## **CALCULATION OF CHILD CARE EXPENSES DEDUCTION FOR 1990**

## Remember that:

- You must first read the 1990 Child Care Expenses Tax Guide before completing this form.
- You must complete this form to claim a deduction for child care expenses.
- You must attach a completed copy of this form to your income tax return.
- You must attach a completed copy of Form T2201, Disability Credit Certificate, if you are claiming child care expenses for a child who has a severe and prolonged mental or physical impairment. If you or another supporting person has already filed a completed copy of Form T2201 for this child, enclose a note with your return showing the name and social insurance number of the person who filed the form, and in which taxation year.
- If you are claiming child care expenses for an eligible child who has a mental or physical infirmity other than one that is a severe impairment, and you do not have a copy of Form T2201, then refer to Chapter 2 in this Guide for information on how to make your
- You must refer to this Guide for more information on the allowable amounts and how to make your claim.

Name (Please print)		Social insurance number
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Before you fill out the rest of the form, make sure you g form.	go back to Chapter 2. It contains s	tep-by-step information to help you complete this
Part 1 - Supporting Person  Eligibility: To be eligible to claim child care expenses below.	s, you must meet one of the follow	ing conditions. Tick ( $\checkmark$ ) the applicable box(es)
1(a) You are the only supporting person. Go direct	ectly to Part 2. Complete Parts 2 a	nd 3, and Limitations A, B, and C in Part 4.
1/h) Thora is another association		
1(b) There is another supporting person and your benefits repayment is less than that of the o C in Part 4.	other supporting person. Complete	educting child care expenses and social Parts 1(d), 2, and 3, and Limitations A, B, and
1(c) There is another supporting person and you benefits repayment is greater than that of the	ur net income for the year before d ne other supporting person and chi	leducting child care expenses and social ild care expenses were paid for a period in which
(i) the other supporting person was in ful	ıll-time attendance at a designated	educational institution; or
(ii) the other supporting person was infirm the attending physician stating the nat	m for a period of at least two weeks ture and duration of the infirmity; o	s of the year. You must attach a statement from
(iii) the other supporting person was in pr	rison or another penal institution fo	or a period of at least two weeks of the year; or
(iv) you were separated and living apart f starting in 1990 because of a breakdo	from the other supporting person o own of your marriage or similar do	n December 31, 1990, and for at least 90 days mestic relationship.
Complete Parts 1(d), 2, and 3, and Limitations	A, B, C, and D in Part 4.	-
1(d) Complete the following if you have ticked either bo	ox 1(b) or 1(c) above.	
Other supporting person's name	Social insurance number	Net income  Number of weeks in period under Part 1(c) above.

For more information, see Chapter 1 "Claiming Child Care Expenses" in this Guide.

Part 2 - Eligible Ch Be sure you include a Please use one line	all your eligible children in Part 2, whether o	or not child care	expens	es were	incurred	for a	ıll of	them.					
	who were 6 years of age or under on Dece	ember 31, 1990	) (born ir	1984 or	later)								
Name of child						ear		of birth	day	If expenses relate to stay in boardin school, sports school, or camp, sta number of weeks attended			
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-					19								
(b) Eligible children	who were 7 years of age or over (born before				If child is	- phys	ically	or menta	lly infirm	If eyne	enses relate to sta	av in hoarr	line
Name of child		year	year month day					ature of					
		19	<del></del>	<u></u>		<del></del>							
		19		<u> </u>	-								_
		19	<u> </u>	1									_
For more informa	tion, see Chapter 1 "Claiming Child Care E		is Guide.							1			_
	who were 6 years of age or under on Dece Name of individual or organization	ember 31, 1990 Address		1984 or	1	Socia	l insu	rance n			Amount of	paymen	
		1004							Tota	il 3 (a)	<b>&gt;</b>		_
	who were 7 years of age or over (born bef				1 6		Linne		umbor		Amount of	noumon	_
Name of child	Name of individual or organization	Addres	<u>s</u>			Socia	ınsu	rance r	umber		Amount of	paymen	-
					<del>                                     </del>	1			1 1				_
					<del>                                     </del>						-		_
For more informa	ation, see Chapter 1 "Claiming Child Care E	expenses" in th	is Guide		·				Tota	l 3 (b)	<b>&gt;</b>	<del>'</del>	_
The limitations on ar	oions, you must follow Step 4 in Chapter 2 nounts that may be claimed as a deduction er the combined total of amounts from Parts		·).					Lir	nitation	n A 🏲			_
Limitation B - Ente	er 2/3 of your "earned income". See Chapte	er 1 in this Guid	de for mo	ore inforn	nation.			Lir	nitatio	в▶			
Limitation C - Do Ente	the calculations for lines 1 and 2 as explain er these amounts on lines 1 and 2 respective	ned in Step 4 (L vely.	imitation	ı C) in the	e Guide.					<b>&gt;</b>			(
Add together the a	mounts on lines 1 and 2. Enter this amoun	t in the box ma	rked Lim	nitation C	·.			Lin	nitatio	n C ▶			ı
Limitation D. Do	the calculations for lines 1, 2, 3 and 4 as ex	rolained in Ster	0 4 (I imi	tation D)	in the Gr	uide							_
	er these amounts on lines 1, 2, 3 and 4 as 6		- · (=11111							•	***		
										<b>•</b>			
										•	Х		
Enter the resulting	amount in the box marked Limitation D.							Lit	nitatio	n D 🏲			
											<u> </u>		_
Part 5 - Allowable													
On line 2, enter the	chever is the least of Limitations A, B, C, an amount deducted as child care expenses f				son, othe	r tha	ın yo	urself,	to	•			
whom Limitation D		no 014 of ··-·	roturn									<del></del>	
Allowable claim:	ine 1 minus line 2. Enter this amount on lir	ie ∠14 of your r	eium.										