



Before completing this schedule, read the instructions for line 462 (point 2) in the guide.

A. Address of the dwelling (where you lived with the individual[s] you were caring for)

Address _____ Postal code _____

Check the box(es) corresponding to the person(s) who owned, rented or sublet the dwelling.

2 You Your spouse Eligible relative Spouse of eligible relative Other

B. Tax credit for caregivers of a spouse

Period during which you **lived with your spouse**, who was unable to live alone

<input checked="" type="checkbox"/> 64	in 2015:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	Number of days
<input checked="" type="checkbox"/> 66	in 2016:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	
<input checked="" type="checkbox"/> 68	in 2017:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	

If line 66 covers a period of more than 182 days but fewer than 365 days, check here. 74

If line 66 covers a period of 365 days, check here. 76

If lines 64 and 66 **or** lines 66 and 68 cover a total period of at least 365 consecutive days, check here. 78

If the period of at least 365 consecutive days has not been completed by the date you file your return, but it is reasonable to consider that it will be completed before July 2, 2017, check here. 80

Enter **\$1,000**. Also enter \$1,000 on line 462 of your return. 84

C. Tax credit for caregivers housing an eligible relative or cohabiting with an eligible relative

If you **housed an eligible relative** and you are splitting this tax credit with another person, enter that person's social insurance number. 1

1st eligible relative

Relationship to you 8 _____

Last name 10 _____

First name 12 _____

Social insurance number 14 _____ Date of birth 18 1 9 Y M D

Period during which the **first** relative lived with you

<input type="checkbox"/> 24	in 2015:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	Number of days
<input type="checkbox"/> 26	in 2016:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	
<input type="checkbox"/> 28	in 2017:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	

2nd eligible relative

Relationship to you 8 _____

Last name 10 _____

First name 12 _____

Social insurance number 14 _____ Date of birth 18 1 9 Y M D

Period during which the **second** relative lived with you

<input type="checkbox"/> 24	in 2015:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	Number of days
<input type="checkbox"/> 26	in 2016:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	
<input type="checkbox"/> 28	in 2017:	from	<input type="text"/> M <input type="text"/> D	to	<input type="text"/> M <input type="text"/> D	=	<input type="text"/>	

Continued on the next page



1st relative 2nd relative

If line 26 covers a period of more than 182 days but fewer than 365 days, check here.

34

34

If line 26 covers a period of 365 days, check here.

36

36

If lines 24 and 26 **or** lines 26 and 28 cover a total period of at least 365 consecutive days, check here.

38

38

If the period of at least 365 consecutive days has not been completed by the date you file your return, but it is reasonable to consider that it will be completed before July 2, 2017, check here.

40

40

Complete lines 41 through 52 for each eligible relative and enter the total amount claimed on line 53.

1st eligible relative

Amount from line 275 of the eligible relative's return	42	<input type="text" value="2333000"/>	41	<input type="text" value="116700"/>
Subtract line 43 from line 42. If the result is negative , enter 0.	43	<input type="text" value="0000000"/>		
	= 44	<input type="text" value="2333000"/>		
Multiply line 44 by 16%.	×	16%		
	= 46	<input type="text" value="3732800"/>		
Enter the amount from line 46 or \$525, whichever is less .			47	<input type="text" value="525"/>
Subtract line 47 from line 41.			= 48	<input type="text" value="116175"/>
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.	49	<input type="text" value=""/>		
Adjustment of the social assistance payments received for a child 18 or over who is handicapped and attends an educational institution at the secondary level in general education	+	50		
Add lines 49 and 50.	= 51	<input type="text" value=""/>	51	<input type="text" value=""/>
Subtract line 51 from line 48.			= 52	<input type="text" value="116175"/>

2nd eligible relative

Amount from line 275 of the eligible relative's return	42	<input type="text" value="2333000"/>	41	<input type="text" value="116700"/>
Subtract line 43 from line 42. If the result is negative , enter 0.	43	<input type="text" value="0000000"/>		
	= 44	<input type="text" value="2333000"/>		
Multiply line 44 by 16%.	×	16%		
	= 46	<input type="text" value="3732800"/>		
Enter the amount from line 46 or \$525, whichever is less .			47	<input type="text" value="525"/>
Subtract line 47 from line 41.			= 48	<input type="text" value="116175"/>
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.	49	<input type="text" value=""/>		
Adjustment of the social assistance payments received for a child 18 or over who is handicapped and attends an educational institution at the secondary level in general education	+	50		
Add lines 49 and 50.	= 51	<input type="text" value=""/>	51	<input type="text" value=""/>
Subtract line 51 from line 48.			= 52	<input type="text" value="116175"/>

Add the amounts on line 52 for all eligible relatives. Carry the result to line 462 of your return.

53

D. Certification

I certify that, during all of the periods in Part B or Part C, I lived at the address in Part A, either with my spouse named in Part B or with the eligible relative(s) named in Part C of this schedule.

Signature of individual claiming the tax credit

Date

Enclose a copy of this schedule with your return.



T6H2 ZZ 84547250

