

# Livingstone Range School Division



**Livingstone Range**  
SCHOOL DIVISION

P.O. Box 1810  
410-20 Street  
Fort Macleod, AB T0L 0Z0

Phone: (403) 625-3356  
Fax: (403) 553-0370

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## SUBSTITUTE SUPPORT STAFF APPLICATION FORM

Surname: \_\_\_\_\_ First Name/Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City / Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Certification(s): \_\_\_\_\_ Year: \_\_\_\_\_ Institution: \_\_\_\_\_  
S.I.N.: \_\_\_\_\_ Birth date: \_\_\_\_\_

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Date Available: \_\_\_\_\_

Schools at which you wish to substitute. All  , or:

<b>Nanton</b> ABD K-6 <input type="checkbox"/> JFT 7-12 <input type="checkbox"/>	<b>Fort Macleod</b> WAD K-6 <input type="checkbox"/> FPW 7-12 <input type="checkbox"/>
<b>Stavelly</b> STV K-6 <input type="checkbox"/>	<b>Pincher Creek</b> CAN K-6 <input type="checkbox"/> MHHS 7-12 <input type="checkbox"/>
<b>Claresholm</b> WMES K-6 <input type="checkbox"/> WCCHS 7-8 <input type="checkbox"/> 9-12 <input type="checkbox"/>	<b>Lundbreck</b> LIV K-12 <input type="checkbox"/>
<b>Granum</b> GRN K-9 <input type="checkbox"/>	<b>Crowsnest Pass</b> ISS 4-6 <input type="checkbox"/> HAS K-3 <input type="checkbox"/> CCHS 7-12 <input type="checkbox"/>

Colony Schools. All  , or:

Parkland  Willow Creek  Little Bow  Clear Lake  Daly Creek  Ewelme   
Thompson  Greenwood  Livingstone  Pincher Creek  Spring Point  Waterton   
Jumbo Valley

Please check positions preferred:

Educational Assistant  Child and Youth Care Worker   
Administrative Assistant (Secretary):   
Librarian:   
Custodial:

The following documentation must be submitted to complete your file prior to being added to the Support Staff Substitute List. (Forms are located on [www.lrsd.ca](http://www.lrsd.ca) / Careers / Careers)

- ⇒ Recent resume including a list of references;
- ⇒ Photocopy of any pertinent Certificates;
- ⇒ Criminal Record Check with a Vulnerable Sector Check (Original Copy)
- ⇒ Child intervention record check or Child Welfare Check
- ⇒ Staff Information Gathering and Consent Form (FOIPP);
- ⇒ Staff Network Responsible Use Agreement
- ⇒ Direct Deposit Form or Void Cheque
- ⇒ TD1 and TD1AB

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Please date and sign this form and return it to Sandy Gould, Human Resources, Livingstone Range School Division, P.O. Box 1810, Fort Macleod, AB T0L 0Z0, or e-mail it to [goulds@lrsd.ab.ca](mailto:goulds@lrsd.ab.ca). Include the required documentation as listed above. Thank you.

**\*Please note: Schools in Pincher Creek, Lundbreck and the Crowsnest Pass are subject to union dues.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



**Livingstone Range**  
SCHOOL DIVISION

# Direct Deposit Registration/Change

Your pay will be deposited directly into an account of the financial institution of your choice.  
Complete this form and return it to:

Payroll Department, Livingstone Range School Division  
P.O. Box 1810  
Fort Macleod, AB T0L 0Z0

Fax: (403)553-0370  
Phone: (403)625-3356

## A - EMPLOYEE INFORMATION - Please Print

Given name and initial	Surname	E-mail address

## B - DIRECT DEPOSIT ROUTING NUMBER

Attach to this form a voided personalized cheque or a bank notification deposit slip which is imprinted with your name and the account

## C - APPLICANT'S DECLARATION

I, as a person entitled to receive pay from the Livingstone Range School Division, hereby acknowledge that the Livingstone Range School Division will deposit, until further notice, my pay into my account, as noted herein, by means of direct deposit

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Criminal Record Disclosure Request

A request for disclosure of criminal record is required for all new and/or potential Livingstone Range School Division employees.

\_\_\_\_\_ Will be an employee with Livingstone Range School Division. This employee will require a Criminal Record Check including the Vulnerable Sector Check prior to employment for our school division because the employee will be:

- Working closely with children (ages 4 up to 18) in situations where he/she will be alone with individual children and groups of children, without direct supervision or oversight from Livingstone Range's School Division staff; and
- In a natural position of trust and authority given the relationship between children and school staff

Agency: Livingstone Range School Division  
410 – 20 Street, P.O. Box 1810  
Fort Macleod, AB T0L 0Z0

[www.lrsd.ca](http://www.lrsd.ca)  
403-625-3356

Applicant's Name:

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Names

### **Once completed by the RCMP, please return their disclosure record to Livingstone Range School Division**

I hereby authorize the RCMP to conduct a check to determine if I have a criminal record including a Vulnerable Sector Check. The criminal record or the certification that no record exists will be forwarded back to me by the police and not to the school division. It will be my responsibility to provide this documentation to the Livingstone Range School Division in a timely manner, in order that the Livingstone Range School Division may proceed further with my application for employment.

I understand that the existence of a criminal or driving record may be grounds for rejection of this application.

Signature: \_\_\_\_\_

**\*Please fill out this form and bring it to your local RCMP Detachment with ID**

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**Every student, every day.**

W: [www.lrsd.ca](http://www.lrsd.ca) P: 403-625-3356 F: 403-553-0370 T: 800-310-6579

PO Box 1810, 410 20 Street Fort Macleod, AB T0L 0Z0



## LIVINGSTONE RANGE SCHOOL DIVISION STAFF INFORMATION GATHERING AND CONSENT

(As required by the Freedom of Information and Protection of Privacy Act, Sections 32, 33, and 37)

The Freedom and Information and Protection of Privacy Act, effective September 1, 1998, for Alberta School Districts, requires the consent of an individual for release of their personal information.

As part of the normal operation of the school and Division, staff lists are used to facilitate contact between staff and for staff recognition purposes (ie. Awards, birthday lists, phone lists). It is considered important that such information continue to be provided.

Accordingly, we are asking you to complete the following information, and to indicate your consent to it's use by signing below. You may omit any information that you do not wish used, or decline to have this information published.

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Birthday (month & day only) \_\_\_\_\_

Name and phone number of  
contact in case of emergency \_\_\_\_\_

I hereby consent to the use of personal information provided above for the purpose of staff lists and staff recognition, for the life of my employment with the Livingstone Range School Division No. 68, or until such time as I withdraw this consent in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I do not wish my personal information included for the purpose of staff lists and staff recognition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form to Sandy Gould at Central Office.** If you have any questions regarding this request for individual information and about our use or disclosure of information, please contact Jeff Perry (FOIPP Coordinator) at Livingstone Range School Division, Phone 403-625-3356 or Fax: 403-553-0370



## **Staff Network Responsible Use Agreement**

In order to provide quality education to rural students in a dynamic learning environment, Livingstone Range School Division provides network resources that support learning for students and staff. “Network resources” refers to all hardware, software, services (e.g., e-mail or Internet) and information resources accessed by authorized users of the Livingstone Range School Division technology network.

### **Expectations for Employees Using Livingstone Range School Division Network Resources**

Employees must adhere to the following rules when utilizing network resources, on school computers or personal devices, including accessing the Internet or using e-mail:

1. Employees will keep their network user name and login password private.
2. Employees will follow and respect the law and all Livingstone Range School Division policies and rules when using network resources. Employees will never use network resources for any illegal activity.
3. Employees will not intentionally access, download, save, display, send or intentionally receive any inappropriate material. Inappropriate material includes anything which is:
  - sexually explicit
  - hateful or discriminatory based on sex, race, religion, origin, sexual orientation, etc.
  - offensive
  - profane or using profane language
  - harassing or intimidating
  - illegal
  - otherwise not appropriate for school
4. Employees will not use network resources to bully or harass any person. Bullying is more than just physical – it includes personal attacks, intimidation, gossiping, humiliating, negative comments, threats, harassment and other unkind online activity. These types of behaviours may also lead to disciplinary action.
5. Employees will not vandalize any computer or computer system, or try to break computer security. This includes intentionally damaging or infecting any computer hardware, software, network, or information on them, including creating computer viruses. Employees will not attempt to access the information of any other employee or student, without proper authorization. Employees will not intentionally engage in any hacking activity nor intentionally access any website which is blocked.
6. Employees will not use school computers to access Internet gambling sites.

**Every student, every day.**

W: [www.lrsd.ca](http://www.lrsd.ca) P: 403-625-3356 F: 403-553-0370 T: 800-310-6579

PO Box 1810, 410 20 Street Fort Macleod, AB T0L 0Z0

7. Employees will respect the copyright on all material accessed by the Internet and will not illegally download material. Employees will not intentionally copy material protected under copyright law, or make that material available to others for copying, including software, music or video files.
8. Employees will not download music, video or games on school computers, unless specifically related to their work as an employee of the Division.
9. Employees will follow accepted rules of network etiquette. These include (but are not limited to) the following:
  - Employees must be polite and should not be abusive.
  - Employees must use appropriate language and will not swear, use vulgarities or any other inappropriate language.
  - Employees should not disclose personal information about themselves, family members or friends using Division network resources.
  - Unless authorized to do so in accordance with Division policies and provincial privacy legislation, employees should not disclose personal information of students or other employees of the Division over the internet or using Division network resources.

All Livingstone Range School Division network accounts are the property of Livingstone Range School Division. Files and devices may be inspected and copied and a history of visited sites and utilized services may be searched in the event of suspected violation of this Staff Network Responsible Use Agreement, school rules, or of the policies and regulations of Livingstone Range School Division.

I have read and understand **Administrative Procedure 140 – Information and Communication Technology, Administrative Procedure 142 – Electronic Social Media** and the above Expectations for Employees Using Livingstone Range School Division. Network Resources and I agree to comply with them ([www.lrsd.ca](http://www.lrsd.ca)). I understand that if I violate this Agreement, I may be subject to disciplinary action. I understand and agree that my computer use may be monitored at any time. I grant permission to issue an account to me and consent to the release of information necessary to establish said account.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature



# 2025 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$16,129. However, if your net income from all sources will be greater than \$177,882 and you enter \$16,129, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 Personal Tax Credits Return, and enter the calculated amount here.

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**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,687 for each infirm child born in 2008 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

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**3. Age amount** – If you will be 65 or older on December 31, 2025, and your net income for the year from **all** sources will be \$45,522 or less, enter \$9,028. You may enter a partial amount if your net income for the year will be between \$45,522 and \$105,709. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

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**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

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**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

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**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,138.

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**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,798 or less.

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**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,798 or less.

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**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be \$28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

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**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,816) whose net income for the year will be \$20,197 or less, enter \$8,601. You may enter a partial amount if their net income for the year will be between \$20,197 and \$28,798. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

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**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

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**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

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**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2025?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$16,129. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2025:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

\$

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and 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](http://canada.ca/cra-info-source).

**Certification**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**



**Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.**

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

  

**1. Basic personal amount** – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2025, see "More than one employer or payer at the same time" on page 2 22,323

**2. Age amount** – If you will be 65 or older on December 31, 2025, and your net income from all sources will be \$46,308 or less, enter \$6,221. You may enter a partial amount if your net income for the year will be between \$46,308 and \$87,782. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2025 Personal Tax Credits Return.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), **enter whichever is less:** \$1,719 or your estimated annual pension.

**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 \$17,219.

**5. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

**6. Amount for an eligible dependant** – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1

**7. Caregiver amount** – Enter \$12,922 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$20,545 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$20,545 and \$33,467. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

**8. Amount for infirm dependants age 18 or older** – Enter \$12,922 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,536 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,536 and \$21,458. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

**9. 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.

**10. 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.

**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1AB**

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, 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 TD1AB for 2025, 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 TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**Total income is less than the total claim amount**

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and 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](https://canada.ca/cra-info-source).

**Certification**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**