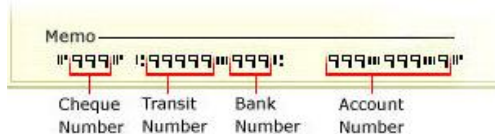




### Onboarding Checklist

Welcome to Hennick Bridgepoint Hospital! We are happy you have decided to join the Bridgepoint Team to help change the world for people living with complex chronic disease. To guide you through the onboarding process and prepare you for your first day, we have provided you with a series of forms that you will need to complete prior to your start date. This Onboarding Checklist will assist you with completing your forms and serve as a guide for the material.

After you have completed your forms and this checklist please bring all documents to the Human Resources Department **on or before your first day of employment** for processing.

Document	Description and Instructions	Completed (please check box)
Employment Status and Benefit Option Form	<ul style="list-style-type: none"> <li>Please note Human Resources will complete all effective dates on your behalf where applicable.</li> <li>Please complete the personal information section and sign the form. If you received a paper copy: retain the green copy for your records. Please return the white and yellow copies to Human Resources.</li> </ul>	<input type="checkbox"/>
Direct Deposit Form	<ul style="list-style-type: none"> <li>Attach a void cheque or bank certified direct deposit banking information directly to the form and sign.</li> <li>Please complete the bank address information, bank code, transit number and account number.</li> </ul>  <ul style="list-style-type: none"> <li>Pay days are every other Thursday by direct deposit. The payroll schedule is available on the Bridgepoint Portal.</li> </ul>	<input type="checkbox"/>
Federal Tax Form – Personal Tax Credits Return – TD1	<ul style="list-style-type: none"> <li>Complete the personal information, applicable tax amounts and final total in section 13 and sign the reverse side of the form</li> </ul>	<input type="checkbox"/>
Provincial Tax Form – Ontario Personal Tax Credits Return	<ul style="list-style-type: none"> <li>Complete the personal information and applicable tax amounts and final total in section 10 and sign the reverse side of the form.</li> </ul>	<input type="checkbox"/>
Mandatory Training	<p>Bridgepoint Health is committed to ensuring that employees are provided with training in accordance with our organization's policies and applicable legislation. Completion of this training is a requirement and condition of continued employment with Bridgepoint Hospital.</p> <p><b>Documents to follow include:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confidentiality Agreement*</li> <li><input type="checkbox"/> Code of Ethics*</li> <li><input type="checkbox"/> Workplace Violence Policy AH 445 (return signature page only)*</li> <li><input type="checkbox"/> Workplace Harassment and Abuse Policy AH 440 (return signature page only)*</li> <li><input type="checkbox"/> Accessible Customer Service Independent Study</li> <li><input type="checkbox"/> Accessible Customer Service Quiz*</li> <li><input type="checkbox"/> Bill 168 Independent Study</li> <li><input type="checkbox"/> Bill 168 Quiz*</li> <li><input type="checkbox"/> WHMIS Training Independent Study</li> <li><input type="checkbox"/> WHMIS Quiz*</li> </ul> <p>Please return the signed policies and completed quizzes (<b>marked with an asterisk*</b>) to Human Resources when you submit your completed documentation.</p>	<input type="checkbox"/>

Document	Description and Instructions	Completed (please check box)
Additional Documentation	<p>Photocopies of the following documents are required to be submitted with your documentation package:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Age (<b>one</b> of the following): birth certificate, driver's license, passport, or citizenship card.</li> <li><input type="checkbox"/> Social Insurance Number (SIN) Card or other government documentation with SIN number. SINs that begin with a "9" must be accompanied with a valid work permit.</li> <li><input type="checkbox"/> Copy of required educational qualifications for the position: degree(s), diploma(s), certificate(s) or transcripts.</li> <li><input type="checkbox"/> Proof of current registration with applicable college as required by your classification.</li> <li><input type="checkbox"/> Copy of current Basic Cardiac Life Support (BCLS) (where applicable).</li> <li><input type="checkbox"/> Letters for credit for past experience (where applicable).</li> <li><input type="checkbox"/> A signed copy of your offer letter.</li> <li><input type="checkbox"/> The Onboarding Checklist with signature (page 3).</li> </ul>	<input type="checkbox"/>

**Address Disclosure to the Union (Applicable to CUPE members only)**

Membership lists are provided to the Union on a quarterly basis. You have the option to exclude your contact information from this list. Please note, no reply is considered consent to share the information with the Union.

☐ Object

**Notice of Collection:**

The personal information you give us on the applicable forms allows us to process your payroll and benefits in relation to your employment contract. We collect this information under the authority of the Public Hospitals Act, Employment Standards and the Income Tax Act. Should you have any questions, please contact the Freedom of Information office at 416-461-8252, ext. 2420

**Identification Badges and Parking Requests:**

All employees are required to wear Hospital issued photo identification badges. Human Resources has sent a badge request to the Security Department on your behalf. Please visit a Security Officer, Room G.040 in order to have your ID badge processed. Requests for parking access may also be addressed through the Security Office.

If you need assistance completing the documents enclosed, or have any questions please contact Human Resources at (416) 461-8252, ext. 2007 to schedule an appointment.

Thank you,

The Human Resources Team

☐ **I HAVE COMPLETED THE DOCUMENTATION PROCESS AND WILL SUBMIT ALL REQUIRED DOCUMENTS AND THE ONBOARDING CHECKLIST TO HUMAN RESOURCES IN THE ENVELOPE PROVIDED.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Employee # \_\_\_\_\_

**PART TIME/CONTRACT  
EMPLOYMENT STATUS AND BENEFIT OPTION FORM**

**A. PERSONAL INFORMATION**

☐ MALE ☐ FEMALE \_\_\_\_\_  
LAST NAME GIVEN NAME

APARTMENT/UNIT# ADDRESS CITY/TOWN PROVINCE POSTAL CODE

PRIMARY TELEPHONE # ALTERNATE TELEPHONE # EMAIL ADDRESS

DATE OF BIRTH (dd/mm/yyyy) SOCIAL INSURANCE #

EMERGENCY CONTACT: NAME RELATIONSHIP

PRIMARY TELEPHONE # ALTERNATE TELEPHONE #

**B. HEALTHCARE OF ONTARIO PENSION PLAN (HOOPP).**

EFFECTIVE DATE: \_\_\_\_\_

- ☐ ENROLMENT ON THE FIRST DAY OF EMPLOYMENT  
☐ I HAVE READ THE INFORMATION IN MY OFFER LETTER AND AM DECLINING ENROLMENT AT THIS TIME  
☐ I HAVE FULL-TIME HOOPP ENROLMENT ELSEWHERE. I WILL COMPLETE THE WAIVER PROVIDED BY HR

**C. EMPLOYMENT STATUS: FOR HUMAN RESOURCES USE ONLY**

☐ NEW HIRE ☐ TRANSFER

☐ PART TIME ☐ CASUAL ☐ FULL TIME TEMP ☐ CONTRACT END DATE: \_\_\_\_\_

EFFECTIVE DATE CLASSIFICATION DEPARTMENT/COST CENTRE

HOURLY RATE OF PAY PROBATION PERIOD/UNION VACATION PERCENTAGE

HOURS PER WEEK % IN LIEU OF BENEFITS **Hours Worked**  
SENIORITY/VACATION/SALARY

**D. PAYROLL #: \_\_\_\_\_ PLEASE NOTE THAT ALL PAY IS DIRECTLY DEPOSITED**

INCOME TAX DEDUCTION: FEDERAL TD1:\$ \_\_\_\_\_ PROVINCIAL TD1 \$ \_\_\_\_\_

PAYROLL AUTHORIZATION FORM: ☐ ATTACHED WITH VOID CHEQUE ☐ BANK CERTIFIED

**I CERTIFY THAT THE FOREGOING STATEMENTS ARE CORRECT AND AGREE TO AND UNDERSTAND THE CONDITIONS OF MY EMPLOYMENT. I ALSO AUTHORIZE THE USE OF MY SOCIAL INSURANCE NUMBER FOR BENEFIT PURPOSES.**

DATE

SIGNATURE OF EMPLOYEE



**DIRECT DEPOSIT APPLICATION**

I, \_\_\_\_\_ hereby authorize Hennick Bridgepoint Hospital, to deposit my wages every two weeks into the following bank account:

**ATTACH BLANK VOIDED CHEQUE from your banking institution**

**HERE**

**(we cannot guarantee deposit if voided cheque or banking information is not supplied)**

**If you do not have a chequing account, please take this form to your bank for completion.**

**Primary Account:**

\_\_\_\_\_  
BANK NAME

! \_ ! \_ ! \_ !  
BANK CODE

\_\_\_\_\_  
BANK ADDRESS

! \_ ! \_ ! \_ ! \_ ! \_ !  
TRANSIT NUMBER

! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ !  
ACCOUNT NUMBER

**If you have a second account, please complete the information below.**

**Secondary Account:** Please deposit \$ \_\_\_\_\_ to this account.

\_\_\_\_\_  
BANK NAME

! \_ ! \_ ! \_ !  
BANK CODE

\_\_\_\_\_  
BANK ADDRESS

! \_ ! \_ ! \_ ! \_ ! \_ !  
TRANSIT NUMBER

! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ ! \_ !  
ACCOUNT NUMBER

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**For HR Use Only:**

Entered in by: \_\_\_\_\_

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

Verified by: \_\_\_\_\_

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

**IN THE EVENT OF CHANGING BANKING ACCOUNTS, PLEASE NOTIFY HUMAN RESOURCES IMMEDIATELY –  
BRING A BLANK VOIDED CHEQUE FOR THE NEW ACCOUNT**

**RETURN THIS FORM TO HUMAN RESOURCES ASAP**



## 2024 Personal Tax Credits Return

TD1

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

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

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

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number		
Address			Postal code		For non-residents only Country of permanent residence		Social insurance number	
<b>1. Basic personal amount</b> – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, 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 \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.							<b>15,705</b>	
<b>2. Canada caregiver amount for infirm children under age 18</b> – Only one parent may claim \$2,616 for each infirm child born in 2007 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.								
<b>3. Age amount</b> – If you will be 65 or older on December 31, 2024, and your net income for the year from <b>all</b> sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.								
<b>4. Pension income amount</b> – 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 <b>whichever is less</b> : \$2,000 or your estimated annual pension income.								
<b>5. Tuition (full-time and part-time)</b> – 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.								
<b>6. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.								
<b>7. Spouse or common-law partner amount</b> – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is <b>infirm</b> ) and your spouse's or common-law partner's estimated net income for the year if <b>two</b> of the following conditions apply: <ul style="list-style-type: none"><li>You are supporting your spouse or common-law partner who lives with you</li><li>Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is <b>infirm</b>)</li></ul> In all cases, go to line 9 if your spouse or common-law partner is <b>infirm</b> and has a net income for the year of \$28,041 or less.								
<b>8. Amount for an eligible dependant</b> – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is <b>infirm</b> ) and your eligible dependant's estimated net income for the year if <b>all</b> of the following conditions apply: <ul style="list-style-type: none"><li>You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li><li>You are supporting the dependant who is related to you and lives with you</li><li>The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is <b>infirm</b> and you <b>cannot</b> claim the <b>Canada caregiver amount for infirm children under 18 years of age</b> for this dependant)</li></ul> In all cases, go to line 9 if your dependant is <b>18 years or older, infirm</b> , and has a net income for the year of \$28,041 or less.								
<b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – Fill out this section if, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) <b>or</b> an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.								
<b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – If, at any time in the year, you support an <b>infirm</b> dependant age 18 or older ( <b>other than</b> 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 \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. 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.								
<b>11. Amounts transferred from your spouse or common-law partner</b> – 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.								
<b>12. Amounts transferred from a dependant</b> – 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.								
<b>13. TOTAL CLAIM AMOUNT</b> – 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 2024, 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 2024?

☐ 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 \$15,000. 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, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. 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 2024:

- \$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, 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 Information about Programs and Information Holdings at **canada.ca/cra-information-about-programs**.

**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



2024 Ontario  
Personal Tax Credits Return

Protected B when completed  
TD1ON

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 Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.

**2. Age amount** – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario 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**: \$1,714 or your estimated annual pension.

**4. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,017.

**5. Spouse or common-law partner amount** – Enter \$10,528 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner's net income for the year will be \$1,053 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

**6. Amount for an eligible dependant** – Enter \$10,528 if you are supporting an eligible dependant and **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 \$1,053 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

**7. Ontario caregiver amount** – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

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

**9. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

**10. TOTAL CLAIM AMOUNT** – Add lines 1 to 9.  
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

12,399

TD1ON E (24)

(Ce formulaire est disponible en français.)

Page 1 of 2

Canada

**Filling out Form TD1ON**

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change 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 TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

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

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

**Total income 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 10. 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 TD.

**Reduction in tax deductions**

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

**Forms and publications**

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

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

**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.**