



## ISD APPLICANT CHECKLIST

Applicant Name: \_\_\_\_\_

Position: **Substitute**

(includes: Educational Assistant, Admin Assistant and Library clerk)

- Application form – include resume
- Direct Deposit form – attach void cheque or bank account details
- Pledge of Confidentiality form – signature & date required
- See Memorandum attached
- Child Abuse Registry check required see memorandum attached
- Criminal Record check – required see memorandum attached
- TD1 MB Provincial tax form
- TD1 Federal tax form

SEND TO:

Attn: Human Resources

Email: [hr@isd21.mb.ca](mailto:hr@isd21.mb.ca)

Fax: 204-467-8334

Please note that:

We thank all applicants for their interest; however only the applicants selected will be acknowledged by a confirmation email.

Applicants:

- Ability to receive direction and work independently
- Ability to work with individual children and as part of a Student Services team
- Be a positive influence on the team atmosphere

Ensure all check boxes listed above are complete before submitting your application package, incomplete applications may not be considered.

- 1) Applicants must have Gr. 12 diploma or equivalent
- 2) Provide copy of your Educational Assistant diploma or other certificates if applicable
- 3) Applicants must have the ability to understand and follow written and verbal instructions

Please familiarize yourself with the school locations, policy and procedures, and employee handbook found on the ISD website: [www.interlakesd.ca](http://www.interlakesd.ca)



# SUBSTITUTE SUPPORT STAFF APPLICATION

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EDUCATION

High School Diploma  Yes  No Year Completed: \_\_\_\_\_

Or Equivalent: \_\_\_\_\_

Course of Study \_\_\_\_\_ Institution Attended \_\_\_\_\_ Certificates \_\_\_\_\_

## FRENCH LANGUAGE SKILLS (Indicate: None, Basic, Moderate, High)

Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

## EMPLOYMENT HISTORY

Business/Company	Duties

## 3 - REFERENCES

Name:	Relationship:	Phone:

<b>Position(s) applied/qualified or (as per ISD job descriptions):</b> <input type="checkbox"/> Secretarial <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Library Technician <input type="checkbox"/> Library Clerk	<b>Schools Preferred:</b> <input type="checkbox"/> Balmoral (K-8) <input type="checkbox"/> Teulon Elem (K-6) <input type="checkbox"/> Argyle (K-8) <input type="checkbox"/> Warren Elem (K-8) <input type="checkbox"/> Grosse Isle (5-8) <input type="checkbox"/> Woodlands (K-8) <input type="checkbox"/> Rosser (K-4) <input type="checkbox"/> SCI (9-12) <input type="checkbox"/> R. W. Bend (K-4) <input type="checkbox"/> TCI (7-12) <input type="checkbox"/> Stonewall Cent (5-8) <input type="checkbox"/> WCI (9-12) <input type="checkbox"/> Stony Mountain (K-8) <input type="checkbox"/> TIP	<input type="checkbox"/> Concord (K-12) <input type="checkbox"/> Kelsey (K-12) <input type="checkbox"/> Lightly (K-12) <input type="checkbox"/> Mallard (K-12) <input type="checkbox"/> Meadow Lane (K-12) <input type="checkbox"/> New Haven (K-12) <input type="checkbox"/> Omega (K-12) <input type="checkbox"/> Pr. Blossom (K-12) <input type="checkbox"/> Rock Lake (K-12)
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*I hereby certify that the information given on this application is correct and complete.*

SIGNATURE: \_\_\_\_\_

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

A NEW SUBSTITUTE SUPPORT STAFF LIST IS PREPARED AT THE COMMENCEMENT OF EACH SCHOOL YEAR. ONLY THOSE STAFF WHO RECONFIRM THEIR INTENTION WILL BE INCLUDED ON THE NEW LIST.



Interlake School Division  
192 2<sup>nd</sup>. Ave. N  
Stonewall, Manitoba  
R0C 2Z0  
Phone 204-467-5100  
Fax 204-467-8334

### **PLEDGE OF CONFIDENTIALITY**

As an employee / volunteer of Interlake School Division, I acknowledge and understand that I may/will have access to personal health information about others, including students, the confidentiality and protection of which is governed by The Personal Health Information Act ( the Act ).

I further acknowledge and understand that the Interlake School Division has established written policies and procedures containing provisions for the security of personal health information in the Division's possession during its collection, use, disclosure, storage and destruction; provisions for the recording of security breaches; and corrective procedures to address security breaches.

I further acknowledge that I have been provided orientation and that I have received or will receive ongoing training about these policies and procedures.

I acknowledge that I am bound by the policies and procedures established by the Interlake School Division in accordance with the Act and I am aware that a consequence of breaching them is prosecution under the Act, and/or disciplinary action.

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(Date signed )

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(Signature )

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(Print name and position-teacher, T.A. etc )



## INTERLAKE SCHOOL DIVISION PAYROLL DIRECT DEPOSIT INFORMATION

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

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Type of Account (Chequing or Savings): \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

\_\_\_\_\_

Financial Institution Phone: (\_\_\_\_) \_\_\_\_\_

Account No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ % of Net Pay \_\_\_\_\_ or \$ \_\_\_\_\_  
Transit      Institution      Account No.  
5 Numbers      3 Numbers

Account No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ % of Net Pay \_\_\_\_\_ or \$ \_\_\_\_\_  
Transit      Institution      Account No.  
5 Numbers      3 Numbers

Total      100%

**IMPORTANT:**

If you are using a chequing account, please attach a "VOID" blank personal cheque to this completed form and return it to the Interlake School Division Office. Should you change your financial institution, please advise us immediately.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Employee # \_\_\_\_\_ (For office use only)



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## MEMORANDUM

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**To:** ALL NEW EMPLOYEES  
**From:** Melanie Mousseau, Human Resources Officer

For the protection of our students and staff, the Interlake School Division requires all persons employed by the Division to obtain the following checks:

**1. Criminal Record Check /Vulnerable Sector Check and Consent for Criminal Record Check for a Sexual Offence:**

Proceed directly to your local RCMP branch with a \$10.00 certified cheque or money order made payable to the Receiver General of Canada.  
Other fees may apply.

If you live in the town of Stonewall, you must go to the town office and pay a \$20.00 service charge, then proceed to the local RCMP branch with your \$20.00 service charge receipt and \$10.00 fee by certified cheque or money order payable to the Receiver General of Canada.

For more details, please refer to:  
<http://www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks>

If you live in the City of Winnipeg, the Winnipeg Police Service performs the checks in person or electronically at:  
<http://policeinformationcheck.winnipeg.ca/>  
Winnipeg Police Service online cost is \$49.00 and in person fee is \$44.00

**2. Child Abuse Registry Check:**

- i. Apply online – Self Check at:  
[http://www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry.html)
- ii. Or fill out the Interlake School Division 3-part application (found on our website under HR/ Employment Opportunities)
  - fill in Section B - provide two pieces of identification
  - include \$20.00 fee payable to Minister of Finance
  - date and signature required as Consent to Child Abuse Registry

Note: Staff must return verified originals to Board office within 15 days of employment.

On behalf of the Division, I thank you for your cooperation.  
Should you have any questions or require assistance with these forms, please contact Melanie Mousseau at 204-467-5100.



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 your net income from all sources for the year will be \$150,473 or less, enter **\$13,229**.  
If your net income will be between \$150,473 and \$214,368 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 Personal Tax Credits Return, and fill in the appropriate section. If your net income will be between \$150,473 and \$214,368 and you do not want to calculate a partial claim, or if it will be more than \$214,368, enter \$12,298. If you will have more than one employer or payer at the same time in 2020, 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.
- 2. Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,273 for each infirm child born in 2003 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, 2020, and your net income for the year from all sources will be \$38,508 or less, enter \$7,637. If your net income for the year will be between \$38,508 and \$89,422 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 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 \$8,576.
- 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 \$2,273 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 \$2,273 if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 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 \$2,273 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 \$2,273 or more if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 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 \$24,361 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 \$15,502**) whose net income for the year will be \$17,085 or less, enter \$7,276. If their net income for the year will be between \$17,085 and \$24,361 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 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 2020, 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 2020?

- 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 \$13,229, 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 2020, you may be able to claim the child amount on Form TD1SK, 2020 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 2020, 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](https://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](https://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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

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

Signature \_\_\_\_\_

**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	<b>For non-residents only</b> – Country of permanent residence	Social insurance number

  

<p><b>1. Basic personal amount</b> – 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 2020, see "More than one employer or payer at the same time" on page 2.</p>	<p style="font-size: 1.2em; font-weight: bold;">9,838</p>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2020, 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 2020 Manitoba Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p><b>3. Pension income amount</b> – 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><b>4. Tuition and education amounts (full time and part time)</b> – 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><b>5. 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 \$6,180.</p>	
<p><b>6. Spouse or common-law partner amount</b> – 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><b>7. Amount for an eligible dependant</b> – 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><b>8. Caregiver amount</b> – 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"> <li>• parent or grandparent (aged 65 or older)</li> <li>• relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$3,605</li> </ul> <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><b>9. Amount for infirm dependants age 18 or older</b> – 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><b>10. 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 and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p><b>11. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> 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 <b>tuition and education amounts</b> on their income tax and benefit return, enter the unused amount.</p>	
<p><b>12. Manitoba Family Tax Benefit</b> – Get Form TD1MB-WS and fill in the appropriate section.</p>	
<p><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 provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100%; 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 2020, 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](http://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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).

**Certification**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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