

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 (eligible and other than eligible) from taxable Canadian corporations (see line 120 in the guide)

Taxable amount of dividends other than eligible dividends (specify): _____			1
_____	+		2
_____	+		3
Add lines 1 to 3 and enter this amount on line 180 of your return. 180 =			4
Taxable amount of eligible dividends (specify): _____	+		5
_____	+		6
_____	+		7
Add lines 4 to 7 and enter this amount on line 120 of your return. 120 =			

II – Interest and other investment income (see line 121 in the guide)

Specify: _____			
_____	+		
Income from foreign sources: _____	+		
Enter this amount on line 121 of your return. 121 =			

III – Net partnership income (loss) (see line 122 in the guide)

_____	+		
Enter this amount 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): _____	+		
Enter this amount on line 221 of your return. 221 =			

See the guide to find out if you can claim an amount on lines 305, 306, 315, and/or 331 of Schedule 1. To calculate the amount you claim on line 305, 306, or 315, complete the applicable chart on the *Federal Worksheet* which you will find in the forms book.

To calculate the amount for line 331, read the instructions for line 331 in the guide. For each dependant claimed on lines 305, 306, 315, and/or 331, 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 2006, give the date of the change. ▶

Month	Day

(Do not forget to check the box on page 1 of your return to indicate your marital status.)

Last name	Date of birth			Relationship to you	Net income in 2006	Nature of the infirmity (if it applies)	Amount of claim	
First name	Year	Month	Day					
Address								

Lines 306, 315, and/or 331 – Attach a separate sheet of paper if you need more space.

Last name	Year of birth	Relationship to you	Net income in 2006	Nature of the infirmity (if it applies)	Line claimed	Amount of claim	
First name							
Address							

Last name	Year of birth	Relationship to you	Net income in 2006	Nature of the infirmity (if it applies)	Line claimed	Amount of claim	
First name							
Address							