

Canada Revenue
AgencyAgence du revenu
du Canada**Income Tax and Benefit Return****T1 GENERAL –
CONDENSED 2015**

Complete all the sections that apply to you. For more information, see the guide.

ON **7****Identification**

Print your name and address below.

First name and initial

MARY ANNE

Last name

ONE

Mailing address: Apt No – Street No Street name

PO Box

RR

5

City

ALMONTE

Prov./Terr.

O,N

Postal code

K 0 A 1 A 0**Email address**I understand that by providing an email address, I am **registering** for online mail. I **have read** and I **accept the terms and conditions** on page 15 of the guide.Enter an email address: **maryanne@yahoo.ca****Information about your residence**Enter your province or territory of residence on **December 31, 2015**:**Ontario**

If your province or territory of residence changed in 2015, enter the date of your move:

Year Month Day

Is your home address the same as your mailing address?

Yes No Enter the province or territory where you **currently** reside if it is not the same as your mailing address above:

If you were self-employed in 2015, enter the province or territory of self-employment:

ONTARIOIf you **became** or **ceased** to be a **resident of Canada** for income tax purposes in 2015, enter the date of:Month Day
entry

or

Month Day
departure **Information about you**

Enter your social insurance number (SIN):

8 7 0 0 0 0 0 0 7

Year Month Day

Enter your date of birth:

1 9 5 9 0 4 2 4

Your language of correspondence:

English

Français

Votre langue de correspondance :

Is this return for a deceased person?If this **return** is for a **deceased person**, enter the date of death:

Year Month Day

Marital status

Tick the box that applies to your marital status on December 31, 2015:

- 1 Married 2 Living common-law 3 Widowed
 4 Divorced 5 Separated 6 Single

Information about your spouse or common-law partner (if you ticked box 1 or 2 above)

Enter his or her SIN:

8 7 0 0 0 0 0 1 5

Enter his or her first name:

William

Enter his or her net income for 2015 to claim certain credits:

9,000|00

Enter the amount of universal child care benefit (UCCB) from line 117 of his or her return:

3,360|00

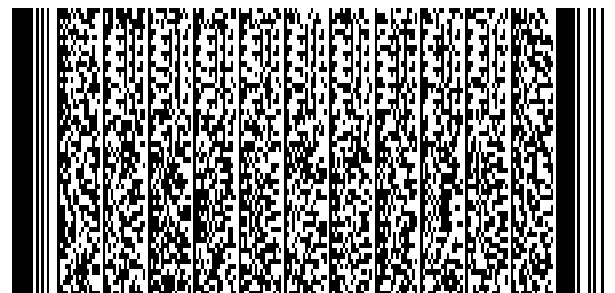
Enter the amount of UCCB repayment from line 213 of his or her return:

300|00

Tick this box if he or she was self-employed in 2015:

1

Do not use this area

Do not use
this area**172****171**



Elections Canada (see the Elections Canada page in the tax guide for details or visit www.elections.ca)

A) Are you a Canadian citizen? Yes 1 No 2
Answer the following question **only if you are a Canadian citizen.**

B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes 1 No 2

Your authorization is valid until you file your next return. Your information will only be used for purposes permitted under the *Canada Elections Act*, which include sharing the information with provincial/territorial election agencies, members of Parliament, and registered political parties, as well as candidates at election time.

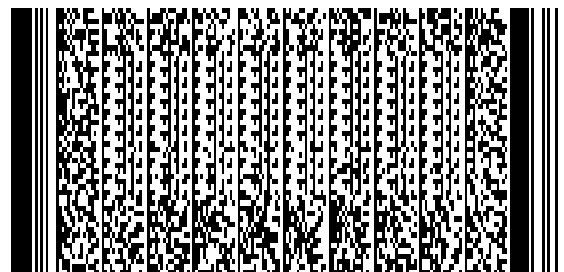
Please answer the following question:

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in 2015, was more than CAN\$100,000?

See "Specified foreign property" in the guide for more information. **266** Yes 1 No 2

If **yes**, complete Form T1135 and attach it to your return.

If you had dealings with a non-resident trust or corporation in 2015, see "Foreign income" in the guide.



Attach this form inside your return along with any other forms, schedules, information slips, receipts, and documents that you need to include.

T1-2015**T1-KFS**

Total Income

Employment income (box 14 on all T4 slips)				101	9,000 00	
Commission income	Gross	166	21,800 00	Net	139	8,600 00
Add lines 101, 104 to 143, and 147.			This is your total income.	150	17,600 00	

Net income

Pension adjustment		206	1,500 00		
Registered pension plan deduction (box 20 of all T4 slips and box 032 of T4A slips)				207	900 00
Annual union, professional, or like dues(box 44 of all T4 slips, and receipts)				212	300 00
Child care expenses				214	5,400 00
If you have a spouse or common-law partner, see Line 236 in the guide.			This is your net income.	236	11,000 00

Taxable income

Line 236 minus line 257 (if negative, enter "0")			This is your taxable income.	260	11,000 00
--	--	--	------------------------------	------------	------------------

Schedules

Schedule 1

300	11,327.00	303	2,327.00	308	709.15	•	312	169.20	•	335	18,521.35
338	2,778.20	350	2,778.20	352	1		363	1,146.00		367	2,093.00
370	750.00										

Schedule 8

5034	709.15	•	5549	9,000.00
-------------	---------------	---	-------------	-----------------

Forms

T778

6794	3,000.00	6795	7,000.00	6798	5,400.00
-------------	-----------------	-------------	-----------------	-------------	-----------------

Provincial and Territorial Forms

Form 428

5605	5804	9,863.00	5812	212.00	5824	709.15	•	5832	169.20	•
5880	10,953.35	5884	553.14	6097	1	6150	553.14	6269	3	

Form 479

6309	1,653.00	6320	1,485.00	•	6325	1.00	6326	2
-------------	-----------------	-------------	-----------------	---	-------------	-------------	-------------	----------

Refund or balance owing

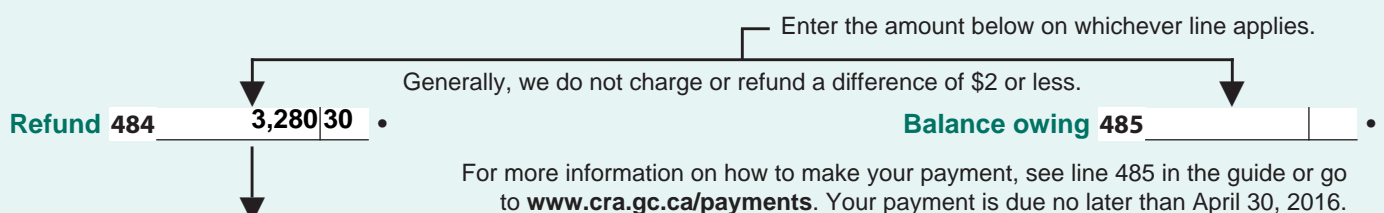
Protected B when completed **3**

Net federal tax: enter the amount from line 64 of Schedule 1	420		
CPP contributions payable on self-employment and other earnings	421 +		
Employment insurance premiums payable on self-employment and other eligible earnings	430 +		
Social benefits repayment (amount from line 235)	422 +		
Provincial or territorial tax	428 +		000
Add lines 420, 421, 430, 422, and 428.	This is your total payable.		435 = 000

Total income tax deducted	437	1,450 00	•
Refundable Quebec abatement	440 +		•
CPP overpayment (enter your excess contributions)	448 +		•
Employment insurance overpayment (enter your excess contributions)	450 +		•
Refundable medical expense supplement (use the federal worksheet)	452 +		•
Working income tax benefit (WITB)	453 +		•
Refund of investment tax credit (attach Form T2038(IND))	454 +		•
Part XII.2 trust tax credit (box 38 of all T3 slips)	456 +		•
Employee and partner GST/HST rebate (attach Form GST370)	457 +		•
Children's fitness tax credit	Eligible fees 458	1,200 00 × 15% =	459 + 180 00 •
Tax paid by instalments	476 +		•
Provincial or territorial credits	479 +	1,650 30	•
Add lines 437 to 479.	These are your total credits.		482 = 3,280 30

Line 435 minus line 482 This is your **refund or balance owing.** = **-3,280 30**

If the result is negative, you have a **refund**. If the result is positive, you have a **balance owing**.




Direct deposit – Enrol or update (see line 484 in the guide)

You do not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed.

To enrol for direct deposit, to update your banking information, or to request that all of your CRA payments you may be receiving or owed be deposited into the same account as your T1 refund, complete lines 460, 461, and 462 below.

By providing my banking information I **authorize** the Receiver General to deposit in the bank account number shown below **any amounts payable** to me by the CRA, until otherwise notified by me. I understand that this authorization will replace all of my previous direct deposit authorizations.

Branch number **460** _____ (5 digits) Institution number **461** _____ (3 digits) Account number **462** _____ (maximum 12 digits)

 Ontario Ontario opportunities fund You can help reduce Ontario's debt by completing this area to donate some or all of your 2015 refund to the Ontario opportunities fund. Please see the provincial pages for details.	Amount from line 484 above	3,280 30	1
	Your donation to the Ontario opportunities fund	465 –	• 2
	Net refund (line 1 minus line 2)	466 =	• 3

I certify that the information given on this return and in any documents attached is correct and complete and fully discloses all my income.

Sign here _____

It is a serious offence to make a false return.

Telephone **(613)-5264545** Date _____

490 If a fee was charged for preparing this return, complete the following:

Name of preparer: _____

Telephone: **(000)-0000000**

EFILE number (if applicable): **489** _____

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, personal information bank CRA PPU 005.

Do not use this area 487 488 _____ • **486** _____ •



Statement of Business or Professional Activities

- For each business or profession, complete a **separate** Form T2125.
- File each completed Form T2125 with your income tax and benefit return.
- For more information on how to complete this form, see Guide T4002, *Business and Professional Income*.

Identification			
Your name MARY ANNE ONE		Social insurance number (SIN) 8 7 0 0 0 0 0 0 7	
Business name Trillium Agency		Business number (15 characters) 	
Business address 4 Acre Street		City and province or territory Ottawa	Postal code K 4 B 1 J 1
Fiscal period From: Year Month Day 2 0 1 5 0 1 0 1		To: Year Month Day 2 0 1 5 1 2 3 1	
Main product or service		Was 2015 your last year of business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Industry code (see the appendix in Guide T4002) 5 4 1 1 1 0	
Tax shelter identification number	Partnership business number (9 digits)		Your percentage of the partnership 100.00
Name and address of person or firm preparing this form			

Internet business activities
How many Internet webpages and websites does your business earn income from? Enter "0" if none. _____
Provide the main webpage or site address(es) (also known as URL address(es)):
<u>http://</u> _____
<u>http://</u> _____
<u>http://</u> _____
<u>http://</u> _____
<u>http://</u> _____
Percentage of your gross income generated from the webpages and websites. (If no gross income was generated from the Internet, enter "0") _____

Part 1 – Business income

If you have business income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross sales, commissions, or fees (including GST/HST collected or collectible)		18,800 00	A
Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included on line A above)			(i)
Subtotal (amount A minus amount (i))		18,800 00	B
For those using the quick method – Government assistance calculated as follows:			
GST/HST collected or collectible on sales, commissions and fees eligible for the quick method			(ii)
GST/HST remitted, calculated on (sales, commissions, and fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate			(iii)
Subtotal (amount (ii) minus amount (iii))			(iv)
Adjusted gross sales (amount B plus amount (iv)) – Enter this amount on line 8000 in Part 3 below		18,800 00	C

Part 2 – Professional income

If you have professional income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross professional fees including work-in-progress (WIP) (including GST/HST collected or collectible)			D
Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included on line D above) and any WIP at the end of the year you elected to exclude (see Chapter 2 of Guide T4002)			(i)
Subtotal (amount D minus amount (i))			E
For those using the quick method – Government assistance calculated as follows:			
GST/HST collected or collectible on professional fees eligible for the quick method			(ii)
GST/HST remitted, calculated on (professional fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate			(iii)
Subtotal (amount (ii) minus amount (iii))			(iv)
Work-in-progress (WIP), start of the year, per election to exclude WIP (see Chapter 2 of Guide T4002)			(v)
Adjusted professional fees (Amount E plus amounts (iv) and (v)) – Enter this amount on line 8000 in Part 3 below			F

Part 3 – Gross business or professional income

Adjusted gross sales (from amount C in Part 1) or adjusted professional fees (from amount F in Part 2)	8000	18,800 00	G
Plus			
Reserves deducted last year	8290		
Other income	8230	3,000 00	
Total of the above two lines		3,000 00	H
Gross business or professional income (amount G plus amount H)	8299	21,800 00	

Enter this amount on the appropriate line of your income tax and benefit return: business on line 162, professional on line 164, or commission on line 166.

If GST/HST has been remitted or an input tax credit has been claimed, do not include GST/HST when you calculate the cost of goods sold, expenses, or net income (loss) in parts 4 to 6.

Part 4 – Cost of goods sold and gross profit

If you have business income, complete this part. Enter only the business part of the costs.

Gross business income from line 8299 in Part 3 above		21,800 00	I
Minus			
Opening inventory (include raw materials, goods in process, and finished goods)	8300		
Purchases during the year (net of returns, allowances, and discounts)	8320		
Direct wage costs	8340		
Subcontracts	8360		
Other costs	8450		
Total of the above five lines			
Closing inventory (include raw materials, goods in process, and finished goods)	8500		
Cost of goods sold	8518		J
Gross profit (amount I minus amount J)	8519	21,800 00	

Part 5 – Net income (loss) before adjustments

Gross profit from line 8519 in Part 4 on page 2, or gross income from line 8299 in Part 3 on page 2 21,800 00 K

Expenses (enter only the business part)

Advertising	8521	825 00	
Meals and entertainment (allowable part only)	8523	175 00	
Bad debts	8590		
Insurance	8690	375 00	
Interest	8710		
Business tax, fees, licences, dues, memberships, and subscriptions	8760		
Office expenses	8810	425 00	
Supplies	8811		
Legal, accounting, and other professional fees	8860		
Management and administration fees	8871		
Rent	8910		
Maintenance and repairs	8960		
Salaries, wages, and benefits (including employer's contributions)	9060	4,950 00	
Property taxes	9180		
Travel (including transportation fees, accommodations, and allowable part of meals)	9200		
Telephone and utilities	9220	1,100 00	
Fuel costs (except for motor vehicles)	9224		
Delivery, freight, and express	9275		
Motor vehicle expenses (not including CCA) (see Chart A on page 6)	9281	3,250 00	
Allowance on eligible capital property	9935		
Capital cost allowance (CCA) (from Area A on page 5)	9936	2,100 00	
Other expenses (specify):	9270		
Total business expenses (total of lines 8521 to 9270)	9368	13,200 00	
			▶ <u>13,200 00</u> L
Net income (loss) before adjustments (amount K minus amount L)	9369		<u>8,600 00</u>

Part 6 – Your net income (loss)

Your share of the amount on line 9369 in Part 5 or the amount from your T5013 slip		8,600 00	M
Plus: GST/HST rebate for partners received in the year (see Chapter 3 of Guide T4002)	9974		N
Total (amount M plus amount N)		8,600 00	▶ <u>8,600 00</u> O
Minus: Other amounts deductible from your share of the net partnership income (loss) (from the chart in Part 7 below)	9943		P
Net income (loss) after adjustments (amount O minus amount P)		8,600 00	Q
Minus: Business-use-of-home expenses (your share of amount 3 in part 8)	9945		R
Your net income (loss) (amount Q minus amount R)	9946	8,600 00	

Enter this amount on the appropriate line of your income tax and benefit return: business on line 135, professional on line 137, or commission on line 139.

Part 7 – Other amounts deductible from your share of the net partnership income (loss)

Claim expenses you incurred that were not included in the partnership statement of income and expenses, and for which the partnership did not reimburse you.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other amounts deductible from your share of the partnership (total of the above amounts)		_____
Enter this amount on line 9943, in Part 6 above		_____

Part 8 – Calculation of business-use-of-home expenses

Heat			
Electricity			
Insurance			
Maintenance			
Mortgage interest			
Property taxes			
Other expenses (specify):			
Subtotal			
Minus: Personal-use part			
Subtotal			
Plus: Capital cost allowance (business part only)			
Amount carried forward from previous year			
Subtotal			1
Minus: Net income (loss) after adjustments (from amount Q in Part 6 on page 3 – if negative, enter "0")	8,600 00		2
Business-use-of-home expenses available to carry forward (amount 1 minus amount 2 – if negative, enter "0")			
Allowable claim (the lesser of amounts 1 and 2 – Enter your share of this amount on line 9945 in Part 6)			3

Details of other partners

Name and address	Share of net income or (loss) \$	Percentage of partnership

Details of equity

Total business liabilities	9931		
Drawings in 2015	9932	20,000 00	
Capital contributions in 2015	9933	75,000 00	

Protected B when completed

Area A – Calculation of capital cost allowance (CCA) claim

1 Class number	2 Undepreciated capital cost (UCC) at the start of the year	3 Cost of additions in the year (see areas B and C below)	4 Proceeds of dispositions in the year (see areas D and E below)	5* UCC after additions and dispositions (col. 2 plus col. 3 minus col. 4)	6 Adjustment for current-year additions $1/2 \times (\text{col. 3} - \text{col. 4})$. If negative, enter "0."	7 Base amount for CCA (col. 5 minus col. 6)	8 Rate (%)	9 CCA for the year (col. 7 x col. 8 or an adjusted amount)	10 UCC at the end of the year (col. 5 minus col. 9)
1	210,000 00			210,000 00		210,000 00	4	2,100 00	207,900 00

Total CCA claim for the year (enter this amount, minus any personal part and any CCA for business-use-of-home expenses, on line 9936 in Part 5 on page 3**)

2,100|00

* If you have a negative amount in this column, add it to income as a recapture on line 8230, "Other income," in Part 3 on page 2. If no property is left in the class and there is a positive amount in the column, deduct the amount from income as a terminal loss on line 9270, "Other expenses," in Part 5 on page 3. Recapture and terminal loss do not apply to a class 10.1 property. For more information, see Chapter 4 of Guide T4002.

** For information on CCA for "Calculation of business-use-of-home expenses" on page 4, see "Special situations" in Chapter 4 of Guide T4002.

Area B – Details of equipment additions in the year

1 Class number	2 Property details	3 Total cost	4 Personal part (if applicable)	5 Business part (column 3 minus column 4)

Total equipment additions in the year **9925**

Area C – Details of building additions in the year

1 Class number	2 Property details	3 Total cost	4 Personal part (if applicable)	5 Business part (column 3 minus column 4)

Total building additions in the year **9927**

Area D – Details of equipment dispositions in the year

1 Class number	2 Property details	3 Proceeds of disposition (should not be more than the capital cost)	4 Personal part (if applicable)	5 Business part (column 3 minus column 4)

Note: If you disposed of property from your business in the year, see Chapter 4 of Guide T4002, for information about your proceeds of disposition. **Total equipment dispositions in the year** **9926**

Area E – Details of building dispositions in the year

1 Class number	2 Property details	3 Proceeds of disposition (should not be more than the capital cost)	4 Personal part (if applicable)	5 Business part (column 3 minus column 4)

Note: If you disposed of a building from your business in the year, see Chapter 4 of Guide T4002, for information about your proceeds of disposition. **Total building dispositions in the year** **9928**

Area F – Details of land additions and dispositions in the year

Total cost of all land additions in the year	9923	
Total proceeds from all land dispositions in the year	9924	

Note: You cannot claim capital cost allowance on land.

Chart A – Motor vehicle expenses

Kilometres you drove in the fiscal period to earn business income	<u>122.20</u>	1
Total kilometres you drove in the fiscal period	<u>122.20</u>	2
Fuel and oil	_____	3
Interest (see Chart B below)	_____	4
Insurance	_____	5
Licence and registration	_____	6
Maintenance and repairs	_____	7
Leasing (see Chart C below)	_____	8
Other expenses (specify): _____	_____	9
	<u>3,250.00</u>	10
Total motor vehicle expenses (total of amounts 3 to 10)	<u><u>3,250.00</u></u>	11

Business use part: $\left(\frac{\text{amount 1: } 122.20}{\text{amount 2: } 122.20} \right) \times \text{amount 11: } 3,250.00 = 3,250.00$ 12

Business parking fees	_____	13
Supplementary business insurance	_____	14

Allowable motor vehicle expenses (add amounts 12, 13, and 14) – Enter this amount on line 9281 in Part 5 on page 3 3,250.00

Note: You can claim CCA on motor vehicles in Area A on page 5.

Chart B – Available interest expense for passenger vehicles

Total interest payable (accrual method) or paid (cash method) in the fiscal period	_____	A
$\$10^* \times$ the number of days in the fiscal period for which interest was payable (accrual method) or paid (cash method)	_____	B
Available interest expense (amount A or B, whichever is less) – Enter this amount on amount 4 of Chart A above	_____	

* For passenger vehicles bought after 2000.

Chart C – Eligible leasing costs for passenger vehicles

Total lease charges incurred in your 2015 fiscal period for the vehicle	_____	1		
Total lease payments deducted before your 2015 fiscal period for the vehicle	_____	2		
Total number of days the vehicle was leased in your 2015 and previous fiscal periods	_____	3		
Manufacturer's list price	_____	4		
Amount 4 or (\$35,294 + GST** and PST, or HST** on \$35,294), whichever is more	\blacktriangleright <u>39,882.22</u>	$\times 85\% =$ <u>33,899.89</u>	5	
$\frac{[(\$800 + \text{GST}^{**} \text{ and PST, or HST}^{**} \text{ on } \$800) \times \text{amount 3}]}{30}$	\blacktriangleright _____	$-$ amount 2: _____	= _____	6
$\frac{[(\$30,000 + \text{GST}^{**} \text{ and PST, or HST}^{**} \text{ on } \$30,000) \times \text{amount 1}]}{\text{amount 5}}$	_____	=	_____	7
Eligible leasing cost (amount 6 or amount 7, whichever is less) – Enter this amount on amount 8 of Chart A above	_____	=	<u>000</u>	

** Use a GST rate of 5% or the HST rate applicable to your province.

See the privacy notice on your return

T1-2015 Amounts for Spouse or Common-law Partner and Dependants

See the guide to find out if you can claim an amount on line 303, 305, 306, or 315 of Schedule 1. For each dependant claimed, provide the details requested below. **Attach a copy of this schedule to your return.**

Line 303 - Spouse or common-law partner amount

Did your marital status change to other than married or common-law in 2015?

If **yes**, tick this box **5522** and enter the date of the change (MMDD)

Base amount		11,327	00	1
If you are entitled to the family caregiver amount, enter \$2,093	5109	+		2
Add lines 1 and 2.		=	11,327	3
Spouse's or common-law partner's net income from page 1 of your return		-	9,000	4
Line 3 minus line 4 (if negative, enter "0")		=	2,327	5

Enter this amount on line 303 of your Schedule 1.

Line 305 - Amount for an eligible dependant

Did your marital status change to other than married or common-law in 2015?

If **yes**, tick this box **5529** and enter the date of the change (MMDD)

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	

Base amount		11,327	00	1
If you are entitled to the family caregiver amount , enter \$2,093	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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Address:	_____	

Base amount		13,420	00	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 \$6,700)		=		3

2)

First name:	Year of birth	Relationship to you
Last name:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Address:	_____	

Base amount		13,420	00	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 \$6,700)		=		3

3)

First name:	Year of birth	Relationship to you
Last name:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Address:	_____	

Base amount		13,420	00	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 \$6,700)		=		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? Yes No
 Last name: _____
 Address: _____

Base amount	20,343.00	1
If you are entitled to the family caregiver amount, enter \$2,093	+	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 \$4,608 (\$6,701)	=	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	20,343.00	1
If you are entitled to the family caregiver amount, enter \$2,093	+	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 \$4,608 (\$6,701)	=	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	20,343.00	1
If you are entitled to the family caregiver amount, enter \$2,093	+	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 \$4,608 (\$6,701)	=	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	20,343.00	1
If you are entitled to the family caregiver amount, enter \$2,093	+	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 \$4,608 (\$6,701)	=	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 \$2,093 on line 2 for this calculation.

5112