

**T1-2013 Amounts for Spouse or Common-law Partner and Dependants****Schedule 5**

Attach a copy of this schedule to your return.

**Lines 303 and 305**

Has your marital status changed in 2013? If yes, tick this box

**5522**

and enter the date of the change

month day  
| | | |**Line 303 - Spouse or common-law partner amount**

Base amount

If you are entitled to the family caregiver amount, enter \$2,040

Add lines 1 and 2.

Spouse's or common-law partner's net income from page 1 of your return

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 303 of your Schedule 1.

			1
<b>5109</b>	+		2
=			3
-			4
=			5

**Line 305 - Amount for an eligible dependant**

provide the requested information and complete the following calculation for this dependant.

First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,040

Add lines 1 and 2.

Dependant's net income (line 236 of his or her return)

Line 3 minus line 4 (if negative, enter "0")

Enter this amount on line 305 of your Schedule 1.

			1
<b>5110</b>	+		2
=			3
<b>5106</b>	-		4
=			5

**Line 306 - Amount for an infirm dependant aged 18 or older**

provide the requested information and complete the following calculation for each dependant.

1) 

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,530)

			1
-			2
=			3

2) 

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,530)

			1
-			2
=			3

3) 

First name:	Year of birth	Relationship to you
Last name:		
Address:		

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")(maximum \$6,530)

			1
-			2
=			3

**Line 315 - Caregiver amount** provide the requested information and complete the following calculation for each dependant.

1)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">       </div>		

  

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,040	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,490 (\$6,530)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

  

2)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">       </div>		

  

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,040	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,490 (\$6,530)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

  

3)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">       </div>		

  

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,040	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,490 (\$6,530)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

  

4)	First name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
	Last name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">       </div>		

  

Base amount	+		1
If you are entitled to the family caregiver amount, enter \$2,040	+		2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	-		4
Line 3 minus line 4 (if negative, enter "0"), maximum amount is \$4,490 (\$6,530)	=		5
If you claimed this dependant on line 305 of schedule 1, enter the amount you claimed.	-		6
Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0")	=		7

Enter the total number of dependants for whom you entered \$2,040 on line 2 for this calculation.

**5112**