



Payroll Deduction Authorization Form

Employee Name	
SIN	
This form serves as acknowledgement and authorization for Savanna Energy Services to deduct through payroll, the cost of the following items not covered as part of employment with the company from the date of hire up to and including the last day of employment.	
<p>Deductions including, but not limited to:</p> <ol style="list-style-type: none">1. Unauthorized purchases of personal goods on company accounts2. Unauthorized use of company credit card (if applicable)3. Vehicle charges such as: damage to vehicle due to employee negligence, fines and fees, traffic violations, etc.4. Coveralls (if applicable)5. Damage to Company or Client property that is deemed willful or negligent6. Unpaid accommodation and expenses, including, but not limited to meals, phone calls, damages, movie rentals, etc.7. Training Costs:<ol style="list-style-type: none">a. If an employee fails to show up for his/her courseb. If an employee does not pass or complete the coursec. If employment is terminated with the company within six months of taking the course	
Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	

Please complete and return to:

Savanna Energy Services Corp.
Suite 800, 311 -6th Avenue S.W.
Calgary, Alberta T2P 3H2
Attention: Payroll



Direct Deposit Application Form

Employee's Full Name:	Social Insurance Number (SIN):
Employee's Home Address:	
Terms and Conditions: <ul style="list-style-type: none">• Your paycheck can be direct deposited to a banking institution of your choice.• The Account MUST be in the employee's name.• You may direct your pay into a single bank account only.• If the VOID cheque or verified bank information is missing the employee's paycheck will be mailed to their home address on file.• We will not accept any hand written bank accounts!	
Attach VOID cheque or verified bank information here.	
DECLARATION: I hereby authorize Savanna Energy Services Management Ltd ("Savanna") and/or subsidiaries to deposit my net pay to my account as noted above.	
Employee Signature:	Date Signed:

Please complete and return to Payroll.



Surehire & ECS Testing Deduction Authorization Form

Employee Name	
SIN	
This form serves as acknowledgement and authorization for Savanna Energy Services Management Ltd and its subsidiaries to deduct through payroll the following Surehire and/or ECS Occupational Testing costs from my pay should I not pass the three (3) month probationary period, or should I voluntarily leave the company before the three month (3) month probationary period expires. For this purpose, the three month probationary period begins from the employee's first day of work.	
<p>SureHire Deductions* may include:</p> <ol style="list-style-type: none">1. Drug and Alcohol, Mask Fit, Audiometric and Fit Test, at the cost of \$470.25; or2. Mask Fit, Audiometric and Fit Test at the cost of \$342.00; or3. Drug and Alcohol testing, at the cost of \$130.00; or4. Mask Fit and Audiometric testing, at the cost of \$128.25; or5. Fit test, at the cost of \$213.75. <p>ECS Deductions* may include:</p> <ol style="list-style-type: none">1. Drug and Alcohol test, Fit test, Audiogram, Respirator test, Mask fit test, at the cost of \$343.00; or2. Alcohol Test, Fit test, Audiogram, Respirator test, Mask fit test, at the cost of \$280.00; or3. Drug and Alcohol testing, at the cost of \$107.00; or4. Mask Fit and Audiometric Test, at the cost of \$77.00; or5. Fit test, at the cost of \$143.00. <p><i>*The above indicated amounts are estimated costs only and actual amounts will be gathered from the appropriate invoice to ensure accuracy for the payroll deduction.</i></p>	
Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	

Please complete and return to:

Savanna Energy Services Management Ltd.
Suite 800, 311 -6th Avenue S.W.
Calgary, Alberta T2P 3H2
Attention: Payroll



Savanna Drilling
Suite 800, 311 6th Avenue SW
Calgary, Alberta T2P 3H2
P • 403 503 9990 F • 403 503 0654
www.savannaenergy.com

**TD Letter of Responsibility
Declaration of Exemption – Employment at a Special Work Site**

I _____, employee of Savanna Energy Services Management Ltd. acknowledge and accept responsibility to notify Payroll if the following conditions are not met:

- My principal place of residence is available for me to live in. I do not rent it to anyone.
- Because of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Employees who do not meet the criteria above are to immediately notify Payroll and will be taxed on non-camp subsistence. **Failure to comply with this CRA legislation could result in penalties and interest.**

Savanna Energy Services Management Ltd. has agreed that the following conditions are met:

- The duties the employees have to perform at the special work site are temporary in nature and, by reason of distance, the employees are not expected to return daily to their principal places of residence.
- The board and lodging provided or the allowance received by the employees have been for a period of at least 36 hours spent at the special work site (including the time the employees spend travelling between work and residence).
- The benefits or allowances for transportation given to the employees relate only to the period the employees receive the allowances, or their value for board and lodging.

Employee Signature

Date

Declaration of Exemption – Employment at a Special Work Site

Who can use this form?

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- the value of, or a reasonable allowance for, board and lodging provided by your employer at a special work site; and
- the value of, or a reasonable allowance for, transportation expenses you received for transportation to and from your principal place of residence.

Your employer will exclude these benefits or allowances from your income if **all** the conditions explained below are met.

You and your employer should fill out this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see Interpretation Bulletin IT-91, *Employment at Special Work Sites or Remote Work Locations*.

Employee information (please print)

Last name		First name and initial(s)		Social insurance number	
Address of your principal place of residence (self-contained domestic establishment)					Postal code
Number of kilometres between your principal place of residence and the special work site (one way)			Location where you live while you are employed at the special work site		

Employee's certification

I certify that I meet all of the following conditions:					
<ul style="list-style-type: none"> I maintain a self-contained domestic establishment as my principal place of residence at the address above. My principal place of residence is available for me to live in. I do not rent it to anyone. By reason of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location. My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site. 					
Year	Month	Day	Signature of employee		

Employer information (please print)

Name of employer					
Address					
Type of business			Account number (from Form PD7A, <i>remittance voucher</i>)		
Name of proprietors or partners (if applicable)					
Exact location of the special work site (including the municipality)			The benefits or allowances below are available under: collective agreement <input type="checkbox"/> company policy <input type="checkbox"/>		
Period of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.			Year	Month	Day
			From	to	

Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

Continued on next page

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Banks CRA PPU 047 and CRA PPU 005.

Employer's certification

I certify that **all** of the following conditions are met:

- The duties the employee has to perform at the special work site are temporary and, by reason of distance, the employee is not expected to return daily to his or her principal place of residence.
- The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between the principal place of residence and the special work site).
- The benefits or allowances for transportation given to the employee relate only to the period the employee also receives the value of, or allowances for, board and lodging.

After you complete this form with your employee, keep it with your payroll records in case we ask to see it.

Year	Month	Day	Signature of employer or authorized officer

Note: Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.

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 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 2017, see "More than one employer or payer at the same time" on page 2.</p>	<p>18,690</p>
<p>2. Age amount – If you will be 65 or older on December 31, 2017, and your net income from all sources will be \$38,772 or less, enter \$5,208. If your net income for the year will be between \$38,772 and \$73,492 and you want to calculate a partial claim, get Form TD1AB-WS, <i>Worksheet for the 2017 Alberta Personal Tax Credits Return</i>, 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 \$1,439, 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 \$727 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 \$218 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 return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$14,417.</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 \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 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 \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 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 \$17,202 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); or relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$10,819. <p>If the dependant's net income for the year will be between \$17,202 and \$28,021 and you want to calculate a partial claim, get Form TD1AB-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 \$7,147 or less, enter \$10,820. 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 \$7,147 and \$17,967 and you want to calculate a partial claim, get Form TD1AB-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 his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p>11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax 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 his or her tuition and education amounts on his or her income tax return, enter the unused amount.</p>	
<p>12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing 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 amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- 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 2017, 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 12 and do not fill in lines 2 to 11.

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 12. 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 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 cra.gc.ca/forms or call 1-800-959-5525.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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.

2017 British Columbia 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 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 British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2017, see "More than one employer or payer at the same time" on page 2.							10,208	
2. Age amount – If you will be 65 or older on December 31, 2017, and your net income from all sources will be \$34,075 or less, enter \$4,578. If your net income for the year will be between \$34,075 and \$64,595 and you want to calculate a partial claim, get Form TD1BC-WS, <i>Worksheet for the 2017 British Columbia Personal Tax Credits Return</i> , and fill in the appropriate section.								
3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000, or your estimated annual pension income, whichever is less.								
4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, complete 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 \$200 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 \$60 for each month that you will be enrolled part time.								
5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i> , enter \$7,656.								
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 \$874 or less, enter \$8,740. If his or her net income for the year will be between \$874 and \$9,614, and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.								
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 \$874 or less, enter \$8,740. If his or her net income for the year will be between \$874 and \$9,614, and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.								
8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,117 or less, and who is either your or your spouse's or common-law partner's: <ul style="list-style-type: none"> parent or grandparent (aged 65 or older); or relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,467. If the dependant's net income for the year will be between \$15,117 and \$19,584 and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.								
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 \$7,115 or less, enter \$4,467. 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 \$7,115 and \$11,582 and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.								
10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.								
11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax 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 his or her tuition and education amounts on his or her income tax return, enter the unused amount.								
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.							<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Filling out Form TD1BC

Fill out this form **only** if you are an employee working in British Columbia or a pensioner residing in British Columbia 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); or
- 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 TD1BC, 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 TD1BC for 2017, 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 TD1BC, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

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 12. 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 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 cra.gc.ca/forms or call 1-800-959-5525.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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 _____



2017 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.

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 claim this amount. If you will have more than one employer or payer at the same time in 2017, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.

11,635

2. Family caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,150 for each infirm child born in 2000 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 family caregiver amount for that same child who is under age 18.

3. Age amount – If you will be 65 or older on December 31, 2017, and your net income for the year from all sources will be \$36,430 or less, enter \$7,225. If your net income for the year will be between \$36,430 and \$84,597 and you want to calculate a partial claim, get Form TD1-WS, *Worksheet for the 2017 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 return by using Form T2201, *Disability Tax Credit Certificate*, enter \$8,113.

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 \$11,635 (\$13,785 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is **infirm**), you cannot claim this amount.

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 \$11,635 (\$13,785 if he or she is **infirm** and you **cannot claim the family caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is **infirm**), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$16,163 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,732 (\$6,882 if he or she is **infirm**); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,882.

If the dependant's net income for the year will be between \$16,163 and \$20,895 (\$16,163 and \$23,045 if he or she is **infirm**) and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,902 or less, enter \$6,883. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,902 and \$13,785 and you want to calculate a partial claim, get 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 his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax 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 his or her **tuition amount** on his or her income tax 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:

- 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; or
- you want to increase the amount of tax deducted at source.

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

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2017, 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 2017?

- ☐ 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 \$11,635, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,635), 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 2017, you may be able to claim the child amount on Form TD1SK, *2017 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 2017, you can claim:

- \$11.00 for each day that you live in the prescribed northern zone; or
- \$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 cra.gc.ca/northernresidents.

Additional tax to be deducted

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

\$

Reduction in tax deductions

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

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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

2017 Manitoba Personal Tax Credits Return

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

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

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee 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 2017, see "More than one employer or payer at the same time" on page 2.</p>	9,271
<p>2. Age amount – If you will be 65 or older on December 31, 2017, 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, <i>Worksheet for the 2017 Manitoba Personal Tax Credits Return</i>, 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 return by using Form T2201, <i>Disability Tax Credit Certificate</i>, 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 his or her estimated net income. If his or her 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 his or her estimated net income. If his or her 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); or 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 his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p>11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax 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 his or her tuition and education amounts on his or her income tax 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>	

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); or
- 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 2017, 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 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 cra.gc.ca/forms or call **1-800-959-5525**.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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 _____

Filling out Form TD1SK

Fill out this form **only** if you are an employee working in Saskatchewan or a pensioner residing in Saskatchewan 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); or
- 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 TD1SK, 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 TD1SK for 2017, 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 TD1SK, **check** this box, enter "0" on line 14 and do not fill in lines 2 to 13.

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 14. Then 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 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.

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