

**T1-2016 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 2016?

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

Base amount

If you are entitled to the family caregiver amount, enter \$2,121

Add lines 1 and 2.

Spouse's or common-law partner's net income from page 1 of your return

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 303 of your Schedule 1.

			1
<b>5109</b> +			2
=			3
-			4
=			5

**Line 305 - Amount for an eligible dependant**

Did your marital status change to other than married or common-law in 2016?

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

If you are entitled to the family caregiver amount, enter \$2,121

Add lines 1 and 2.

Dependant's net income (line 236 of his or her return)

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 305 of your Schedule 1.

			1
<b>5110</b> +			2
=			3
<b>5106</b> -			4
=			5

**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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,788)

			1
-			2
=			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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,788)

			1
-			2
=			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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,788)

			1
-			2
=			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			1
If you are entitled to the family caregiver amount, enter \$2,121	+		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 \$4,667 (\$6,788)	=		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 \$2,121	+		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 \$4,667 (\$6,788)	=		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 \$2,121	+		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 \$4,667 (\$6,788)	=		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 \$2,121	+		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 \$4,667 (\$6,788)	=		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 \$2,121 on line 2 for this calculation.

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