

## **2024 NEW BRUNSWICK PERSONAL TAX CREDITS RETURN**

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

Complete 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 Country of permanent residence	Social insurance number			
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 at the same time in 2024, see "More than one employer or payer at the same time" on page 2.						
2. Age amount – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$43,763 or less, enter \$5,878. You may enter a partial amount if your net income for the year will be between \$43,763 and \$82,950. To calculate a partial amount, fill out the line 2 section of Form TD1NB-WS, Worksheet for the 2024 New Brunswick Personal Tax Credits Return.						
3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$1,000 or your estimated annual pension.						
<b>4. Tuition amounts (full-time and part-time)</b> – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees.						
<b>5. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,747.						
6. Spouse or common-law partner amount – Enter \$10,223 if you are supporting your spouse or common-law partner and both of the following conditions apply.  • Your spouse or common-law partner lives with you  • Your spouse or common-law partner has a net income of \$1,023 or less						
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 \$10,223 if you are supporting an eligible dependent and all of the following conditions apply:						
<ul> <li>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</li> <li>The dependant is related to you and lives with you</li> <li>The dependant has a net income of \$1,023 or less for the year</li> <li>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.</li> </ul>						
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 for the year  You may enter a partial amount if the dependant's net income for the year will be between \$19,417 and \$25,103. To calculate a partial amount, fill out the line 8 section of Form TD1NB-WS.						
9. Amount for infirm dependants age 18 or older – Entifollowing conditions apply:  • The dependant is related to you or your spouse  • The dependant is 18 years or older  • The dependant has a net income of \$8,067 or le	or common-law partner ess for the year ome for the year will be VS. You cannot claim a n-law partner – If your nount on their income ta	between \$8,067 and \$13,753. To can amount for a dependent you claime spouse or common-law partner will not and benefit return, enter the unuse	Iculate a ed on line 8. ot use all of ed amount.			
<b>12. TOTAL CLAIM AMOUNT</b> – Add lines 1 through 11. Your employer or payer will use this amount to determine	the amount of your prov	rincial tax deductions.	[			

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	Protected B when completed
Filling	g out Form TD1NB
Fill ou	t 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)
Sign a	you want to increase the amount of tax deducted at source. and date it and give it to your employer or payer. do not fill out a TD1NB form, your new employer or payer will deduct taxes after allowing the basic personal amount <b>only</b> .
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 <b>all</b> employers and payers will be <b>less</b> than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.
	ional tax to be deducted want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.
You m examp educa get a l	ction in tax deductions hay 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 pole, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and ution amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to 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 over deducts RRSP contributions from your salary.
	s and publications t our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.
admin or fore	nal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including listering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal eign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other is. 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	Date	
It is a serious offence to make a false return.		

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