

Complete this worksheet if you want to calculate partial claims for the following amounts on your Form TD1AB, 2012 Alberta Personal Tax Credits Return.

Do not give your completed worksheet to your employer or payer. Keep it for your records.

Line 2 of Form TD1AB – Age amount

If you will be 65 or older on December 31, 2012, and your estimated net income from all sources will be between \$35,851 and \$67,958, calculate your partial claim as follows:

| | | | | |
|--|---|-------------|------------|---|
| Maximum amount | | | 4,816 00 | 1 |
| Your estimated net income for the year | | | | 2 |
| Base amount | - | 35,851 00 | | 3 |
| Line 2 minus line 3 (if negative, enter "0") | = | | | 4 |
| Applicable rate | × | 15% | | 5 |
| Multiply line 4 by line 5. | = | | | 6 |
| Line 1 minus line 6 | | | | 7 |
| Enter this amount on line 2 of Form TD1AB. | | | | |

Line 8 of Form TD1AB – Caregiver amount

If your dependant's estimated net income for the year will be between \$15,906 and \$25,910, calculate your partial claim as follows:

| | | | | |
|---|---|--|-------------|---|
| Base amount | | | 25,910 00 | 1 |
| Your dependant's estimated net income for the year | | | | 2 |
| Line 1 minus line 2 (maximum \$10,004) | = | | | 3 |
| Enter the amount you claimed on line 7 of your TD1AB form for this dependant. | | | | 4 |
| Line 3 minus line 4 | | | | 5 |
| Enter this amount on line 8 of Form TD1AB. | | | | |

Line 9 of Form TD1AB – Amount for infirm dependants age 18 or older

You cannot claim this amount for a dependant for whom you claimed the caregiver amount on line 8 of Form TD1AB. If your dependant's estimated net income for the year will be between \$6,609 and \$16,613, calculate your partial claim as follows:

| | | | | |
|---|---|--|-------------|---|
| Base amount | | | 16,613 00 | 1 |
| Your infirm dependant's estimated net income for the year | | | | 2 |
| Line 1 minus line 2 (maximum \$10,004) | = | | | 3 |
| Enter the amount you claimed on line 7 of your TD1AB form for this dependant. | | | | 4 |
| Line 3 minus line 4 | | | | 5 |
| Enter this amount on line 9 of Form TD1AB. | | | | |