

Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1NS, 2018 Nova Scotia Personal Tax Credits Return.

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

Line 1 of Form TD1NS – Basic personal amount

If your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your partial claim as follows:

Maximum amount	75,000 00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Base amount	+ 8,481 00	6
Line 5 plus line 6		7
Enter this amount on line 1 of Form TD1NS.	=	

Line 2 of Form TD1NS – Age amount

If you will be 65 or older on December 31, 2018, and your estimated net income from all sources will be between \$30,828 and \$58,435, calculate your partial claim as follows:

Maximum amount	4,141 00	1
Your estimated net income for the year	–	2
Base amount	– 30,828 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 TD1NS.	=	

Line 2.1 of Form TD1NS – Age amount supplement

If you will be 65 or older on December 31, 2018, and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000 00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 2.93%	4
Multiply line 3 by line 4.	=	5
Your spouse or common-law partner's estimated net income for the year	–	6
Line 5 minus line 6 (maximum \$1,465, if negative, enter "0")		7
Enter this amount on line 2.1 of Form TD1NS.	=	

Line 6.1 of Form TD1NS – Spouse or common-law partner amount supplement

If you are supporting your spouse or common-law partner who lives with you and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000 00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Your spouse or common-law partner's estimated net income for the year	–	6
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0")		7
Enter this amount on line 6.1 of Form TD1NS.	=	

Line 7.1 of Form TD1NS – Amount for eligible dependant supplement

If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000 00	1
Your estimated taxable income for the year	-	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Your eligible dependant's estimated net income for the year	-	6
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0") Enter this amount on line 7.1 of Form TD1NS.	=	7

Line 8 of Form TD1NS – Caregiver amount

If your dependant's estimated net income for the year will be between \$13,677 and \$18,575, calculate your partial claim as follows:

Base amount	18,575 00	1
Your dependant's estimated net income for the year	-	2
Line 1 minus line 2 (maximum \$4,898, if negative, enter "0")	=	3
Enter the amount you claimed for this dependant on line 7 of Form TD1NS.	-	4
Line 3 minus line 4 (if negative, enter "0") Enter this amount on line 8 of Form TD1NS.	=	5

Line 9 of Form TD1NS – 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 TD1NS.

If your dependant's estimated net income for the year will be between \$5,683 and \$8,481, calculate your partial claim as follows:

Base amount	8,481 00	1
Your infirm dependant's estimated net income for the year	-	2
Line 1 minus line 2 (maximum \$2,798, if negative, enter "0")	=	3
Enter the amount you claimed on line 7 of Form TD1NS for this dependant.	-	4
Line 3 minus line 4 (if negative, enter "0") Enter this amount on line 9 of Form TD1NS.	=	5