



Guide to Completing the New Employee Step for Onboarding

The last step in the hiring process is known as Onboarding. During Onboarding, we ask you to provide more information so we can complete your hire into your new position. The process is completed online and takes approximately 30 minutes, depending on your requirements.

This guide shows the process from beginning to end and includes examples of all screens that will display for a new employee. If you are an internal employee who is transferring from your existing position into another, you will only see screens that apply to your individual requirements, based on your employment situation.

Note: Content that displays in the Onboarding system and related documents is subject to change. This will not impact the usefulness of this guide.

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Candidate Email Notification

When you are eligible to complete the Onboarding process, you will receive an email.

- Click the **Begin Onboarding** link in the email to access the Onboarding system.

Example email

Dear {FirstName},

Welcome to our team!

We need you to provide a bit more information so we can complete your hire into your new position. We call this 'onboarding'. Onboarding is done online and takes approximately 30 minutes, depending on your requirements.

Please complete your onboarding as soon as possible, and before your first day of work in your new position. It's important that you complete all steps, even if you feel some of this information is already on record. Otherwise, you may experience an interruption in your pay delivery and benefits coverage.

Click on the link below to access online onboarding. If you can't complete everything in one session, use this link each time you need to access the system.

Onboarding Login:

- The first time you access onboarding, the system will ask you to set up a password and security question.
- Remember your password and security answer. At various steps you will need to enter some or all of this information.

Your employee number is **{EmployeeId}**. Take note of this as you will need to provide this number when you register for online pay statement delivery.

If you have questions about onboarding:

- See the [Guide to Completing the New Employee Step for Onboarding](#). You can click on a heading in the Contents list to be taken directly to that subject.
- If you need further assistance, contact the Human Resources department at your site.

Remember – complete onboarding right away so you don't experience delays or errors in your pay and benefits coverage!

[Begin Onboarding](#)

Regards,
Human Resource Shared Services (HRSS)

Create your Password and Security Question Panel

In this panel, you need to:

- Create a password that is unique to the Onboarding system to complete and electronically sign your documents. Your password will be required in the event you need to log back into the Onboarding system.
- Select a security question and enter the answer. If you forget your password, you will need to answer the security question. See how to [Reset Your Onboarding Password](#) in the event you need to reset your password.

Instructions:

1. Enter your password in the **Password** field.
2. Re-enter your password in the **Re-Enter Password** field.
3. Select a security question from the **Security Question** menu.
4. Enter the answer for your security question in the **Security Answer** field.
5. Click the **Start Employee Wizard** button to begin your Onboarding.

English

Create your Password and Security Question.

User Name

First Name Last Name

Password Re-Enter Password

Security Question Mother's Maiden Name

Security Answer

Remember security answer is case sensitive.

Click [Start Employee Wizard](#) to complete new hire forms.

Tip: You can click the symbols for additional help with your password and security question.

Welcome to Manitoba Health Care Onboarding Panel

This panel provides an explanation of the steps that are part of the Onboarding process.

- You must click the **Notice – Protection of Privacy and the Collection of Personal Information** link to open and read the document (document opens in a new browser window). A checkmark will appear in the box.

Note: You can click the link at the bottom section of the screen to read more about completing any security checks that have been requested.

Welcome to Manitoba Health Care Onboarding (Carrie Solmundson)
New Employee Step English >>

It's time to begin onboarding!

Your personal onboarding steps have been selected based on the situation of your hire. **It's very important that you complete all steps that we ask of you.** These include some or all of the following:

- Answering questions about yourself
- Reading key policies
- Signing up for electronic pay and T4 statements
- Providing direct deposit and emergency contact information
- Completing tax forms and benefit plan enrolment forms

Please complete onboarding before you start work in your new position. It takes approximately 30 minutes. You can stop at any point, and your work will be saved for completion at a later time. When you have completed all required steps, you will see a Thank You screen.

If you are not currently paid by the WRHA or Shared Health, you will need the following:

- Image of a void cheque or statement from your financial institution with your direct deposit information
- Your employee ID number (see your Begin Onboarding email)

Please click on the link below and read the notice before proceeding:

Notice – Protection of Privacy and the Collection of Personal Information *

If you have any questions about completing onboarding, please contact your site HR department or call HR Shared Services at 204-950-8500, option 5.

In addition to this online onboarding, you may be contacted by your site HR team, Occupational Health Nurse, and/or Manager for information.

Please remember to also complete any security checks requested in your letter of offer. [Click here](#) for more information.

Cancel Next



New Hire Information Panel

This panel displays information about you.

- Review the information to ensure it is accurate and make edits if required.

Note: Fields that are greyed out cannot be edited. If information in any of the greyed out fields is incorrect, please contact the Service Desk at 204-940-8500 and select option 5 for HR Shared Services.



New Hire Information (Carrie Solmundson)
New Employee Step English >

Employee Information

Employee Name

Legal First Name	<input type="text" value="Carrie"/>
Middle Name	<input type="text"/>
Legal Last Name	<input type="text" value="Solmundson"/>
Preferred Name	<input type="text"/>
Employee ID	<input type="text" value="00103456"/>

Primary & Secondary Phone Number

Primary Phone Number (Format: 10 digits)	<input type="text" value="2047894567"/>
Secondary Phone Number (Format: 10 digits)	<input type="text"/>

Physical Address

Street Number and Name	<input type="text" value="234 Ronald Street"/>
Address Line 2	<input type="text"/>
City	<input type="text" value="Winnipeg"/>
Country	<input type="text" value="CANADA"/>
Province	<input type="text" value="MANITOBA"/>
Postal Code	<input type="text" value="R3J 3J4"/>

Mailing Address

Street Number and Name	<input type="text" value="234 Ronald Street"/>
Address Line 2	<input type="text"/>
City	<input type="text" value="Winnipeg"/>
Country	<input type="text" value="CANADA"/>
Province	<input type="text" value="MANITOBA"/>
Postal Code	<input type="text" value="R3J 3J4"/>

Date of Birth and Gender

Date of Birth (mm/dd/yyyy)	<input type="text" value="25/04/2000"/>
Gender	<input type="text"/>
Social Insurance Number	<input type="text"/>

Spouse and Dependents Panel

This panel provides information about your spouse and/or dependents (if applicable).

- You must click the **Eligible Dependent Children Definition** and **Marital Status Definition** links to open and read each document (documents open in a new browser window).
- Select the **Family Status** and **Marital Status** that apply to you.

Note: If you select something other than **Single**, you will be asked to complete additional (mandatory) fields. Refer to the next two pages for examples.

Spouse and Dependents (Carrie Solmundson)
New Employee Step English >>

Spouse and Dependent Information

You must enroll in family coverage if you have a spouse/common-law and/or eligible dependent children.

[Eligible Dependent Children Definition.](#)

Family Status

Single: I do not have eligible family members (spouse, common-law partner and/or eligible dependant children).

Family: I have eligible family members (spouse, common-law partner and/or eligible dependant children).

[* Marital Status Definition.](#)

Marital Status

Single

Married

Common-Law

Separated/Divorced

Widowed



Spouse and Dependents Panel (continued)

Family Status

If you selected **Family** as your **Family Status**, you will be asked if you have eligible dependent children:

- Select **Yes** or **No**

Spouse and Dependent Information

You must enroll in family coverage if you have a spouse/common-law and/or dependent children.
[Eligible Dependent Children Definition*](#)

Family Status

Single: I do not have eligible family members (spouse, common-law partner and/or eligible dependant children).
 Family: I have eligible family members (spouse, common-law partner and/or eligible dependant children).

[* Marital Status Definition*](#)

Marital Status

Single
 Married
 Common-Law

Do you have eligible dependent children?

Yes
 No

- If you selected **Yes**, you must indicate the number of eligible dependents using the drop-down menu:

Number of eligible dependents -- SELECT -- *

- For each eligible dependent, you must complete the additional (mandatory) fields:

Dependent 1

First Name

Middle Initial

Last Name

Gender

Male
 Female
 Non-Binary
 Prefer Not to Disclose

* Date of Birth (mm/dd/yyyy)

Relationship

Does your dependent child reside in Canada?

Full-Time Student
 Disabled

Yes No



Spouse and Dependents Panel (continued)

Marital Status

- If you selected **Married** as your **Marital Status**, you must complete the additional (mandatory) fields:

Spouse/Common-Law Information

First Name

Middle Initial

Last Name

Gender

Male
 Female
 Non-Binary
 Prefer Not to Disclose

* Date of Birth (mm/dd/yyyy)

Date of Marriage (mm/dd/yyyy)

Does your spouse or common-law partner reside in Canada?

Yes No

- If you selected **Common-Law** as your **Marital Status**, complete the additional (mandatory) fields:

Spouse/Common-Law Information

First Name

Middle Initial

Last Name

Gender

Male
 Female
 Non-Binary
 Prefer Not to Disclose

* Date of Birth (mm/dd/yyyy)

Date of Cohabitation (mm/dd/yyyy)

Does your spouse or common-law partner reside in Canada?

Yes No



Spouse and Dependents Panel (continued)

- If you selected **Separated/Divorced** as your **Marital Status**, complete the additional (mandatory) fields:

Former Spouse/Common-Law Partner Information	
Date of Separation	<input type="text" value="MM/dd/yyyy"/>  *
First Name	<input type="text"/> *
Middle Initial	<input type="text"/>
Last Name	<input type="text"/> *



Employment Equity Survey Panel

This panel asks questions related to diversity.

- For each question, select a response from the drop-down (i.e. *Prefer not to answer / Yes / No*).

Employment Equity Survey (Carrie Solmundson)
English >>

The following questionnaire asks questions related to diversity. Completing this is voluntary. We request this information for statistical purposes only. Your information - or your decision to not provide information - is confidential and will not be used in making hiring decisions. We provide equal opportunity to all qualified candidates.

Indigenous People

For the purposes of employment equity, "Indigenous peoples" means persons who are First Nations, Inuit or Métis

Do you identify yourself as an Indigenous person?

Visible Minority

For the purpose of employment equity, a "Visible Minority" is a person (other than Indigenous peoples as defined above) who is non-Caucasian in race or non-white in colour, regardless of place of birth.

Do you identify yourself as part of a visible minority?

Disability

For the purpose of employment equity, a person with a disability is a person who has a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment and who:

a) Consider themselves to be disadvantaged in employment because of that impairment, or

b) Believe that an employer or potential employer is likely to consider them to be disadvantaged in employment because of that impairment, and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Do you identify yourself as a person with disability?



Emergency Contact Information Panel

This panel collects your emergency contact information.

- Complete all fields.

Emergency Contact Information (Carrie Solmundson)
New Employee Step English >>

Emergency Contact Information

First Name

Last Name

Phone Number (10 digits)

Note: Please provide a phone number where this individual can be reached during your working hours.



Conflict of Interest Declaration Panel

This panel provides and collects information about conflict of interest and industry relationships.

- You must click the **Conflict of Interest** and **Industry Relationships** links to open and read each document (documents open in a new browser window). A checkmark will appear in each box.
- Select **Yes** or **No** (No is selected by default).

Note: If you select **Yes**, you will be asked to provide (mandatory) details. See example below.

Conflict of Interest Declaration (Carrie Solmundson)
English >>

New Employee Step

Please click on the links below to read the Conflict of Interest and Industry Relationships policies:

Conflict of Interest *

 Industry Relationships *

To put it simply, a **conflict of interest** is a situation in which you have competing interests or loyalties.

For example:

- You are a homecare worker and you also have a private business providing foot care.
- You order supplies for your unit and your husband or wife works for a medical supply company.

A conflict of interest may be real or potential. If a situation *could* be perceived as a conflict of interest by a person outside the situation, it needs to be identified and on record.

Having read the policies and information above, are you in a situation or association which may place you in a conflict of interest?

Yes
 No

Cancel
Back
Next

- If you selected **Yes**, provide a description of your conflict of interest in the **Conflict Information** field.



Having read the policies and information above, are you in a situation or association which may place you in a conflict of interest?

- Yes
- No

Briefly describe your conflict of interest situation

Conflict Information

Cancel

Back

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Conflict of Interest Declaration (Continued) Panel

This panel collects conflict of interest-related information that applies to all representatives.

Review each statement and make a selection from the options.

Note: this panel **does not apply** to (and will not appear for) Shared Health employees.

- If you select **Other** for either statement, you will be asked to specify in an additional (mandatory) field. See example on the next page.
- If you select **Clinical Staff** for the second statement, you will be asked to specify a group. See example on the next page.

New Hire Information (Patricia Harpole)
New Employee Step English >>

Conflict of Interest Declaration (Continued)

I am a Representative (check all applicable boxes) in the following category

Employee (Job Title)
 Board Member
 Secondee
 Medical Staff
 Other

I am a member of the following group (check all applicable boxes)

Clinical Staff
 Management Staff
 Administrative/Support Staff
 Other



Conflict of Interest Declaration (Continued) Panel (continued)

- If you selected **Other** for either of the statements, you must specify in the additional (mandatory) field.

Note: the panels on this page **do not apply** to (and will not appear for) Shared Health employees.

I am a Representative (check all applicable boxes) in the following category

Employee (Job Title)
 Board Member
 Secondee
 Medical Staff
 Other

Please specify

I am a member of the following group (check all applicable boxes)

Clinical Staff
 Management Staff
 Administrative/Support Staff
 Other

Please specify

- If you selected **Clinical** for the second statement, you must make a (mandatory) selection from the additional options to specify.

Note: If you select **Other** from the additional options, you will be asked to specify in an additional (mandatory) field.

I am a member of the following group (check all applicable boxes)

Clinical Staff
 Please specify

Nursing Staff
 Medical Staff
 Professional/Technical Staff
 Other (please specify)

Management Staff
 Administrative/Support Staff
 Other

Direct Deposit Information Panel

This panel collects your direct deposit information.

- Select **Yes** or **No**

Direct Deposit Information (Carrie Solmundson)
New Employee Step English >>

Our employees are paid by direct deposit. To set up your deposits, we need the following:

1. Image of a void cheque **or** direct deposit statement from your bank or credit union (PDF, JPEG or JPG file format)
2. Bank transit (branch) and institution numbers, and account number (available on your cheque, or your direct deposit statement)

Are you able to provide this now?

If **yes**, complete the fields that will appear below.

If **no**, you will need to provide this information at a later time. You will be paid by cheque mailed to your home for a maximum of two pay periods. Instructions for providing your direct deposit information will be mailed with your cheque.

Yes No

- If you select **Yes**, you must complete the additional (mandatory) fields and upload an image of your void cheque in *.jpeg* or *.pdf* format.

Tip: The Bank Institution number is three digits, and the Bank Transit number is five digits.



[How to find bank information on your cheque – click here](#)

Bank Institution & Bank Transit Numbers

Bank Account #

Attach void cheque or direct deposit statement – PDF, JPEG or JPG file format only

Canada Personal Tax Credits Return Form TD1 Panel (1/9)

This panel provides information about completing your Federal TD1 form. The Federal TD1 form is completed over multiple screens.

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

Here are a few things to keep in mind as you complete your Federal TD1 form:

- Please read through questions and deduction descriptions carefully
- Keep track of the amounts you claim as you will need to enter a total claim amount
- If your total income for the year will be less than your total claim amount, check the box for 'Total Income Less Than Total Claim Amount'
- The 'Additional Tax To Be Deducted' option is located after you have entered your total claim amount

You will be able to review and edit your completed TD1 prior to submitting your paperwork.

If you require assistance, or have questions, please visit the [Canada Revenue Agency Website](#).

Canada Personal Tax Credits Return Form TD1 Panel (2/9)

- If you select the **More than one employer or payer at the same time** checkbox, the screens to complete lines 2 through 12 of the TD1 will not appear. The system will automatically populate “0” as the Total Claim Amount on your form, regardless of the dollar amount entered in Line 13 Total Claim Amount field.

Note: The WRHA legal entity is considered one employer and is comprised of the following:

- Churchill Health Centre
- Deer Lodge Centre
- Golden West Centennial Lodge
- Grace Hospital
- Medical Remuneration
- Middlechurch Home of Winnipeg
- Pan Am Clinic
- River Park Gardens
- Victoria General Hospital
- Winnipeg Regional Health Authority – corporate programs / community health services

Note: The Shared Health legal entity is considered one employer and is comprised of the following:

- Health Sciences Centre
- Shared Health programs/services

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).



Canada Personal Tax Credits Return Form TD1 Panel (3/9)

This panel collects information about Canadian residency.

- **Non-residents of Canada:** select **Yes** or **No** for the first question. If you select **No**, the screens to complete lines 2 through 12 of the TD1 will not appear. The system will automatically populate “0” as the Total Claim Amount when signing the form, regardless of the dollar amount entered in Line 13 Total Claim Amount field.
- **Canadian residents and non-residents of Canada** must indicate their country of permanent residence using the drop-down menu.

Note: You must indicate your country of permanent residence, regardless of whether you are a Canadian resident or a non-resident of Canada.

Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
English >>

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the subsequent panels)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

For non-residents only - Country of permanent residence. -- SELECT --

Cancel Back Next



Canada Personal Tax Credits Return Form TD1 Panel (4/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step

English >>

1. Basic personal amount

Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18

Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount

If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount

If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less:** \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time)

Fill in this section if you are a student 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. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

[Show Onboarding 1.0 version information](#)

Cancel

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Next



Canada Personal Tax Credits Return Form TD1 Panel (5/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

6. Disability amount

If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

7. Spouse or common-law partner amount

Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant

Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do not have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner

Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.



Canada Personal Tax Credits Return Form TD1 Panel (6/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

- **Line 13 (TOTAL CLAIM AMOUNT)** is mandatory.

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

10. Canada caregiver amount for dependant(s) age 18 or older

If, at any time in the year, you support an **infirm** dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. 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 amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. 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 amount on their income tax and benefit 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.



Canada Personal Tax Credits Return Form TD1 Panel (7/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. 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.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

[Cancel](#) [Back](#) [Next](#)



Canada Personal Tax Credits Return Form TD1 Panel (8/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

Deduction for living in a prescribed zone

You may claim **any** of the following amounts 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 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 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 may claim 50% of the total of the above amounts.
For more information, go to canada.ca/taxes-northern-residents.

Show Onboarding 1.0 version information Cancel Back Next



Canada Personal Tax Credits Return Form TD1 Panel (9/9)

Note: Any questions about completing your Federal TD1 should be directed to the [Canada Revenue Agency](#).

Canada Personal Tax Credits Return Form TD1 (Carrie Solmundson)
New Employee Step English >>

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

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 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, fill out Form T1213, Request to Reduce Tax Deductions at Source, 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.

[Show Onboarding 1.0 version information](#)

Provincial Personal Tax Credits Return Form TD1 Panel (1/6)

This panel provides information about completing your Provincial TD1 form. The Provincial TD1 form is completed over multiple screens.

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).

Provincial Personal Tax Credits Return Form TD1 (Carrie Solmundson)

New Employee Step English >>

Here are a few things to keep in mind as you complete your Provincial TD1 form:

- Please read through questions and deduction descriptions carefully
- Keep track of the amounts you claim as you will need to enter a total claim amount
- If your total income for the year will be less than your total claim amount, check the box for 'Total Income Less Than Total Claim Amount'

You will be able to review and edit your completed TD1 prior to submitting your paperwork.

If you require assistance, or have questions, please visit the [Canada Revenue Agency Website](#).

[Show Onboarding 1.0 version information](#)

Cancel Back **Next**

Manitoba Personal Tax Credits Return Form TD1MB Panel (2/6)

- If you select the **More than one employer or payer at the same time** checkbox, the screens to complete lines 2 through 12 of the TD1 will not appear. The system will automatically populate “0” as the Total Claim Amount when signing the form, regardless of the dollar amount entered in Line 13 Total Claim Amount field.

Note: The WRHA legal entity is considered one employer and is comprised of the following:

- Churchill Health Centre
- Deer Lodge Centre
- Golden West Centennial Lodge
- Grace Hospital
- Medical Remuneration
- Middlechurch Home of Winnipeg
- Pan Am Clinic
- River Park Gardens
- Victoria General Hospital
- Winnipeg Regional Health Authority – corporate programs / community health services

Note: The WRHA legal entity is considered one employer and is comprised of the following:

- Churchill Health Centre
- Deer Lodge Centre
- Grace Hospital
- Medical Remuneration
- Middlechurch Home of Winnipeg
- Pan Am Clinic
- River Park Gardens
- Victoria General Hospital
- Winnipeg Regional Health Authority – corporate programs / community health services

Note: The Shared Health legal entity is considered one employer and is comprised of the following:

- Health Sciences Centre
- Shared Health programs/services

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).



Manitoba Personal Tax Credits Return Form TD1MB (Carrie Solmundson)

New Employee Step

English >>

Filling out Form TD1MB

Fill out this form if you have taxable income 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 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 TD1MB, 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 TD1MB for 2024, 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, check this box, enter "0" on line 13 on the front page and do not fill in lines 2 to 12.

Cancel

Back

Next



Manitoba Personal Tax Credits Return Form TD1MB Panel (3/6)

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).

Manitoba Personal Tax Credits Return Form TD1 MB (Carrie Solmundson)
English >>

1. Basic personal amount 15,780

Every person employed in Manitoba and every pensioner residing in Manitoba can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.

2. Age amount

If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$27,749 or less, enter \$3,728. You may enter a partial amount if your net income for the year will be between \$27,749 and \$52,602. To calculate a partial amount, fill out the line 2 section of Form TD1MB-WS, Worksheet for the 2024 Manitoba Personal Tax Credits Return.

3. Pension income amount

If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less:** \$1,000 or your estimated annual pension.

4. Tuition and education amounts (full-time and part-time)

Fill out this section if you are a student 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. Enter your total tuition fees that you will pay, plus the amount from the following conditions that apply:

- \$400 for each month you will be a full-time student
- \$400 for each month you will be a part-time student who has a mental or physical disability
- \$120 for each month you will be a part-time student who does not have a mental or physical disability

5. Disability amount

If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$6,180.

Cancel
Back
Next

Note: If there are no other claim amounts to enter, the Basic personal amount from Line 1 must be entered into the [TOTAL CLAIM AMOUNT on Line 13](#).



Manitoba Personal Tax Credits Return Form TD1MB Panel (4/6)

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).

Manitoba Personal Tax Credits Return Form TD1MB (Carrie Solmundson)
English >>

New Employee Step

6. Spouse or common-law partner amount

Enter the difference between \$9,134 and the estimated net income of your spouse or common-law partner if **both** of the following conditions apply:

- You are supporting your spouse who lives with you
- Your spouse's or common-law partner's net income for the year will be less than \$9,134

7. Amount for an eligible dependant

Enter the difference between \$9,134 and the estimated net income of the eligible dependant if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than \$9,134

8. Caregiver amount

Enter \$3,605 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 \$12,312 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$12,312 and \$15,917. To calculate a partial amount, fill out the line 8 section of Form TD1MB-WS.

9. Amount for infirm dependants age 18 or older

Enter \$3,605 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant is related to you or your spouse or common-law partner and lives in Canada
- The dependant is 18 years or older
- The dependant has a net income of \$5,115 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$5,115 and \$8,720. To calculate a partial amount, fill out the line 9 section of Form TD1MB-WS. You **cannot** claim an amount for a dependant you claimed on line 8.

10. Amounts transferred from your spouse or common-law partner

Cancel
Back
Next



Manitoba Personal Tax Credits Return Form TD1MB Panel (5/6)

- **Line 13 (TOTAL CLAIM AMOUNT)** is mandatory.

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).

Manitoba Personal Tax Credits Return Form TD1MB (Carrie Solmundson)

New Employee Step English >>

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. Manitoba Family Tax Benefit

To calculate this amount, fill out the line 12 section of Form TD1MB-WS.

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

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



Manitoba Personal Tax Credits Return Form TD1MB Panel (6/6)

Note: Any questions about completing your Provincial TD1 should be directed to the [Canada Revenue Agency](#).

Manitoba Personal Tax Credits Return Form TD1MB (Carrie Solmundson)
New Employee Step English >>

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 13. Your employer or payer will not deduct tax from your earnings.

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 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, fill out Form T1213, Request to Reduce Tax Deductions at Source, 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.

Cancel Back Next



Great West Life Group Benefit Plan Details Panel

This panel only applies to (and appears for) Shared Health employees who are located in Thompson. It provides and collects information for the Great West Life application for group coverage.

- You must click the **Plan Details** link to open and read the document (document opens in a new browser window). A checkmark will appear in the box.
- You must answer **Yes** or **No** to the questions listed on the screen.

Great West Life Group Benefit Plan Details (Test Thompson)
English >>

New Employee Step

Great West Life Application for Group Coverage

[Plan Details*](#)

Note: Dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

Would you like to refuse benefits for either yourself and/or your dependents? Yes No

Does your spouse have active dental group benefits with his/her employer? Yes No

- If you selected **Yes** to “would you like to refuse benefits for either yourself and/or your dependents” you must complete additional fields.

Refusal of Benefits

I understand the plan of group benefits offered to me, but I decline to participate in dental care for:

Myself and my dependants My dependants only *

Spousal insurers name: *

Spouse's Plan Number: *

- If you selected **Yes** to “Does your spouse have active dental group benefits with his/her employer” you must also complete the Manitoba Blue Cross - Health Sciences Centre - application for dental benefits panel (see next page).



Manitoba Blue Cross - Health Sciences Centre: Application for Dental Benefits

This panel only appears if you are being hired into a unionized position at the Health Sciences Centre and you are eligible for the Health Sciences Centre Dental Service Plan.

Manitoba Blue Cross (Carrie Solmundson)
New Employee Step
English >>

[Health Sciences Centre - application for dental benefits](#)

Please click on the link below and read the following document to help you understand your benefits.

[Understanding your dental benefits](#)

HSC Dental Enrolment Rules

- Permanent Employees: First day of the month following 3 months from the employee's hire date.
- Temporary Employees: First day of the month following 1 year from the employee's hire date.
- Exception: First day of the month following employee's hire date, only if employee is transferring from another facility in the Manitoba Healthcare System, where they were participating in the HEB Dental plan.

This coverage applies for: Dental Service Plan

- Employees must enroll according to their true family status
- Once enrolled, employees may not opt out while still employed. (Except in the event of duplicate coverage)

Please Select One:

Enrol Waive*

Cancel
Back
Finish

- If you selected **Waive**, you must complete the additional (mandatory) fields.

Since you have elected to waive coverage please provide details of your alternate coverage:

Policy Number *

Name of Insurance Company *

- If you selected **Enrol**, you must complete the additional (mandatory) fields.

Do you or your dependents have dental coverage through another insurance plan to be coordinated?
 Yes No *



Manitoba Blue Cross - Health Sciences Centre: Application for Dental Benefits (cont'd)

- If you selected **Yes**, you must complete the additional (mandatory) fields.

If yes, please indicate:

Name of Insured

Name of Insurance Company

Policy Number

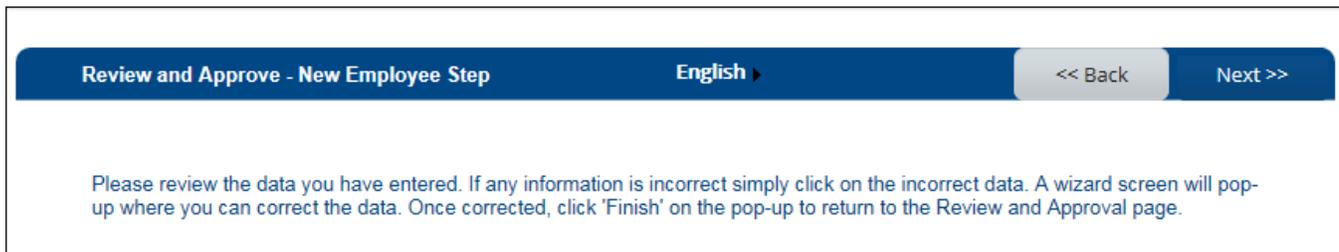
Review and Approve Panels

When you have finished filling out all the necessary information panels, you will be presented with a series of “Review and Approve” panels. Each panel displays the information you entered throughout the process, giving you the chance to review it one last time before approving it.

Instructions:

- Review the information that displays on each Review and Approve panel.
- If any of your entries are incorrect, click on the incorrect information. The original panel will open, and you can correct the information. Once corrected, click the **Finish** button to return to the Review and Approve panels.
- When you finish reviewing the information on each Review and Approve panel, click the **Next** button to advance to the next.
- When you reach the final Review and Approve panel, a **Finish** button will display.

Note: If you return to a panel to correct information, any mandatory links on that panel must be clicked again. For example, definitions, documents to read, etc.



The screenshot shows a dark blue header bar with the text "Review and Approve - New Employee Step" on the left, "English" with a right-pointing arrow in the center, and two buttons on the right: "<< Back" and "Next >>". Below the header, the main content area contains the following instruction text:

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.



Review and Approve Panel (1/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step
English
Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct, click 'Finish' on the pop-up to return to the Review and Approval page.

New Hire Information

Employee Information

Employee Name			
Legal First Name	Carrie	Middle Name	<input type="text"/>
Legal Last Name	Solmundson	Preferred Name	<input type="text"/>
Employee ID	00103456		

Primary & Secondary Phone Number

Primary Phone Number (Format: 10 digits)	2047894567	Secondary Phone Number (Format: 10 digits)	<input type="text"/>
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Physical Address

Street Number and Name	234 Ronald Street	Address Line 2	<input type="text"/>
City	Winnipeg	Country	CA
Province	MANITOBA	Postal Code	R3J 3J4

Mailing Address

Street Number and Name	234 Ronald Street	Address Line 2	<input type="text"/>
City	Winnipeg	Country	CA
Province	MANITOBA	Postal Code	R3J 3J4

Date of Birth and Gender

Date of Birth (mm/dd/yyyy)	25/04/2000	Gender	Female
Social Insurance Number	656098765		

Spouse and Dependents

Spouse and Dependent Information

You must enroll in family coverage if you have a spouse/common-law and/or eligible dependent children.

Eligible Dependent Children Definition	Family Status	Family: I have eligible family members (spouse, common-law partner and/or eli
Marital Status Definition	Marital Status	Married

Do you have eligible dependent children? Yes

Spouse/Common-Law Information

First Name	kevin	Middle Initial	<input type="text"/>
Last Name	Solmundson	Gender	Male
Date of Birth (mm/dd/yyyy)	25/04/1991	Date of Marriage (mm/dd/yyyy)	25/04/2021

Does your spouse or common-law partner reside in Canada? Yes

Number of eligible dependents: 1

Dependent 1

First Name	Belram	Middle Initial	<input type="text"/>
Last Name	Solmundson	Gender	Male
Date of Birth (mm/dd/yyyy)	25/04/2023	Relationship	Child

Does your dependent child reside in Canada? Yes

Full-Time Student: No

Disabled: No

Close
Next >>



Review and Approve Panel (2/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English ▾ << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Employment Equity Survey

Do you identify yourself as an Indigenous person? **No**

Do you identify yourself as part of a visible minority? **No**

Do you identify yourself as a person with disability? **No**

Emergency Contact Information

First Name **Kevin** Last Name **Solmundson**

Phone Number (10 digits) **2045098765**

Conflict of Interest Declaration

Conflict of Interest **Industry Relationships**

No

Close << Back Next >>



Review and Approve (3/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step
English ▶
<< Back
Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

WRHA - New Hire Information

Conflict of Interest Declaration (Continued)

Employee (Job Title)	Yes	Board Member	No
Seconded	No	Medical Staff	No
Other	No		
Clinical Staff	Yes	Please specify	Nursing
Management Staff	No	Administrative/Support Staff	No
Other	No		

Direct Deposit Information

Are you able to provide bank information for direct deposit at this moment? Yes

Bank Account #	Void Cheque information detail	Bank Institution & Bank Transit Numbers	00412345
	1234567		

Uploads: Click here to review uploaded files

Uploaded_30_04_2018_20_40_49.pdf

Close
<< Back
Next >>

[Show Onboarding version information](#)



Review and Approve (4/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step
English ▾
<< Back
Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Canada Personal Tax Credits Return Form TD1

Filling out Form TD1

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 2024, 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 and do not fill in Lines 2 to 12. No

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 13. Your employer or payer will not deduct tax from your earnings. No

Canada Personal Tax Credits Return Form TD1

For non-resident only (Tick the box that applies to you.)

Yes (Fill out the subsequent panels)	No	No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)	No
--------------------------------------	----	--	----

For non-residents only - Country of permanent residence.

Close
<< Back
Next >>



Review and Approve (5/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English ▾ << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Canada Personal Tax Credits Return Form TD1

1. Basic personal amount	15705	2. Canada caregiver amount for infirm children under age 18	_____
3. Age amount	_____	4. Pension income amount	_____
5. Tuition (full-time and part-time)	_____		

Canada Personal Tax Credits Return Form TD1

6. Disability amount	_____	7. Spouse or common-law partner amount	_____
8. Amount for an eligible dependant	_____	9. Canada caregiver amount for eligible dependant or spouse or common-law partner	_____

Canada Personal Tax Credits Return Form TD1

10. Canada caregiver amount for dependant(s) age 18 or older	_____	11. Amounts transferred from your spouse or common-law partner	_____
12. Amounts transferred from a dependant	_____	13. TOTAL CLAIM AMOUNT – Add Lines 1 to 12.	15705

Close << Back Next >>



Review and Approve (6/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English ▾ << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Canada Personal Tax Credits Return Form TD1

Provincial or territorial personal tax credits return

Canada Personal Tax Credits Return Form TD1

Deduction for living in a prescribed zone

You may claim **any** of the following amounts 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 2024:

Close << Back Next >>



Review and Approve (7/ 10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English ▾ << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Canada Personal Tax Credits Return Form TD1

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later. _____

Reduction in tax deductions

Close << Back Next >>



Review and Approve (8/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English > << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Manitoba Personal Tax Credits Return Form TD1MB

Filling out Form TD1MB

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 2024, 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, check this box, enter "0" on line 13 on the front page and do not fill in lines 2 to 12. No

Manitoba Personal Tax Credits Return Form TD1MB

1. Basic personal amount	15,780	2. Age amount	_____
3. Pension income amount	_____	4. Tuition and education amounts (full-time and part-time)	_____
5. Disability amount	_____		

Close << Back Next >>



Review and Approve (9/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English >

<< Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Manitoba Personal Tax Credits Return Form TD1MB

6. Spouse or common-law partner amount	_____	7. Amount for an eligible dependant	_____
8. Caregiver amount	_____	9. Amount for infirm dependants age 18 or older	_____
10. Amounts transferred from your spouse or common-law partner	_____		

Manitoba Personal Tax Credits Return Form TD1MB

11. Amounts transferred from a dependant	_____	12. Manitoba Family Tax Benefit	_____
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. 15780			

Close << Back Next >>

Review and Approve (10/10)

Review the information in the panel and move to the next.

Review and Approve - New Employee Step English << Back Next >>

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Manitoba Personal Tax Credits Return Form TD1MB

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 13. Your employer or payer will not deduct tax from your earnings. No

Additional tax to be deducted

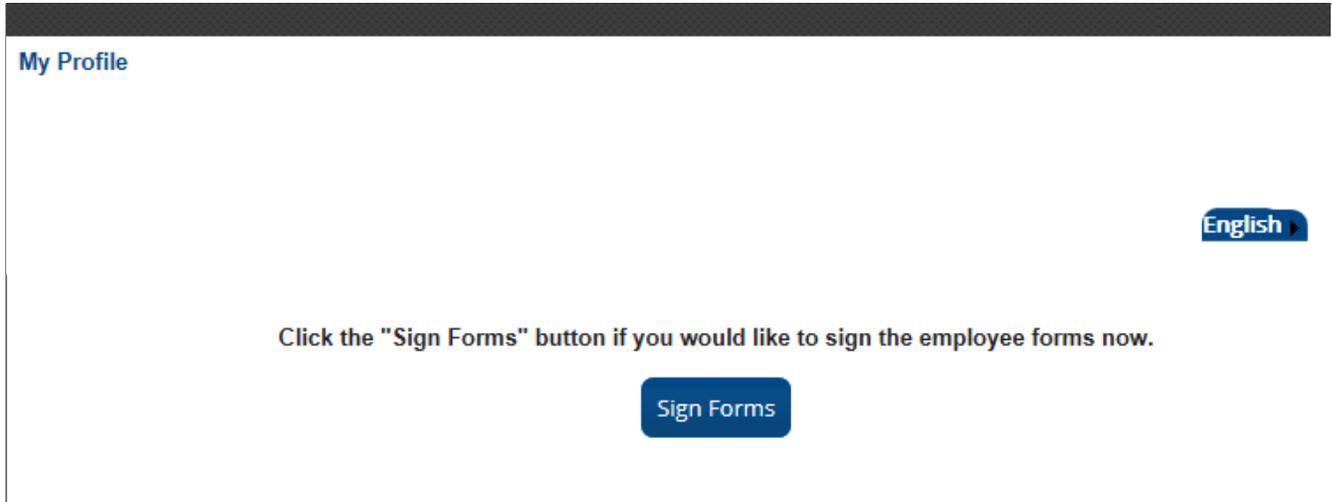
Reduction in tax deductions

Close << Back Next >>

Sign Forms Panel

This panel signals the start of “electronic signature step” for your forms. This is the final step of your online Onboarding process.

- Click the **Sign Forms** button when you are ready to complete the electronic signature step.



Electronic Signature Step Sign On Panel

This panel introduces the electronic signature step.

- Your **User Name** autopopulates. This is the same User Name that displayed in the Create your Password and Security Question panel at the beginning of the process. **Do not edit it.**
- Click the **Agreement to Use Electronic Click Signature to Sign Documents.**
- Enter your **Onboarding password** in the **Password** field.

Note: If you have forgotten your password, you can click the *Forgot Password* link to reset it. See how to [Reset Your Onboarding Password](#) for detailed instructions (if necessary).

Welcome, Carrie Solmundson
[Logout](#)

English

Electronic Signature Step for Carrie Solmundson

Welcome to the electronic signature step. At this step you will sign all of your paperwork. Please acknowledge your agreement to use electronic signature technology by clicking the agreement below.

Agreement to Use Electronic Click Signature to Sign Documents

Carrie Solmundson, agree to sign these electronic PDF documents using "click" signature technology. I understand that a record of each document and my signing of it will be stored in electronic code. I intend both the signature I inscribe with the "click" signature technology and the electronic record of it to be my legal signature to the document. I confirm that the document is "written" or "in writing" and that any accurate record of the document is an original of the document.

Enter the Password and its Confirmation (if required) and click "Submit". The list of documents you need to sign will be displayed. Click the "Click to Sign" button to place your electronic signature on the document. A check mark will appear next to the form you have electronically signed. Each form will be automatically presented for your review and signature.

User Name

Pin Code

Password [Forgot Password](#)

Click to Sign Panel

In the **Click to Sign** panel:

- A. All the forms you need to sign are listed on the left side.
- B. The current form to be signed is displayed in the main panel.
- C. Use the scrollbar on the right to scroll down through the form to review the information.
- D. Click the **Click to Sign** button (above the list of forms) to electronically sign the current form and move to the next form. Please wait until you see the form displayed before signing it.
- E. If you see any errors for information that you input on a form, click the **Employee's Forms Correct Data** text link at the top of the screen to return to the applicable panel and make corrections. After you make necessary corrections, the system will re-populate the form(s) with the corrected information. You will be asked to log back into the Signature Step to re-sign your forms.

The screenshot shows a user interface for signing forms. At the top, it says "Welcome, Carrie Solmundson" with a "Logout" link. Below this is a navigation bar with "Employee's Forms" and "Correct Data" (highlighted with callout E). A "Click to Sign" button (highlighted with callout D) is located above a list of forms (highlighted with callout A). The list includes "Personal Tax Credits Return 2024", "Manitoba Personal Tax Credits Return 2024", "Confidentiality Policy and Pledge - SH", "Conflict of Interest Declaration SH", and "Bluecross HSC Dental Form 17002".

The main panel displays the "2024 Personal Tax Credits Return" form (highlighted with callout B). The form header includes the Canada Revenue Agency logo and the text "2024 Personal Tax Credits Return" and "Protected B when completed TD1". Below the header, there are instructions: "Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions. Fill out this form based on the best estimate of your circumstances. If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you."

The form contains a table with the following data:

Last name Solmundson	First name and initial(s) Carrie	Date of birth (YYYY/MM/DD) 2000/04/25	Employee number 00103456
Address 234 Ronald Street Winnipeg	Postal code R 3 J 3 J 4	For non-residents only Country of permanent residence	Social insurance number 6 5 6 0 9 8 7 6 5

Below the table, there are seven numbered sections for tax credits, each with a description and a line for the amount. The "Basic personal amount" section shows a value of 15705.

At the bottom of the form, there is a link: "Click to Sign" (highlighted with callout C).

Click to Sign Panel (continued)

After you electronically sign a form,

- A checkmark appears beside it in the list on the left, and
- The next form in the list displays on the screen.

Welcome, Carrie Solmundson
[Logout](#)

Employee's Forms **Correct Data**

Need help signing your forms? [Click here for instructions.](#)

English

Click to Sign

Click the "Click to Sign" button to e-sign your forms. The next form to sign will automatically appear and a check mark will appear by each signed form.

- ✔ Personal Tax Credits Return 2024
- Manitoba Personal Tax Credits Return 2024
- Confidentiality Policy and Pledge - SH
- Conflict of Interest Declaration SH
- Bluecross HSC Dental Form 17002

**2024 Manitoba
Personal Tax Credits Return**

Protected B when completed
TD1MB

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 Solmundson	First name and initial(s) Carrie	Date of birth (YYYY/MM/DD) 2000/04/25	Employee number 00103456
Address 234 Ronald Street Winnipeg		Postal code R 3 J 3 J 4	For non-residents only Country of permanent residence
			Social insurance number 6 5 6 0 9 8 7 6 5

1. Basic personal amount – Every person employed in Manitoba and every pensioner residing in Manitoba can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2. 15,780

2. Age amount – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$27,749 or less, enter \$3,728. You may enter a partial amount if your net income for the year will be between \$27,749 and \$52,602. To calculate a partial amount, fill out the line 2 section of Form TD1MB-WS, Worksheet for the 2024 Manitoba Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$1,000 or your estimated annual pension.

4. Tuition and education amounts (full-time and part-time) – Fill out this section if you are a student 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. Enter your total tuition fees that you will pay, plus the amount from the following conditions that apply:

- \$400 for each month you will be a full-time student
- \$400 for each month you will be a part-time student who has a mental or physical disability
- \$120 for each month you will be a part-time student who does not have a mental or physical disability

5. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$6,180.

6. Spouse or common-law partner amount – Enter the difference between \$9,134 and the estimated net income of your spouse or common-law partner if **both** of the following conditions apply:

- You are supporting your spouse who lives with you
- Your spouse's or common-law partner's net income for the year will be less than \$9,134



Submit All Documents Panel

This panel presents all of your electronically signed forms in one scrolling display. You can use the scrollbar on the right to scroll through the forms.

Now that you have signed all of your forms, you can save or print your Onboarding documents package.

- Click the **Submit all Documents** button to send in your signed forms.

Note: The hiring process, including pay and benefits, is not completed until you complete this step.

All your forms have been signed. Documents are ready to be printed and submitted. Select "Print" to print your documents. Then click "Submit All Documents" to complete the process.

Submit All Documents

Print Package

Draw | [Eraser] | [Text] | [Annotation] | [Zoom] | 1 of 14 | [Refresh] | [Print]

Canada Revenue Agency
Agence du revenu du Canada

2024 Personal Tax Credits Return

Protected B when completed
TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.
 Fill out this form based on the best estimate of your circumstances.
 If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name Solmundson	First name and initial(s) Carrie	Date of birth (YYYY/MM/DD) 2000/04/25	Employee number 00103456
Address 234 Ronald Street Winnipeg		Postal code R 3 J 3 J 4	For non-residents only Country of permanent residence Social insurance number 6 5 6 0 9 8 7 6 5

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here. **15705**

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less:** \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this [Show Onboarding 1.0 version information](#) onal institution

Thank You Panel

This panel signals the completion of your online Onboarding process. You can close your browser window.

Note: This screen also appears if you attempt to access the online Onboarding system from your original email link after you have already completed the process.

