

2025 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.

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|---|---|---|-------------------------------------|--|-----------------------------------|--|--|-------------------------|----|---------|---------------------|---|---|--|
| Last name | First nam | t name and initial(s) | | | | Date of birth (YYYY/MM/DD) Employee number | | | | er · | | | | |
| Address | | Postal code | | | For non-residents only | | | Social insurance number | | | | | | |
| | | 1 | ιI | 1 1 | | Country of permanent reside | ence | 1 | ıΙ | 1 | ı I | ı | ı | |
| | | | | | | | | | | | $\perp \perp \perp$ | | _ | |
| 1. Basic personal amount – Every person employed personal amount. If your taxable income from all source amount of \$8,744 and the additional amount of \$3,000 between \$25,000 and \$75,000 and you want to calcula Worksheet for the 2025 Nova Scotia Personal Tax Creemployer or payer at the same time in 2025, see "More | es for the , and if it is ate a partial edits Reture than one | year s mor al clai n, and e emp | will be that m for diffill in loyer | e \$25,0 n \$75,0 the \$3 n the a or pay | 000 000 3,00 ppr er a | or less enter \$11,744, composite the same of the same time. If you will have the same time on page 2. | rising the basic income will be m TD1NS-WS, ve more than or | ne | _ | | | | | |
| 2. Age amount – If you will be 65 or older on Decemb \$4,269. You may enter a partial amount if your net incommount, fill out the line 2 section of Form TD1NS-WS. | | | | | | | | | _ | | | | | |
| 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 | taxab | ole inco | ome | for the year will be between | | e | | | | | | |
| 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 student | cial Devel y, plus th | opme | nt Ca | anada, | and | d you will pay more than \$100 | per institution | | | | | | | |
| \$200 for each month you will be a part-time studer | | | | | | • | | | | | | | | |
| \$60 for each month you will be a part-time student | who does | s not h | nave | a ment | tal d | or physical disability | | | _ | | | | _ | |
| Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$7,341. | mount on | your i | ncom | ne tax a | and | benefit return by using Form | T2201, Disabili | ty | | | | | | |
| 6. Spouse or common-law partner amount – Enter the following conditions apply: | \$8,744 if y | you aı | e su | pportin | g y | our spouse or common-law p | artner and both | of | | | | | | |
| Your spouse or common-law partner lives with you | | | | | | | | | | | | | | |
| Your spouse's or common-law partner's net incom | • | | | | | | | | | | | | | |
| You may enter a partial amount if your spouse's or corpartial amount, fill out the line 6 section of Form TD1N | | partn | er's r | net inco | ome | e will be between \$874 and \$9 | 9,618. To calcul | ate a | | | | | | |
| 6.1. Spouse or common-law partner supplement – spouse or common-law partner if both of the following | | | | betwee | en \$ | \$3,000 and the estimated net | income of your | | | | | | | |
| You are supporting your spouse or common-law p | | | with | you | | | | | | | | | | |
| Your taxable income from all sources will be \$25,0 | 000 or less | 3 | | | | | | | | | | | | |
| You may enter a partial amount if your taxable income spouse's or common-law partner's net income will be upon TD1NS-WS. | | | | | | | | | | | | | | |
| 7. Amount for an eligible dependant – Enter \$8,744 conditions apply: | if you are | supp | orting | an eli | gibl | le dependent and all of the fo | llowing | | | | | | _ | |
| You do not have a spouse or common-law partne who you are not supporting or being supported by | r, or you h | ave a | spou | use or (| con | nmon-law partner who does n | ot live with you | and | | | | | | |
| The dependent is related to you and lives with you | I | | | | | | | | | | | | | |
| The dependent has a net income of \$874 or less for the second seco | or the yea | r | | | | | | | | | | | | |
| You may enter a partial amount if the eligible dependa partial amount, fill out the line 7 section of Form TD1N | | come | for th | ne year | wil | ll be between \$874 and \$9,61 | 8. To calculate | a | | | | | | |
| 7.1. Amount for an eligible dependant supplement eligible dependant if all of the following conditions app | | e diffe | erenc | e betw | eer | n \$3,000 and the estimated ne | et income of yo | ur | | | | | | |
| You do not have a spouse or common-law partne who you are not supporting or being supported by | r, or you h | ave a | spou | use or (| con | nmon-law partner who does n | ot live with you | and | | | | | | |
| The dependent is related to you and lives with you | | | | | | | | | | | | | | |
| Your taxable income from all sources will be \$25,0 | | | • | | | | | | | | | | | |
| You may enter a partial amount if your taxable income dependant's net income will be under \$3,000. To calculate | | | | | | | | | | | | | | |
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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. | I |
| 9. Amount for infirm dependants age 18 or older – Enter \$2,885 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 \$5,859 or less for the year | |
| You may enter a partial amount if the dependant's net income for the year will be between \$5,859 and \$8,744. 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 TD4NS | |
| Filling out Form TD1NS | |
| Fill out this form if you have taxable income in Nova Scotia and any of the following apply: | ar any other |
| you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, remuneration | or 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 and for 2025, 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. | other Form TD1NS ed on another |
| 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. or payer will not deduct tax from your earnings. | Then 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 the amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Scauthority 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. | tuition and education burce, 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. | |
| To got our forms and publications, go to canadatoard forms publications of our 1 000 303 0020. | |
| Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and adaministering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, terforeign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalt Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complain Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information-source. | rritorial, aboriginal or ies, or in other actions. nt with the Privacy |
| Certification | |
| I certify that the information given on this form is correct and complete. | |
| | |
| Signature | |
| Signature Date It is a serious offence to make a false return. | |
| it to a corrodo oriente to mane a raise retarm | |

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