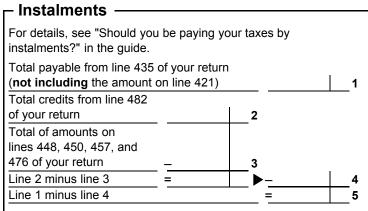
Use the following charts to make your calculations according to the line instructions contained in your *T1 General Income Tax and Benefit Guide*.

Keep this worksheet for your records. Do not attach it to the return you send us.



You may have to pay your 2006 taxes by instalments if for 2006, and for either 2005 or 2004, the amount on line 5 is more than \$2,000 (\$1,200 if you live in Quebec).

Line 235 – Social benefits repay	/me	ent —		
Amount from line 113 of your return Amount from line 146 of your return Add lines 1 and 2	- <u>-</u> - -			1 2 3
Overpayment of Old Age Security benefits recovered (box 20 of your T4A(OAS) slip) Line 3 minus line 4 (if negative, enter "0")	- - - -			4 5
Amount from line 234 of your return				6
EI benefits repayment from line 4 of the chart on your T4E slip (if any) Line 6 minus line 7	- =			7
Base amount Line 8 minus line 9 (if negative, enter "0")	- <u>-</u> - <u>-</u>	60,806	00	•
Multiply the amount on line 10 by 15%	- =			11
Enter the amount from line 5 or line 11, whichever is less				12
Enter the amount from line 7 above (if any) Add lines 12 and 13. Enter this amount on	+			13
lines 235 and 422 of your return.				14

Maximum claim			3,979	00 1
Your net income from				
line 236 of your return		2		
Base amount	<u> </u>	19 00 3		
Line 2 minus line 3				
(if negative, enter "0")	=	4		
Multiply the amount on lir	ne 4 by 15%			5
Line 1 minus line 5 (if neg	gative, enter "	0")		
Enter this amount on line	301 of Sched	dule 1. =		6

 Line 305 – Amount for an eligible 	e dependa	ant –
Base amount	8,079	00 1
Dependant's net income	_	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Enter, on line 305 of Schedule 1, \$7,344 or the line 3, whichever is less . Attach Schedule 5 to your return to provide det dependant.		

– Line 306 – Amount for infirm d age 18 or older	ependa	nts ——	
If your dependant's net income for 2005 was you cannot make a claim.	\$9,308 or ı	nore,	
Base amount	9,3	308 00 1	
Dependant's net income		2	
Line 1 minus line 2; if the result is more than \$3,848, enter \$3,848	=	3	
If you claimed this dependant on line 305 of Schedule 1, enter the amount claimed	_ =	4	
Allowable amount for this dependant: Line 3 minus line 4 (if negative, enter "0")	_ =	5	
Complete this calculation for each dependant.			
Enter, on line 306 of Schedule 1, the total amount claimed for all dependants. Attach Schedule 5 to your return to provide details for each dependant.			

Line 314 – Pension income amount – Amount from line 115 of your return Annuity payments from line 129 of your return (box 16 of your T4RSP slip) only if you were age 65 or older on December 31, 2005, or you received the payments because of the death of your spouse or common-law partner Add lines 1 and 2 Foreign pension income included on line 115 and deducted on line 256 Income from a U.S. individual retirement account included on line 115 Add lines 4 and 5 Line 3 minus line 6 Enter, on line 314 of Schedule 1, \$1,000 or the amount on

line 7, whichever is less.

all dependants.

- Line 315 – Caregiver amount *–* If your dependant's net income for 2005 was \$16,989 or more, you cannot make a claim. 16,989 00 1 Base amount Dependant's net income Line 1 minus line 2; if the result is more than \$3,848, enter \$3,848 3 If you claimed this dependant on line 305 of Schedule 1, enter the amount claimed Allowable amount for this dependant: Line 3 minus line 4 (if negative, enter "0") 5 Complete this calculation for each dependant. Enter, on line 315 of Schedule 1, the total amount claimed for

Attach Schedule 5 to your return to provide details for each

dependant.

Line 316 - Disability amount (calculation if you were under age 18 on December 31, 2005)

Maximum supplement	3,848 00 1
Total expenses for child care	
and attendant care claimed	
by you or for you by anyone	2
Base amount – 2,254 0	<u>0</u> 3
Line 2 minus line 3	_
(if negative, enter "0") =	> - 4
Line 1 minus line 4 (if negative, enter "0")	= 5

Enter, on line 316 of Schedule 1, \$6,596 plus the amount on line 5 (maximum claim \$10,444) unless this chart is being completed for the chart for line 318.

⊢ Line 318 – Disability amount transferred from a dependant 6,596 00 1 Base amount If the dependant was under age 18 on December 31, 2005, enter the amount from line 5 of his or her chart for line 316. Otherwise, enter "0". 2 Add lines 1 and 2 3 Total of amounts your dependant can claim on lines 300 to 315 of his or her Schedule 1 4 Add lines 3 and 4 5 Dependant's taxable income from line 260 of his or her return 6 Line 5 minus line 6 (if negative, enter "0") Enter, on line 318 of Schedule 1, the amount on line 3 or line 7, whichever is less.

Line 410 – Federal political contribution – tax credit If your total federal political contributions (line 409) were \$1,275 or more, enter \$650 on line 410 of Schedule 1. more than more than \$400 but \$750 but For total not more not more contributions of: \$400 or less than \$750 than \$1,275 Total contributions 1 2 000 00 400 00 750 00 2 Base amount Line 1 minus line 2 3 Rate 4 75% 50% 33.33% Multiply line 3 by 5 the rate on line 4 475 00 **6** Credit on base amount 6 000 00 300 00 Add lines 5 and 6 7 = Enter the amount on line 7 on line 410 of Schedule 1.

- Line 452 – Refundable medical expense supplement **Read** the **conditions** at line 452 in your guide to determine if you can claim this credit. Your net income from line 236 of your return 1 Net income of your spouse or common-law partner from page 1 of your return 2 Add lines 1 and 2 3 Base amount 21,663 00 4 Line 3 minus line 4 (if negative, enter "0") Enter \$750 or 25% of the total of line 215 (of your return) and line 332 (of Schedule 1), whichever is less 6 Multiply the amount on line 5 by 5% 7 Line 6 minus line 7 (if negative, enter "0") Enter this amount on line 452 of your return. 8