



Tax Credit for Caregivers

Complete this form if you are claiming the tax credit for caregivers on line 462 of your 2020 income tax return as one of the following:

- a caregiver living with **three or more people 18 or over with an impairment**;
- a caregiver of **three or more people 18 or over with an impairment** whom you do not live with;
- a caregiver living with **three or more people** (none of whom are your spouse) **70 or over** without an impairment.

You must enclose this form with your 2020 income tax return.

A Information about you (please print)

Last name 1 First name 2 Social insurance number 3

Address where you lived with the eligible care receiver(s) named in Part B or D 4 Postal code 5

B Caregiver living with three or more people 18 or over with an impairment

3rd 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 214 Date of birth 218
Y Y Y Y M M D D

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

224 in 2019: from M M D D to M M D D = Number of days

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

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

4th 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 214 Date of birth 218
Y Y Y Y M M D D

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

224 in 2019: from M M D D to M M D D = Number of days

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

228 in 2021: 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.

234 234

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.

236 236

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.

238 238

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, 2021, check this box.

240 240

➔ Continued on the next page.



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

3rd eligible care receiver

	251		2	5	0	0	0	0	0
Amount from line 275 of the eligible care receiver's income tax return		252							
	-	253	2	2	1	8	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 \$1,250, whichever is less .	-	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							

4th eligible care receiver

	251		2	5	0	0	0	0	0
Amount from line 275 of the eligible care receiver's income tax return		252							
	-	253	2	2	1	8	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 \$1,250, whichever is less .	-	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		2	5	0	0	0	0	0
Add the amounts on line 264 for all eligible care receivers.		265							
Expenses incurred in 2020 for specialized respite services (maximum: \$5,200 per eligible care receiver)		266							
	×		30%						
Multiply line 266 by 30%.	=	267							
Add lines 265 and 267.	+	268							
Enter the result on line 462 of your return.	=	268							



Caregiver of three or more people 18 or over with an impairment whom you do not live with

3rd 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 lived with the **third** eligible care receiver

324 in 2019: from _____ to _____ = _____
M M D D M M D D Number of days

326 in 2020: from _____ to _____ = _____

328 in 2021: from _____ to _____ = _____

4th 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 lived with the **fourth** eligible care receiver

324 in 2019: from _____ to _____ = _____
M M D D M M D D Number of days

326 in 2020: from _____ to _____ = _____

328 in 2021: 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

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

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

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, 2021, check this box.

340

340

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

3rd eligible care receiver

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

352 _____

351 1 2 5 0 0 0

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

353 2 2 1 8 0 0 0

= 354 _____

Multiply line 354 by 16%.

× 16%

= 356 _____

Enter the amount from line 356 or \$1,250, 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.

= 362 _____

Amount claimed by another caregiver

- 363 _____

Subtract line 363 from line 362.

= 364 _____

Continued on the next page.



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.

3rd care receiver
434

4th care receiver
434

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

436

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

438

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, 2021, check this box.

440

440

3rd eligible care receiver

Enter **\$1,250.00**.

Amount claimed by another caregiver

451	
452	-
453	=

Subtract line 452 from line 451.

4th eligible care receiver

Enter **\$1,250.00**.

Amount claimed by another caregiver

451	
452	-
453	=

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

