



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 eligible care receiver[s] named in Part B or D)

Address Postal code

Who was an owner, tenant or subtenant of the dwelling? Check all that apply.

200 You
 Your spouse
 The eligible care receiver
 The eligible care receiver's spouse
 Other

B Caregiver living with a person 18 or over with an impairment

If you are splitting the tax credit with another caregiver, enter his or her social insurance number. If you are splitting it with more than one caregiver, enclose a separate sheet containing their social insurance numbers with this schedule. Social insurance number

1st eligible care receiver

Relationship to you (if applicable)

208

If you are not related to this person, check this box. 208.1

Last name

210

First name

212

Social insurance number Date of birth

214 218

Y Y Y Y M M D D

Period during which you lived with the **first** eligible care receiver

224 in 2020: from M M D D to M M D D = Number of days

226 in 2021: from M M D D to M M D D = Number of days

228 in 2022: from M M D D to M M D D = Number of days

2nd eligible care receiver

Relationship to you (if applicable)

208

If you are not related to this person, check this box. 208.1

Last name

210

First name

212

Social insurance number Date of birth

214 218

Y Y Y Y M M D D

Period during which you lived with the **second** eligible care receiver

224 in 2020: from M M D D to M M D D = Number of days

226 in 2021: from M M D D to M M D D = Number of days

228 in 2022: from M M D D to M M D D = Number of days

If the period you entered on line 226 (or the total period that you and another caregiver entered on line 226) covers more than 182 days but fewer than 365 days, check this box.

1st care receiver	234	<input type="checkbox"/>	234	<input type="checkbox"/>
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If the period you entered on line 226 (or the total period that you and another caregiver entered on line 226) covers exactly 365 days, check this box.

236	<input type="checkbox"/>	236	<input type="checkbox"/>
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If the periods you entered on lines 224 and 226 or 226 and 228 (or the total period that you and another caregiver entered on those lines) cover 365 consecutive days or more, check this box.

238	<input type="checkbox"/>	238	<input type="checkbox"/>
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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, 2022, check this box.

240	<input type="checkbox"/>	240	<input type="checkbox"/>
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Enclose a copy of this schedule with your return.

Continued on the next page.



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Complete lines 251 to 264 for each eligible care receiver and enter the total you are claiming on line 265.

1st eligible care receiver

	251		2 5 3 2 0 0
Amount from line 275 of the eligible care receiver's income tax return	252		
	-	253	2 2 4 6 0 0 0
Subtract line 253 from line 252. If the result is negative , enter 0.	=	254	
	×	16%	
Multiply line 254 by 16%.	=	256	
Enter the amount from line 256 or \$1,266, whichever is less .	-	257	
Subtract line 257 from line 256.	=	258	
Reduction of the credit for a care receiver who turned 18 during the year. See line 462 in the guide.	259		
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	+	260	
Add lines 259 and 260.	=	261	
Subtract line 261 from line 258.	-	262	
Amount claimed by another caregiver	-	263	
Subtract line 263 from line 262.	=	264	

2nd eligible care receiver

	251		2 5 3 2 0 0
Amount from line 275 of the eligible care receiver's income tax return	252		
	-	253	2 2 4 6 0 0 0
Subtract line 253 from line 252. If the result is negative , enter 0.	=	254	
	×	16%	
Multiply line 254 by 16%.	=	256	
Enter the amount from line 256 or \$1,266, whichever is less .	-	257	
Subtract line 257 from line 256.	=	258	
Reduction of the credit for a care receiver who turned 18 during the year. See line 462 in the guide.	259		
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	+	260	
Add lines 259 and 260.	=	261	
Subtract line 261 from line 258.	-	262	
Amount claimed by another caregiver	-	263	
Subtract line 263 from line 262.	=	264	
Add the amounts on line 264 for all eligible care receivers.	265		
Expenses incurred in 2021 for specialized respite services (maximum: \$5,200 per eligible care receiver)	266		
	×	30%	
Multiply line 266 by 30%.	=	267	
Add lines 265 and 267. Enter the result on line 462 of your return.	=	268	

Enclose a copy of this schedule with your return.



C Caregiver not living with a person 18 or over with an impairment

If you are splitting the tax credit with another caregiver, enter his or her social insurance number. If you are splitting it with more than one caregiver, enclose a separate sheet containing their social insurance numbers with this schedule.

Social insurance number
 301 _____

1st eligible care receiver

Relationship to you (if applicable)
 308 _____

If you are not related to this person, check this box. 308.1

Last name
 310 _____

First name
 312 _____

Social insurance number 314 _____ Date of birth 318 _____
Y Y Y Y M M D D

Period during which you provided care to the first eligible care receiver

324 in 2020: from _____ to _____ = _____
M M D D M M D D Number of days

326 in 2021: from _____ to _____ = _____

328 in 2022: from _____ to _____ = _____

If the period you entered on line 326 (or the total period that you and another caregiver entered on line 326) covers more than 182 days but fewer than 365 days, check this box.

334

If the period you entered on line 326 (or the total period that you and another caregiver entered on line 326) covers exactly 365 days, check this box.

336

If the periods you entered on lines 324 and 326 or 326 and 328 (or the total period that you and another caregiver entered on those lines) cover 365 consecutive days or more, check this box.

338

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, 2022, check this box.

340

2nd eligible care receiver

Relationship to you (if applicable)
 308 _____

If you are not related to this person, check this box. 308.1

Last name
 310 _____

First name
 312 _____

Social insurance number 314 _____ Date of birth 318 _____
Y Y Y Y M M D D

Period during which you provided care to the second eligible care receiver

324 in 2020: from _____ to _____ = _____
M M D D M M D D Number of days

326 in 2021: from _____ to _____ = _____

328 in 2022: from _____ to _____ = _____

1st care receiver

334

336

338

340

2nd care receiver

334

336

338

340

Complete lines 351 to 364 for each eligible care receiver and enter the total you are claiming on line 365.

1st eligible care receiver

Amount from line 275 of the eligible care receiver's income tax return

352 _____

351 1,266,000

Subtract line 353 from line 352. If the result is **negative**, enter 0.

- 353 2,246,000

Multiply line 354 by 16%.

= 354 _____

Enter the amount from line 356 or \$1,266, whichever is **less**.

× 356 16%

Subtract line 357 from line 351.

= 356 _____

- 357 _____

Reduction of the credit for a care receiver who turned 18 during the year. See line 462 in the guide.

= 358 _____

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

359 _____

Add lines 359 and 360.

+ 360 _____

Subtract line 361 from line 358.

= 361 _____

Amount claimed by another caregiver

Subtract line 363 from line 362.

361 _____

= 362 _____

- 363 _____

= 364 _____

Enclose a copy of this schedule with your return.

Continued on the next page.



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2nd eligible care receiver

Amount from line 275 of the eligible care receiver's income tax return	352		351	1 2 6 6 0 0
Subtract line 353 from line 352. If the result is negative , enter 0.	-	353		2 2 4 6 0 0 0
Multiply line 354 by 16%.	=	354		
Enter the amount from line 356 or \$1,266, whichever is less .	×	16%		
Subtract line 357 from line 351.	=	356	357	
Reduction of the credit for a care receiver who turned 18 during the year. See line 462 in the guide.		359	358	
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	+	360		
Add lines 359 and 360.	=	361	361	
Subtract line 361 from line 358.			362	
Amount claimed by another caregiver			363	
Subtract line 363 from line 362.			364	
Add the amounts on line 364 for all eligible care receivers. Enter the result on line 462 of your return.			365	

D Caregiver living with a person (not his or her spouse) 70 or over without an impairment

If you are splitting the tax credit with another caregiver, enter his or her social insurance number. If you are splitting it with more than one caregiver, enclose a separate sheet containing their social insurance numbers with this schedule. Social insurance number
401

1st eligible care receiver

Relationship to you
408

Last name
410

First name
412

Social insurance number
414

Date of birth
418

Period during which you lived with the **first** eligible care receiver

424 in 2020: from to =

426 in 2021: from to =

428 in 2022: from to =

2nd eligible care receiver

Relationship to you
408

Last name
410

First name
412

Social insurance number
414

Date of birth
418

Period during which you lived with the **second** eligible care receiver

424 in 2020: from to =

426 in 2021: from to =

428 in 2022: from to =

➔ Continued on the next page.

Enclose a copy of this schedule with your return.



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1st care receiver **2nd care receiver**

If the period you entered on line 426 (or the total period that you and another caregiver entered on line 426) covers more than 182 days but fewer than 365 days, check this box.	434 <input type="checkbox"/>	434 <input type="checkbox"/>
If the period you entered on line 426 (or the total period that you and another caregiver entered on line 426) covers exactly 365 days, check this box.	436 <input type="checkbox"/>	436 <input type="checkbox"/>
If the periods you entered on lines 424 and 426 or 426 and 428 (or the total period that you and another caregiver entered on those lines) cover 365 consecutive days or more, check this box.	438 <input type="checkbox"/>	438 <input type="checkbox"/>
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, 2022, check this box.	440 <input type="checkbox"/>	440 <input type="checkbox"/>

1st eligible care receiver

Enter \$1,266 .	451	
Amount claimed by another caregiver	-	
Subtract line 452 from line 451.	=	

2nd eligible care receiver

Enter \$1,266 .	451	
Amount claimed by another caregiver	-	
Subtract line 452 from line 451.	=	

Add the amounts on line 453 for all eligible care receivers. Enter the result on line 462 of your return.	454	
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E Certification

I certify that:

- I lived at the address in Part A with the eligible care receiver(s) during all of the periods in Part B or D; or
- I provided care to the eligible care receiver(s) during all of the periods in Part C.

Signature of individual claiming the tax credit

Date

Enclose a copy of this schedule with your return.



I1H5 ZZ 73497253

