Complete this schedule to claim the family tax benefit. Attach a copy of this schedule to your return.

| Basic amount |  |  |  |  | + |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Basic amount for dependent spouse or common-law partner |  |  |  | m \$2,065 |  |  |
| Amount for an eligible dependant claimed on line 5816 of your Form MB428 |  |  |  | m \$2,065 |  | + |
| Age amount for self |  |  |  | m \$2,065 |  | + |
| Age amount for spouse or common-law partner |  |  |  | m \$2,065 | 6070 | + |
| Disability amount for spouse or common-law partner |  |  |  | m \$2,752 | 6071 | + |
| Disability amount for self or for a dependant |  |  | $\times$ | \$2,752 = |  | + |
| Amount for disabled dependants born in 1997 or earlier |  |  |  |  |  | + |
| Amount for dependent children born in 1997 or later |  |  | $\times$ | \$2,752 = |  | + |
| Add lines 1 to 9. |  |  |  |  |  | = |
| Enter your net income from line 236 of your return. |  |  | $\times$ | 9\% = |  | - |
| Line 10 minus line 11 (if negative, enter " 0 ") Enter this amount on line 6147 of Form MB428. |  |  | Family tax benefit |  |  | $=$ |
| -Details of dependent children born in 1997 or later (If you need more space, attach a separate sheet of paper.) |  |  |  |  |  |  |
| Child's name | Relationship to you | Child's date of birth |  |  | Social insurance number (if available) |  |
|  |  |  |  | Day |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

See the privacy notice on your return.

