

T1-2012 Amounts for Spouse or Common-law Partner and Dependants**Schedule 5**

Attach a copy of this schedule to your return.

Lines 303 and 305

Has your marital status changed in 2012? If yes, tick this box

5522

and enter the date of the change

month day
| | | |**Line 303 - Spouse or common-law partner amount**

Base amount

If you are entitled to the family caregiver amount, enter \$2,000

Add lines 1 and 2.

Spouse's or common-law partner's net income from page 1 of your return

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 303 of your Schedule 1.

			1
5109	+		2
=			3
-			4
=			5

Line 305 - Amount for an eligible dependant

provide the requested information and complete the following calculation for this dependant.

First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,000

Add lines 1 and 2.

Dependant's net income (line 236 of his or her return)

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 305 of your Schedule 1.

			1
5110	+		2
=			3
5106	-		4
=			5

Line 306 - Amount for an infirm dependant aged 18 or older

provide the requested information and complete the following calculation for each dependant.

1)

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,402)

			1
-			2
=			3

2)

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,402)

			1
-			2
=			3

3)

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,402)

			1
-			2
=			3

Line 315 - Caregiver amount provide the requested information and complete the following calculation for each dependant.

1)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,000	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,402 (\$6,402)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

2)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,000	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,402 (\$6,402)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

3)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,000	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,402 (\$6,402)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

4)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,000	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,402 (\$6,402)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

Enter the total number of dependants for whom you entered \$2,000 on line 2 for this calculation.

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