| | FORM SC-40 Revised 6-96 SF 44404 | | | ed Claimants File Jointly | DO NOT WRITE ABOVI | | | |
|----------------|---|--------------------------------------|---------------------|--|--|--|--|--|
| | ax Year: 1996 | | | | | | | |
| Your First | Name | Middle Initial \neg | Last Name | | | | | |
| Spouse's F | First Name | Middle Initial ↓ | Last Name | | | | | |
| | | | | ~ ~ ~ | | | | |
| Present Ac | ddress (Number and street or ru | ral route) | | City or Town | | | | |
| State | Zip Code | | Taxpayer Socia | al Security Number | Spouse's Social Security Number | | | |
| | | | - | - | | | | |
| If Taxpay | yer is deceased, enter date of $ 9 6$ | f death. | If Spouse is de | ceased, enter date of death $ 9 6$ | | | | |
| 1 17 | (D | 1 21 100 | n n | | 1 01 100 | | | |
| | our age as of Dece | | | se's age as of Dec | | | | |
| | | | | r more during 199 nonths or more du | | | | |
| J. W | as your spouse a | | | Fotal Income | | | | |
| Incom | e such as social security | | | | houndant be entered on this form. Ent | | | |
| all oth source | er income received by y es listed below, leave the | you and your spouse ose lines blank. | during the tax yea | Complete all spaces. | If you had no income from any of t | | | |
| A. V | Nages, salaries, ti | | [A | | | | | |
| B. C | B. Dividend and interest income | | | | | | | |
| C. N | C | | | | | | | |
| D. P | D. Pensions or annuities (Do not enter social security benefits) | | | | | | | |
| Е. Т | Fotal income (Ad | d Lines A throu | ugh D and en | ter the total here) |)E | | | |
| | | | - | ermine refund amo | | | | |
| | | · | | signing and dati | | | | |
| | <u>v</u> | e) have examined this | s return and to the | best of my (our) knowle | edge and belief, it is true, complete, | | | |
| I autho | prize the Department to di | scuss my return with | my tax preparer. | Yes No | | | | |
| <u>_</u> | | | | | | | | |
| Your Sig | gnature | | Date | Daytime Telepho | one Number | | | |
| -0 | 's Signature | | Date | Daytime Telepho | one Number | | | |
| r | | 1 | Paid Preparer's | Information | | | | |
| | | | | | | | | |
| Preparer's | s Name | |] | Preparer's FID or SSN Nu | | | | |
| Stars of A 1 | 1 | | | Federal Identification Numb | er Social Security Number | | | |
| Street Ad | luress | | | F _n | | | | |
| City | | State Zip + 4 | <i>y</i> c | Preparer's Signature | Date | | | |

Who <u>May</u> <u>Claim</u> the Unified Tax Credit for the Elderly?

- People who were 65 years old on or before December 31, 1996.
- People who have been residents of Indiana for at least six months during 1996.
- A single taxpayer, over 65, and with income under \$2000, file Form SC-40.
- You and your spouse, if filing a joint return and only one of you is over 65, and your joint income is under \$3000, file Form SC-40.
- You and your spouse, if filing a joint return, are both over 65 and your joint income is under \$4000, file Form SC-40.
- You and your spouse if both over 65 and whose income is over \$4000 but less than \$10,000, must file Form IT-40 or IT-40PNR to claim the credit. **Only file one form.**
- A surviving spouse may file a joint return and claim the credit of the deceased spouse if he/ she died after January 1, 1996.

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

Who <u>Cannot Claim</u> the Unified Tax Credit for the Elderly?

- If you were younger than 65 years of age by December 31, 1996.
- If you were not a resident of Indiana at least six months during 1996.
- If you were in a state or federal prison for 180 days or more during 1996.
- If you're anyone other than a surviving spouse of a deceased person you **can't** take this credit.

Important Checklist

- If the name, address and/or social security number on the printed label is incorrect, fill out a new form completely with the correct information. Also enter date of death (month/day/96), if it applies, in the space provided.
- Complete Lines 1, 2, 3, and A through E to determine your total income.
- Find the correct amount of refund from the table below and enter on the front, in the **refund claimed** box.

• Sign bottom of the return . Your refund will not be issued unless the entire form is completed.

• File this form by June 30, 1997 to be eligible for this credit. Please allow 12 weeks before asking about your refund.

| Find your refund from the table below. Enter on Line F on front page. | | | | | | | | | |
|---|-------------------------|-----------------|---------------------------|--------------------|--|--|--|--|--|
| Single or Widowed | Married with only o | one person | Married with both persons | | | | | | |
| 65 or Older | 65 or Olde | r | 65 or Older | | | | | | |
| Your Refund | You | r Refund | | Your Refund | | | | | |
| If Line E is: <u>Amountis:</u> | If Line E is: <u>An</u> | <u>nountis:</u> | <u>If Line E is:</u> | <u>Amount is:</u> | | | | | |
| 0-\$999.99 \$100.00 | 0-\$999.99\$ | 100.00 | 0-\$999.99 | \$140.00 | | | | | |
| \$1000-\$1999.99\$50.00 | \$1000-\$2999.99 | \$50.00 | \$1000-\$2999.99 | \$90.00 | | | | | |
| \$2000 or Over You must file Form | \$3000 or Over You m | ust file Form | \$3000-\$3999.99 | \$80.00 | | | | | |
| IT-40 or IT-40PNR | IT-40 c | or IT-40PNR | \$4000 or Over | You must file Form | | | | | |
| | | | | T-40 or IT-40PNR | | | | | |