



## Source 2020 Deductions Return

Complete this form and give it to your employer or payer so that they can determine the income tax to withhold from the amounts they pay you. Be sure to read the instructions before you start.

1 Information about the employee or be	neficiary (please print)	
Last name Kristof Tessier	First name	
Employee or beneficiary number	Date of birth	Social insurance number
	2  6  0  1  1  2	4 2,9,412,6,613,9,0
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2 Personal tax credits		
<b>Basic personal amount</b> . Enter \$15,532. If you have more than one empty to line 10 and enter 0.	ployer and have already claimed this amount,	1 \$15,532.
Amount transferred from one spouse to the other		
Maximum amount respecting a spouse	1a \$15,532	•
Your spouse's estimated taxable income for 2020	- 1b	-
Subtract line 1b from line 1a. If the result is negative, enter 0.	=	± 2 0
Amount for dependants (Work Chart 1)		+ 3 0
Amount for a severe and prolonged impairment in mental or physical	functions	+ 5 0
Age amount, amount for a person living alone and amount for ref		+ 6 0
Add lines 1 through 6.		= 7 \$15,53Z
Amount for career extension (Work Chart 3)		+ 9 0
Add lines 7 and 9.	Personal tax credit	s = 10 \$ 15,532.
Enter the additional amount that you would like withheld from each payche	eque.  Additional income tax to be withhele	11 0
4 Deductions		
Enter the deductions that your employer or payer must take into acc	count to calculate your source deductions.	
Housing deduction for residents of designated remote areas		14 Ö
Deductible support payments		+ 15 0
Add lines 14 and 15.	the new periods remaining in the year)	s = 10 0
(Note that your employer or payer will distribute the amount evenly among	g the pay periods remaining in the year.)  Deduction	<u>s</u> = [19]
5 Exemption		,
Check box 20 to request an exemption from source deductions of income	tax with respect to your amployment income for 2020	201
Check box 20 to request an exemption from source deductions of income	tax with respect to your employment income for 2020.	_ [20][]
6 Signature		
I certify that the information provided in this return is accurate and complet	to	
r certary that the information provided in this feturn is accurate and complet	ic.	
(1)	20/11/03	
Signature	Date	