

# 2020 Nova Scotia Personal Tax Credits Return

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

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

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number		
Address	Postal code For non-residents only –		Socia	Social insurance number	
		Country of permanent residence			
1. Basic personal amount – Every person employed personal amount. If your taxable income from all sourc amount of \$8,481 and the additional amount of \$3,000 between \$25,000 and \$75,000 and you want to calcula Worksheet for the 2020 Nova Scotia Personal Tax Cre employer or payer at the same time in 2020, see "More	es for the year will be \$25,0 , and if it is more than \$75,0 tte a partial claim for the \$3, dits Return, and fill in the ap	00 or less enter \$11,481, compris 00 enter \$8,481. If your taxable i 000 additional amount, get Form opropriate section. If you will have	sing the basic ncome will be TD1NS-WS,		
<b>2. Age amount</b> – If you will be 65 or older on Decembe \$4,141. If your net income for the year will be between TD1NS-WS, Worksheet for the 2019 Nova Scotia Pers	\$30,828 and \$58,435 and y	ou want to calculate a partial cla			
<b>2.1 Age amount supplement</b> – If you will be 65 or old \$25,000 or less, enter \$1,465. If your taxable income for supplement claim. To calculate the claim get Form TD	or the year will be between S	\$25,000 and \$75,000 you can cal			
<b>3. Pension income amount</b> – If you will receive regula Pension Plan, Quebec Pension Plan, Old Age Security estimated annual pension income, whichever is less.					
<b>4. Tuition and education amounts (full time and par</b> institution certified by Employment and Social Develop in this section. If you are enrolled full time, or if you hav tuition fees you will pay, plus \$200 for each month that physical disability, enter the total of the tuition fees you	ment Canada, and you will p ve a mental or physical disal you will be enrolled. If you a	pay more than \$100 per institution bility and are enrolled part time, e are enrolled part time and do not	n in tuition fees, fill enter the total of the have a mental or		
5. Disability amount – If you will claim the disability an Tax Credit Certificate, enter \$7,341.	mount on your income tax a	nd benefit return by using Form 1	2201, Disability		
6. Spouse or common-law partner amount – If you a their net income for the year will be \$848 or less, enter you want to calculate a partial claim, get Form TD1NS-	\$8,481. If their net income	for the year will be between \$848			
<b>6.1. Spouse or common-law partner supplement</b> – and your taxable income from all sources will be \$25,0 sources will be between \$25,000 and \$75,000 and you calculate a supplement claim. To calculate the claim, g	00 or less, enter \$3,000 less ir spouse or common-law pa	s their net income. If your taxable artner's net income will be under the second s	income from all		
<b>7. Amount for an eligible dependant</b> – If you do not I who lives with you and whose net income for the year \$848 and \$9,329 and you want to calculate a partial cla	will be \$848 or less, enter \$8	8,481. If their net income for the y			
<b>7.1. Amount for an eligible dependant supplement</b> dependant relative who lives with you, and your taxable income. If your taxable income from all sources will be under \$3,000, you can calculate a supplement claim. T	e income from all sources w between \$25,000 and \$75,0	vill be \$25,000 or less, enter \$3,00 000 and your eligible dependant's	00 less their net s net income will be		
8. Caregiver amount – If you are taking care of a deport or less, and who is either your or your spouse's or com		whose net income for the year wil	l be \$13,677		
<ul> <li>parent or grandparent (aged 65 or older); or</li> </ul>					
<ul> <li>relative (aged 18 or older) who is dependent on you If the dependant's net income for the year will be betwee Form TD1NS-WS and fill in the appropriate section.</li> </ul>			claim, get		
<ul> <li>9. Amount for infirm dependants age 18 or older – I spouse's or common-law partner's relative, who lives in \$2,798. You cannot claim an amount for a dependant y between \$5,683 and \$8,481 and you want to calculate</li> </ul>	n Canada, and whose net in you claimed on line 8. If the	come for the year will be \$5,683 dependant's net income for the y	or less, enter ear will be		
<b>10. Amounts transferred from your spouse or com</b> their age amount, pension income amount, tuition and enter the unused amount.					
<b>11. Amounts transferred from a dependant</b> – If your benefit return, enter the unused amount. If your or your of their <b>tuition and education amounts</b> on their incon	r spouse's or common-law p	partner's dependent child or grand			
<b>12. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 11. Your employer or payer will use this amount to determine	ine the amount of your provi	incial tax deductions.			

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# Filling out Form TD1NS

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

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

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

If you do not fill out Form TD1NS, 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 TD1NS 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 TD1NS, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

# Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Then your employer or payer will not deduct tax from your earnings.

# Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

# **Reduction in tax deductions**

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

#### Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have 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**.

# 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 \_\_\_