

Worksheet NB428

Use this worksheet to calculate the amounts to enter on your Form NB428, New Brunswick 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:

- \$38,400 or less, enter \$5,158 on line 58080 of your Form NB428
- \$72,787 or more, enter "0" on line 58080 of your Form NB428

Otherwise, complete the calculation below.

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

Enter the amount from line 7 on line 58080 of your Form NB428.

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 \$4,990 per dependant)	=	=	=	3
Amount claimed for this dependant on line 58160 of your Form NB428, 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	others, if any).			<u> </u>

Enter the total from line 6 on line 58200 of your Form NB428.

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 \$4,989 per dependant)	=	=	=	 3
Amount claimed for this dependant on line 58160 of your Form NB428, 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	others, if any).			<u> </u>

Enter the total from line 6 on line 58400 of your Form NB428.

Line 58440 - Disability amount for self							
Complete this calculation if you were under 18 years of a	ge on December	31, 202	21:				
Base amount							1
Maximum amount					2		
Total child care and attendant care expenses for you claimed by you or another person		3					
Threshold for child and attendant care expenses		4					
Line 3 minus line 4 (if negative, enter "0")	=	▶	_		5		
Line 2 minus line 5 (if negative, enter "0")			=		+		6
Line 1 plus line 6			(maximum \$13	,541)			7
Enter the amount from line 7 on line 58440 of your Form N Line 58480 – Disability amount transferred fr		ant					
Complete this calculation for each dependant. If you have	more than one de	ependa	int. use a sepa	rate s	heet o	f paper.	
Note: If you and your dependant were not residents of the may apply. For more information, call the Canada R	same province o	r territo	ory at the end o				S
Base amount							1
If the dependant was under 18 years of age on December If the dependant was 18 years of age or older, enter "0" of							<u> </u>
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					
Line 3 minus line 4 (if negative, enter "0")	=	<u> </u>	_		5		
Line 2 minus line 5 (if negative, enter "0")			=		+		<u></u> 6
Line 1 plus line 6			(maximum \$13	,541)	=		7
Enter the amount from line 27 of the dependant's Form NE	3428.				+		8
Line 7 plus line 8					=		9
Dependant's taxable income from line 26000 of their return	า						10
Line 9 minus line 10 (if negative, enter "0")							1 [.]
Enter whichever is less: amount from line 7 or line 11.	Allowable am	ount f	or this depen	dant			1:
Enter on line 58480 of your Form NB428 the total of allows	able amounts clai	med fo	r all dependar	its.			_ _
Line 58729 – Allowable amount of medical ex	cpenses for ot	her d	ependants				
Complete one column for each dependant. If you have mo	ore than three dep	endan	ts, use a sepa	rate sl	neet of	paper.	
	Dependant 1		Dependant	2	[Dependant	3

	Dependant 1	Dependant 2	Dependant 3	
Medical expenses for other dependants				1
Enter the amount from line 41 of the dependant's Form NB428.	_	_	_	2
Line 1 minus line 2 (if negative, enter "0")	=	=	=	3
Add the amounts from line 3 for columns 1, 2, and 3 (and	others, if any).			<u> </u>

Enter the total from line 4 on line 58729 of your Form NB428.

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Line 61520 - New Brunswick dividend tax credit

Amount from line 12000 of your return		A				
Amount from line 12010 of your return	<u> </u>	B ×	2.75%	=		_ 1
Amount A minus amount B	=	C ×	14%		+	_ 2
Line 1 plus line 2					=	<u> </u>

Enter the amount from line 3 on line 61520 of your Form NB428.

Line 90 - New Brunswick political contribution tax credit

If your total political contributions are **more than \$1,075**, enter \$500 on line 90 of your Form NB428. **If not**, use the amount from line 61550 of your Form NB428 to complete the appropriate column below.

	Line 61550 is \$200 or less	Line 61550 is more than \$200 but not more than \$550	Line 61550 is more than \$550	
Enter your total political contributions from line 61550 of your Form NB428.				_ 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 90 of your Form NB428.

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