

Tax Credit for Caregivers

Complete this form if you are claiming, on line 462 of your 2015 income tax return, a tax credit for caregivers housing **more than two eligible relatives** or cohabiting with **more than two eligible relatives**. The form **must** be enclosed with your 2015 income tax return.

A. Identification of the individual claiming the tax credit

Last name First name Social insurance number

Address where you lived with the eligible relative or relatives Postal code

B. Information about the eligible relative or 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 **2014**: from to Number of days

in **2015**: from to Number of days

in **2016**: from to Number of days

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 **2014**: from to Number of days

in **2015**: from to Number of days

in **2016**: from to Number of days

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

	3rd relative	4th relative
<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 1, 2016, check box 40.

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



C. Tax credit that can be claimed by a caregiver housing more than two eligible relatives or cohabiting with more than two eligible relatives

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

Amount from line 275 of the eligible relative's return	42		-	41	1 1 5 4 0 0
Subtract line 43 from line 42. If the result is negative, enter 0.	43	2 3 0 8 0 0 0	-	44	
Multiply line 44 by 16%.	44		x	46	
Enter the amount from line 46 or \$519, whichever is less.	46	16%	=	47	
Subtract line 47 from line 41.	47		-	48	
Reduction of the credit for a relative who reached the age of 18 during the year. See line 462 in the guide.	49		+	51	
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		+	51	
Add lines 49 and 50.	51		=	52	
Subtract line 51 from line 48.	52		-	53	

4th eligible relative

Amount from line 275 of the eligible relative's return	42		-	41	1 1 5 4 0 0
Subtract line 43 from line 42. If the result is negative, enter 0.	43	2 3 0 8 0 0 0	-	44	
Multiply line 44 by 16%.	44		x	46	
Enter the amount from line 46 or \$519, whichever is less.	46	16%	=	47	
Subtract line 47 from line 41.	47		-	48	
Reduction of the credit for a relative who reached the age of 18 during the year. See line 462 in the guide.	49		+	51	
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		+	51	
Add lines 49 and 50.	51		=	52	
Subtract line 51 from line 48.	52		-	53	
Add the amounts on line 52. Enter the result on line 462 of your return.	53		=	53	

D. Certification

I certify that, during all of the periods indicated 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



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