



Role of Casual Educational Assistants:

Casual Educational Assistants (EA) are required for all schools in Beautiful Plains School Division. Casual EAs are substitute EAs who cover when regular staff are absent from school. School principals call and book casual EAs as needed. Bookings could occur the night before or in the morning before school. In order to be a casual EA, one must be available to work Monday to Friday 9-3:30. Attached is the required paperwork to be filled out and returned to the school Division Office - 213 Mountain Avenue, Neepawa.

Functioning under the supervision of a classroom teacher and/or resource teacher, casual EAs are responsible for supporting the work of teachers by providing instructional support to students. Other responsibilities include assisting students with classwork, working 1-1 with students, reinforcing strategies introduced by the teachers, and doing outside playground duty.



To: Potential Casual Educational Assistants

It is the policy of the Division that new employees are to provide the following information to the school division.

- a.) Application for Casual Educational Assistant
- b.) 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.

- c.) Child Abuse Registry Check

Sign Part 1 and complete section B of Part 2 of the enclosed forms and then arrange to come to the Division Office or one of our schools at your earliest convenience. 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 within the last 12 months, please forward a copy to the Division Office. The results of these checks will be treated as confidential by the Division.

- d.) Criminal Record / Child Abuse Registry Declaration (The above two checks will take some time to process, so in the meantime we ask that you fill out a declaration.
- e.) A "VOID" cheque for direct payment to your account
- f.) Tax Forms TD1 and TD1MB

Once these forms are received, your name will be added to the casual list and sent out to the schools.

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



APPLICATION FOR CASUAL EDUCATIONAL ASSISTANT

Name (in full):	Date of Application:		
Address: Box: Town: Postal Code:	Phone (Home):	Phone (Cell):	Phone (Work):
Date of Birth: (print month)	Social Insurance Number: (S.I.N.)		
Email:	✓ the days you are available to work: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday		

***Please include a VOID cheque for payment
Please include a copy of your Child Abuse Registry Check
and Criminal Records Check***

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)	Riverside Colony (Arden)
Neepawa Area Collegiate (Gr. 9 - 12)	Rolling Acres Colony (Birnie)
Neepawa Middle School (Gr. 5 - 8)	Sprucewoods Colony (Brookdale)
Carberry Collegiate (Gr. 5 - 12)	Twilight Colony (S. of Neepawa)
	Willerton School (Springhill Colony)

REFERENCES:

In the event that you would like your name removed from the casual list, please contact the Division Office at (204) 476-2388.

SIGNATURE _____

Please complete this form and forward to:

**Beautiful Plains School Division
Box 700
Neepawa, MB R0J 1H0
Email: bpsd@bpsd.mb.ca**



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: _____

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.



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

Contact Person	Telephone Number	Office / Program / School

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	Applicant's Signature (Executive Director or Supervisor)

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 Male Female

B-4 Current Address: _____ City: _____
Postal Code: _____ Telephone: (_____) _____

B-5 Previous addresses for a minimum of 5 years: _____

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____
 Band and Status No. _____ Driver's Licence: _____
 Passport or Birth Certificate No. _____ Other (please identify) _____

B-7 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.



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	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 \$13,808. However, if your net income from all sources will be greater than \$151,978 and you enter \$13,808, 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 \$151,978, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and enter the calculated amount here.
- 2. Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,295 for each infirm child born in 2004 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.
- 3. Age amount** – If you will be 65 or older on December 31, 2021, and your net income for the year from all sources will be \$38,893 or less, enter \$7,713. If your net income for the year will be between \$38,893 and \$90,313 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and fill in the appropriate section.
- 4. 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 \$2,000 or your estimated annual pension income, whichever is less.
- 5. Tuition (full time and part time)** – If you are a student enrolled 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, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.
- 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 \$8,662.
- 7. 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 less than Line 1 (Line 1 plus \$2,295 if they are **infirm**), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 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**, go to Line 9.
- 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 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 \$24,604 or less, get Form TD1-WS and fill in the appropriate section.
- 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 \$16,103**) whose net income for the year will be \$17,256 or less, enter \$7,348. If their net income for the year will be between \$17,256 and \$24,604 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.
- 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 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 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.

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 2021, 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 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 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 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 2021, you may be able to claim the child amount on Form TD1SK, 2021 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 2021, 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 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 _____

YYYY/MM/DD

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

<p>1. Basic personal amount – Every person employed in Manitoba and every pensioner residing in Manitoba can claim this amount. If you will have more than one employer or payer at the same time in 2021, see "More than one employer or payer at the same time" on page 2.</p>	<p style="font-size: 1.2em; margin: 0;">9,936</p>
<p>2. Age amount – If you will be 65 or older on December 31, 2021, and your net income from all sources will be \$27,749 or less, enter \$3,728. If your net income for the year will be between \$27,749 and \$52,602 and you want to calculate a partial claim, get Form TD1MB-WS, Worksheet for the 2021 Manitoba Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p>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 \$1,000, or your estimated annual pension income, whichever is less.</p>	
<p>4. Tuition and education amounts (full time and part time) – If you are a student enrolled 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, fill in this section. If you are enrolled full time, 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 \$400 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time.</p>	
<p>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.</p>	
<p>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 less than \$9,134, enter the difference between \$9,134 and their estimated net income. If their net income for the year will be \$9,134 or more, you cannot claim this amount.</p>	
<p>7. 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 \$9,134, enter the difference between \$9,134 and their estimated net income. If their net income for the year will be \$9,134 or more, you cannot claim this amount.</p>	
<p>8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$12,312 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older) • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$3,605 <p>If the dependant's net income for the year will be between \$12,312 and \$15,917 and you want to calculate a partial claim, get Form TD1MB-WS and fill in the appropriate section.</p>	
<p>9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$5,115 or less, enter \$3,605. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$5,115 and \$8,720 and you want to calculate a partial claim, get Form TD1MB-WS and fill in the appropriate section.</p>	
<p>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.</p>	
<p>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.</p>	
<p>12. Manitoba Family Tax Benefit – Get Form TD1MB-WS and fill in the appropriate section.</p>	
<p>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.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Filling out Form TD1MB

Fill out this form **only** if you are an employee working in Manitoba or a pensioner residing 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 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 2021, 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 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.

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 _____ Date _____

It is a serious offence to make a false return.