UNIVERSITY OF	UTM: WORK STUDY Section 1&3	CONFIDENTIAL
TORONTO	EMPLOYEE INFORMATION FORM	
MISSISSAUGA HUMAN RESOURCES		
ACADEMIC ANNEX, RM 112	New Hire Rehire/Extension Ch	2220
SEC	TION 1 – TO BE COMPLETED BY THE EMPLO	
	nt registered in a degree program? Yes	No
If yes, what is your expected grad	uation date:	
If you are currently a <u>FULL-TIME</u> your manager.	UofT student registered in a degree program, and this	s status changes, please advise
Work/Study Permit: Yes * If yes, please provide: Passpo		
Personnel # (<i>blank if new</i>)	Student #	SIN
Form of Address Mr	Ms Other (<i>Specify</i>) Birthda	late (dd/mm/yy)
Last Name	First Name	
Permanent/Official Tax Address		
Suite/Unit #	City P	Prov. Postal Code
Sessional Address		
Suite/Unit #	City P	Prov. Postal Code
Phone/Cell #	Email	
IMPORTANT: For emp	loyees working in multiple departments, please provid	de the information below.
Department 2	Supervisor #2 (Name)	
Phone Number #2	Description of Work #2	
Department 3	Supervisor #3 (Name)	
Phone Number #3	Description of Work #3	
-	via Direct Deposit. Please attach a void cheque o	
	Y CERTIFY THAT THE ABOVE INFORMATION IS C	
Employee's Signature	Date Sigr	ned
SECTIONS 2 -	3 BELOW TO BE COMPLETED BY MANAGER	R/SUPERVISOR
2. Financial Information		
Hourly Rate \$	Anticipated Weekly Hours Anticipa	ated Monthly Hours
Fund Centre Co	ost Centre Fund	Order
3. Required Documents & Verif	ication	
TD – 1 TD – 1 ON V	Nork/Study Permit as applicable Void Cheque/ Depo	osit Slip Letter of Offer
Manager's Name	Manager's Signature	Date



UNIVERSITY OF TORONTO MISSISSAUGA – PAYROLL BANK AUTHORIZATION FORM for DIRECT DEPOSIT –

- 1. To ensure accuracy of your account number, please enclose a cheque marked "VOID" or a personalized deposit slip.
- 2. Please be sure to include all "0" and "—" when recording your account number.
- 3. Effective Date: Indicate when the deposit is to be effective (this is subject to Payroll deadlines)
- 4. Return the completed form to : Human Resources, Academic Annex, Room 112 AX 112

First Name	Last Name	Personnel Number				
Requested Action (check one only)						
New Direct Deposit (first time set-up) Change Direct Deposit						
Effective Date (DD/MM/Y	'YYY):					

Bank or Financial Institution Information

	"•OOO"•	01234	••••00 •	1534	56?"	
		Transit #	Institution	# Acc	l ount #	
	of Bank or cial Institution #:					
Bank	Transit #:					
Bank	Account #:					
	Address: dian Branches only)					
City:				Postal Code:		

I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial institution designated and I hereby authorize the bank or financial institution designated to release my bank account number to the University of Toronto Payroll Department.

Signature Date



Protected B when completed TD1

2023 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 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 numb	ber			
Address	Postal code	For non-residents only		Social insurance number			
		Country of permanent resider	nce				
 Basic personal amount – Every resident of Canad from all sources will be greater than \$165,430 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here. 	enter \$15,000, you may ha Il sources will be greater tha	ave an amount owing on your inc an \$165,430, you have the optio	come tax and ben n to calculate a	efit			
2. Canada caregiver amount for infirm children und 2006 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an eithe child.	e year. If the child does not ligible dependant" on line 8	t live with both parents throughout may also claim the Canada care	ut the year, the egiver amount for				
3. Age amount – If you will be 65 or older on Decemb or less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of f	if your net income for the ye Form TD1-WS.	ear will be between \$42,335 and	\$98,309. To	5			
 Pension income amount – If you will receive regul. Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 							
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Can- total tuition fees that you will pay if you are a full-time of the section of the sect	ada, and you will pay more						
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,428.	mount on your income tax a	and benefit return by using Form	T2201, Disability				
 7. Spouse or common-law partner amount – Enter to or common-law partner is infirm) and your spouse's or following conditions apply: You are supporting your spouse or common-law p 	r common-law partner's est			9			
 Your spouse or common-law partner's net income spouse or common-law partner is infirm) 	for the year will be less that	n the amount on line 1 (line 1 pl	us \$2,499 if your				
In all cases, go to line 9 if your spouse or common-law	partner is infirm and has a	a net income for the year of \$26,	782 or less.				
 Amount for an eligible dependant – Enter the difference dependant is infirm) and your eligible dependant's est 	imated net income for the y	ear if all of the following condition	ons apply:				
 You do not have a spouse or common-law partne who you are not supporting or being supported by 		common-law partner who does r	not live with you a	nd			
 You are supporting the dependant who is related to 	•						
 The dependant's net income for the year will be le you cannot claim the Canada caregiver amount 				nd			
In all cases, go to line 9 if your dependant is 18 years	In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$26,782 or less.						
year, you support an infirm eligible dependant (aged 1	9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section 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 \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.						
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law pa claimed an amount for if their net income were under \$ You may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same depend or older.	rtner or eligible dependant 317,499) whose net income the year will be between \$1 et may also be used to calo	you claimed an amount for on lir for the year will be \$18,783 or le 8,783 and \$26,782. To calculate culate your part of the amount if y	e 9 or could have ess, enter \$7,999 a partial amount you are sharing it	, fill			
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 benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene	r spouse's or common-law	partner's dependent child or grai		e			
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax o	deductions.					

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\$

\$

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 2023, 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 2023? Yes (Fill out the previous page.)

 $\overline{}$ 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, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. 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 2023:

- \$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.

Employees living in a prescribed intermediate zone may claim 50% of the total of the above am 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 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 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 Info Source at <u>canada.ca/cra-information-about-programs</u>.

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	2023-09-01



2023 Ontario 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 nur	number							
Address	Postal code			For non-residents only Country of permanent resider	nce	So	cial	l insurance number					
					- ·								
1. Basic personal amount – Every person employed in			•		U U								
If you will have more than one employer or payer at the on page 2.										11	,86	<u> </u>	
 Age amount – If you will be 65 or older on December enter a partial amount if your net income for the year will line 2 section of Form TD10N-WS, Worksheet for the 2 	ill be between	า \$43,1	127 and	d \$	81,747. To calculate a partial a			¥					
3. Pension income amount – If you will receive regula Plan, Quebec Pension Plan, Old Age Security, or Guara your estimated annual pension.								n n					
4. Disability amount – If you will claim the disability an Tax Credit Certificate, enter \$9,586 .	nount on your	⁻ incom	ne tax a	and	d benefit return by using Form ⁻	T2201, Disabilit	y	_					
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	10,075 if you	are su	apportir	ng	your spouse or common-law pa	artner and both	i of	_					
• Your spouse or common-law partner lives with you													
 Your spouse or common-law partner's net income f 	,												
You may enter a partial amount if your spouse's or com To calculate a partial amount, fill out the line 5 section o				om	e for the year will be between \$	\$1,007 and \$11	,082	<u>}</u> .					
6. Amount for an eligible dependant – Enter \$10,075 if you are supporting an eligible dependant and all of the following conditions apply:													
 You do not have a spouse or common-law partner, who you are not supporting or being supported by 	, or you have	a spo	use or	COI	mmon-law partner who does no	ot live with you	and						
 The dependant is related to you and lives with you 													
 The dependant's net income for the year will be \$1, 	-												
You may enter a partial amount if the eligible dependan partial amount, fill out the line 6 section of Form TD1ON		e for th	າe year	ır w	ill be between \$1,007 and \$11,	,082. To calcula	ate a	l					
7. Ontario caregiver amount – You may claim this am your or your spouse's or common-law partner's:	7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:												
child or grandchild													
• parent, grandparent, brother, sister, aunt, uncle, nie	ece or nephe	w who	is resid	ider	nt in Canada								
To calculate this amount, fill out the line 7 section of Fo	To calculate this amount, fill out the line 7 section of Form TD1ON-WS.							_					
8. Amounts transferred from your spouse or commo age amount, pension income amount, or disability amou	on-law partn unt on their in	er – If icome	your sp tax and	spoi nd b	use or common-law partner will enefit return, enter the unused	l not use all of t amount.	heir	_					
 Amounts transferred from a dependant – If your d 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	ne the amour	nt of yo	our prov	vine	cial tax deductions.			_					
l								_					

Canadä

2023-09-01

Date

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 2023, 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 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 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 Info Source 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.

2023 UTM Payroll Schedules

These schedules are UTM payroll deadline schedules and available at 2023 UTM Payroll Deadlines.

UTM Biweekly Payroll Schedule

Pay Period	Start Date	End Date	UTM Payroll Timesheet Deadline
19	03.09.2023	16.09.2023	September 14, 2023
20	17.09.2023	30.09.2023	September 28, 2023
21	01.10.2023	14.10.2023	October 12, 2023
22	15.10.2023	28.10.2023	October 26, 2023
23	29.10.2023	11.11.2023	November 9, 2023
24	12.11.2023	25.11.2023	November 23, 2023
25	26.11.2023	09.12.2023	December 7, 2023
26	10.12.2023	23.12.2023	December 13, 2023
1	24.12.2023	06.01.2024	January 4, 2024

*December Holiday Break Dec 21-Dec 30 inclusive

UTM Monthly Payroll Schedule

Pay Period	Start Date	End Date	UTM Payroll Timesheet Deadline
9	01.09.2023	30.09.2023	September 13, 2023
10	01.10.2023	31.10.2023	October 17, 2023
11	01.11.2023	30.11.2023	November 15, 2023
12	01.12.2023	31.12.2023	December 6, 2023

*December Holiday Break Dec 21-Dec 30 inclusive

Work Study hours must be worked between **September 7**, 2023 and March 31, 2024 only and processed prior to the final March payroll run.

UTM - Work Study Guidelines:

Complete timesheets in the actual pay periods incurred.

Submit approved timesheets on (or before) the deadlines indicated above.

Follow UTM's Payroll Deadline schedule.

Supervisors and students are responsible for their own hours worked record keeping.

Work-Study timesheet minutes must be recorded as: 0.25 for 15 min, 0.50 for half an hour and 0.75 for 45 min increment.

University of Toronto Work Study Program HRIS Casual Bi-Weekly Timesheet ***Payroll should be processed in the actual Pay Periods incurred. DO NOT DELAY

should be processed in the actual Pay Periods incurred. DO NOT DEI submitting your timesheet***

Work Study Guidelines:

- Maximum 200 hours for Fall/Winter; no more than 15 hours per week
- Not entitled to Statutory Holiday Pay
- Once this form is completed and approved please send it to your departmental payroll processor

A. Student Information

Personnel Number:	Student Number:
Surname:	First Name:
Pay Period Start Date:	Pay Period End Date:

B. Payroll Details

Payroll Processor to use Wage Type 0923; ATT/ATB Type = Work Study Hrs; V. Basis = 15.90. Employer Cost Ctr/Fund Ctr is required for Wage Type 0923 – Work Study hrs.

Use Wage Type 0223 for top-up and hours worked over maximum allowance (Fall/Winter = 200 hours)

Week 1 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 2 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Total Week 1 Hours:

Total Week 2 Hours:

TOTAL BI-WEEKLY HOURS:	Top-Up Hourly Rate (if applicable):	
Cost Centre/Internal Order: C. Required Signatures	Fund Centre:	Fund:
Student Signature		Date

Emp	lover	Name
		1 101110

Employer Signature

Date

University of Toronto Work Study Program HRIS Casual Monthly Timesheet ***Payroll should be processed in the actual Pay Periods incurred. DO NOT DELAY submitting your timesheet***

Work Study Guidelines:

- Maximum 200 hours for Fall/Winter no more than 15 hours per week
- Not entitled to Statutory Holiday Pay
- Once this form is completed and approved please send it to your departmental payroll processor

A. Student Information

Personnel Number:	Student Number:
Surname:	First Name:
Pay Month:	

B. Payroll Details

Payroll Processor to use Wage Type 0923; ATT/ ATB Type = Work Study Hrs; V. Basis = 15.90. Employer Cost Ctr /Fund Ctr is required for Wage Type 0923 – Work Study hrs.

Use Wage Type 0223 for top-up and hours worked over maximum allowance (Fall/Winter = 200 hours)

Week 1 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 2 Hours

Day Sun	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 3 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 4 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Month Week 5 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

TOTAL MONTH HOURS:

Top-Up Hourly Rate (if applicable):

Fund:

Cost Centre/Internal Order: C. Required Signatures

 Student Signature
 Date

 Employer Name
 Employer Signature
 Date

Fund Centre: