



**MUNICIPALITY OF THE COUNTY OF KINGS**

**Kings Youth Council Information Sheet  
for Honorarium Payments and Certain Travel Expenses**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Civic Address (include postal code)  
\_\_\_\_\_

Mailing Address (include postal code)  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_

Please provide **your Social Insurance Number (SIN)** for accounts payable purposes to get set up to receive honorarium payments and certain travel expenses as this is taxable income.

**SIN#** \_\_\_\_\_

**\*\*\* Please note you will receive a T4A Form before February 28<sup>th</sup> of each year.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed forms to Ashley Brooker /or/ to Lisa Amon at the contact below:**

Lisa Amon, Municipality of the County of Kings PO Box 100, Kentville, NS B4N 1N5

[nominatingcommittee@countyofkings.ca](mailto:nominatingcommittee@countyofkings.ca) Fax 902-679-2820

**For office use only:** Closing Date: \_\_\_\_\_ Application Received: \_\_\_\_\_

Council Appointment/Nomination Date: \_\_\_\_\_

Term: \_\_\_\_\_ to \_\_\_\_\_

Replacing: \_\_\_\_\_ Honorarium amount: \_\_\_\_\_

SIN: \_\_\_\_\_ Copy to AP: \_\_\_\_\_

Notification 60 days prior to term expiring: \_\_\_\_\_

Post Vacancy at the end of term: \_\_\_\_\_