

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 TD1ON – Age amount		
If you will be 65 or older on December 31, 2024, and your estimated net income will be between \$45,068 and \$85,428, calculate your partial amount as follows:		
Maximum amount		6,054 00 1
Your estimated net income for the year		2
Base amount	– 45,068 00	3
Line 2 minus line 3 (if negative, enter "0")	=	4
Applicable rate	× 15%	5
Line 4 multiplied by line 5	=	▶ – 6
Line 1 minus line 6		7
Enter this amount on line 2 of Form TD1ON.		
Line 5 of Form TD1ON – Spouse or common-law partner amount		
If your spouse's or common-law partner's estimated net income for the year (including the income earned before and during the marriage or common-law relationship) will be between \$1,053 and \$11,581, calculate your partial amount as follows:		
Base amount		11,581 00 1
Your spouse's or common-law partner's estimated net income for the year		– 2
Line 1 minus line 2 (maximum \$10,528, if negative, enter "0")		3
Enter this amount on line 5 of Form TD1ON.		
Line 6 of Form TD1ON – Amount for an eligible dependant		
If your dependant's estimated net income for the year will be between \$1,053 and \$11,581, calculate your partial amount as follows:		
Base amount		11,581 00 1
Your eligible dependant's estimated net income for the year		– 2
Line 1 minus line 2 (maximum \$10,528, if negative, enter "0")		3
Enter this amount on line 6 of Form TD1ON.		
Line 7 of Form TD1ON – Ontario caregiver amount		
If your dependant's estimated net income for the year will be between \$19,994 and \$25,838, calculate your partial amount as follows:		
Base amount		25,838 00 1
Your dependant's estimated net income for the year		– 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")		5
Enter this amount on line 7 of Form TD1ON.		