

## Tax Credit for Caregivers

Complete this form if you are claiming, on line 462 of your 2018 income tax return:

- the tax credit for caregivers housing **more than two eligible relatives** or cohabiting with **more than two eligible relatives**;
- the tax credit for caregivers supporting **more than two eligible relatives**.

The form **must be enclosed** with your 2018 income tax return.

### A Information about the individual claiming the tax credit (please print)

Last name  First name  Social insurance number

Address where you lived with the eligible relative or relatives named in Part B  Postal code

### B Tax credit for caregivers housing more than two eligible relatives or cohabiting with more than two eligible relatives

#### 3rd eligible relative

Relationship to you

Last name

First name

Social insurance number  Date of birth

Period in which you lived with the **third** relative

in **2017**: from  to  =

in **2018**: from  to  =

in **2019**: from  to  =

#### 4th eligible relative

Relationship to you

Last name

First name

Social insurance number  Date of birth

Period in which you lived with the **fourth** relative

in **2017**: from  to  =

in **2018**: from  to  =

in **2019**: from  to  =

If line 26 covers a period of more than 182 days, but fewer than 365 days, check box 34.

	<b>3rd relative</b>	<b>4th relative</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If line 26 covers a period of 365 days, check box 36.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If lines 24 and 26, **or** lines 26 and 28 together, cover a period of at least 365 consecutive days, check box 38.

<input type="checkbox"/>	<input type="checkbox"/>	<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, 2019, check box 40.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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➔ Do your calculations on the next page.



Complete lines 41 to 52 for the 3rd and 4th eligible relatives and enter the total amount you are claiming on line 53.

**3rd eligible relative**

	41	1 1 8 5 0 0
Amount from line 275 of the eligible relative's return	42	
	- 43	2 3 7 0 0 0 0
Subtract line 43 from line 42. If the result is <b>negative</b> , enter 0.	= 44	
	×	16%
Multiply line 44 by 16%.	= 46	
Enter the amount from line 46 or \$533, whichever is <b>less</b> .	- 47	
Subtract line 47 from line 46.	= 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 (last-resort financial assistance benefits) 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	

**4th eligible relative**

	41	1 1 8 5 0 0
Amount from line 275 of the eligible relative's return	42	
	- 43	2 3 7 0 0 0 0
Subtract line 43 from line 42. If the result is <b>negative</b> , enter 0.	= 44	
	×	16%
Multiply line 44 by 16%.	= 46	
Enter the amount from line 46 or \$533, whichever is <b>less</b> .	- 47	
Subtract line 47 from line 46.	= 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 (last-resort financial assistance benefits) 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. Enter the result on line 462 of your return.	53	

**C Certification**

I certify that, during all of the periods entered in Part B, I lived at the address given in Part A with the eligible relative or relatives named in Part B.

\_\_\_\_\_  
Signature of individual claiming the tax credit

\_\_\_\_\_  
Date



### D Tax credit for caregivers supporting more than two eligible relatives

#### 3rd 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 in which you supported the **third** relative

114	in 2017:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	Number of days _____
116	in 2018:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	_____
118	in 2019:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	_____

#### 4th 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 in which you supported the **fourth** relative

114	in 2017:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	Number of days _____
116	in 2018:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	_____
118	in 2019:	from	<small>M M D D</small> _____	to	<small>M M D D</small> _____	=	_____

If line 116 covers a period of more than 182 days, but fewer than 365 days, check box 124.	124	<input type="checkbox"/>	3rd relative	124	<input type="checkbox"/>	4th relative
If line 116 covers a period of 365 days, check box 126.	126	<input type="checkbox"/>		126	<input type="checkbox"/>	
If lines 114 and 116, <b>or</b> lines 116 and 118 together, cover a period of at least 365 consecutive days, check box 128.	128	<input type="checkbox"/>		128	<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, 2019, check box 130.	130	<input type="checkbox"/>		130	<input type="checkbox"/>	

Complete lines 131 to 142 for the 3rd and 4th eligible relatives and enter the total amount you are claiming on line 143.

#### 3rd eligible relative

Amount from line 275 of the eligible relative's return	132	_____	131	5 3 3 0 0
Subtract line 133 from line 132. If the result is <b>negative</b> , enter 0.	- 133	2 3 7 0 0 0 0	= 134	_____
Multiply line 134 by 16%.	×	16%	= 136	_____
Enter the amount from line 136 or \$533, whichever is <b>less</b> .	- 137	_____	= 138	_____
Subtract line 137 from line 131.				
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	_____		_____

➔ Continue your calculations on the next page.



**4th eligible relative**

	132		131	5,330.00
Amount from line 275 of the eligible relative's return				
	-	133		
Subtract line 133 from line 132. If the result is <b>negative</b> , enter 0.		2,370.00		
	=	134		
	×	<b>16%</b>		
Multiply line 134 by 16%.		=	136	
Enter the amount from line 136 or \$533, whichever is <b>less</b> .			-	137
Subtract line 137 from line 136.			=	138
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	
Subtract line 141 from line 138.			-	142
			=	143
Add the amounts on line 142. Enter the result on line 462 of your return.				

