

2024 New Brunswick Personal Tax Credits Return

Read page 2 before filling out this form. Your employer 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	ər			
Address	Postal code		For non-residents only	S	ocial insurance number			
			Country of permanent residence				i I	1 1
1. Basic personal amount – Every person with taxable income in New Brunswick can claim this amount. If you will have more than one employer or payer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.								
 Age amount – If you will be 65 or older on Decemb \$5,878. You may enter a partial amount if your net inco amount, fill out the line 2 section of Form TD1NB-WS, 	ome for the year wil	l be bet	ween \$43,763 and \$82,950. To c	alculate a partial	er			
3. Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$1,000 or your estimated annual pension.								
4. Tuition amounts (full-time and part-time) – Fill ou institution certified by Employment and Social Develop								
5. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,747.	mount on your inco	me tax	and benefit return by using Form	T2201, Disability				
6. Spouse or common-law partner amount – Enter the following conditions apply:	· · · ·	upportii	ng your spouse or common-law p	artner and both o	of			
Your spouse or common-law partner lives with you								
• Your spouse or common-law partner has a net inc				• 4.000				
You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,023 and \$11,246. To calculate a partial amount, fill out the line 6 section of Form TD1NB-WS.								
7. Amount for an eligible dependant – Enter \$10,22: conditions apply:		•		-				
 You do not have a spouse or common-law partne who you are not supporting or being supported by 	r, or you have a spo	ouse or	common-law partner who does no	ot live with you an	ld			
 The dependant is related to you and lives with you 								
 The dependant has a net income of \$1,023 or less for the year 								
You may enter a partial amount if the dependant's net income for the year will be between \$1,023 and \$11,246. To calculate a partial amount, fill out the line 7 section of Form TD1NB-WS.								
 8. Caregiver amount – Enter \$5,686 if you are taking care of a dependant and all of the following conditions apply: The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older) 								
 The dependant lives with you 								
 The dependant has a net income of \$19,417 or less 	ss for the year							
You may enter a partial amount if the dependant's net amount, fill out the line 8 section of Form TD1NB-WS.	income for the year	will be	between \$19,417 and \$25,103. T	o calculate a part	tial			
9. Amount for infirm dependants age 18 or older – conditions apply:	Enter \$5,686 if you	are sup	porting an infirm dependant and	all of the followin	g			
 The dependant is related to you or your spouse or 	common-law partn	er and I	ives in Canada					
 The dependant is 18 years or older 								
 The dependant has a net income of \$8,067 or less 	s for the year							
You may enter a partial amount if the dependant's net income for the year will be between \$8,067 and \$13,753. To calculate a partial amount, fill out the line 9 section of Form TD1NB-WS. You cannot claim an amount for a dependent you claimed on line 8.								
10. 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.								
11. Amounts transferred from a dependant – If your benefit return, enter the unused amount.	r dependant will not	use all	of their disability amount on their	income tax and				
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determ	ine the amount of y	our prov	vincial tax deductions.		_ [



Filling out Form TD1NB

Fill out this form if you have taxable income in New Brunswick 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 TD1NB, 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 TD1NB 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 TD1NB, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.

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 12. 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

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