

## 2022 British Columbia 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 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 numbe	r	
Address	Postal code	For non-residents only Social insurance number		ocial insurance number	
		Country of permanent resider	nce		
1. Basic personal amount – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2022, 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, 2022 and your net income from all sources will be \$37,730 or less, enter \$5,069. If your net income for the year will be between \$37,730 and \$71,524 and you want to calculate a partial claim, get Form TD1BC-WS, Worksheet for the 2022 British Columbia Personal Tax Credits Return, and fill in the appropriate section.					
3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000, or your estimated annual pension income, whichever is less.					
4. Tuition (full time and part time) – If you are a student enrolled 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, complete this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay less your Canada Training Credit.					
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 \$8,477.					
6. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$968 or less, enter \$9,678. If their net income for the year will be between \$968 and \$10,646, and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.					
7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$968 or less, enter \$9,678. If their net income for the year will be between \$968 and \$10,646, and you want to calculate a partial claim, get Form TD1BC-WS and fill in the appropriate section.					
8. British Columbia caregiver amount – You may be supporting an infirm spouse or common-law partner, or an infirm eligible dependant (age 18 or older) who is either your or your spouse's or common-law partner's:					
child or grandchild     parent, grandparent, brother, sister, uncle, aunt, niece or nephew who resided in Canada					
If this is your situation and the infirm person's net income for the year will be less than \$21,684, and you want to calculate a claim, get Form TD1BC-WS and fill in the appropriate section.					
9. 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.					
10. 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.					
11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.					

Protected B when complete
Filling out Form TD1BC
Fill out this form <b>only</b> if you are an employee working in British Columbia or a pensioner residing in British Columbia 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 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 TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount <b>only</b> .
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 TD1BC for 2022, 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 TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10.
Total income less than total claim amount  Check 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 wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.
Reduction in tax deductions  You can ask to have less tax deducted on your income tax and benefit return 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.
ersonal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and civities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federacts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government

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

regarding the handling of their personal information. Refer to Personal Information Ba	
Certification I certify that the information given on this form is correct and complete.	
Signature	Date