CALCULATION OF CHILD CARE EXPENSES DEDUCTION - 1993

ne (Please print)			Social inst	rance number
ase note: The term "spou ommon-law spouse under	se" has changed this year. It Step 1 in the <i>General</i> or <i>Spe</i>	t now may include a common-law spouse in	n addition to a legally married spo	use. See the definition
Part 1 - Eligible Chile			A P. Walan alada a sa a la sa	(i)
Be sure to list all your eligib	e children in Part 1, whether	r or not you had child care expenses for all our your spouse and whose net income in the come in the c	of them. An eligible child may be: 1993 was less than \$6.457.	(i) your child; (ii) you
a) List eligible children who mental or physical impai	 were under 7 years old on I rment for which the disability 	December 31,1993 (born in 1987 or later), (r amount can be claimed. Include a complet	OH wno, at any age, nave a seve ted Form T2201, <i>Disability Tax C</i>	re and prolonged redit Certificate
	Date of birth	If child has a severe and prolonged mental or	If expenses relate to stay in board	
Name of child	Year Month Day	physical impairment, state nature of impairment	school or camp, state numb	er of weeks attended
				1.0
Allen Allen				
N List oligible children who	were 7 to 14 years old (hor	n in 1979 to 1986), OR older than14 (born t	before 1979) who have a mental	or physical infirmity
other than one described		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, ,
	Date of birth	If child is physically or mentally infirm,	If expenses relate to stay in board	
Name of child	Year Month Day	state nature of impairment	school or camp, state numb	per of weeks attended
	of the organization(s) or ind	dividual(s) to whom you made the payments	s. If you made payments to an inc	lividual, include his c
Provide details below her social insurance If you made payment	of the organization(s) or ind number.	night sports school or camp, do not include		
Provide details below her social insurance If you made payment	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b).	night sports school or camp, do not include		r child listed in Part 1
Provide details below her social insurance If you made payment and; (ii) \$90 per weel	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b).	night sports school or camp, do not include	more than: (i) \$150 per week per	r child listed in Part 1
Provide details below her social insurance If you made payment and; (ii) \$90 per weel	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b).	night sports school or camp, do not include	more than: (i) \$150 per week per	r child listed in Part 1
Provide details below her social insurance If you made payment and; (ii) \$90 per weel	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b).	night sports school or camp, do not include	more than: (i) \$150 per week per	r child listed in Part 1
Provide details below her social insurance If you made payment and; (ii) \$90 per weel	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b).	night sports school or camp, do not include dress of individual or organization	more than: (i) \$150 per week per Social insurance number	Amount of payme
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child	or of the organization(s) or ind number. is to a boarding school, overr k per child listed in Part 1(b). Name and add	night sports school or camp, do not include dress of individual or organization	more than: (i) \$150 per week per Social insurance number otal payments - Limitation A	Amount of payme
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add of your earned income (this is	night sports school or camp, do not include dress of individual or organization To syour total income from employment include	more than: (i) \$150 per week per Social insurance number otal payments - Limitation A	Amount of payme
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child Limitation B - Enter 2/3 or gratuities; rescholarship	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable d similar awards; net research grants; and co	social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of	Amount of payment
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child Limitation B - Enter 2/3 or gratuities; rescholarship	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable	social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of	Amount of payment
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child Limitation B - Enter 2/3 or gratuities; rescholarship benefits received.	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add of your earned income (this is net self-employed income exps, bursaries, fellowships and ceived from the Canada Penders.	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable d similar awards; net research grants; and consion Plan or Quebec Pension Plan).	Social insurance number Social payments - Limitation A ling tips and e portion of disability Limitation B	Amount of payment
imitation A - Child care of Provide details below her social insurance of If you made payment and; (ii) \$90 per weel Name of child Limitation B - Enter 2/3 or gratuities; secholarship benefits rectain the control of	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and ceived from the Canada Penthe number of eligible childrentes.	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable d similar awards; net research grants; and co	Social insurance number Social payments - Limitation A ling tips and e portion of disability Limitation B	Amount of paym
Provide details below her social insurance of the first section of the f	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is not self-employed income expos, bursaries, fellowships and ceived from the Canada Penthe number of eligible childrenthe number of eligible n	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable d similar awards; net research grants; and consion Plan or Quebec Pension Plan). The listed in Part 1(a)	Social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of disability Limitation B	Amount of payme
Provide details below her social insurance of the soci	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and ceived from the Canada Penthe number of eligible childres the above two lines.	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable dismilar awards; net research grants; and consion Plan or Quebec Pension Plan). en listed in Part 1(a)	Social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of disability Limitation B	Amount of payme
Provide details below her social insurance of the soci	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and ceived from the Canada Penthe number of eligible childres the above two lines.	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable d similar awards; net research grants; and consion Plan or Quebec Pension Plan). The listed in Part 1(a)	Social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of disability Limitation B	Amount of payme
Provide details below her social insurance of the soci	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income exps, bursaries, fellowships and ceived from the Canada Penthe number of eligible childres the number of eligible childres the above two lines. In A, B, and C	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable dismilar awards; net research grants; and consion Plan or Quebec Pension Plan). en listed in Part 1(a)	Social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of disability Limitation B Limitation C Amount (a) m child care expenses, enter	Amount of payme
Provide details below her social insurance of the soci	of the organization(s) or indinumber. Is to a boarding school, overrick per child listed in Part 1(b). Name and add If your earned income (this is net self-employed income expos, bursaries, fellowships and ceived from the Canada Penthe number of eligible childrenthe number of eligible childrenthe above two lines In A, B, and C Ing person or if you have the your return. It may be to your	right sports school or camp, do not include dress of individual or organization To syour total income from employment include coluding losses; training allowances; taxable disimilar awards; net research grants; and consion Plan or Quebec Pension Plan). The listed in Part 1(a) The listed in Part 1(b) To some and no one else can claim	Social insurance number Social insurance number otal payments - Limitation A ling tips and e portion of disability Limitation B Limitation C Amount (a) m child care expenses, enter See the Note on the back of	Amount of payment

_ Part 3 - Limitation for Supporting Person with Higher	Net Income	
Limitation D - Complete this Part (as well as Parts 1, 2, and 4) if your 19 social benefits) was more than that of the other supporting person and you	993 net income (before deducting child care ex ou paid child care expenses for a period in whi	rpenses and any repayment of ich any of the following happened:
The supporting person with the lower net income was in full-time atter	ndance at a designated educational institution	such as a university or college.
 The supporting person with the lower net income was incapable of cal also have been confined for at least two consecutive weeks of the yea similar institution. Attach a statement from the attending physician cer 	ar to a bed, wheelchair, or as a patient in a hos	cal infirmity. That person must spital, asylum, or other
 The supporting person with the lower net income was in the year, and of a mental or physical infirmity. Attach a statement from the attending 	is likely to be for an indefinite period, incapab physician certifying this information.	ole of caring for children because
The supporting person with the lower net income was confined to a pr	rison or other similar institution for a period of	at least two weeks of the year.
 You were separated and living apart from the supporting person with t starting in 1993, because of a breakdown of your marriage or similar 	the lower net income on December 31, 1993, domestic relationship, but reconciled by March	and for a period of at least 90 days n 1, 1994.
Enter \$150 x the number of eligible children listed in Part 1(a)		
	Line (1) plus line (2) (3)
Enter the number of full weeks in 1993 for each period described abov Limitation D - Multiply the amount on line (3) by the number of weeks		
Name of supporting person with the lower net income	Social insurance number	Net income
Part 4 – Allowable Deduction		
Enter Amount (a) from Part 2. However, if you completed Part 3, enter the Amount (a) from Part 2 or Limitation D from Part 3.		(5)
Enter the amount that any other supporting person who completed Part 3, as child care expenses for 1993.		(6)
Your allowable claim is line (5) minus line (6). Enter this amount on line 21 income tax return. See Note below.		b) >

Note: It may benefit you to claim less than the maximum child care expenses allowable if you are entitled to receive the child tax benefit supplement for children under 7. For more information on this, see the section called "Child tax benefit supplement" on the Information Sheet that accompanies this form.

Printed in Canada