

# Tax Credit for Caregivers

Complete this form if you are claiming, on line 462 of your 2017 income tax return, the 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 2017 income tax return.

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

1 Last name \_\_\_\_\_ 2 First name \_\_\_\_\_ 3 Social insurance number \_\_\_\_\_

4 Address where you lived with the eligible relative or relatives \_\_\_\_\_ 5 Postal code \_\_\_\_\_

## B. Information about the eligible relative or relatives

### 3rd eligible relative

8 Relationship to you \_\_\_\_\_

10 Last name \_\_\_\_\_

12 First name \_\_\_\_\_

14 Social insurance number \_\_\_\_\_ 18 Date of birth **1 9 Y M D**

24 in 2016: from **M D** to **M D** ▶ Number of days \_\_\_\_\_

26 in 2017: from **M D** to **M D** ▶ \_\_\_\_\_

28 in 2018: from **M D** to **M D** ▶ \_\_\_\_\_

### 4th eligible relative

8 Relationship to you \_\_\_\_\_

10 Last name \_\_\_\_\_

12 First name \_\_\_\_\_

14 Social insurance number \_\_\_\_\_ 18 Date of birth **1 9 Y M D**

24 in 2016: from **M D** to **M D** ▶ Number of days \_\_\_\_\_

26 in 2017: from **M D** to **M D** ▶ \_\_\_\_\_

28 in 2018: from **M D** to **M D** ▶ \_\_\_\_\_

	3rd relative	4th relative
If line 26 covers a period of more than 182 days but less than 365 days, check box 34.	34 <input type="checkbox"/>	34 <input type="checkbox"/>
If line 26 covers a period of 365 days, check box 36.	36 <input type="checkbox"/>	36 <input type="checkbox"/>
If lines 24 and 26 <b>or</b> lines 26 and 28 together cover a period of at least 365 consecutive days, check box 38.	38 <input type="checkbox"/>	38 <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, 2018, check box 40.	40 <input type="checkbox"/>	40 <input type="checkbox"/>

**Do your calculations on the next page.**



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## 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 7 6 0 0
Subtract line 43 from line 42. If the result <b>is negative</b> , enter 0.	43	2 3 5 0 5 0 0	=	44	
Multiply line 44 by 16%.	44	1 6 %	x	46	
Enter the amount from line 46 or \$529, whichever is <b>less</b> .	46		-	47	
Subtract line 47 from line 41.	47		=	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		+	51	
Add lines 49 and 50.	51		=	51	
Subtract line 51 from line 48.	51		-	52	

### 4th eligible relative

Amount from line 275 of the eligible relative's return	42		-	41	1 1 7 6 0 0
Subtract line 43 from line 42. If the result <b>is negative</b> , enter 0.	43	2 3 5 0 5 0 0	=	44	
Multiply line 44 by 16%.	44	1 6 %	x	46	
Enter the amount from line 46 or \$529, whichever is <b>less</b> .	46		-	47	
Subtract line 47 from line 41.	47		=	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		+	51	
Add lines 49 and 50.	51		=	51	
Subtract line 51 from line 48.	51		-	52	
Add the amounts on line 52. Enter the result on line 462 of your return.	52			53	

## D. 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



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