



**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? Yes  No

Last name: \_\_\_\_\_

Address:      \_\_\_\_\_

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? Yes  No

Last name: \_\_\_\_\_

Address:      \_\_\_\_\_

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? Yes  No

Last name: \_\_\_\_\_

Address:      \_\_\_\_\_

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? Yes  No

Last name: \_\_\_\_\_

Address:      \_\_\_\_\_

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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