

2024 Saskatchewan 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 nam	e and init	ial(e)	Date	e of birth (YYYY/	MM/DD)	Employee nun					
Last Hame	First name and initial(s)				Employee nur							
Address	Postal code			For non-residents only Country of permanent residence			Social insurance number					
					ountry of perman	ent residei	nce					
Basic personal amount – Every person employed amount. If you will have more than one employer or pasame time" on page 2.										•		
2. Age amount – If you will be 65 or older on Decemb \$5,633. You may enter a partial amount if your net incamount, fill out the line 2 section of Form TD1SK-WS,	ome for the Workshee	e year will t for the 2	be bet 024 Sa	etween askato	\$41,933 and \$7 hewan Personal	9,487. To o Tax Credi	calculate a parti ts Return.	ial ——	_			
Senior Supplementary amount – If you are a resident statement of the statement of t												
 Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old Age Security \$1000 or your estimated annual pension. 												
Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$10,894.	mount on y	your incor	ne tax a	and b	enefit return by u	sing Form	T2201, Disabili	ity				
6. Spouse or common-law partner amount – Enter following conditions apply:		you are s	upportir	ting yo	ur spouse or con	nmon-law į	partner and all o	of the				
Your spouse or common-law partner lives with your spouse.			.									
 Your spouse's or common-law partner's net incom You may enter a partial amount if your spouse's or cor 	•					e between	\$1.850 and					
\$20,341. To calculate a partial amount, fill out the line	6 section of	of Form T	D1SK-V	-WS.								
7. Amount for an eligible dependant – Enter \$18,49 conditions apply:	1 if you are	e supporti	ng an e	eligible	e dependant and	all of the	following					
 You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by 												
 The dependant is related to you and lives with you 	J											
 The dependant has a net income from all sources 	of \$1,850	or less fo	r the ye	ear								
You may enter a partial amount if the dependant's net amount, fill out the line 7 section of Form TD1SK-WS.	income for	r the year	will be	e betw	een \$1,850 and \$	\$20,341. T	o calculate a pa	ırtial				
8. Child amount – Enter \$7,015 for each child you are have a spouse or common-law partner, the parent with child you claimed on line 7 or a child claimed by anyor	n the lower	net incon	ne mus									
9. Caregiver amount – Enter \$10,894 if you are taking • The dependent is your or your spouse's or commo (aged 18 or older)	•	•			Ū			 /е				
 The dependant lives with you 												
The dependant has a net income of \$18,605 or less for the year												
You may enter a partial amount if the dependant's net income for the year will be between \$18,605 and \$29,499. To calculate a partial amount, fill out the line 9 section of Form TD1SK-WS.												
10. Amount for infirm dependants age 18 or older following conditions apply:	- Enter \$10	0,894 if yo	ou are s	suppo	rting an infirm d	ependant a	and all of the					
 The dependant lives in Canada and is related to y 	ou or your	spouse o	r comm	mon-la	w partner							
 The dependant is 18 years or older 												
 The dependant has a net income of \$7,730 or less for the year 												
You may enter a partial amount if the dependant's net income for the year will be between \$7,730 and \$18,624. To calculate a partial amount, fill out the line 10 section of Form TD1SK-WS. You cannot claim an amount for a dependant you claimed on line 9.												
11. Amounts transferred from your spouse or com their age amount, senior supplementary amount, pens benefit return, enter the unused amount.	ion income	e amount,	disabil	ility an	nount, or child an	nount on th	neir income tax	and 	_			
12. Amounts transferred from a dependant – If you benefit return, enter the unused amount.	r dependaı	nt will not	use all	II of the	eir disability amou	unt on thei	r income tax and	d 	_			
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the am	ount of yo	our prov	ovincia	I tax deductions.							

Filling out Form TD1SK

Fill out this form if you have taxable income in Saskatchewan 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 TD1SK, 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 TD1SK for 2024, 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 TD1SK, 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. Then 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 TD1.

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 and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings-at canada.ca/cra-information-about-programs.

Certification	on		
I certify that	he information given on this form is correct and complete.		
0:		Date	
Signature	It is a serious offence to make a false return.		
	it is a serious offence to make a false return.		

TD1SK E (24) Page 2 of 2