

## Tax Credit for Caregivers

Complete this form if you are claiming the tax credit for caregivers on line 462 of your 2021 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 2021 income tax return.

### A Information about you

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 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

#### 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 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.

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, 2022, 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 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 0 |             |
| Subtract line 253 from line 252.<br>If the result is <b>negative</b> , enter 0.  | = 254 |                 |             |
| ×  |       | <b>16%</b>      |             |
| Multiply line 254 by 16%.  | = 256 |                 |             |
| Enter the amount from line 256 or \$1,266, whichever is <b>less</b> .  | -     | 257             |             |
| Subtract line 257 from line 256.   | = 258 |                 |             |
| Reduction of the credit for a care receiver who turned 18 during the year.<br>See line 462 in the guide.   | 259   |                 |             |
| Adjustment of the social assistance payments received for a child 18<br>or over who is handicapped and attends an educational institution<br>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 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 0 |             |
| Subtract line 253 from line 252.<br>If the result is <b>negative</b> , enter 0.  | = 254 |                 |             |
| ×  |       | <b>16%</b>      |             |
| Multiply line 254 by 16%.  | = 256 |                 |             |
| Enter the amount from line 256 or \$1,266, whichever is <b>less</b> .  | -     | 257             |             |
| Subtract line 257 from line 256.   | = 258 |                 |             |
| Reduction of the credit for a care receiver who turned 18 during the year.<br>See line 462 in the guide.   | 259   |                 |             |
| Adjustment of the social assistance payments received for a child 18<br>or over who is handicapped and attends an educational institution<br>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 2021 for <b>specialized respite services</b><br>(maximum: \$5,200 per eligible care receiver) | 266   |            |  |
| ×  |       | <b>30%</b> |  |
| Multiply line 266 by 30%.  | = 267 |            |  |
| Add lines 265 and 267.<br>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 2020: from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
M M D D M M D D Number of days

326 in 2021: from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

328 in 2022: 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 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

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, 2022, 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 6 6 0 0

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

353 2 2 4 6 0 0

= 354 \_\_\_\_\_

Multiply line 354 by 16%.

× 16%

= 356 \_\_\_\_\_

Enter the amount from line 356 or \$1,266, 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.



**4th eligible care receiver**

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

**D Caregiver living with three or more people (none of whom are your spouse) 70 or over without an impairment**

**3rd eligible care receiver**

Relationship to you **408**

Last name **410**

First name **412**

Social insurance number **414** Date of birth **418**  
Y Y Y Y M M D D

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

**424** in **2020**: from **M M D D** to **M M D D** = **Number of days**

**426** in **2021**: from **M M D D** to **M M D D** = **Number of days**

**428** in **2022**: from **M M D D** to **M M D D** = **Number of days**

**4th eligible care receiver**

Relationship to you **408**

Last name **410**

First name **412**

Social insurance number **414** Date of birth **418**  
Y Y Y Y M M D D

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

**424** in **2020**: from **M M D D** to **M M D D** = **Number of days**

**426** in **2021**: from **M M D D** to **M M D D** = **Number of days**

**428** in **2022**: from **M M D D** to **M M D D** = **Number of days**

➡ **Continued on the next page.**



**3rd care receiver**      **4th 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

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, 2022, check this box.

440

440

**3rd eligible care receiver**

Enter **\$1,266.00**.

451

Amount claimed by another caregiver

452

Subtract line 452 from line 451.

= 453

**4th eligible care receiver**

Enter **\$1,266.00**.

451

Amount claimed by another caregiver

452

Subtract line 452 from line 451.

= 453

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

454

**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



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