

T1-2015

# Amounts for Spouse or Common-Law Partner and Dependants

Schedule 5

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. ▶ 

Month	Day

Base amount	11.327	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,093 (see page 43 in the guide).	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.	=		5

## Line 305 – Amount for an eligible dependant

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

If **yes**, tick this box  **5529** and enter the date of the change. ▶ 

Month	Day

**Provide the requested information and complete the following calculation for this dependant.**

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

Base amount	11.327	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,093 (see page 43 in the guide and read the note below).	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.	=		5

**Note:** If you are entitled to the **family caregiver amount** for this dependant and he or she is a child under 18 years of age, you **must** claim the family caregiver amount on line 367, and **not** on this line.

## Line 306 – Amount for an infirm dependant aged 18 or older (attach a separate sheet of paper if you need more space)

**Provide the requested information and complete the following calculation for each dependant.**

First and last name:	Year of birth	Relationship to you
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") <span style="float: right;">(maximum \$6,700)</span>	=		3

Enter on line 306 of your Schedule 1 the **total** amount you are claiming for all dependants.

## Line 315 – Caregiver amount (attach a separate sheet of paper if you need more space)

**Provide the requested information and complete the following calculation for each dependant.**

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

Base amount	20.343	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,093 (see page 43 in the guide and complete box 5112 below).	+		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"). If you are entitled to the <b>family caregiver amount</b> on line 2, the <b>maximum amount is \$6,701</b> . If not, the <b>maximum is \$4,608</b> .	=		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 on line 315 of your Schedule 1 the **total** amount you are claiming for all dependants.

Enter the **total** number of dependants for whom you entered \$2,093 on line 2 for this calculation. **5112**