

Worksheet for the 2024 Ontario Personal Tax Credits Return

Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1ON, 2024 Ontario Personal Tax Credits Return.

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

Line 2 of Form TD10N – Age amount			
If you will be 65 or older on December 31, 2024, and your estimated net income will be between amount as follows:	\$45,068 and	d \$85,428, calcula	te your partial
Maximum amount			1
Your estimated net income for the year			·
Base amount	_	3	
Line 2 minus line 3 (if negative, enter "0")	=	4	
Applicable rate	×	5	
Line 4 multiplied by line 5	=	<u> </u>	6
Line 1 minus line 6			
Enter this amount on line 2 of Form TD1ON.		<u> =</u>	7
Line 5 of Form TD10N – Spouse or common-law partner amount If your spouse's or common-law partner's estimated net income for the year (including the incommarriage or common-law relationship) will be between \$1,053 and \$11,581, calculate your partial			e
Base amount			1
Your spouse's or common-law partner's estimated net income for the year			2
ine 1 minus line 2 (maximum \$10,528, if negative, enter "0")			
Enter this amount on line 5 of Form TD10N.		=	3
Line 6 of Form TD10N – Amount for an eligible dependant If your dependant's estimated net income for the year will be between \$1,053 and \$11,581, calculated and set income for the year will be between \$1,053 and \$11,581, calculated and set income for the year Vour eligible dependant's estimated net income for the year Line 1 minus line 2 (maximum \$10,528, if negative, enter "0") Enter this amount on line 6 of Form TD10N.	ulate your pa	artial amount as fo	llows:
Line 7 of Form TD10N – Ontario caregiver amount If your dependant's estimated net income for the year will be between \$19,994 and \$25,838, cal-	culate your p	partial amount as f	ollows:
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Base amount			1
Your dependant's estimated net income for the year		<u> </u>	2
Line 1 minus line 2 (maximum \$5,844, if negative, enter "0")			3
Enter the amount claimed for this dependant at line 6 of Form TD1ON.			4
Line 3 minus line 4 (if negative, enter "0") Enter this amount on line 7 of Form TD1ON		_	

