T1-2014   Amounts for Spouse or Common-law Partner and Dependants   Schedule 5

Attach a copy of this schedule to your return.

Lines 303 and 305

month day

Has your marital status changed in 2014? If yes, tick this box   **5522** [ ]   and enter the date of the change   [| | | | |]

Line 303 - Spouse or common-law partner amount

Base amount			1
If you are entitled to the family caregiver amount, enter $2,058	**5109** +		2
Add lines 1 and 2.	=		3
Spouse's or common-law partner's net income from page 1 of your return	-		4
Line 3 minus line 4 (if negative, enter "0")	=		5

Enter this amount on line 303 of your Schedule 1.

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 dependanat physically or
Last name:			mentally infirm?
Address:	[				]	_____	Yes [ ] No [ ]

Base amount			1
If you are entitled to the family caregiver amount, enter $2,058	**5110** +		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	**5106** -		4
Line 3 minus line 4 (if negative, enter "0")	=		5

Enter this amount on line 305 of your Schedule 1.

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			1
Infirm dependant's net income (line 236 of his or her return)	-		2
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum $6,589)	=		3

2)
First name:	Year of birth	Relationship to you
Last name:		
Address:	[				]	_____

Base amount			1
Infirm dependant's net income (line 236 of his or her return)	-		2
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum $6,589)	=		3

3)
First name:	Year of birth	Relationship to you
Last name:		
Address:	[				]	_____

Base amount			1
Infirm dependant's net income (line 236 of his or her return)	-		2
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum $6,589)	=		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 dependanat physically or

Last name:

Address: mentally infirm?

Yes   No

Base amount	1
If you are entitled to the family caregiver amount, enter $2,058 +	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 $4,530 ($6,588) =	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 dependanat physically or

Last name:

Address: mentally infirm?

Yes   No

Base amount	1
If you are entitled to the family caregiver amount, enter $2,058 +	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 $4,530 ($6,588) =	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 dependanat physically or

Last name:

Address: mentally infirm?

Yes   No

Base amount	1
If you are entitled to the family caregiver amount, enter $2,058 +	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 $4,530 ($6,588) =	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 dependanat physically or

Last name:

Address: mentally infirm?

Yes   No

Base amount	1
If you are entitled to the family caregiver amount, enter $2,058 +	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 $4,530 ($6,588) =	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 $2,058 on line 2 for this calculation.   **5112**