



## **Unified Tax Credit for the Elderly**

### **Married Claimants Must File Jointly**

2017

You Must File This Form by July 2, 2018

										_								
Your first name	Initial	Last na	me							Yo	ur S	ocial (	Secu	rity N	umbe	÷r		
Spouse's first name	Initial	Loot no																
Spouse's lirst flame	IIIIIIai	itial Last name					Spouse's Social Security Number											
Present address (number and st	reet or ru	ral route)								'Г			$\prod$		7			
								Тах	payer	r's da	te of	death	 1	Spo	use's	date	of de	ath
City or Town		State		Zip	)/Post	tal co	de		M	D D		017	'	M	M	D D	20	17
Check box if you were age 65	or older b	y Dec. 31	, 2017	7		Check	box					5 or o	lder l	‴ by De			7	
2. Were you a resident of Indiana	a for six m	onths or r	nore o	during	2017	7?					$\square$ $^{\prime}$	'es		No				
3. Was your spouse a resident of	f Indiana f	or six mor	nths o	r mor	e dur	ing 2	017?				$\square$	'es		No				
Determine Your Income	<b>)</b>																	
Certain income, such as Social S Enter all other income received b sources listed below, place a zero	y you and	your spor	use du	uring t	the ta	x yea	ar. Co	mple										
A. Wages, salaries, tips and co	nmissions	s, unemple	oymer	nt con	npens	satior	ı, etc.					Α						0.0
B. Dividend and interest income		-	-		-							В						0.0
C. Net gain or loss from rental in	ncome, bu	usiness in	come,	etc								С						0.0
D. Pensions or annuities <b>(Do <u>no</u></b>	<u>ot</u> enter S	ocial Sec	urity	bene	fits).							D						00
E. Total income (Add Lines A t	•				,							E						00
F. Your Refund (See chart on	back to fi	gure your	refund	d)								F						000
G. Direct Deposit (1) Routing	Number									(3)		Chec	king	(4)		Savin	ıgs	
(2) Account Num	nber																	
													1					
(5) Place an "X"			_										J					
Under penalty of perjury, I (we) ha and that I am (we are) <b>not</b> require							my (	our) k	nowle	edge	and b	oelief,	it is t	irue, c	ompl	lete, a	and co	rrec
Your Signature		Date		-		-	nous	o's Si	gnatu	ıre						ate		
Tour Signature Date						O	pous	030	griatu	110					De	110		
Daytime Telephone Number																		
I authorize the department to discure representative Yes If yes, complete the information be			y pers	onal		Pai	d Pre	parer	: Firm	's Naı	<b>ne</b> (0	r your	s if se	elf-emp	oloyed	l)		-
Personal Representative's Name (p	lease print	)				[	□ рт	IN										
																	]	
Telephone number																		
Address						Add	dress_											-
City						City	/											-
State	Zip Code	+ 4				Sta	te						7in	Code	+ 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, 2017;
- · 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 2017; and
- You and/or your spouse must not have been in prison 180 days or more during 2017.

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 July 2, 2018, 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 July 2, 2018

Compare the Figure on Line E to the Chart Below: Enter Your Refund Amount on Line F.										
1	Widowed Older		nly one person Older	Married with both persons 65 or Older						
	Your Refund		Your Refund		Your Refund					
If Line E is:	Amount is:	If Line E is:	Amount is:	If Line E is:	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 must file form IT-40 or IT-40PNR	\$5,000 or Over	You <u>must</u> file Form IT-40 or IT-40PNR					