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TD1NS-WS

NOVA SCOTIA
NOUVELLE-ÉCOSSE

# Worksheet for the 2026 Nova Scotia Personal Tax Credits Return

Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1NS, 2026 Nova Scotia 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 TD1NS – Age amount

If you will be 65 or older on December 31, 2026, and your estimated net income will be between $30,828 and $69,668, calculate your partial amount as follows:

| | | |
|---|---|---|
| Maximum amount | 5,826.00 | 1 |
| Your estimated net income for the year | | 2 |
| Base amount | – 30,828.00 | 3 |
| Line 2 minus line 3 (if negative, enter "0") | = | 4 |
| Applicable rate | × 15% | 5 |
| Line 4 multiplied by line 5 | = | 6 |
| Line 1 minus line 6<br>Enter this amount on line 2 of Form TD1NS. | = | 7 |

## Line 6 of Form TD1NS – 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 $888 and $12,820, calculate your partial amount as follows:

| | | |
|---|---|---|
| Base amount | 12,820.00 | 1 |
| Your spouse's or common-law partner's estimated net income for the year | – | 2 |
| Line 1 minus line 2 (maximum $11,932, if negative, enter "0")<br>Enter this amount on line 6 of Form TD1NS. | = | 3 |

## Line 7 of Form TD1NS – Amount for an eligible dependant

If your dependant's estimated net income for the year will be between $888 and $12,820, calculate your partial amount as follows:

| | | |
|---|---|---|
| Base amount | 12,820.00 | 1 |
| Your eligible dependant's estimated net income for the year | – | 2 |
| Line 1 minus line 2 (maximum $11,932, if negative, enter "0")<br>Enter this amount on line 7 of Form TD1NS. | = | 3 |

## Line 8 of Form TD1NS – Caregiver amount

If your dependant's estimated net income for the year will be between $13,677 and $18,575, calculate your partial amount as follows:

| | | |
|---|---|---|
| Base amount | 18,575.00 | 1 |
| Your dependant's estimated net income for the year | – | 2 |
| Line 1 minus line 2 (maximum $4,898, if negative, enter "0") | = | 3 |
| Enter the amount you claimed for this dependant on line 7 of Form TD1NS. | – | 4 |
| Line 3 minus line 4 (if negative, enter "0")<br>Enter this amount on line 8 of Form TD1NS. | = | 5 |

## Line 9 of Form TD1NS – Amount for infirm dependants age 18 or older

You **cannot** claim this amount for a dependant for whom you claimed the caregiver amount on line 8 of Form TD1NS. If your dependant's estimated net income for the year will be between $5,953 and $8,884, calculate your partial claim as follows:

| | | |
|---|---|---|
| Base amount | 8,884.00 | 1 |
| Your infirm dependant's estimated net income for the year | – | 2 |
| Line 1 minus line 2 (maximum $2,931, if negative, enter "0") | = | 3 |
| Enter the amount you claimed on line 7 of Form TD1NS for this dependant. | – | 4 |
| Line 3 minus line 4 (if negative, enter "0")<br>Enter this amount on line 9 of Form TD1NS. | = | 5 |