




**Elections Canada** (see the Elections Canada page in the tax guide for details or visit [www.elections.ca](http://www.elections.ca))

A) Are you a Canadian citizen? ..... Yes ☒ 1 No ☐ 2

Answer the following question **only if you are a Canadian citizen.**

B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada for the National Register of Electors? ..... Yes ☒ 1 No ☐ 2

Your authorization is valid until you file your next return. Your information will only be used for purposes permitted under the Canada Elections Act which include sharing the information with provincial/territorial election agencies, members of parliament and registered political parties, as well as candidates at election time.

**Goods and services tax/harmonized sales tax (GST/HST) credit application**

See the guide for details.

Are you applying for the GST/HST credit? ..... Yes ☒ 1 No ☐ 2

**Please answer the following question**

Did you own or hold foreign property at any time in 2012 with a total cost of more than CAN\$100,000? (read the "Foreign income" section in the guide for details) ..... **266** Yes ☐ 1 No ☒ 2

If yes, attach a completed Form T1135.

If you had dealings with a non-resident trust or corporation in 2012, see the "Foreign income" section in the guide.

Attach this form inside your return along with any other forms, schedules, information slips, receipts, and documents that you need to include.

T1-2012

T1-KFS

Total income

Universal Child Care Benefit (UCCB)	117	1,200 00
This is your <b>total income</b> .	150	1,200 00

Net income

This is your <b>net income</b> .	236	1,200 00
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Taxable income

This is your <b>taxable income</b> .	260	1,200 00
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Schedules

Schedule 1

300	10,822 00	303	10,822 00	335	26,026 00	338	3,903 90	350	3,903 90
366	2	367	4,382 00						

Provincial and Territorial forms

Form 428

5609		5804	11,354 00	5812	9,964 00	5880	21,318 00	5884	1,078 69
6150	1,078 69								

# Refund or Balance owing

Net federal tax: enter the amount from line 58 of Schedule 1	420	
CPP contributions payable on self-employment and other earnings	421 +	
Employment Insurance premiums payable on self-employment and other eligible earnings	430 +	
Social benefits repayment (enter the amount from line 235)	422 +	
<b>Provincial or territorial tax</b>	428 +	
Add lines 420, 421, 430, 422, and 428.	This is your <b>total payable</b> . 435 =	

Total income tax deducted (from all information slips)	437	
Refundable Quebec abatement	440 +	
CPP overpayment (enter your excess contributions)	448 +	
Employment Insurance overpayment (enter your excess contributions)	450 +	
Refundable medical expense supplement (use the federal worksheet)	452 +	
Working income tax benefit	453 +	
Refund of investment tax credit (attach Form T2038(IND))	454 +	
Part XII.2 trust tax credit (box 38 on all T3 slips)	456 +	

Employee and partner GST/HST rebate (attach Form GST370)	457 +	
Tax paid by instalments	476 +	

<b>Provincial or territorial credits</b>	479 +	
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Add lines 437 to 479

These are your **total credits**. 482 =Line 435 minus line 482 This is your **refund or balance owing**.If the result is negative, you have a **refund**. If the result is positive, you have a **balance owing**.

Enter the amount below on whichever line applies.

Generally, we do not charge or refund a difference of \$2 or less.

**Refund 484**  • **Balance owing**(see line 485 in the guide) **485**  •

**Amount enclosed** 486  •

Attach to page 1 a **cheque** or **money order** payable to the Receiver General, or make your payment online (go to [www.cra.gc.ca/mypayment](http://www.cra.gc.ca/mypayment)). Your payment is due no later than April 30, 2013.



## Direct deposit – Start or change (see line 484 in the guide)

**You do not have to complete this area every year.** Do not complete it this year if your direct deposit information has not changed. **Income tax refund, GST/HST credit, WITB advance payments, and any other deemed overpayment of tax** – To start direct deposit or to change account information, complete lines 460, 461, and 462 below.

**Notes:** To deposit your **CCTB** payments (including certain related provincial or territorial payments) into the **same** account, also tick box 463. To deposit your **UCCB** payments into the **same** account, also tick box 491.

Branch number	Institution number	Account number	CCTB	UCCB
<b>460</b> <input type="text"/>	<b>461</b> <input type="text"/>	<b>462</b> <input type="text"/>	<b>463</b> <input type="checkbox"/>	<b>491</b> <input type="checkbox"/>
(5 digits)	(3 digits)	(maximum 12 digits)		

I certify that the information given on this return and in any documents attached is correct, complete, and fully discloses all my income.

**Sign here**

It is a serious offence to make a false return.

Telephone (609) 225-8755 Date

**490** If a fee was charged for preparing this return, complete the following:

Name of preparer:

Telephone: ( ) -

EFILE number (if applicable):

489

Do not use  
this area487 488

T1-2012

# Amounts for Spouse or Common-Law Partner and Dependants

Schedule 5

See the guide to find out if you can claim an amount on line 303, 305, 306, or 315 of Schedule 1. For each dependant claimed, provide the details requested below. **Attach a copy of this schedule to your return.**

## Lines 303 and 305

Has your marital status changed in 2012? If **yes**, tick this box ☒ **5522** and enter the date of the change.  
Make sure you have ticked the box on page 1 of your return indicating your marital status on December 31, 2012.

Month Day

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## Line 303 – Spouse or common-law partner amount

Base amount			10,822	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,000 (see page 33 in the guide).	5109	+			2
Add lines 1 and 2.		=	10,822	00	3
Spouse's or common-law partner's net income from page 1 of your return		-			4
Line 3 minus line 4 (if negative, enter "0").					5
Enter this amount on line 303 of your Schedule 1.		=	10,822	00	5

## Line 305 – Amount for an eligible dependant

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

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

Base amount	10,822	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,000 (see page 33 in the guide and read the note below).	5110	+	2
Add lines 1 and 2.	=		3
Dependant's net income (line 236 of his or her return)	5106	-	4
Line 3 minus line 4 (if negative, enter "0").			5
Enter this amount on line 305 of your Schedule 1.	=		5

**Note:** if you are entitled to the **family caregiver amount** for this dependant **and** you are claiming the child amount on line 367 for the **same** dependant, you **must** claim the family caregiver amount on line 367, and **not** on this line.

## Line 306 – Amount for an infirm dependant aged 18 or older (attach a separate sheet of paper if you need more space)

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

First and last name:	Year of birth	Relationship to you
Address:		

Base amount	12,822	00	1
Infirm dependant's net income (line 236 of his or her return)	-		2
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")	(maximum \$6,402)	=	3

Enter, on line 306 of your Schedule 1, the **total** amount you are claiming for all dependants.

## Line 315 – Caregiver amount (attach a separate sheet of paper if you need more space)

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

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

Base amount	19,435	00	1
If you are entitled to the <b>family caregiver amount</b> , enter \$2,000 (see page 33 in the guide and complete box 5112 below).	+		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"). If you are entitled to the family caregiver amount on line 2, the <b>maximum amount is \$6,402</b> . If not, the <b>maximum is \$4,402</b> .	=		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, on line 315 of your Schedule 1, the **total** amount you are claiming for all dependants.

Enter the **total** number of dependants for whom you entered \$2,000 on line 2 for this calculation.

5112