# Worksheet NL428

Use this worksheet to calculate the amounts to enter on your Form NL428, Newfoundland and Labrador Tax and Credits. Keep this worksheet for your records. **Do not attach it to your return.** 

Line 58080 - Age amount (if you were born in 1956 or earlier)

If the amount from line 23600 of your return is:

- \$33,359 or less, enter \$6,087 on line 58080 of your Form NL428
- \$73,939 or more, enter "0" on line 58080 of your Form NL428

Otherwise, complete the calculation below.

Maximum amount			1
Amount from line 23600 of your return		2	
Income threshold	_	3	
Line 2 minus line 3 (if negative, enter "0")	=	4	
Applicable rate	×	5	
Line 4 multiplied by the percentage from line 5	=	▶ -	6
Line 1 minus line 6 (if negative, enter "0")		=	7

Enter the amount from line 7 on line 58080 of your Form NL428.

## Line 58200 – Amount for infirm dependants age 18 or older

Complete one column for **each** dependant. If you have more than three dependants, use a separate sheet of paper.

	Dependant 1	Dependant 2	Dependant 3	
Base amount				1
Dependant's net income from line 23600 of their return	-	-	-	2
Line 1 minus line 2 (if negative, enter "0") (maximum \$3,028 per dependant)	=	=	=	- 3
Amount claimed for this dependant on line 58160 of your Form NL428, if any	_	_	_	- 4
Allowable amount for this dependant: line 3 minus line 4 (if negative, enter "0")	=	=	=	- 5
Add the amounts from line 5 for columns 1, 2, and 3 (and a	others, if any).			<b>7</b> 6
Enter the total from line 6 on line 58200 of your Form NI 4	28			_

Enter the total from line 6 on line 58200 of your Form NL428.

#### Line 58400 – Caregiver amount

Complete one column for **each** dependant. If you have more than three dependants, use a separate sheet of paper.

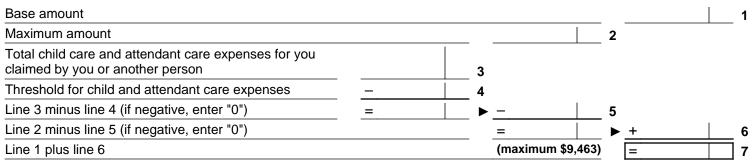
	Dependant 1	Dependant 2	Dependant 3	
Base amount				1
Dependant's net income from line 23600 of their return	-	-	-	2
Line 1 minus line 2 (if negative, enter "0") (maximum \$3,028 per dependant)	=	=	=	3
Amount claimed for this dependant on line 58160 of your Form NL428, if any	-	_	_	_ 4
Allowable amount for this dependant: line 3 minus line 4 (if negative, enter "0")	=	=	=	- 5
Add the amounts from line 5 for columns 1, 2, and 3 (and a	others, if any).			6 [

Enter the total from line 6 on line 58400 of your Form NL428.



## Line 58440 – Disability amount for self

Complete this calculation if you were **under 18 years of age** on December 31, 2021:



Enter the amount from line 7 on line 58440 of your Form NL428.

#### Line 58480 – Disability amount transferred from a dependant

Complete this calculation for **each** dependant. If you have more than one dependant, use a separate sheet of paper.

**Note:** If you and your dependant were not residents of the same province or territory at the end of the year, special rules may apply. For more information, call the Canada Revenue Agency at **1-800-959-8281**.

Base amount								1
If the dependant was <b>under 18 years of age</b> on Decemb If the dependant was <b>18 years of age or older</b> , enter "0"								_
Maximum amount					2			
Total child care and attendant care expenses for this dependant claimed by you or another person		3						
Threshold for child and attendant care expenses	_	4	ŀ					
Line 3 minus line 4 (if negative, enter "0")	=	•	► <u>-</u>		5			
Line 2 minus line 5 (if negative, enter "0")			=			+		6
Line 1 plus line 6			(maximu	m \$9,463)		=		7
Enter the amount from line 32 of the dependant's Form N	IL428.					+		8
Line 7 plus line 8						=		9
Dependant's taxable income from line 26000 of their retu	Irn					_		10
Line 9 minus line 10 (if negative, enter "0")						=		11
Enter <b>whichever is less:</b> amount from line 7 or line 11.	Allowab	le amount	for this de	ependant				12
Enter an line E0400 of your Form NIL400 the total of allow						•	I	-

Enter on line 58480 of your Form NL428 the total of allowable amounts claimed for all dependants.

## Line 58729 – Allowable amount of medical expenses for other dependants

Complete one column for **each** dependant. If you have more than three dependants, use a separate sheet of paper.

	Dependant 1	Dependant 2	Dependant 3	
Medical expenses for other dependant				1
Enter the amount from line 45 of the dependant's Form NL428.	_	_	_	2
Line 1 minus line 2 (if negative, enter "0")	=	=	=	3
Add the amounts from line 3 for columns 1, 2, and 3 (and	d others, if any).			4
Enter the total from line 4 on line 58729 of your Form NL	428			

inter the total from line 4 on line 58/29 of your Form NL428.

### Line 61520 – Newfoundland and Labrador dividend tax credit

Amount from line 12000 of your return		A				
Amount from line 12010 of your return	_	B ×	3.5%	=		1
Amount A minus amount B	=	C ×	5.4%	=	+	2
Line 1 plus line 2					=	3

Enter the amount from line 3 on line 61520 of your Form NL428.

#### Line 69 – Newfoundland and Labrador political contribution tax credit

If your total political contributions are more than \$1,150, enter \$500 on line 69 of your Form NL428. If not, use the amount from line 61750 of your Form NL428 to complete the appropriate column below.

	Line 61750 is						
	Line 61750 is \$100 or less	more than \$100 but not more than \$550	Line 61750 is more than \$550				
Enter your total political contributions from line 61750 of your Form NL428.				1			
	_			_ 2			
Line 1 minus line 2 (cannot be negative)	=	=	=	3			
	×	×	×	_ 4			
Line 3 multiplied by the percentage from line 4	=	=	=	5			
	+	+	+	_ 6			
Line 5 plus line 6	=	=	=	7 [			

Enter the amount from line 7 on line 69 of your Form NL428.