



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)

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

Last name

First name

Social insurance number  Date of birth

Y Y Y Y M M D D

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

in **2021**: from  to  =

in **2022**: from  to  =

in **2023**: from  to  =

### 2nd eligible care receiver

Relationship to you (if applicable)

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

Last name

First name

Social insurance number  Date of birth

Y Y Y Y M M D D

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

in **2021**: from  to  =

in **2022**: from  to  =

in **2023**: from  to  =

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	<input type="checkbox"/> 234	2nd care receiver	<input type="checkbox"/> 234
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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, 2023, check this box.

240	<input type="checkbox"/>	240	<input type="checkbox"/>
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Enclose 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 9 8 0 0
Amount from line 275 of the eligible care receiver's income tax return	252		
	-	253	2 3 0 5 5 0 0
Subtract line 253 from line 252. If the result is <b>negative</b> , enter 0.	=	254	
	×	256	16%
Multiply line 254 by 16%. Enter the amount from line 256 or \$1,299, whichever is <b>less</b> .	=	257	
Subtract line 257 from line 251.	=	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 9 8 0 0
Amount from line 275 of the eligible care receiver's income tax return	252		
	-	253	2 3 0 5 5 0 0
Subtract line 253 from line 252. If the result is <b>negative</b> , enter 0.	=	254	
	×	256	16%
Multiply line 254 by 16%. Enter the amount from line 256 or \$1,299, whichever is <b>less</b> .	=	257	
Subtract line 257 from line 251.	=	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	

	265		
Add the amounts on line 264 for all eligible care receivers.	=	265	
Expenses incurred in 2022 for <b>specialized respite services</b> (maximum: \$5,200 per eligible care receiver)	266		
	×	267	30%
Multiply line 266 by 30%.	=	267	
Add lines 265 and 267. Enter the result on line 462 of your return.	=	268	

Enclose 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 2021: from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
M M D D M M D D Number of days

326 in 2022: from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

328 in 2023: 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, 2023, check this box.

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 2 9 9 0 0**

Subtract line 353 from line 352. If the result is **negative**, enter 0.  
 353 **2 3 0 5 5 0 0**  
 = 354 \_\_\_\_\_

Multiply line 354 by 16%.  
 × **16%**  
 = 356 \_\_\_\_\_

Enter the amount from line 356 or \$1,299, whichever is **less**.  
 357 \_\_\_\_\_  
 Subtract line 357 from line 351.  
 = 358 \_\_\_\_\_

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

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 \_\_\_\_\_

Subtract line 361 from line 358.  
 361 \_\_\_\_\_  
 362 \_\_\_\_\_  
 Amount claimed by another caregiver  
 - 363 \_\_\_\_\_  
 Subtract line 363 from line 362.  
 = 364 \_\_\_\_\_

Enclose this schedule with your return.

Continued on the next page.

**2nd eligible care receiver**

Amount from line 275 of the eligible care receiver's income tax return	352		351	1 2 9 9 0 0
Subtract line 353 from line 352. If the result is <b>negative</b> , enter 0.	-	353		2 3 0 5 5 0 0
Multiply line 354 by 16%.	=	354		
Enter the amount from line 356 or \$1,299, whichever is <b>less</b> .	×	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	-	362
Subtract line 361 from line 358.			-	363
Amount claimed by another caregiver			=	364
Subtract line 363 from line 362.				
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 2021: from  to  =

426 in 2022: from  to  =

428 in 2023: 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 2021: from  to  =

426 in 2022: from  to  =

428 in 2023: from  to  =

➔ Continued on the next page.

Enclose 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 <b>or</b> 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, 2023, check this box.	440 <input type="checkbox"/>	440 <input type="checkbox"/>

**1st eligible care receiver**

Enter <b>\$1,299</b> .	451	
Amount claimed by another caregiver	-	
Subtract line 452 from line 451.	=	

**2nd eligible care receiver**

Enter <b>\$1,299</b> .	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 this schedule with your return.



I2H5 ZZ 73507253

