Assistant Clinical Professor of Medicine,
McMaster University

Specialist In Clinical Hypertension (ASH)
American Board of Internal Medicine Diplomate
American Board of Nuclear Cardiology Diplomate
Fellow of The Royal College of Physicians of Canada

Alfi Moris Beshay, MD, MSc, FRCP(C)
Internal Medicine & Cardiovascular Disease

PAYROLL INFORMATION FORM

A) Personal Information

Family Name _____ First Name_____

SIN: _____ Date of Birth _____

Street Address _____City_____

Province _____ Postal Code _____

Phone # _____ Fax _____E-Mail _____

B) Job Information

Job Title _____ Hire Date _____

C) Payroll Tax Deduction

1. *Federal Claim*

What is your Federal Tax credit amount that is eligible for indexation? Please choose one.

- ❑ Basic Personal Amount
- ❑ Other {please fill in form TD1 (enclosed)}

N.B. If you want to claim more than the basic personal amount, you should complete the Federal personal Tax Credit Return form TD1, otherwise the basic personal amount will be claimed automatically.

2. *Ontario Claim,*

What is your Ontario tax credit amount that is eligible for indexation? Please choose one.

- ❑ Basic Personal Amount
- ❑ Other {please fill in form TD1 ON (enclosed)}

N.B. If you want to claim more than the basic personal amount, you should complete the Ontario personal Tax Credit Return form TD1 ON, otherwise the basic personal amount will be claimed automatically.

Signature _____ Date: _____

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