

WORKSHEET FOR THE 2006 BRITISH COLUMBIA PERSONAL TAX CREDITS RETURN

Complete this worksheet if you want to calculate partial claims for your Form TD1BC, 2006 British Columbia Personal Tax Credits Return, for the following:

Age amount

- Amount for an eligible dependant
- Amount for infirm dependants age 18 or older

- Spouse or common-law partner amount
- Caregiver amount

Do not give your completed worksheet to your employer or payer. Keep it for your records

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Line 2 of your TD1BC form – Age amount			
If you will be 65 or older on December 31, 2006, and your estimated net income from all sources for and \$56,050, calculate your partial claim as follows:	the year w	II be between \$2	29,570
Maximum age amount		3,972	1
Your estimated net income for the year	2		
Base amount - 29,570	3		
Line 2 minus line 3	4		
Multiply the amount on line 4 by 15% × 15% =		_	5
manaphy are amount on the ray to //	— →		– •
Line 1 minus line 5. Enter this amount on line 2 of your TD1BC form.		=	=
Line 6 of your TD1BC form – Spouse or common-law partner amount			
If your spouse's or common-law partner's estimated net income for the year (including the income ea	rned befor	e and during the	•
marriage or common-law relationship) will be between \$759 and \$8,344, calculate your partial claim	as follows:		
Base amount		8,344	1
Your spouse's or common-law partner's estimated net income for the year			_ 2
Tour operate of common raw partner of community most most me year			
Line 1 minus line 2. Enter this amount on line 6 of your TD1BC form.		=	
Elife 1 militas ilite 2. Enter tills amount on line o or your 15 150 form.			_
Line 7 of your TD1BC form – Amount for an eligible dependant			
If your dependant's estimated net income for the year will be between \$759 and \$8,344, calculate yo	ur partial c	laim as follows:	
Base amount		8,344	1
Your dependant's estimated net income for the year			_ 2
Tour depondance definiated not income for the year			
Line 1 minus line 2. Enter this amount on line 7 of your TD1BC form.		=	
Elife i militad ilife 2. Enter tille difficult of life i of your 15 150 form.			=
Live Out and TD4DO forms Outside Control			
Line 8 of your TD1BC form – Caregiver amount			
If your dependant's estimated net income for the year will be between \$13,118 and \$16,995, calculated the second of the second of the year will be between \$13,118 and \$16,995, calculated the second of the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$13,118 and \$16,995, calculated the year will be between \$10,000, calculated the year will be \$10,000, calculated the	e your par	ial claim as follo	ows:
		40.00=	
Base amount		16,995	_ 1
Your dependant's estimated net income for the year			_ 2
Line 1 minus line 2 (maximum \$3,877)		=	_ 3
Minus: the amount claimed on line 7 of your TD1BC form for this dependant		_	_ 4
Line 3 minus line 4. Enter this amount on line 8 of your TD1BC form.		=	_
Line 9 of your TD1BC form - Amount for infirm dependants age 18 or older			
You cannot claim this amount for a dependant for whom you claimed the caregiver amount on line 8	of your TD	1BC form.	
If your infirm dependant's estimated net income for the year will be between \$6,174 and \$10,050, cal as follows:	culate you	r partial claim	
		10.050	1
Base amount Your infirm dependant's estimated net income for the year		10,050	_ '
		-	
Line 1 minus line 2 (maximum \$3,876)			$-\frac{3}{4}$
Minus: the amount claimed on line 7 of your TD1BC form for this dependant			– ⁴
Line Continue line A. Ententhin serve of as Park Color at TD4DC4		_	
Line 3 minus line 4. Enter this amount on line 9 of your TD1BC form.		=	_