

Elderly Care Credit

15-30-128, MCA

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Name as shown on Form 2 Social Secu			ırity Number	
Na	me of elderly family member	ocial Security Numb	er	
Address of elderly family member City State		Zip	Zip+4	
lf t	ort I - Eligibility he answer to any of the questions below is no, you are not eligible for expected it. Do not complete this form.	Yes	No	
Is	the elderly person related to you by blood or by marriage?			
	the elderly person at least 65 years old <u>or</u> has been determined disabled for ocial Security purposes?			
	oes the elderly person have gross income of \$15,000 or less? In the case of arried individuals, is their combined gross income \$30,000 or less? See instruct	tions		
if	your Montana adjusted gross income from Form 2 less than \$55,000 you are filing joint or single? If you are filing married separate, is your ontana adjusted gross income less than \$27,500?			
Pa	rt II - Computation of Allowable Credit			
	Enter amount of qualified elderly care expenses paid during the tax year. (see instructions on the back of this form) Enter your Montana adjusted gross income from Form 2.	1 2		
3.	Enter the multiplier figure for your current filing status from table on reverse side.	3		
4.	Multiply line 1 times line 3. Enter result.	4		
5.	Reduction based on your income. Enter \$50,000 if single or married filing joint. Enter \$25,000 if married filing separate.	5		
6.	Subtract line 5 from line 2. Enter result. If line 2 is less than line 5, enter zero.	6		
7.	Subtract line 6 from line 4. Enter result. (If zero or less, you are not eligible for	the credit) 7		
8.	If single or filing joint, enter the smaller of \$5,000 or the amount on line 7. If you are married and filing separate, enter the smaller of \$2,500 or the amount on line 7. This is your allowable credit. Enter this figure on Form 2A, Schedule II.	8		
	dividuals who are married filing separate must file a separate schedule for each	ch spouse.		

Instructions for Elderly Expense Care Credit

You may be eligible to receive a credit for paying certain expenses of an elderly family member who is at least 65 years of age or a family member who has been determined disabled for Social Security purposes.

Please read the instructions and complete the form to see if you qualify for the credit.

Part I - Eligibility

Answer all questions. If the answer to any question is no, you are not eligible for the credit.

Note: Gross income includes all taxable and nontaxable income for the individual, and if married, the gross income of the spouse.

Part II - Computation

Line 1 - Qualified elderly care expenses include the following not compensated for by insurance.

- Homemaker services, adult day care and respite care services
- Health care equipment and supplies provided to a qualifying family member
- Care in a long-term health care facility that is licensed by the Montana Department of Public Health and Human Services
- Premiums paid for long-term care insurance coverage for a qualifying family member

Lines 2-8 - complete per instructions.

Adjusted Gross Income (AGI) Multiplier Table						
If your		Your multiplier for				
AGI on line 2		line 3 depends on				
is	But not	your filing status				
at least	more than	Joint & Single	Married-Separate			
\$0	\$25,000	.30	.15			
25,001	27,000	.29	.145			
27,001	29,000	.28	.14			
29,001	31,000	.27	.135			
31,001	33,000	.26	.13			
33,001	35,000	.25	.125			
35,001	37,000	.24	.12			
37,001	39,000	.23	.115			
39,001	41,000	.22	.11			
41,001	43,000	.21	.105			
43,001	55,000	.20	.10			

If you are filing joint or single and your Montana AGI is \$55,000 or more, you are not eligible for the credit. If you are married filing separate and your Montana AGI is \$27,500 or more, you are not eligible for the credit.

Multiple Family Contributors

The credit is limited to \$5,000 for a single qualifying family member, \$5,000 for a joint return and \$2,500 per person filing a married separate return.

The combined total credit of two or more family members cannot exceed \$10,000 per taxable year.

If your combined total exceeds \$10,000, the credit must be prorated among the contributing family members. Call the Department of Revenue for further information.

