

# Livingstone Range School Division

P.O. Box 1810  
410 20 Street  
Fort Macleod, Alberta T0L 0Z0

Phone: (403) 625-3356



**Livingstone Range**  
SCHOOL DIVISION

## SUBSTITUTE TEACHING APPLICATION FORM

Surname: \_\_\_\_\_ First Name/Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City / Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Year: \_\_\_\_\_ Institution: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

A.T.C. No.: \_\_\_\_\_ Permanent  Interim  Expiry: \_\_\_\_\_

Years Teaching Experience: Alberta: \_\_\_\_\_ Other: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Birth date: \_\_\_\_\_

For Payroll Purposes Only: Are you receiving A.T.R.F. Pension: Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\* Required for Certification purposes.*

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

Schools at which you wish to substitute teach. All  , or:

Nanton ABD K-6  JFT 7-12

Fort Macleod WAD K-6  FPW 7-12

Stavelly STV K-6

Pincher Creek CAN K-6  MHHS 7-12

Claresholm WMES K-6  WCCHS 7-8  9-12

Lundbreck LIV K-12

Granum GRN K-9

Crowsnest Pass ISS 4-6  HAS K-3  CCHS 7-12

Colony Schools. All  , or:

Parkland  Willow Creek  Little Bow  Clear Lake  Daly Creek  Ewelme

Thompson  Greenwood  Livingstone  Pincher Creek  Spring Point  Waterton

Jumbo Valley

Grade levels and subjects preferred:

Grade Levels: All  K-6  K-9  7-9  7-12  10-12  Colonies Only

Subjects: All  List: \_\_\_\_\_

The following documentation **must be** submitted to complete your file prior to being added to the Substitute Teaching List. (Forms are located on [www.lrsd.ca](http://www.lrsd.ca) / Careers / Teaching)

- ⇒ Recent resume including a list of references and telephone numbers (include letters of references);
- ⇒ Photocopy of your current Alberta Teaching Certificate;
- ⇒ Final Student Teacher Reports/Ratings by Cooperating Teachers and transcripts (New Teachers);
- ⇒ Police Intervention Check and Child Intervention Record Check, or Child Welfare Check
- ⇒ Staff Information Gathering and Consent Form (FOIPP);
- ⇒ Staff Network Responsible Use Agreement
- ⇒ Direct Deposit Form or Void Cheque
- ⇒ TD1 and TD1AB
- ⇒ Copy of Teachers' Qualification Service Evaluation. If you do not have a copy, you must apply to the Alberta Teachers' Association, [www.teachers.ab.ca](http://www.teachers.ab.ca) -Teacher Salary Qualifications.
- ⇒ Certification of Teaching Experience – to be completed and forwarded by former employers.

Please date and sign this form and return it to Sandy Gould, Human Resources, Livingstone Range School Division, P.O. Box 1810, Fort Macleod, AB T0L 0Z0, or e-mail it to [goulds@lrsd.ab.ca](mailto:goulds@lrsd.ab.ca). Include the required documentation as listed above. Thank you.

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

Comments: \_\_\_\_\_



# Livingstone Range School Division Certification of Teaching Experience with School Divisions Covered by PECBA

## Notice to teachers joining the staff of Livingstone Range School Division:

Since your salary will be based on your previous teaching experience, it is necessary for you to send a copy of this form to the last school division you have taught in (if that division is covered by PECBA) and ask them to verify your teaching experience. **If proof or evidence of application for proof of teaching experience is not submitted within forty (40) operational days of commencement of employment, salary will be adjusted the month following such submission.**

Our School Jurisdiction is covered by PECBA. \_\_\_\_\_ has  
Name of Teacher

obtained \_\_\_\_\_ years of experience on the salary grid with \_\_\_\_\_  
Name of School Jurisdiction

I certify this experience was earned while the teacher was in possession of a valid Alberta teaching certificate or its equivalent in the relevant governing jurisdiction and is for experience that required a valid teaching certificate.

Dated at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Personnel)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name and title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(School Division)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Address)

School Division Stamp  
  
\_\_\_\_\_

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER**



# Livingstone Range School Division Certification of Teaching Experience

**Notice to teachers joining the staff of Livingstone Range School Division:**

Since your salary will be based on your previous teaching experience, it is necessary for you to send a copy of this form to divisions you have taught in to have them verify your teaching experience. **If proof or evidence of application for proof of teaching experience is not submitted within forty (40) operational days of commencement of employment, salary will be adjusted the month following such submission.**

\_\_\_\_\_ taught in the \_\_\_\_\_  
 Name of Teacher Name of School Jurisdiction

	Yr/Mo/Day to Yr/Mo/Day	FTE or Substitute
Sept. through Jan		
Feb. through June		
Sept. through Jan		
Feb. through June		
Sept. through Jan		
Feb. through June		
Sept. through Jan		
Feb. through June		

I certify this experience was earned while the teacher was in possession of a valid Alberta teaching certificate or its equivalent in the relevant governing jurisdiction and is for experience that required a valid teaching certificate.

Dated at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Personnel)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name and title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(School Division)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
School Division Stamp

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER**



**Livingstone Range**  
SCHOOL DIVISION

## Conditional Job Offer

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The position of **Substitute Teacher** is offered to you on the condition that you provide, at your expense, and prior to starting your duties, the following documentation:

**A Police Intervention Record Check Attested by the RCMP**

I hereby agree to provide the document listed above.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Every student, every day.**

W: [www.lrsd.ca](http://www.lrsd.ca) P: 403-625-3356 F: 403-553-0370 T: 800-310-6579

PO Box 1810, 410 20 Street Fort Macleod, AB T0L 0Z0



## **Criminal Record Disclosure Request**

A request for disclosure of criminal record is required for all new and/or potential Livingstone Range School Division employees.

\_\_\_\_\_ Will be an employee with Livingstone Range School Division. This employee will require a Criminal Record Check including the Vulnerable Sector Check prior to employment for our school division because the employee will be:

- Working closely with children (ages 4 up to 18) in situations where he/she will be alone with individual children and groups of children, without direct supervision or oversight from Livingstone Range's School Division staff; and
- In a natural position of trust and authority given the relationship between children and school staff

Agency: Livingstone Range School Division  
410 – 20 Street, P.O. Box 1810  
Fort Macleod, AB T0L 0Z0

[www.lrsd.ca](http://www.lrsd.ca)  
403-625-3356

Applicant's Name:

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Names

### **Once completed by the RCMP, please return their disclosure record to Livingstone Range School Division**

I hereby authorize the RCMP to conduct a check to determine if I have a criminal record including a Vulnerable Sector Check. The criminal record or the certification that no record exists will be forwarded back to me by the police and not to the school division. It will be my responsibility to provide this documentation to the Livingstone Range School Division in a timely manner, in order that the Livingstone Range School Division may proceed further with my application for employment.

I understand that the existence of a criminal or driving record may be grounds for rejection of this application.

Signature: \_\_\_\_\_

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**Livingstone Range**  
SCHOOL DIVISION

# Direct Deposit Registration/Change

Your pay will be deposited directly into an account of the financial institution of your choice.  
Complete this form and return it to:

Payroll Department, Livingstone Range School Division  
P.O. Box 1810  
Fort Macleod, AB T0L 0Z0

Fax: (403)553-0370  
Phone:(403)625-3356

## A - EMPLOYEE INFORMATION - Please Print

Given name and initial	Surname	E-mail address
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## B - DIRECT DEPOSIT ROUTING NUMBER

Attach to this form a voided personalized cheque or deposit slip which is imprinted with your name and the account routing number (5-digit branch number, 3-digit institution number, and your account number)

**OR**

Have the following information complete by your financial institution:

Branch Number: (5-digit)	Institution Number (3 - digit)	Account Number
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Financial Institution Name: Address: Postal Code: Telephone Number: ( )	Signature of Financial Institution Officer:  Date
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## C - APPLICANT'S DECLARATION

I, as a person entitled to receive pay from the Livingstone Range School Division, hereby acknowledge that the Livingstone Range School Division will deposit, until further notice, my pay into my account, as noted herein, by means of direct deposit

Signature	Date
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## LIVINGSTONE RANGE SCHOOL DIVISION STAFF INFORMATION GATHERING AND CONSENT

(As required by the Freedom of Information and Protection of Privacy Act, Sections 32, 33, and 37)

The Freedom and Information and Protection of Privacy Act, effective September 1, 1998, for Alberta School Districts, requires the consent of an individual for release of their personal information.

As part of the normal operation of the school and Division, staff lists are used to facilitate contact between staff and for staff recognition purposes (ie. Awards, birthday lists, phone lists). It is considered important that such information continue to be provided.

Accordingly, we are asking you to complete the following information, and to indicate your consent to it's use by signing below. You may omit any information that you do not wish used, or decline to have this information published.

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Birthday (month & day only) \_\_\_\_\_

Name and phone number of  
contact in case of emergency \_\_\_\_\_

I hereby consent to the use of personal information provided above for the purpose of staff lists and staff recognition, for the life of my employment with the Livingstone Range School Division No. 68, or until such time as I withdraw this consent in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I do not wish my personal information included for the purpose of staff lists and staff recognition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form to Sandy Gould at Central Office.** If you have any questions regarding this request for individual information and about our use or disclosure of information, please contact Anthony Burdett (FOIPP Coordinator) at Livingstone Range School Division No. 68, Phone 403-625-3356 or Fax: 403-553-0370



## **Staff Network Responsible Use Agreement**

In order to provide quality education to rural students in a dynamic learning environment, Livingstone Range School Division provides network resources that support learning for students and staff. “Network resources” refers to all hardware, software, services (e.g., e-mail or Internet) and information resources accessed by authorized users of the Livingstone Range School Division technology network.

### **Expectations for Employees Using Livingstone Range School Division Network Resources**

Employees must adhere to the following rules when utilizing network resources, on school computers or personal devices, including accessing the Internet or using e-mail:

1. Employees will keep their network user name and login password private.
2. Employees will follow and respect the law and all Livingstone Range School Division policies and rules when using network resources. Employees will never use network resources for any illegal activity.
3. Employees will not intentionally access, download, save, display, send or intentionally receive any inappropriate material. Inappropriate material includes anything which is:
  - sexually explicit
  - hateful or discriminatory based on sex, race, religion, origin, sexual orientation, etc.
  - offensive
  - profane or using profane language
  - harassing or intimidating
  - illegal
  - otherwise not appropriate for school
4. Employees will not use network resources to bully or harass any person. Bullying is more than just physical – it includes personal attacks, intimidation, gossiping, humiliating, negative comments, threats, harassment and other unkind online activity. These types of behaviours may also lead to disciplinary action.
5. Employees will not vandalize any computer or computer system, or try to break computer security. This includes intentionally damaging or infecting any computer hardware, software, network, or information on them, including creating computer viruses. Employees will not attempt to access the information of any other employee or student, without proper authorization. Employees will not intentionally engage in any hacking activity nor intentionally access any website which is blocked.
6. Employees will not use school computers to access Internet gambling sites.

**Every student, every day.**

**W: [www.lrsd.ca](http://www.lrsd.ca) P: 403-625-3356 F: 403-553-0370 T: 800-310-6579**

**PO Box 1810, 410 20 Street Fort Macleod, AB T0L 0Z0**



7. Employees will respect the copyright on all material accessed by the Internet and will not illegally download material. Employees will not intentionally copy material protected under copyright law, or make that material available to others for copying, including software, music or video files.
8. Employees will not download music, video or games on school computers, unless specifically related to their work as an employee of the Division.
9. Employees will follow accepted rules of network etiquette. These include (but are not limited to) the following:
  - Employees must be polite and should not be abusive.
  - Employees must use appropriate language and will not swear, use vulgarities or any other inappropriate language.
  - Employees should not disclose personal information about themselves, family members or friends using Division network resources.
  - Unless authorized to do so in accordance with Division policies and provincial privacy legislation, employees should not disclose personal information of students or other employees of the Division over the internet or using Division network resources.

All Livingstone Range School Division network accounts are the property of Livingstone Range School Division. Files and devices may be inspected and copied and a history of visited sites and utilized services may be searched in the event of suspected violation of this Staff Network Responsible Use Agreement, school rules, or of the policies and regulations of Livingstone Range School Division.

I have read and understand **Administrative Procedure 140 – Information and Communication Technology, Administrative Procedure 142 – Electronic Social Media** and the above Expectations for Employees Using Livingstone Range School Division. Network Resources and I agree to comply with them ([www.lrsd.ca](http://www.lrsd.ca)). I understand that if I violate this Agreement, I may be subject to disciplinary action. I understand and agree that my computer use may be monitored at any time. I grant permission to issue an account to me and consent to the release of information necessary to establish said account.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature



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

**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 2020, see "More than one employer or payer at the same time" on page 2.

**19,369**

**2. Age amount** – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2020 Alberta Personal Tax Credits Return, 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 \$1,491, or your estimated annual pension income, whichever is less.

**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 \$14,940.

**5. 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 \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**6. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**7. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older)
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212

If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**8. 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 \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 7. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**9. 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.

**10. 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.

**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

**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)
- 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 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 TD1AB, **check** this box, enter "0" on line 11 and do not fill in lines 2 to 10.

**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 11. 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.**