

## 2013 Ontario Personal Tax Credits Return

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

Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name First na	me and initial(s)	Date of birth (YYYY/MM/DD)	Employee nur	nber	
Address including postal code		For non-residents only – Country of permanent residence	Social insuran	Social insurance number	
Basic personal amount – Every person employed in Ont. If you will have more than one employer or payer at the same the same time?" on the next page.				9,574	
2. Age amount – If you will be 65 or older on December 31, enter \$4,674. If your net income for the year will be between TD1ON-WS, Worksheet for the 2013 Ontario Personal Tax C	\$34,798 and \$65,958	B and you want to calculate a partial			
3. Pension income amount – If you will receive regular pen Plan, Quebec Pension Plan, Old Age Security, or Guarantee annual pension income, whichever is less.					
4. Tuition and education amounts (full time and part time institution certified by Human Resources and Skills Developmes, complete this section. If you are enrolled full time, or if y the total of the tuition fees you will pay, plus \$515 for each m have a mental or physical disability, enter the total of the tuitipart time.	nent Canada, and you you have a mental or onth that you will be e	u will pay more than \$100 per institu physical disability and are enrolled enrolled. If you are enrolled part tim	ution in tuition part time, enter e and do not		
<b>5. Disability amount</b> – If you will claim the disability amount <i>Credit Certificate</i> , enter \$7,735.	on your income tax r	eturn by using Form T2201, <i>Disabil</i>	lity Tax		
<b>6. Spouse or common-law partner amount</b> – If you are sul whose net income for the year will be \$813 or less, enter \$8, \$8,942 and you want to calculate a partial claim, get the TD1	129. If his or her net i	ncome for the year will be between			
7. Amount for an eligible dependant – If you do not have a who lives with you, and whose net income for the year will be between \$813 and \$8,942 and you want to calculate a partia	e \$813 or less, enter \$	\$8,129. If his or her net income for t	he year will be		
8. Caregiver amount – If you are taking care of a dependan or less, and who is either your or your spouse's or common-le parent or grandparent (aged 65 or older); or relative (aged 18 or older) who is dependent on you becalf the dependant's net income for the year will be between \$1 TD1ON-WS, and complete the appropriate section.	aw partner's: ause of an infirmity, e	nter \$4,513.			
9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,414 or less, enter \$4,513. 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 \$6,414 and \$10,927 and you want to calculate a partial claim, get the TD10N-WS, and complete the appropriate section.					
10. Amounts transferred from your spouse or common-lable is or her age amount, pension income amount, tuition and enter the unused amount.					
11. Amounts transferred from a dependant – If your dependence tax return, enter the unused amount. If your or your suse all of his or her tuition and education amounts on his or	spouse's or common-l	aw partner's dependent child or gra			
12. TOTAL CLAIM AMOUNT – Add lines 1 through 11. Your employer or payer will use your claim amount to determ	nine the amount of yo	ur provincial tax deductions.			
			Continu	ue on the next page >	



## **Completing Form TD10N** Complete 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 amounts you previously claimed (such as when 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 complete a TD1ON form, your new employer or payer will deduct taxes after allowing the basic personal amount only. Will you have 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 2013, 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, enter "0" on line 12 on the front page and do not complete lines 2 to 11. Total income less than total claim amount Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings. Additional tax to be deducted If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal Form TD1. Reduction in tax deductions You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete Form T1213, Request to Reduce Tax Deductions at Source for Year(s) \_\_\_\_\_, 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 forms and publications go to www.cra.gc.ca/forms or call 1-800-959-2221.

_Certification	
I certify that the information given in this return is, to the best of my knowledge, correct and complete.	
Signature	Date