

State the names of the payers below and attach any information slips you received.
Attach a separate sheet of paper if you need more space.

I – Taxable amount of dividends from taxable Canadian corporations (see line 120 in the guide)

Specify: _____

_____ + _____

_____ + _____

Total dividends (enter on line 120 of your return) 120 = _____

II – Interest and other investment income (see line 121 in the guide)

Specify: _____

_____ + _____

_____ + _____

Income from foreign sources _____ + _____

Total interest and other investment income (enter on line 121 of your return) 121 = _____

III – Net partnership income (loss) (see line 122 in the guide)

_____ + _____

_____ + _____

Net partnership income (loss) (enter on line 122 of your return) 122 = _____

IV – Carrying charges and interest expenses (see line 221 in the guide)

Carrying charges (specify) _____

Interest expenses (specify) _____ + _____

Total carrying charges and interest expenses (enter on line 221 of your return) 221 = _____

V – Exploration and development expenses (see line 224 in the guide) (attach T101 or T5013 slips)
(enter on line 224 of your return) 224 _____

VI – Depletion allowances (specify) _____
(enter on line 232 of your return) 232 _____

5000-S4

Read the guide to find out if you can claim an amount on line 305, 306, or 315 of your return. To calculate the amount of your claim, complete the applicable chart on the *Worksheet* included with your forms.

For each dependant claimed on line 305, 306, or 315, provide the details requested below. Attach this schedule to your return.

Line 305 – Equivalent-to-spouse amount

If your marital status changed in 2000, give the date of the change: _____
Month Day

(Make sure you have checked the box on page 1 of your return to indicate your marital status.)

Last name	Date of birth	Relationship to you	Net income in 2000	Nature of the infirmity if it applies	Amount of claim
First name	Year Month Day				
Address					

Line 306 – Amount for infirm dependants age 18 or older *

Last name	Date of birth	Relationship to you	Net income in 2000	Nature of the infirmity	Amount of claim
First name	Year Month Day				
Address					

Line 315 – Caregiver amount *

Last name	Date of birth	Relationship to you	Net income in 2000	Nature of the infirmity if it applies	Amount of claim
First name	Year Month Day				
Address					

* Attach a separate sheet if you are claiming more than one dependant.

5000-S5