

T1-2010**Details of Dependant****Schedule 5**

See the guide to find out if you can claim an amount on lines 305, 306, 315, and/or 331 of Schedule 1. To calculate the amount you claim on line 306, or 315, complete the applicable chart on the *Federal Worksheet* which you will find in the forms book.

To calculate the amount on line 331, read the instructions for line 331 in the guide. For each dependant claimed on lines 305, 306, 315, and/or 331, provide the details requested below. **Attach a copy of this schedule to your return.**

Line 305 Amount for an eligible dependant

If your marital status changed in 2010, give the date of the change ____/____/____ (mm/dd)
(Do not forget to check the box on page 1 of your return to indicate your marital status.)

1) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

Line 306 Amount for infirm dependants age 18 or older

1) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

2) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

3) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

Line 315 Caregiver amount

1) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

2) Lastname _____ Firstname _____

Address _____

Date of Birth	Relationship	Net income	Nature of the infirmity	Amount of Claim
---------------	--------------	------------	-------------------------	-----------------

3) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

Line 331 Amount for dependants medical expenses

1) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

2) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

3) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

4) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

5) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

6) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim

7) Lastname _____ Firstname _____
Address _____
Date of Birth Relationship Net income Nature of the infirmity Amount of Claim
