

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. Attach a copy of this schedule to your return.

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	=

Read the guide to find out if you can claim an amount on line 305, 306, or 315 of Schedule 1. To calculate the amount of your claim, complete the applicable chart on the *Federal Worksheet* which you will find in the forms book.

For each dependant claimed on line 305, 306, or 315, provide the details requested below.

Attach a copy of this schedule to your return.

Line 305 – Amount for an eligible dependant

If your marital status changed in 2003, 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 2003	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 2003	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 2003	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.