



Unified Tax Credit for the Elderly

Married Claimants Must File Jointly

2014

You Must File This Form by June 30, 2015

Your first name	Initial	Last name					Your Social Security Number				
On a consideration and a	1:4:1	1 4									
Spouse's first name Initial Last name					Spouse's Soci				ial Security Number		
Present address (number and str				,							
0:: -	0.1	7: (5		Taxpayer	's date o	f death	Spous	e's date of	death		
City or Town		State	Zip/Pos	stal code		2	2014			2014	
						D D		M M	г		
1. Check box if you were age 65 of	or older b	y Dec. 31, 2014		Check box	if spouse w	vas age 6	5 or olde r	r by Dec.	31, 2014 [
2. Were you a resident of Indiana for six months or more during 2014?											
3. Was your spouse a resident of	Indiana f						Yes L	IJ No			
		Dete	rmine \	our Inco	me						
Certain income, such as Social So Enter all other income received by sources listed below, place a zero	you and	your spouse du	ring the ta	ax year. Co	mplete all						
A. Wages, salaries, tips and com							Α			00	
B. Dividend and interest income							В			00	
C. Net gain or loss from rental in				С			0.0				
D. Pensions or annuities (Do no				D			00				
E. Total income (Add Lines A th	rough D	and enter the to	tal here).				Е			00	
F. Your Refund (See chart on b	ack to fig	gure your refund	l)				F			00	
G. Direct Deposit (1) Routing	Number					(3)	Checkin	ıg (4)	Savings		
(2) Account Numl	per										
(5) Place an "X" i	n the box	if refund will go	to an ac	count outsi	de the Unit	ed State	s. 🗌				
Under penalty of perjury, I (we) have		_						s true, cor	nolete, and	correct	
and that I am (we are) not require						ougo ama		o 1. 00, 00.			
										_	
Your Signature		Date		Spous	e's Signatu	ire			Date		
Daytime Telephone Number											
I authorize the Department to discuss my return with my personal representative ☐ Yes ☐ No If yes, complete the information below.				Paid Preparer: Firm's Name (or yours if self-employed)							
Personal Representative's Name (please print)				□ рт	IN						
Telephone number											
Address				Address_							
City				City							
State	Zip Code + 4 State Zip Code + 4					4					

Note: If you lived in Lake County and paid property tax on your residence, file Form IT-40 to get both the residential property tax credit plus the Unified Tax Credit for the Elderly.

Who may use this form to claim the Unified Tax Credit for the Elderly?

You may be able to claim a credit if you and/or your spouse meet the following requirements:

- You and/or your spouse must have been age 65 or older by Dec. 31, 2014;
- · If married, you must file a joint return;
- You and/or your spouse must have been an Indiana resident for at least six months during 2014; and
- You and/or your spouse must not have been in prison 180 days or more during 2014.

You may file this form if you meet **all** the above requirements, **and**

- You are single or widowed and your income on Line E is under \$2,500*; or
- You are married, and only one person is age 65 or older, and your income on Line E is less than \$3,500*; or
- You are married, both of you are age 65 or older, and your income on Line E is less than \$5,000*.

Complete Lines A through E on the front of this form. Then, compare the Line E amount to the amounts on the chart below based on your filing status and age. This will give you your refund amount.

*If your income is more than these amounts, you will need to file either Form IT-40 (if you are a full-year resident), or Form IT-40PNR (if you and/or your spouse are part-year residents), and claim the credit on one of those forms.

Note: If a spouse dies before this return is filed, the surviving spouse can claim this credit by filing a joint return. A copy of the death certificate must be attached to the tax return to verify the date of death. However, if a taxpayer dies and does not have a surviving spouse, the estate **cannot** claim the credit on behalf of the deceased taxpayer.

Direct deposit

You may have your refund directly deposited in your checking or savings account.

The **routing number** is nine digits, with the first two digits of the number beginning with 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number because it may have internal codes as part of the actual routing number.

The **account number** can be up to 17 digits. Omit any hyphens, accents and special symbols. Enter the number from left to right and leave any unused boxes blank.

Check the appropriate box for the type of account to which you are making your deposit, and if the refund will go to an account outside the United States.

Personal Representative Information

If you complete this area, you are authorizing the Department to be in contact with someone other than you (e.g. paid preparer, relative or friend, etc.) concerning information about this tax return. After your return is filed, the Department will communicate primarily with your designated personal representative.

Note: If you are due a refund, it will be paid to you (and your spouse, if filing jointly) even if you designate a personal representative.

File this form by June 30, 2015, to be eligible for this credit. If you have not received your refund within 12 weeks of filing, you may call our automated information line at (317) 233-4018.

Please mail your claim for refund to:

Elderly Credit Indiana Dept. of Revenue P.O. Box 6103 Indianapolis, IN 46206-6103

Mail by June 30, 2015

Compare the Figure on Line E to the Chart Below: Enter Your Refund Amount on Line F.										
Single or Widowed 65 or Older			nly one person Older	Married with both persons 65 or Older						
If Line E is:	Your Refund Amount is:	If Line E is:	Your Refund Amount is:	If Line E is:	Your Refund Amount is:					
0-\$999.99	\$100.00	0-\$999.99	\$100.00	0-\$999.99	\$140.00					
\$1,000-\$2,499.99	\$50.00	\$1,000-\$2,999.99	\$50.00	\$1,000-\$2,999.99	\$90.00					
\$2,500 or Over	You must file form IT-40 or IT-40PNR	\$3,000-\$3,499.99	\$40.00	\$3,000-\$4,999.99	\$80.00					
		\$3,500 or Over	You <u>must</u> file form IT-40 or IT-40PNR	\$5,000 or Over	You <u>must</u> file Form IT-40 or IT-40PNR					

