Beautiful Plains SCHOOL DIVISION

To: Potential Substitute Teachers for Beautiful Plains

Beautiful Plains would like to thank you for your interest in working as a substitute teacher for our division.

We require the following:

1. Signed Application for Substitute Teaching (attached)

2. Signed Substitute Teacher Contract (attached on long yellow paper)

3. Criminal Records Check
   Go to the RCMP detachment office and request a "RCMP criminal records check". There will be a charge for this that will likely be $10.00. This check must be requested by you. The RCMP will not accept requests from us. The detachment will complete the check and give you a report, which is to be forwarded to us.

4. Child Abuse Registry Check
   Sign Part 1 and complete section B of Part 2 of the "child abuse registry check".
   As a Division, we are to check two pieces of identification and then we send the application in to the registry unit. **If you have previously completed these checks, please forward a copy to the Division Office.** The results of these checks will be treated as confidential by the Division.

5. Declaration
   The Criminal Records Check and Child Abuse Registry Check sometimes take a while to complete, so in the interim we ask you to sign a Criminal Record / Child Abuse Registry Declaration for our records. (see attached)

6. Respect In Schools
   Manitoba Education requires that all staff complete the Respect in Schools training including casual employees. The time frame suggested is about an hour and a half for completion. When the course is completed, please email the certificate to Twyla Kopytko – Executive Secretary for Beautiful Plains School Division (twyla.kopytko@bpsd.mb.ca)
   The link to access the course is:
   https://mbed-school.respectgroupinc.com

7. A "VOID" cheque for direct payment to your bank account.

8. Signed TD1 and TD1MB tax forms

9. Resume including a minimum of 2 references.

If you have any questions please call the Division Office at 476-2388.

Beautiful Plains School Division

Application for Substitute Teaching

Name ***(in full):***	**Date of Application:**		
Address: Box: Town: Postal Code:	**Phone (Home):**	**Phone (Cell):**	**Phone (Work):**
Teaching Certificate # (PSP) **Years of Teaching:**	**Social Insurance Number: (S.I.N.)**		
Email Address:	**Date of Birth:** ***(print month)***		

Please attach a copy of your Teaching Certificate

Check ✓ the School or Schools at which you are willing to substitute. (Mark as many as you wish.)

	Brookdale *(K - 8)*		Acadia Colony *(N.E. of Carberry)*
	J. M. Young (*Eden K - 8)*		Fairway Colony *(Douglas)*
	R. J. Waugh *(Carberry K - 4)*		Riverbend Colony *(S.E. of Carberry)*
	Hazel M. Kellington *(Neepawa K - 4)*		Rolling Acres Colony *(Birnie)*
	Neepawa Area Collegiate *(Gr. 9 - 12)*		Sprucewoods Colony (*Brookdale)*
	Neepawa Middle School (Gr. 5 - 8)		Twilight Colony *(S. of Neepawa)*
	Carberry Collegiate *(Gr. 5 – 12)*		Willerton School *(Springhill Colony)*

REFERENCES:

Do you wish to participate in the Teacher's Pension Plan (TRAF)?

Yes, I wish to participate in TRAF No, I do not wish to participate in TRAF

Are you in receipt of TRAF pension? Yes No

SIGNATURE _____

Please complete this form and forward to:

Beautiful Plains School Division
Box 700
Neepawa, MB R0J 1H0

Email: bpsd@bpsd.mb.ca

Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, **if any**, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act.*

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS) and the Intake Module (IM) (collectively known as CFSA).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of *The Child and Family Services Act* and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: _____ SUBJECT'S SIGNATURE: _____

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.

Manitoba

Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 2 Information and Results

SECTION A – Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant's Mailing Label. Please print all information clearly.

Mr. Jason Young, Superintendent
Beautiful Plains School Division
Box 700
Neepawa MB R0J 1H0

_____ **(204) 476-2387**
Contact Person Telephone Number

A-2 Purpose of Registry Check: (Please check at least one of the following)

☐ To assess the Subject of this check:
- ☐ Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
- ☐ Whose work, whether paid or unpaid, permits or may permit access to a child
- ☐ Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position: ☐ Volunteer ☐ Paid Staff ☐ Other

Briefly describe position: _____

A-4 Applicant Authorization: ACCESS CODE:

_____
Signature of Applicant staff who verified Subject's identification

NOTE: There is a **non-refundable** fee of $20.00 per application. Please refer to Part 3 for fee payment details.

SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: _____
Surname Given Name Middle Name

Previous and Other Names:

a) Maiden Name: _____ b) Legal Name Change: _____

c) Also Known As: _____ d) Other Names Known by: _____

B-2 Birth Date: Month _____ Day _____ Year _____

B-3 Current Address: _____ Telephone: (_____) _____

City/Province _____ Postal Code: _____ Email: _____

B-4 Apart from your current address, list any addresses where you have lived in the past five years (within Canada only):

_____

_____

_____

B-5 IDENTIFICATION: To process your application, we require one valid piece of government-issued identification. I have chosen and presented the following ID to an authorized employee of the Department of Families.

Type: _____ Identification Number: _____

B-6 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: _____ SUBJECT'S SIGNATURE: _____

SECTION C – MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services)

Office Use Only

This is to certify that as of the date indicated in this section, the subject:

IS NOT listed on the Manitoba Child Abuse Registry ☐ DATE: _____

IS LISTED on the Manitoba Child Abuse Registry ☐

_____
Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.

Beautiful Plains School Division

CRIMINAL RECORD / CHILD ABUSE REGISTRY DECLARATION

A condition of employment with the Beautiful Plains School Division is disclosure and release of information on charges of convictions of a criminal or other offence. All candidates considered for employment must complete this declaration prior to final consideration for employment.

I _____ declare the following:

CRIMINAL RECORD

_____ I have never been charged or convicted of a criminal offence and do not have a criminal record.

_____ I have been charged or convicted of a criminal offence and declared the charge(s) or conviction(s) as follows.

Date of Offense	Explanation of Charge or Conviction

CHILD ABUSE REGISTRY

_____ I have never been listed on a Child Abuse Registry.

_____ I have been listed on a Child Abuse Registry.

Date: _____

Employee's Name: _____

Employee's Signature: _____

Substitute Teacher

THIS AGREEMENT is made on _____

Beautiful Plains School Division

BETWEEN _____
("the school board")

AND

_____**;** being the holder of certificate # _____
("the teacher')

1 The school board agrees to employ the teacher, and the teacher agrees to accept employment with the school board, to teach in place of another teacher as a substitute

(a) on the specific day or days agreed to by the parties in advance; and

(b) on any other days requested by the school board or its designate, subject to the teacher being available;

during the following school year: 2025-2026

2 The teacher agrees to diligently and faithfully carry out the teaching assignment and other duties he or she is assigned by the school board in accordance with the Acts and regulations of Manitoba.

3 The school board agrees to pay the teacher in accordance with the collective agreement.

4 This agreement is terminated on the earlier of the following days:

(a) on the day that is the last day of the school year specified in section 1;

(b) on the day the teacher and the school board agree;

(c) on the day the teacher ceases to hold a certificate, or his or her certificate is suspended.

5 This agreement is effective the day it is made.

6 In this agreement,

"**certificate**" means a teaching certificate, issued by the Minister of Education, Citizenship and Youth; (« brevet »)

"**collective agreement**" means the collective agreement between the school division or district and the local teacher's association of The Manitoba Teachers' Society that is in effect during the term of this agreement; (« convention collective »)

"**school year**" means the period beginning on July 1 of one year and ending on June 30 of the next year. (« année scolaire »)

SIGNED:

_____ _____
Chair Teacher

_____ _____
Secretary-Treasurer Witness to teacher's signature

Note: The school board's seal is required, and this agreement is to be delivered as set out in subsection 92(2) of *The Public Schools Act*.

Winnipeg School Division

Where Winnipeg School Division is the school board, clause 2 is replaced with the following:

2 The teacher agrees to carry out the teaching assignment and other duties he or she is assigned by the Division or its Superintendent, diligently, faithfully and in accordance with

(a) the Acts and regulations of Manitoba; and

(b) the Code of Rules of the Division, as agreed to in the collective agreement

2026 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	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number

Address	Postal code	**For non-residents only** Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of $16,452. However, if your net income from all sources will be greater than $181,440 and you enter $16,452, 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 $181,440 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2026 Personal Tax Credits Return, and enter the calculated amount here. **16,452**

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim $2,740 for each infirm child born in 2009 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.

3. Age amount – If you will be 65 or older on December 31, 2026, and your net income for the year from **all** sources will be $46,432 or less, enter $9,208. You may enter a partial amount if your net income for the year will be between $46,432 and $107,819. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

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.

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.

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 $10,341.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus $2,740 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 $2,740 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 $29,374 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus $2,740 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 $2,740 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 $29,374 or less.

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 $29,374 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

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 $19,192) whose net income for the year will be $20,601 or less, enter $8,773. You may enter a partial amount if their net income for the year will be between $20,601 and $29,374. 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.

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.

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.

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 2026, 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 2026?

☐ 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 $16,452. 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, 2026 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2026. 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 2026:

- $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**.

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** 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**.

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.

Manitoba

2026 Manitoba Personal Tax Credits Return

Protected B when completed
TD1MB

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	**For non-residents only** Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Manitoba and every pensioner residing in Manitoba can enter $15,780.
However, if your net income from all sources will be greater than $200,000 and you enter $15,780, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your net income will be greater than $200,000, fill in the appropriate section of Form TD1MB-WS, Worksheet for the Manitoba 2026 Personal Tax Credits Return, to calculate your claim and enter the calculated amount here. If your net income will be equal or greater than $400,000, enter 0 here. If you will have more than one employer or payer at the same time in 2026, see "More than one employer or payer at the same time" on page 2. **15,780**

2. Age amount – If you will be 65 or older on December 31, 2026, and your net income from **all** sources will be $27,749 or less, enter $3,728. You may enter a partial amount if your net income for the year will be between $27,749 and $52,602. To calculate a partial amount, fill out the line 2 section of Form TD1MB-WS, Worksheet for the 2026 Manitoba 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**: $1,000 or your estimated annual pension.

4. Tuition and education amounts (full-time and part-time) – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than $100 per institution in tuition fees. Enter your total tuition fees that you will pay, plus the amount from the following conditions that apply:

- $400 for each month you will be a full-time student
- $400 for each month you will be a part-time student who has a mental or physical disability
- $120 for each month you will be a part-time student who does not have a mental or physical disability

5. 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 $6,180.

6. Spouse or common-law partner amount – Enter the difference between $9,134 and the estimated net income of your spouse or common-law partner if **both** of the following conditions apply:

- You are supporting your spouse who lives with you
- Your spouse's or common-law partner's net income for the year will be less than $9,134

7. Amount for an eligible dependant – Enter the difference between $9,134 and the estimated net income of the eligible dependant 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 $9,134

8. Caregiver amount – Enter $3,605 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 $12,312 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between $12,312 and $15,917. To calculate a partial amount, fill out the line 8 section of Form TD1MB-WS.

9. Amount for infirm dependants age 18 or older – Enter $3,605 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant is related to you or your spouse or common-law partner and lives in Canada
- The dependant is 18 years or older
- The dependant has a net income of $5,115 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between $5,115 and $8,720. To calculate a partial amount, fill out the line 9 section of Form TD1MB-WS. You **cannot** claim an amount for a dependent you claimed on line 8.

10. 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 and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.

11. 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 and education amounts on their income tax and benefit return, enter the unused amount.

12. Manitoba Family Tax Benefit – To calculate this amount, fill out the line 12 section of Form TD1MB-WS.

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

Filling out Form TD1MB

Fill out this form if you have taxable income in Manitoba 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 TD1MB, 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 TD1MB for 2026, 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 TD1MB, check this box, enter "0" on line 13 on the front page 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.

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** 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**.

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.