

# 2025 Alberta 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                  | Socie                  | al insurance number |
| Audiess  |                               | Country of permanent residen            |                        |                     |
| Basic personal amount – Every person employed If you will have more than one employer or payer at the on page 2  |                               |   |                        | 22,323              |
| 2. Age amount – If you will be 65 or older on Decemb \$6,221. You may enter a partial amount if your net incommount, fill out the line 2 section of Form TD1AB-WS,   | ome for the year will be bet  | ween \$46,308 and \$87,782. To          | calculate a partial    |                     |
| 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: \$1,719 or your estimated annual pension. |                               |   |                        |                     |
| <ol> <li>Disability amount – If you will claim the disability a<br/>Tax Credit Certificate, enter \$17,219.</li> </ol>   | mount on your income tax      | and benefit return by using Form        | T2201, Disability      |                     |
| 5. Spouse or common-law partner amount – Enter to partner's estimated net income for the year if all of the  |                               |   | se's or common-law     |                     |
| <ul> <li>You are supporting your spouse or common-law p</li> </ul>   | artner                        |   |                        |                     |
| Your spouse or common-law partner lives with you   | ı                             |   |                        |                     |
| Your spouse's or common-law partner's net incom  | e for the year will be less t | han the amount on line 1                |                        |                     |
| <ol><li>6. Amount for an eligible dependant – Enter the different income for the year if all of the following conditions</li></ol>   |                               | nt on line 1 and your eligible depe     | endant's estimated     |                     |
| <ul> <li>You do <b>not</b> have a spouse or common-law partne<br/>who you are not supporting or being supported by</li> </ul>  |                               | common-law partner who does r           | not live with you and  |                     |
| <ul> <li>The dependant is related to you and lives with you</li> </ul>   | I                             |   |                        |                     |
| The dependant's net income for the year will be le   | ss than the amount on line    | 1                                       |                        |                     |
| 7. Caregiver amount – Enter \$12,922 if you are taking care of a dependant and all of the following conditions apply:  |                               |   |                        |                     |
| <ul> <li>The dependant is your or your spouse's or common<br/>(aged 18 or older)</li> </ul>  | on-law partner's parent or g  | randparent (aged 65 or older) or        | an infirm relative     |                     |
| <ul> <li>The dependant lives with you</li> </ul>   |                               |   |                        |                     |
| <ul> <li>The dependant has a net income of \$20,545 or les</li> </ul>  | ss for the year               |   |                        |                     |
| You may enter a partial amount if the dependant's net amount, fill out the line 7 section of Form TD1AB-WS.  | income for the year will be   | between \$20,545 and \$33,467.          | To calculate a partial |                     |
| 8. Amount for infirm dependants age 18 or older – following conditions apply:  | Enter \$12,922 if you are su  | upporting an <b>infirm</b> dependant ar | nd <b>all</b> of the   |                     |
| <ul> <li>The dependant lives in Canada and is related to y</li> </ul>  | ou or your spouse or comn     | non-law partner                         |                        |                     |
| The dependant is 18 years or older   |                               |   |                        |                     |
| <ul> <li>The dependant has a net income of \$8,536 or less</li> </ul>  | s for the year                |   |                        |                     |
| You may enter a partial amount if the infirm dependant partial amount, fill out the line 8 section of Form TD1AB   |                               |   |                        |                     |
| 9. Amounts transferred from your spouse or commage amount, pension income amount, or disability amount.  |                               |   |                        |                     |
| 10. Amounts transferred from a dependant – If you benefit return, enter the unused amount.   | r dependant will not use all  | of their disability amount on their     | income tax and         |                     |
| 11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use your claim amount to   | determine the amount of yo    | our provincial tax deductions.          |                        |                     |
|  |                               |   |                        |                     |

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| Fillina o | ut Form | TD1AB |
|-----------|---------|-------|
|-----------|---------|-------|

Fill out this form if you have income in Alberta 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 TD1AB, 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 TD1AB for 2025, you **cannot** claim them again. If your total income from all sources will b.e more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

## 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 11. 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.

## 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 activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

| Certification  |      |            |
|--|------|------------|
| I certify that the information given on this form is correct and complete. |      |            |
|  |      |            |
| Signature  | Date | 2024-12-05 |
| It is a serious offence to make a false return.                            |      |            |

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