

Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1ON, 2025 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, 2025, and your estimated net income will be between \$46,330 and \$87,817, calculate your partial amount as follows:	
Maximum amount	_____ 1
Your estimated net income for the year	_____ 2
Base amount	– _____ 3
Line 2 minus line 3 (if negative, enter "0")	= _____ 4
Applicable rate	x _____ 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 \$1,082 and \$11,905, calculate your partial amount as follows:	
Base amount	_____ 1
Your spouse's or common-law partner's estimated net income for the year	– _____ 2
Line 1 minus line 2 (maximum \$10,823, 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 \$1,082 and \$11,905, calculate your partial amount as follows:	
Base amount	_____ 1
Your eligible dependant's estimated net income for the year	– _____ 2
Line 1 minus line 2 (maximum \$10,823, 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 \$20,554 and \$26,562, calculate your partial amount as follows:	
Base amount	_____ 1
Your dependant's estimated net income for the year	– _____ 2
Line 1 minus line 2 (maximum \$6,008, 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.	