

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 \$2,040	+	_____	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 \$4,490 (\$6,530)	=	_____	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 \$2,040	+	_____	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 \$4,490 (\$6,530)	=	_____	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 \$2,040	+	_____	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 \$4,490 (\$6,530)	=	_____	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 \$2,040	+	_____	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 \$4,490 (\$6,530)	=	_____	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 \$2,040 on line 2 for this calculation.

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