

2024 Nova Scotia **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer 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		
Address	Postal code	For non-residents only		Social insurance number	
		Country of permanent resider			
1. Basic personal amount – Every person employed personal amount. If your taxable income from all source amount of \$8,481 and the additional amount of \$3,000 between \$25,000 and \$75,000 and you want to calcula Worksheet for the 2024 Nova Scotia Personal Tax Creemployer or payer at the same time in 2024, see "More	ces for the year will be \$25, and if it is more than \$75, ate a partial claim for the \$3 edits Return, and fill in the a e than one employer or pay	000 or less enter \$11,481, compri 000 enter \$8,481. If your taxable is 8,000 additional amount, get Form appropriate section. If you will have ver at the same time on page 2.	sing the basic income will be TD1NS-WS, e more than one		
2. Age amount – If you will be 65 or older on Decemb \$4,141. You may enter a partial amount if your net incommount, fill out the line 2 section of Form TD1NS-WS.	ome for the year will be bet	ween \$30,828 and \$58,435.To ca	lculate a partial		
2.1 Age amount supplement – If you will be 65 or old \$25,000 or less, enter \$1,465. You may enter a partial \$75,000. To calculate a partial amount, fill out the line	amount if your taxable inco	ome for the year will be between \$			
3. Pension income amount – If you will receive regul- Pension Plan, Quebec Pension Plan, old age security, \$1,173 or your estimated annual pension.					
4. Tuition and education amounts (full-time and pa educational institution certified by Employment and So tuition fees. Enter your total tuition fees that you will pa \$200 for each month you will be a full-time studen.	ocial Development Canada, ay, plus the amount from th	and you will pay more than \$100			
 \$200 for each month you will be a part-time studer 		•			
\$60 for each month you will be a part-time student	t who does not have a men	tal or physical disability			
5. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$7,341.	·	, G			
6. Spouse or common-law partner amount – Enter the following conditions apply: • Your spouse or common-law partner lives with you • Your spouse's or common-law partner's net incom	u		rtner and both of		
You may enter a partial amount if your spouse's or corpartial amount, fill out the line 6 section of Form TD1N	mmon-law partner's net inco		,329. To calculate a		
6.1. Spouse or common-law partner supplement – spouse or common-law partner if both of the following	Enter the difference between	en \$3,000 and the estimated net in	ncome of your		
You are supporting your spouse or common-law partner who lives with you					
Your taxable income from all sources will be \$25,000 or less					
You may enter a partial amount if your taxable income spouse's or common-law partner's net income will be t TD1NS-WS.					
7. Amount for an eligible dependant – Enter \$8,481 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 spouse or		Ü		
The dependent is related to you and lives with you	ı				
The dependent has a net income of \$848 or less for l	or the year				
You may enter a partial amount if the eligible dependa partial amount, fill out the line 7 section of Form TD1N		r will be between \$848 and \$9,329	9. To calculate a		
7.1. Amount for an eligible dependant supplement eligible dependant if all of the following conditions app		veen \$3,000 and the estimated ne	t income of your		
 You do not have a spouse or common-law partne who you are not supporting or being supported by 		common-law partner who does no	ot live with you and		
The dependent is related to you and lives with you	J				
Your taxable income from all sources will be \$25,0	000 or less for the year				
You may enter a partial amount if your taxable income dependant's net income will be under \$3,000. To calcu					

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8. Caregiver amount – Enter \$4,898 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 \$13,677 or less for the year 	
You may enter a partial amount if the dependant's net income for the year will be between \$13,677 and \$18,575. To calculate a partial amount, fill out the line 8 section of Form TD1NS-WS.	
9. Amount for infirm dependants age 18 or older – Enter \$2,798 if you are supporting an infirm dependant and all of the following conditions apply:	
 The dependant lives in Canada and is related to you or your spouse or common-law partner The dependant is 18 years or older 	
The dependant has a net income of \$5,683 or less for the year	
You may enter a partial amount if the dependant's net income for the year will be between \$5,683 and \$8,481. To calculate a partial amount, fill out the line 9 section of TD1NS-WS. You cannot claim an amount for a dependant 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, tuition and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.	
11. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit 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 their tuition and education amounts on their income tax and benefit return, enter the unused amount.	
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.	
Filling out Form TD1NS	
 Fill out this form if you have taxable income in Nova Scotia 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 remuneration 	r any other
 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 TD1NS, 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 anot for 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed Form TD1NS, 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. To or payer will not deduct tax from your earnings.	hen your employer
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 the periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and to amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Sou 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 you RRSP contributions from your salary.	ition and education rce, to get a letter of
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 act administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, terr foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penaltic Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information Holdings at canada.ca/cra-information-about-programs.	itorial, aboriginal or es, or in other actions. with the Privacy
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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