



# 2025 Saskatchewan **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	e of your	circumstances.
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Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee numb	er					
Address	Postal code For non-residents only So		ocial in	ocial insurance number					
Address	I ostar code	Country of permanent residence		ociai iii	suran I ,	ı l	IIDEI		
				$\perp \perp$					
1. Basic personal amount – Every person employed amount. If you will have more than one employer or pasame time" on page 2.				is					
2. Age amount – If you will be 65 or older on Decemb \$5,785. You may enter a partial amount if your net inc amount, fill out the line 2 section of Form TD1SK-WS,	come for the year will be bet	ween \$43,066 and \$81,633. To d	calculate a partial	er _					
3. Senior Supplementary amount – If you are a residenter \$1,528.									
4. Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old Age Security \$1000 or your estimated annual pension.									
<ol><li>Disability amount – If you will claim the disability a Disability Tax Credit Certificate, enter \$11,188.</li></ol>	amount on your income tax a	and benefit return by using Form	T2201,						
<b>6. Spouse or common-law partner amount</b> – Enter following conditions apply:	\$18,991 if you are supporting	ng your spouse or common-law p	partner and <b>all</b> of t	he					
Your spouse or common-law partner lives with your									
<ul> <li>Your spouse's or common-law partner's net incom</li> </ul>	ne for the year will be \$1,900	0 or less							
You may enter a partial amount if your spouse's or cor \$20,891. To calculate a partial amount, fill out the line			\$1,900 and						
<b>7. Amount for an eligible dependant</b> – Enter \$18,99 conditions apply:	91 if you are supporting an e	ligible dependant and <b>all</b> of the f	ollowing						
<ul> <li>You do not have a spouse or common-law partne who you are not supporting or being supported by</li> </ul>		common-law partner who does r	ot live with you ar	ıd					
<ul> <li>The dependant is related to you and lives with you</li> </ul>	u								
<ul> <li>The dependant has a net income from all sources</li> </ul>	s of \$1,900 or less for the ye	ear							
You may enter a partial amount if the dependant's net amount, fill out the line 7 section of Form TD1SK-WS.		between \$1,900 and \$20,891. To	o calculate a parti	al					
8. Child amount – Enter \$7,204 for each child you are have a spouse or common-law partner, the parent with child you claimed on line 7 or a child claimed by anyon	th the lower net income mus			ra					
9. Caregiver amount – Enter \$11,188 if you are takin	ng care of a dependant and	all of the following conditions app	oly:						
<ul> <li>The dependent is your or your spouse's or commo (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 \$19,108 or let</li> </ul>	ess for the year								
You may enter a partial amount if the dependant's net amount, fill out the line 9 section of Form TD1SK-WS.	t income for the year will be	between \$19,108 and \$30,296.	To calculate a par	tial 					
<b>10. Amount for infirm dependants age 18 or older</b> following conditions apply:	•		and <b>all</b> of the						
<ul> <li>The dependant lives in Canada and is related to y</li> </ul>	you or your spouse or comm	non-law partner							
The dependant is 18 years or older									
The dependant has a net income of \$7,938 or less	,								
You may enter a partial amount if the dependant's net amount, fill out the line 10 section of Form TD1SK-WS	S. You <b>cannot</b> claim an amo	ount for a dependant you claimed	on line 9.	al 					
11. Amounts transferred from your spouse or com their age amount, senior supplementary amount, pens benefit return, enter the unused amount.				d 					
12. Amounts transferred from a dependant – If you	ır dependant will not use all	of their disability 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 determ	nine the amount of your prov	vincial tax deductions.		_ [,	,		]		

Fillina out F	orm TD1SK
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Fill out this form if you have taxable income in Saskatchewan 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 TD1SK, 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 TD1SK for 2025, 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 TD1SK, check this box, enter "0" on line 13 and do not fill in lines 2 to 12.

# 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. Then 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  It is a serious offence to make a false return.	Date	15-175

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