	2	en non en	D/J	M	Y/A
	Doreen Drake	กดระเลกตก	ne ye				BOR nu e	FIRS	T DAY WORKE MIER JOUR DE	D TRAVAIL	nas lo r	12	06	95
3.7	369 Pearl St Thunder Bay,	Ontario	1		Hori de Tet dans la del		of toeigus	12 LAS DER	T DAY WORKE	D TRAVAIL	erit contro	29	103	196
	P7B 1E9	as Ire a		o Fassurance sign				13 U.I. F	PREMIUMS PAY	YABLE UI	P TO CE-CHÔMAGE	D/J	М	Y/A
	OCCUPATION / PROFESS							PAY	ABLES JUSQU'	AU		29 D/J	03	96 Y/A
A -	Secretary	NOW .						DAT PÉR	TE DE LA FIN D HODE DE PAYE	E LA DEF	RNIERE	29	03	96
MA	XIMUM OF 20 WEEKS, FO , IN WHICH THE 20th WEI HE I <u>NSURAB</u> LE EARNINGS	OR MONTHLY, SE EK FALLS.	D ARE AT	R THE INSURABLE EARNING ITHLY AND 13 P.P., RECOR THE MAXIMUM FOR EACH OCK 15A	D THE FULL	SUELS I SI LA RI	MMENÇANT PAR LA D ABLE JUSQU'À UN M. ET CEUX COMPTANT ÉMUNÉRATION ASSUI DE CHAQUE P.P., C	AXIMUM 13 P.P., C RABLE À L	DE 20 SEMAINE ONSIGNER TOUT DÉCLARER CORF	E LA P.P. RESPOND	LES REGISTRES I PENDANT LAQUE	ELLE TOMBE U	LA 200	SEMAINE.
P.P.	INSURABLE EARNINGS RÉMUNÉRATION ASSURABLE	PAY PERIOD EXCEPTION DE PERIODE DE PAYE	P.P.	INSURABLE EARNINGS RÉMUNÉRATION ASSURABLE	PAY PERIOD EXCEPTION DE PERIODE DE PAYE	P.P.	INSURABLE EARN RÉMUNÉRATIO ASSURABLE	NINGS	PAY PERIOD EXCEPTION DE PÉRIODE DE PAYE	P.P.	INSURABLE I RÉMUNÉE ASSUR	RATION	DE F	PERIOD CEPTION PERIODE E PAYE
1	1500.00	2	2	840.		3	840.00		2	4	840.	00	2	)
5	840.00	2	6	840.	2	7	840.00		2	8	840.		2	2
9	840.00	2	10	840.	2	11				12				
13			14			15				16				
17			18			19			4.4	20				-71"
15 A	TOTAL (ROUND TO THE N TOTAL (ARRONDIR AU DO	LLAR PRÈS)	\$	9 0 6 0 Y) PAID IN THE FINAL PAY	0 0	W	SURABLE WEEKS IN HICHEVER IS LESS / AINES OU DEPUIS LE	SEMAINE	S ASSURABLES	AU COU	RS DES 52 DER	NIÈRES SE-		, 2
A - VA	EMENTS OU AVANTAGES CATION PAY / PAYE DE V	(AUTRES QUE LE ACANCES	B - D/	STATUTORY HOLIDAY PAY  M Y/A  \$	IRS DE LA DERN	IERE PER	RIODE DE PAYE OU PAYÉ(S) POUR LE(S,		ES À UNE DATE	D/s		\$		
	RTANT	\$			a de maio	ann's	\$	<u>-</u>	SAURXP	auvo	ad DWIMO	_ <b>\$</b>		
SI LES	PAIEMENTS SUSMENTION	NÉS SONT ASSU	RABLES,	EEEN ALLOCATED TO THE I ONT-ILS ÉTÉ RÉPARTIS SUI UP WAGE LOSS INDEMNIT	R LA DERNIÈRE I	PÉRIODE	DE PAYE:	YES OUI	NO	SI NON	EXPLAIN IN CO I, PRÉCISER À L	A CASE O	BSERVA	TIONS"
(AF	TER THE LAST DAY WOR NGÉ DE MALADIE / MATE	KED) <i>RNITÉ / PATERNI</i>	TÉ PAYÉ	OU INDEMNITÉS PAYABLES RÉS LE DERNIER JOUR DE T	S EN VERTU	RO SE	REASON FOR IS RAISON DU PR	RÉSENT P	N, CONTACT		RE LE CODE	K ONE / TÉLE	PHONE	X
PAYMEN START D	ATE DIS M	Y/A FOR		WEEKS/DAYS AMOUNT		50 310 35 13	POUR PLUS DE REM	VSEIGNE	MENTS, APPEL	ER	0.0			
DU PAIE	MENT D/J N	POUR		SEM. / JOURS MONTAN	7 \$	103	Sandra B 21 I AM AWARE T THAT ALL STA	HAT IT I	S AN OFFENCE	TO MAI	E FALSE ENTR	-1413 IES AND H	EREBY	CERTIFY
DA: DE	RECALL TE PRÉVUE RAPPEL MMENTS / OBSERVATION		RETO	RETURNING UR NON PRÉVU	UNKNOWN DATE NON CO		IF RECONNAIS	R LES PR	UTE FAUSSE D ÉSENTES, QUE	ÉCLARA	TION CONSTITU LES DÉCLARAT	IE UNE INF TIONS FAIT	RACTION ES SUR	N ET CE
	Part-time po as a secreta returned fro	ry until	the	permanent en		d		Bai	r, Acti	ng E	/ SIGNATURE <b>xecutiv</b> I SIGNATAIRE (	********		****
						14	23 TELEPHONE N	UMBER .	NUMÉRO DE	TÉLÉPHO	ONE 24	D/J	М	Y/A
Ð						6.1	80	1	622	141	3 DA	TE 03	99	96

Canada

N32615347

Information is collected on this form for the administration and the enforcement of the Unemployment Insurance Act. For further information please refer to Registration Numbers EIC PPU 150, EIC PPU 180 and EIC PPU 385 in Info Source available at Canada Employment Centres. Under the provisions of the Privacy Act and the Access to Information Act, individuals have the right to protection of and access to their personal information.

Completion of this form is mandatory whenever there is an interruption of earnings. Failure to issue an ROE within the time limit is a breach of Section 105 of the UI Act. On conviction, the employer may be subject to a fine or imprisonment or both.

Les renseignements qui figurent sur le présent formulaire sont recueillis aux fins de l'administration et de l'exécution de la Loi sur l'assurance-chômage. Pour obtenir plus de renseignements, reportez-vous aux numéros de fichier CEI PPU 150, CEI PPU 180 et CEI PPU 385 de l'Info Source qui se trouve dans les Centres d'emploi du Canada. La Loi sur la protection des renseignements personnels et la Loi sur l'accès à l'information garantissent aux individus la protection des renseignements personnels les touchant ainsi que l'accès à ces renseignements.

Lorsque survient un arrêt de rémunération, vous avez l'obligation de remplir ce formulaire. Le fait de ne pas émettre un RE dans le délai prescrit constitue une violation de l'article 105 de la Loi sur l'assurance-chômage. S'il est trouvé coupable, l'employeur est passible d'une amende, d'une peine d'emprisonnement ou de ces deux sanctions à la fois.

LACASE THA	EMOA IT LAOVELLETOMBE L LUMAXIMUM AU RESEALEMENT LETOTAL À		DECLARE CORK	T'EEUX COMPTANTOS P.P. HUNERATION AS ŞIIRABLE: A DE CHAQUE P.P. COCKER	SHEATHE	P.P. CHECK	THE MAXIMUM FOR EACH		K FALLS TO BE REPORTED ONLY THE TOTA		AA FORT TAN
PAY PERIOD EXCEPTION DE RERIGIE DE PAYE	MUSURARLE E ARMINGS REMUNIFRATION ASSURABLE	49	PAY PERIOD EXCEPTION DE REGIONES DE PAYE	INSURABLE EARHNIGS AEMUVERALTON SSURABLE	9.9	PAY PERIOD EXCEPTION DE PERIOD DE BAYE	ASSERABLE CARNINGS ASSERABLE CARNINGS	9.4	PAY PERIOD EXCIPLION DE PERIODE DE PAYE	INSURABLE EARNINGS REMUVERATION ASSURABLE	9.9
	70,012				8		.004	CA.		0000004	T.
a dayah	66,048	8			45		.018	ê		90,048	8
		53					.083	10	3	00.063	е
		- 31-						at e			13
		20			19			81			VI.
	STORS BY DEBMINESS RE-		PS ASSUMBLES	JRABLE WEEKS IN THE LAS	HW	0 0	n a spec	4		TOTAL (ROUND TO THE N	ADD

THE FOLLOWING PROVIDES AN EXPLANATION OF THE CODE ENTERED IN BLOCK 19 OF THIS RECORD OF EMPLOYMENT VOICI L'EXPLICATION DU CODE INSCRIT À LA CASE 19 DU RELEVÉ D'EMPLOI

A-SHORTAGE OF WORK MANQUE DE TRAVAIL

B- STRIKE OR LOCKOUT GREVE OU LOCK-OUT

C- RETURN TO SCHOOL RETOUR AUX D-ILLNESS OR INJURY MALADIE OU BLESSURE E- QUIT DÉPART VOLONTAIRE

F- PREGNANCY/ ADOPTION GROSSESSE/ ADOPTION K-OTHER SEE COMMENTS SECTION

G-RETIREMENT RETRAITE H- WORK SHARING TRAVAIL I- APPRENTICE TRAINING FORMATION EN APPRENTISSAGE

RESMUM EVONES HET DE

M-DISMISSAL A CONGÉDIEMEN

N- LEAVE O

K-AUTRE VOIR LA SECTION OBSERVATIONS

AND THE PARTY

SERVICE DATE ACCORDING THE CONTROL OF THE CONTROL O

THUMERO'N TELLIHONE

THE PROPERTY OF CHARGE TO STREET OF CHARGE CONTROL OF CONTROL OF CHARGE CONTROL OF CONTROL OF CONTROL OF CHARGE CONTROL OF CONTRO

YOU READ AND THE WAY BAY FOR THE FOR SEX YEARS AND AND THE SEARCH SHOULD BE SEX YEARS AND THE SEARCH SHOULD BE SEARCH SHOULD

Canada



# PERSONAL TAX CREDITS RETURN

Instructions

You have to complete this return if you have a new employer or payer, and you received one or more of the following types of

salary, wages, commissions, pensions, or any other remuneration; or Unemployment Insurance benefits, including training allowances.

Complete a new return no later than seven days after your marital or parental status changes or when you expect a change in your personal credits for the year. It is an offence to file a false return.

If you receive non-employment income, such as a pension or Old Age Security, and you want to have extra tax deducted at source, you can complete Form TD3, Request for Income Tax Deduction on non-employment income.

If you have deductions such as registered retirement savings plan contributions, alimony payments, or child care expenses, the amount of tax to be withheld from your income can be reduced. You have to send a written application to your district income tax office. A tax office letter of authority is not needed when a court order states that alimony or maintenance payments have to be deducted at source from an employee's salary.

If you need help, ask your employer or payer, or call the Employer Services Division of your income tax office. The number for this office is listed in the government pages of your telephone book under Revenue Canada.

Confidential calculation on back - Employee's copy

Employer's or payer's copy

Revenue Revenu Canada Canada

PERSONAL TAX CREDITS RETURN

complete this return, give it to your employer or payer.

Last name (capital letters)	Usual	first name and initials	Employee number
Address BEDINNOALE	ar I, hogar hin oo ji asey ag	For non-residents only - country of permanent residence	Social insurance number 3   5   3   2
4 Newslet ad Design	Postal code	nv. tila negenne ar sont sen e	Date of birth
THUNDER BAY ONT	РСБА4		CYear Dept On Dept

### 1. Basic personal amount

Everyone can claim \$6,456 as the basic personal amount.

- If you choose to claim this amount, enter \$ 6,456
- · If you choose not to claim this amount (e.g., when you have more than one employer or payer and you have already claimed the basic personal amount), enter 0 in box on the other side of this return and do not complete sections 2 to 8. You may wish to complete sections 9 to 11
- If you are a non-resident, and you will be including most of your annual world income (90% or more) when determining your taxable income in Canada, you can claim certain personal amounts. If you are not sure about your non-resident status, or need more Credit claimed \$ information, call the Client Assistance Division of your income tax office

### 2. Spousal amount or equivalent-to-spouse amount.

You can claim an amount for supporting your spouse if you are married or have a common-law spouse. A common-law spouse is a person of the opposite sex with whom you live in a common-law relationship for any continuous period of at least 12 months, including any period of separation (due to a breakdown in the relationship) of less than 90 days, or with whom you live in a common-law relationship and who is the natural or adoptive parent of your child.

You can claim an equivalent-to-spouse amount if you are single, divorced, separated, or widowed, and you support a relative who is:

- residing in Canada (if the relative is your child, the child does not have to reside in Canada);
- · living with you in a home you maintain;
- · related to you by blood, marriage, or adoption; and
- under 18 years old, except for a relative who has a mental or physical infirmity.

## Calculating the amount

If you marry during the year, your spouse's net income includes the income earned before and during the marriage. If the net income of your spouse or relative for the year will be:

- over \$5,918, enter 0;
- \$538 or less. enter \$5,380; or
- more than \$538, complete calculation no. 2 on the back of this return and enter the result as credit claimed.

Any person you claim here cannot be claimed again in section 3.

Credit claimed

# 3. Amount for disabled dependent relatives

With the introduction of the child tax benefit, there is no amount for dependent children who are under the age of 18 at the end of the year. However, you can claim an amount for each disabled dependant who is:

- · your or your spouse's child or grandchild, 18 years old or older, and who has a physical or mental infirmity; or
- your or your spouse's parent, grandparent, brother, sister, aunt, uncle, niece, or nephew, who is 18 years old or older, and who has a physical or mental infirmity and is resident in Canada.

# Calculating the amount for a disabled dependent relative:

If your dependant's net income for the year will be

- \$2,690 or less, enter \$1,583 in section 3 of this return; or
- more than \$2,690, complete calculation no. 3 on the back of this return and enter the result as credit claimed.

You can claim an amount for each disabled dependent relative you have.

Credit claimed

\$

### 4. Amount for eligible pension

An eligible pension income includes pension payments received from a pension plan or fund as a life annuity, and foreign pension payments. It does not include payments from the Canada or Quebec Pension Plan, Old Age Security, guaranteed supplements, or lump-sum withdrawals from a pension fund.

If you receive an eligible pension income, you can claim your eligible pension income or

\$1,000, whichever amount is less.

Credit claimed

\$

# 5. Age amount

If your estimated net income from all sources for the year will be:

- \$ 25.921 or less. enter \$3.482
- over \$25,921, but not over \$49,134.33, complete calculation no. 5 on the back of this return and enter the result as credit claimed; or
- over \$49,134,33, enter \$0

Credit claimed

Calculation no. 2 • more than \$538, calculated	\$ 5,918
Minus: net income of spouse or relative	THE RESERVE OF THE PARTY OF THE
Total calculated:	The state of the s
Report total in section 2 as credit claimed	direnda irahi
Calculation no. 3 • more than \$2,690, calculate:	\$ 4,273
Minus: dependant's net income	mak min maked no
Total calculated: Report total in section 3 as credit claimed	
Calculation no. 5:	
• over \$25,921, but not over \$49,134.33, calculate:	or perental atatus o
Basic age amount:	\$ 3,482 A.
Reduced by:  1. Annual estimated net income. \$	and whenever
2. Less base amount\$ 25,921	
3. Line 1 minus line 2 = \$	in the serious policion
4. Line 3 by 15%	_ B.
Subtract A from B. If negative, enter 0	\$ =
Report total in section 5 as credit claimed	Services Physions

Claim Codes	
Total claim amount	Claim codes
No claim amount	0
Minimum \$6,456	1
\$ 6,456.01 - 8,037	2
8,037.01 - 9,619	3
9,619.01 - 11,202	4
11,202.01 - 12,783	5
12,783.01 - 14,364	6
14,364.01 - 15,946	7
15,946.01 - 17,527	8
17,527.01 - 19,109	9
19,109.01 - 20,693	10
\$ 20,693.01 - and over Manual calculation required by employer	beheat on a viac
No tax withholding required	ny tao nia 155en a namo unite set dite

	Report total in section 5 as credit claimed  No tax withholding required	mount of the best of beginning
	Control with belowing on the Englishment Control	n-
6.	Tuition fees and education amount  Enter your tuition fees, for courses you will take in the year, to attend a university, college, or an institution that the Minister of Human Resources Development has certified	auricyally 12 July
	Add \$80 for each month in the year that you will be enrolled full-time in a qualifying educational program at a university, college, or a school offering job retraining courses or correspondence courses, as indicated on Form T2202 or T2202A	May you complete the
	Subtract any scholarships, fellowships, or bursaries you will receive in the year (do not report the first \$500)	as not A
	Enter the total amount claimed. If you arrive at a negative amount, enter 0	\$
7.	Disability amount	Part Territoria
	You can claim \$4,233 for a person who is severely impaired, mentally or physically, and for whom you will claim the disability amount by using Form T2201, Disability Tax Credit Certificate.  Such an impairment has to markedly restrict the person in his or her daily living activities. The impairment has to last, or be	Internet Make 1
	expected to last, for a continuous period of at least 12 months.	c constant
	Enter the total amount claimed:	<b>D</b>
8.	Amounts transferred from your spouse, relatives, or dependants	a la tor aquiante
	You can transfer any of the following amounts that your spouse, relative, or dependants do not need to reduce their federal income	ax to zero.
	Age amount - If, this year, your spouse will be 65 or older, you can claim any unused balance of the age amount to a maximum of \$3,482	la manismooni
	Pension income amount - If your spouse receives eligible pension income, you can claim any unused balance of the eligible pension amount to a maximum of \$1,000	word sheeped Survey
	Disability amount - If your spouse, relatives, or dependants are disabled, you can claim their unused balance of the disability amount to a maximum of \$4,233 for each person	os albo decido; ege edidoribaco;
	Tuition fees and education amount - If you are supporting a spouse, relative, or dependants who are attending a university, college, or a certified educational institution, you can claim their unused balance of tuition fees and education amount to a maximum of \$4,000 for each person	invalou ord to order
	Enter the total amount calculated	\$
	Total all your personal tax credit amounts from sections 1 to 8	\$ 0.5
	At the top of this form, see the claim codes to determine the claim code that applies to you, and enter this code in box A. If the total of your tax credits is greater than your employment income for the year, your claim code is "E."	O A
	Additional information	100-01-110

### Additional information

If you receive additional income you may find it convenient to have additional tax deducted from each payment. This will help you
avoid having to pay tax when you file your income tax return. If so, state the amount of additional tax you want to have deducted
from each payment. If you want to change this extra deduction later, you have to complete a new TD1 return.

10. Deduction for living in a designated area (e.g., Yukon Territory, or Northwest Territories)

If you live in the Yukon Territory, Northwest Territories, or another designated area for more than six months in a row, beginning

or ending this year, you can claim:
• \$7.50 for each day that you live in the designated area; or

9. Additional tax to be deducted

\$7.50 for each day that you live in the designated area; or
\$15 for each day that you live in the designated area, 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.

For more information, including a list and categories of designated areas, see the income tax guide called *Northern Residents Deduction*, available at any income tax office.

11. If you reside in Ontario, Manitoba, Saskatchewan or British Columbia, enter the number of your dependants under 18 years old at the end of the year.

For Ontario, Manitoba and Saskatchewan residents, only the spouse with the higher net income can indicate an amount.

If you reside in Ontario, Manitoba or British Columbia, the number of children indicated should not include a child claimed for purposes of the equivalent-to-spouse amount.

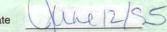
and Lover

\$

I certify that, to the best of my knowledge,	the	information (	given on	this	form	is correct	and	complete
--	-----	---------------	----------	------	------	------------	-----	----------

Signature





Date