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	ent from above C	ity Province	Postal Code	
Home Tel. #	Cell	lular #		
S.I.N. #	Sta	rt Date	· · · · · · · · · · · · · · · · · · ·	
Date of Birth/_ Day / Mon		_ Email Address		
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.

- 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
- Employee must register for epost. Once employee number is assigned by HR, employee
 may add <u>Ceridian</u> (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 Da	te _	Day /	Mon /	Year		
Last Name				First Name	7	
Position	-			Salary or H	ourly Rate	
Date of Birth	Day / Mo	on /	Year	Gender	Male / Female (Please circle one)	į.
Marital Status	Single M (Please circle		Separa	ated Divo	rced Widowed	Common Law
Dependents	(Please list na	ames)				
In case of emerger	ncy - contact:	Last N	ame		First Name	
Relationship				Resid	dential Tel #	
Business Tel #				Cellu	lar #	
Contact Address _						r e
City	_	Provir	nce		Postal Code	

2015 Personal Tax Credits Return

TD1

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).

	<u> </u>	T =-			
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	
	than one		mount. If you will have more than one employer me time" on the next page. If you are a non-resid		
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.					
or less, enter \$7,033. If your net i	ncome for	the year will be between \$35	your net income for the year from all sources wil 5,466 and \$82,353 and you want to calculate a p n, and complete the appropriate section.		
	Age Secur		ents from a pension plan or fund (excluding Cana supplement payments), enter \$2,000 or your esti		
or an educational institution certif in tuition fees, complete this secti time, enter the total of the tuition month for textbooks. If you are er	ied by Empon. If you a fees you warolled part	oloyment and Social Develop are enrolled full time, or if yo rill pay, plus \$400 for each m time and do not have a mer	b) – If you are a student enrolled at a university of the comment Canada, and you will pay more than \$100 to un have a mental or physical disability and are entered that you will be enrolled, plus \$65 per ental or physical disability, enter the total of the tue, plus \$20 per month for textbooks.) per institution irolled part	
6. Disability amount – If you will <i>Certificate</i> , enter \$7,899.	claim the	disability amount on your inc	come tax return by using Form T2201, <i>Disability</i>	Tax Credit	
whose net income for the year wi	II be less the me for the	nan \$11,327 (\$13,420 if he o year. If his or her net income	ur spouse or common-law partner who lives with or she is infirm) enter the difference between this e for the year will be \$11,327 or more (\$13,420 or	s amount	
who lives with you, and whose ne the caregiver amount for childr	et income f en under	or the year will be less than age 18 for this dependant)	common-law partner and you support a depend \$11,327 (\$13,420 if he or she is infirm and you , enter the difference between this amount and h 27 or more (\$13,420 or more if he or she is infir	cannot claim his or her	
9. Caregiver amount – If you are or less, and who is either your or • parent or grandparent (aged	your spou	se's or common-law partner'		\$15,735	
 relative (aged 18 or older) wh If the dependant's net income for you want to calculate a partial cla 	the year w	vill be between \$15,735 and	\$20,343 (\$15,735 and \$22,436 if he or she is in	firm) and	
spouse's or common-law partner' \$6,700. You cannot claim an amo	s relative, ount for a c	who lives in Canada, and wh lependant if you or anyone e	n infirm dependant age 18 or older who is your onose net income for the year will be \$6,720 or leads has already claimed it on line 8 or 9. If the door calculate a partial claim, get Form TD1-WS an	ss, enter ependant's net	
	come amo	ount, tuition, education and te	– If your spouse or common-law partner will not extbook amounts, or disability amount on his	t use all of	
income tax return, enter the unus	ed amoun	t. If your or your spouse's or	ot use all of his or her disability amount on his common-law partner's dependent child or grand or her income tax return, enter the unused amou	Ichild will not	
13. TOTAL CLAIM AMOUNT – A Your employer or payer will use to			your tax deductions.		
				Continue on the next page	

Comp	leting	Form	TD1
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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.

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	Date		
It is a serious offence to make a false return.	YYYY/M	IM/DD	



2015 Manitoba 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		
1. Basic personal amount – Every person employed If you will have more than one employer or payer at the same time?" on the next page.					
2. Age amount – If you will be 65 or older on Decementer \$3,728. If your net income for the year will be b Form TD1MB-WS, Worksheet for the 2015 Manitoba	etween \$27,749 and \$52,602	2 and you want to calculate a partial claim	less, , get		
3. Pension income amount – If you will receive regularly Plan, Quebec Pension Plan, Old Age Security, or Gulannual pension income, whichever is less.	ular pension payments from a aranteed Income Supplemen	a pension plan or fund (excluding Canada it payments), enter \$1,000, or your estima	Pension ated		
4. Tuition and education amounts (full time and p institution certified by Employment and Social Develor complete this section. If you are enrolled full time, or total of the tuition fees you will pay, plus \$400 for each mental or physical disability, enter the total of the tuition	pment Canada, and you will if you have a mental or physich th month that you will be enro	pay more than \$100 per institution in tuitical disability and are enrolled part time, e olled. If you are enrolled part time and do	on fees, enter the not have a		
5. Disability amount – If you will claim the disability Credit Certificate, enter \$6,180.	amount on your income tax re	eturn by using Form T2201, <i>Disability Ta.</i>	x		
6. 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 \$9,134, enter the difference between \$9,134 and his or her estimated net income. If his or her net income for the year will be \$9,134 or more, you cannot claim this amount.					
7. 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 \$9,134, enter the difference between \$9,134 and his or her estimated net income. If his or her net income for the year will be \$9,134 or more, you cannot claim this amount.			relative s or her		
 8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$12,312 or less, and who is either your or your spouse's or common-law partner's: parent or grandparent (aged 65 or older); or relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$3,605. If the dependant's net income for the year will be between \$12,312 and \$15,917 and you want to calculate a partial claim, get 					
Form TD1MB-WS and complete the appropriate section.					
9. Amount for infirm dependants age 18 or older spouse's or common-law partner's relative, who lives \$3,605. You cannot claim an amount for a dependant between \$5,115 and \$8,720 and you want to calculate	in Canada, and whose net in tyou claimed on line 8. If the	ncome for the year will be \$5,115 or less, dependant's net income for the year will	enter be		
10. Amounts transferred from your spouse or cor his or her age amount, pension income amount, tuitic enter the unused amount.					
11. Amounts transferred from a dependant – If you income tax return, enter the unused amount. If your case all of his or her tuition and education amounts	or your spouse's or common-l	law partner's dependent child or grandchi			
12. Manitoba Family Tax Benefit – Get Form TD1M	IB-WS and complete the appr	ropriate section.			
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	mine the amount of your prov	incial tax deductions.			
			Continue on the next page →		



Completing Form TD1MB

Complete this form **only** if you are an employee working in Manitoba or a pensioner residing in Manitoba 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 TD1MB, 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 TD1MB 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 TD1MB, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

	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 emp	oloyer 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 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.			
, ,			
	5.		
Signature	Date		
It is a serious offence to make a false return.			



November 25, 2014

For a number of years now Trends International Publishing Corporation has been involved in helping organizations that strive to help those of us that are not as able to help themselves. Our primary purpose is to assist worthwhile organizations that provide support and services to members of our local communities. We're proud to be working with Pegasus Community Project, Harmony Place Support Services, Ontario Track 3 Ski Association, Ontario Special Olympics, ErinoakKids, Best Buddies, Camelot Centre and Million Dollar Smiles. These organizations help integrate persons with special needs (kids, young adults and adults) by providing opportunities for recreation, socialization and education.

We need your help!

Please fill out the attached form and hand it back to Maddalena or Ruth in HR.

Please check one of the following and fill in the amount. The total amount of your donation for the tax year will appear on your T4. All charitable donations from payroll deduction are payable to The Trends Cares Foundation.

ш	I am not currently enrolled in the payroll charitable contribution	
	Please sign me up and I authorize you to deduct \$ from	m each pay
	period effective for pay date: /// (For example: Nov. 3	
	I am currently enrolled, please increase my contribution to \$each pay period effective for pay date:/	for
	☐ I do not wish to contribute at this time. Please check with me a	gain.
	Certification	
I co	Certification I certify that the information given on this form is, to the best of my knowledge, correct and complete	te.
		te.

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 I	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 P	Province:	_
Bank Number (3 d	ligits):	
Transit Number (5	idigits):	
Account Number:		_
that are rejected	ce provider charges Trends International Publishing Corporation \$15 for direct deposits due to the inability to deposit your funds. Incorrect account information given by the tan 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. CAR	D			
DATE OF BIRTH	dd / mm/ yy			
Certification				
I certify that the information given on this form is correct and complete.				
Employee Name	Employee signature	Date		
Regional Manager Name	Regional Manager Signature	Date		

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 **Manitoba**, 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 (place print)				
Name (please print)				

TRENDS INTERNATIONAL PUBLISHING CORPORATION CONFIDENTIAL INFORMATION AGREEMENT

In consideration for continued employment with TRENDS INTERNATONAL 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 **Manitoba**.

(The signed original copy of this	agreement will be filed in your personne	el file
Employee Signature	Date	
Name (please print)		