



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

A Address of the dwelling (where you lived with your spouse or the eligible relative[s] named in Part C)

Address Postal code

Who owned, rented or sublet the dwelling? Check all that apply.

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

		M	M	D	D	to	M	M	D	D	Number of days
<input type="text" value="64"/>	in 2017:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="66"/>	in 2018:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="68"/>	in 2019:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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, 2019, check here.

Enter **\$1,015**. Also enter \$1,015 on line 462 of your return.

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.

Social insurance number

1st eligible relative

Relationship to you

Last name

First name

Social insurance number

Date of birth

Y Y Y Y M M D D

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

		M	M	D	D	to	M	M	D	D	Number of days
<input type="text" value="24"/>	in 2017:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="26"/>	in 2018:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="28"/>	in 2019:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd eligible relative

Relationship to you

Last name

First name

Social insurance number

Date of birth

Y Y Y Y M M D D

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

		M	M	D	D	to	M	M	D	D	Number of days
<input type="text" value="24"/>	in 2017:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="26"/>	in 2018:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="28"/>	in 2019:	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enclose a copy of this schedule with your return.

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, 2019, check here. 40 40

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

1st eligible relative

	41	1 1 8 5 . 0 0
Amount from line 275 of the eligible relative's return	42	2 3 7 0 0 . 0 0
Subtract line 43 from line 42. If the result is negative , enter 0.	43	2 3 7 0 0 . 0 0
	44	
Multiply line 44 by 16%.	46	
Enter the amount from line 46 or \$533, whichever is less .	47	
Subtract line 47 from line 41.	48	
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.	49	
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	
Subtract line 51 from line 48.	52	

2nd eligible relative

	41	1 1 8 5 . 0 0
Amount from line 275 of the eligible relative's return	42	2 3 7 0 0 . 0 0
Subtract line 43 from line 42. If the result is negative , enter 0.	43	2 3 7 0 0 . 0 0
	44	
Multiply line 44 by 16%.	46	
Enter the amount from line 46 or \$533, whichever is less .	47	
Subtract line 47 from line 41.	48	
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.	49	
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	
Subtract line 51 from line 48.	52	
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 or with the eligible relative(s) named in Part C.

Signature of individual claiming the tax credit

Date



T8H2 ZZ 84567250



E Tax credit for caregivers supporting an eligible relative

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

Social insurance number

91 | | | | | | | | | | | | | | | | | | | | | |

1st eligible relative

Relationship to you
98 | | | | | | | | | | | | | | | | | | | | | |

Last name
100 | | | | | | | | | | | | | | | | | | | | | |

First name
102 | | | | | | | | | | | | | | | | | | | | | |

Social insurance number
104 | | | | | | | | | | | | | | | | | | | | | |

Date of birth
108 | | | | | | | | | | | | | | | | | | | | | |
Y Y Y Y M M D D

Period during which you supported the **first** relative

114 in **2017**: from | | | | | | | | to | | | | | | | | = | | | | | | | | Number of days

116 in **2018**: from | | | | | | | | to | | | | | | | | = | | | | | | | |

118 in **2019**: from | | | | | | | | to | | | | | | | | = | | | | | | | |

2nd eligible relative

Relationship to you
98 | | | | | | | | | | | | | | | | | | | | | |

Last name
100 | | | | | | | | | | | | | | | | | | | | | |

First name
102 | | | | | | | | | | | | | | | | | | | | | |

Social insurance number
104 | | | | | | | | | | | | | | | | | | | | | |

Date of birth
108 | | | | | | | | | | | | | | | | | | | | | |
Y Y Y Y M M D D

Period during which you supported the **second** relative

114 in **2017**: from | | | | | | | | to | | | | | | | | = | | | | | | | | Number of days

116 in **2018**: from | | | | | | | | to | | | | | | | | = | | | | | | | |

118 in **2019**: from | | | | | | | | to | | | | | | | | = | | | | | | | |

If line 116 covers a period of more than 182 days but fewer than 365 days, check here.

124 | | | | | | | | | | | | | | | | | | | | | |

If line 116 covers a period of 365 days, check here.

126 | | | | | | | | | | | | | | | | | | | | | |

If lines 114 and 116 **or** lines 116 and 118 cover a period of at least 365 consecutive days, check here.

128 | | | | | | | | | | | | | | | | | | | | | |

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, 2019, check here.

130 | | | | | | | | | | | | | | | | | | | | | |

Complete lines 131 through 142 for each eligible relative and enter the total amount you are claiming on line 143.

1st eligible relative

Amount from line 275 of the eligible relative's return	132		131		
Subtract line 133 from line 132. If the result is negative , enter 0.	-	133		137	
Multiply line 134 by 16%.	×	134		138	
Enter the amount from line 136 or \$533, whichever is less .	=	136			
Subtract line 137 from line 131.	-	137			
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.		139			
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	+	140			
Add lines 139 and 140.	=	141		141	
Subtract line 141 from line 138.	-	142		142	

Continue your calculations on the next page.

2nd eligible relative

	131	5,330.00
Amount from line 275 of the eligible relative's return	132	
Subtract line 133 from line 132. If the result is negative , enter 0.	- 133	2,370.00
Multiply line 134 by 16%.	= 134	
Enter the amount from line 136 or \$533, whichever is less .	× 136	16%
Subtract line 137 from line 131.	= 137	
Reduction of the credit for a relative who turned 18 during the year. See line 462 in the guide.	- 138	
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	+ 139	
Add lines 139 and 140.	= 140	
Subtract line 141 from line 138.	= 141	
Add the amounts on line 142.	= 142	
Enter the result on line 462 of your return.	= 143	