

# TRENDS INTERNATIONAL PUBLISHING CORPORATION

## NEW HIRE INFORMATION

SUBMIT TO: HUMAN RESOURCES DEPARTMENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Shipping Address if different from above \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Cellular # \_\_\_\_\_

S.I.N. # \_\_\_\_\_ Start Date \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ FM # \_\_\_\_\_ Email Address \_\_\_\_\_  
Day / Mon / Year

Hourly Rate \_\_\_\_\_ Mileage Rate \_\_\_\_\_ Hiring Manager \_\_\_\_\_

**Please ensure that the following ORIGINAL documents are filled out completely and are LEGIBLE. Then return to your Regional Manager, who will review and forward to the Mississauga Head Office. Employment will not commence until completed documents are received by Human Resources. NO FAXES OR PHOTOCOPIES WILL BE ACCEPTED.**

1. Employee Information & Emergency Contact Form
2. TD1 Forms (Federal and Applicable Provincial Form) must be completed and signed
3. Trends Cares Enrolment Form
4. Direct Deposit Form (completed and signed) and a Voided Cheque attached
5. Copy of S.I.N card (front and back) and if no copy, complete S.I.N. Information Form
6. Resume is required
7. Receipt & Acknowledgement of Employee Handbook Form by province
8. Confidential Information Agreement Employee Handbook Form by province
9. Information at the top of this form must be completed
10. Employee must register for *epost*. Once employee number is assigned by HR, employee may add Ceridian (payroll service provider), checking off pay statements and tax forms. HR will notify employee of employee and employer numbers required for adding Ceridian.

**Please note that if the New Hire Package is not 100% complete, it will be returned to the Regional Manager for completion and will delay your start date with Trends International. Once accepted by Human Resources, the New Hire Package will be processed. It will only be kept on file at the Mississauga Head Office and will be included with all Personnel Records.**

Thank you,

**TRENDS INTERNATIONAL PUBLISHING CORPORATION**

Maddalena Malfara,  
Corporate Controller



TRENDS INTERNATIONAL PUBLISHING CORPORATION

EMPLOYEE INFORMATION & EMERGENCY CONTACT

To be completed only after applicant is hired:

Employee Start Date \_\_\_\_\_  
Day / Mon / Year

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Position \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Male / Female  
Day / Mon / Year (Please circle one)

Marital Status Single Married Separated Divorced Widowed Common Law  
(Please circle one)

Dependents \_\_\_\_\_  
(Please list names)

In case of emergency - contact: \_\_\_\_\_  
Last Name First Name

Relationship \_\_\_\_\_ Residential Tel # \_\_\_\_\_

Business Tel # \_\_\_\_\_ Cellular # \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_



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

Complete this form based on the best estimate of your circumstances.

The section 2 includes the proposal to eliminate the Child amount for 2015 and subsequent taxation years in conjunction with the enhancements to the universal child care benefit (UCCB).

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2015, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

11,327

**2. Caregiver amount for children under age 18** – Either parent (but not both), may claim \$2,093 for each infirm child born in 1998 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the family caregiver amount for that same child who is under age 18.

**3. Age amount** – If you will be 65 or older on December 31, 2015, and your net income for the year from all sources will be \$35,466 or less, enter \$7,033. If your net income for the year will be between \$35,466 and \$82,353 and you want to calculate a partial claim, get Form TD1-WS, *Worksheet for the 2015 Personal Tax Credits Return*, and complete the appropriate section.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

**5. Tuition, education, and textbook amounts (full time and part time)** – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

**6. Disability amount** – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,899.

**7. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,327 (\$13,420 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,327 or more (\$13,420 or more if he or she is **infirm**), you cannot claim this amount.

**8. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$11,327 (\$13,420 if he or she is **infirm** and you **cannot claim the caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,327 or more (\$13,420 or more if he or she is **infirm**), you cannot claim this amount.

**9. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,735 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,608 (\$6,701 if he or she is **infirm**); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,701.

If the dependant's net income for the year will be between \$15,735 and \$20,343 (\$15,735 and \$22,436 if he or she is **infirm**) and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

**10. Amount for infirm dependants age 18 or older** – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,720 or less, enter \$6,700. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,720 and \$13,420 and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, or disability amount on his or her income tax return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition, education, and textbook amounts** on his or her income tax return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔

**Completing Form TD1**

Complete this form **only** if:

- 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 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; or
- 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 complete Form TD1, 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 TD1 for 2015, 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 on the front page, and do not complete lines 2 to 12.

**Total income less than total claim amount**

☐ Check 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.

**Non-residents (Only complete if you are a non-resident of Canada.)**

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2015?

- ☐ Yes (Complete the previous page.)
- ☐ No (Enter "0" on line 13, and do not complete lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**

**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$11,327, you also have to complete a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. 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.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,327), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2015, you may be able to claim the child amount on Form TD1SK, *2015 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

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 2015, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 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 can claim 50% of the total of the above amounts.

For more information, go to [www.cra.gc.ca/northernresidents](http://www.cra.gc.ca/northernresidents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return 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, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s) \_\_\_\_\_*, 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.

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 047

**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 \_\_\_\_\_

YYYY/MM/DD

# 2015 Ontario Personal Tax Credits Return

Read the back 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 including postal code		For non-residents only – Country of permanent residence	Social insurance number 

  

<p><b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2015, see "Will you have more than one employer or payer at the same time?" on the next page.</p>	<b>9,863</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2015, and your net income from all sources will be \$35,849 or less, enter \$4,815. If your net income for the year will be between \$35,849 and \$67,949 and you want to calculate a partial claim, get Form TD1ON-WS, <i>Worksheet for the 2015 Ontario Personal Tax Credits Return</i>, and complete the appropriate section.</p>	
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,364, or your estimated annual pension income, whichever is less.</p>	
<p><b>4. Tuition and education amounts (full time and part time)</b> – If you are a student enrolled 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, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$531 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$159 for each month that you will be enrolled part time.</p>	
<p><b>5. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$7,968.</p>	
<p><b>6. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$837 or less, enter \$8,375. If his or her net income for the year will be between \$837 and \$9,212 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.</p>	
<p><b>7. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$837 or less, enter \$8,375. If his or her net income for the year will be between \$837 and \$9,212 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.</p>	
<p><b>8. Caregiver amount</b> – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,905 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>parent or grandparent (aged 65 or older); or</li> <li>relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,648.</li> </ul> <p>If the dependant's net income for the year will be between \$15,905 and \$20,553 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.</p>	
<p><b>9. Amount for infirm dependants age 18 or older</b> – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,608 or less, enter \$4,649. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,608 and \$11,257 and you want to calculate a partial claim, get Form TD1ON-WS and complete the appropriate section.</p>	
<p><b>10. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p><b>11. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her <b>tuition and education amounts</b> on his or her income tax return, enter the unused amount.</p>	
<p><b>12. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Continue on the next page ➔

**Completing Form TD1ON**

Complete 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 amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- 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 complete Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**Will you have 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 2015, 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, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

**Total income less than total claim amount**

☐ Check 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 wish to have more tax deducted, complete "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return 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, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* \_\_\_\_\_, 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 [www.cra.gc.ca/forms](http://www.cra.gc.ca/forms) or call 1-800-959-5525.

*Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 047*

**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 \_\_\_\_\_



**TRENDS WILL MATCH ALL YOUR CONTRIBUTIONS ON A 2 TO 1 BASIS AND HELP ALL THESE GREAT ORGANIZATIONS DO THEIR WORK! EVERY DOLLAR DONATED CONTRIBUTES THREE DOLLARS TO THE FOUNDATION!**



## *Direct Deposit Authorization Form*

I hereby authorize Trends International Publishing Corporation, hereinafter "Company" to credit payments due to my account with the financial institution designated below.

This authorization is to remain in full force and effect until Company has received written notice from me of its termination in such time and in such manner as to afford Company reasonable opportunity to act on it or until such time as Company terminates this agreement. In the event that I change my account, I will complete another Direct Deposit Authorization Form with the new banking information and submit to Payroll Department two weeks prior to the change.

### **Information for Payroll Purposes:**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

S.I.N. Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED: PLEASE ATTACH A CHEQUE MARKED "VOID"**

### *Account Information*

Bank or Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Branch City and Province: \_\_\_\_\_

Bank Number (3 digits): \_\_\_\_\_

Transit Number (5 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

**Our payroll service provider charges Trends International Publishing Corporation \$15 for direct deposits that are rejected due to the inability to deposit your funds. Incorrect account information given by the employee without an attached voided cheque and cancelling a bank account before notifying the Payroll Department of the change are some reasons for this.**

**The \$15 will be charged back to you, if this occurs, on the next payroll date.**





TRENDS INTERNATIONAL PUBLISHING CORPORATION

## S.I.N. INFORMATION

**IF A COPY OF THE S.I.N. CARD IS NOT OBTAINED, PLEASE COMPLETE THE FOLLOWING ONCE HIRED. THE MANAGER MUST REVIEW THE ACTUAL S.I.N. CARD FOR ACCURACY AND THEN SIGN THIS FORM.**

**S.I.N. NUMBER** \_\_\_\_\_

**NAME ON S.I.N. CARD** \_\_\_\_\_

**DATE OF BIRTH**      \_\_\_\_\_  
                                    dd    /    mm    /    yy

### Certification

**I certify that the information given on this form is correct and complete.**

<b>Employee Name</b>	<b>Employee signature</b>	<b>Date</b>
_____	_____	_____

<b>Regional Manager Name</b>	<b>Regional Manager Signature</b>	<b>Date</b>
_____	_____	_____

**RECEIPT AND ACKNOWLEDGMENT OF THE  
TRENDS INTERNATIONAL PUBLISHING CORPORATION  
EMPLOYEE HANDBOOK**

I understand that my signature below indicates that I have received the Trends International Publishing Corporation Employee Handbook. I also understand that it is my responsibility to read the Handbook. I also understand that the policies and/or procedures in this Handbook may be changed by the Company from time to time. Furthermore, I understand that the policies and procedures contained in this Handbook do not constitute a guarantee of employment and that my employment may be terminated with the minimum notice or payments required by the provincial statute of **Ontario**, as it may be amended from time to time and subject to the Act's exceptions, or such greater notice or payments as may be required by any written contract of employment, if any.

I have had full opportunity to consult with an advisor of my choice.

(The signed original copy of this agreement will be filed in your personnel file.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

## TRENDS INTERNATIONAL PUBLISHING CORPORATION CONFIDENTIAL INFORMATION AGREEMENT

In consideration for continued employment with TRENDS INTERNATIONAL PUBLISHING CORPORATION (Trends) and in connection with such employment, and for other good and valuable consideration received, I agree as follows:

1. I acknowledge that during the course of my employment, I may be exposed to confidential or proprietary information, which is the exclusive property of Trends. I agree that I will not disclose such information to third persons without first having obtained written permission from the President of Trends. I further agree that all proprietary or confidential information and products, inventions or discoveries that I develop or assist to develop during or as a result of my employment will become the property of Trends unless written release thereof is given by Trends.
2. This agreement supersedes all previous agreements, written or oral, relating to confidential or proprietary information, and inventions, discoveries or products and cannot be changed orally.
3. I understand that damages for violations of this agreement would be extremely difficult to compute and agree, therefore, that Trends would be entitled to obtain injunctive relief to prevent violation of this agreement.
4. This agreement shall be construed according to the laws of the province of **Ontario**.

(The signed original copy of this agreement will be filed in your personnel file.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)