



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

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

2019

Due April 15, 2020

Your first name	Initial	Initial Last name										Your Social Security Number						
	1 20 1					ļГ			1Г		$\mathbb{I}$							
Spouse's first name	Initial	Las	st name							Sp	ous	e's So	cial S	Secur	rity N	umbe	r	
Present address (number and	street or ru	ral ro	ute)							, Г					$\neg \Gamma$			
								Tax	paye	∟ r's da	te of	death	_	Spo	use's	s date	of de	ath
City or Town		Sta	ate	Zip	o/Pos	tal co	de		M	D D		2019		M		D D		)19
1. Check box if you were age 6	55 or older	oy De	c. 31, 201	9		Check	box					5 or o	lder l			D D I, <b>201</b>		
2. Were you a resident of India	na for six r	nonth	s or more	during	201	9?						⁄es		No				
3. Was your spouse a resident	of Indiana	for six	k months o	r mor	e dur	ing 20	019?					⁄es		No				
Determine Your Incon	ne																	
Certain income, such as Socia Enter all other income received sources listed below, place a zo	by you and	d your	spouse d	uring	the ta	ax yea	ır. Co	mple										
A. Wages, salaries, tips and commissions, unemployment compensation, etc										_A_						0.0		
B. Dividend and interest income												В						00
C. Net gain or loss from rental income, business income, etc												C						0.0
D. Pensions or annuities (Do <u>not</u> enter Social Security benefits)												D						0.0
<ul><li>E. Total income (Add Lines A through D and enter the total here)</li><li>F. Your Refund (See chart on back to figure your refund)</li></ul>												E F						00
F. Your Refund (See chart of	on back to i	gure	your return	u) │	T							<u> </u>						100
G. Direct Deposit (1) Routin	ng Number									(3)		Chec	king	(4)		Savir	ngs	
(2) Account No	ımber																	
(5) Place an "X	(" in the ho	v if ro	fund will a	n tn a	n acc	count	outei	de th	ا ا ا م	tad S	tates		1					
Under penalty of perjury, I (we)			_										it is 1	true. ه	comp	olete. a	and co	orrec
and that I am (we are) <b>not</b> requ							, (	,		3		,		,		,		
Your Signature	Signature Date					Spouse's Signature				ıre	re Date							
Daytime Telephone Number																		
•																		
I authorize the department to dis representative \tag Ye If yes, complete the information	s 🗆	urn w No	ith my pers	sonal		Pai	d Pre	parer	: Firm	's Nar	<b>me</b> (c	r your	s if se	lf-emp	oloyed	d)		_
Personal Representative's Name	(please prin	t)					_											
						L	_ PT	IN									7	
Telephone number				-														
Address				_		Add	lress_											_
City				_														_
tate Zip Code						State Zip Code												

#### New!

- The filing due date for this form has changed to April 15, 2020.
- You cannot file this form if you have an extension of time to file. Instead, you must file and claim this credit on Form IT-40.
- You must file no later than three years after the filing due date to be eligible to claim a refund on this form.

The Unified Tax Credit for the Elderly is available to individuals age 65 or over with taxable income of less than \$10,000. If your income on Line E is less than the amounts on the chart below, you are eligible to claim this credit on this form. If it is more, then you must file Form IT-40 to claim the credit. **Do not** file Form SC-40 if you are required to file Form IT-40.

# 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, 2019;
- 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 2019; and
- You and/or your spouse must not have been in prison 180 days or more during 2019.

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.

\*Important. If your income is more than these amounts, do not file this form. Instead, you must file Form IT-40 (or IT-40PNR if you are not a full-year resident), and claim the credit on that form.

**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**: Your refund will be paid to you (and your spouse, if filing jointly) even if you designate a personal representative.

If you have not received your refund within 12 weeks of filing, check the status of your refund online at https://secure.in.gov/apps/dor/tax/refund/, or 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 April 15, 2020

Compare the Figure on Line E to the Chart Below: Enter Your Refund Amount on Line F.										
	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					

