

Unified Tax Credit for the Elderly

Married Claimants Must File Jointly

2009

You Must File This Form by June 30, 2010

Yo	ur first name	Initial	Last name						Yo	ur S	ocial	Secu	rity N	lumb	oer			
Spouse's first name Ir			Last name					\dashv][
	Spouse's first name Initial Last name								Sp	ous	e's So	ocial Security Number						
Present address (number and street or rural route)												JL		JL				
City or Town State Zip Co				Zip Cod	de + 4	Taxpay	/er':	s da	_			Spo	use	's da	ate of			
	,						M M) D		2009)	M	M	D	D	200)9
1. Y	our age as of Dec. 31, 2009		Sp	oouse's a	ge as of	Dec.			, ,				IVI	IVI	D	D		
2. V	Were you a resident of Indiana	for six m	onths or more d	luring 200	9?						⁄es] _{No}					
3. V	Was your spouse a resident of	Indiana f	or six months or	more du	ring 200	9?					⁄es] _{No}					
			Dete	rmine \	Your In	con	ne											
Ente	tain income, such as Social Seer all other income received by rces listed below, place a zero	you and	your spouse du	iring the t	ax year.	Com	plete											
Α.	Wages, salaries, tips and con	nmissions	3								Α							00
B.	Dividend and interest income										В							00
C. Net gain or loss from rental income, business income, etc								••••			С							00
D.	Pensions or annuities (Do no			-							D							00
E.	Total income (Add Lines Ath	-		-							E							00
F.	Your Refund (See chart on b	oack to fi	gure your refund	d)(t)						•••	F							00
G.	Direct Deposit (1) Routing	Number							(3)		Chec	cking	(4)		Sa	vings		
	(2) Account Num	ber																
	ler penalty of perjury, I (we) have that I am (we are) not require				urn. ——					and I	pelief,	, it is t	true,	com	plete	e, and	d cor	rect
You	Your Signature Date					Spouse's Signature				re Date								
Day	rtime 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)						☐ Federal I.D. Number ☐ PTIN OR ☐ Social Security Number												
	Telephone number																	
Address						Address												
City					City													
State Zip Code + 4					State Zip 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, 2009;
- If married, you must file a joint return;
- · You and/or your spouse must have been an Indiana resident for more than six months during 2009; and
- You and/or your spouse must not have been in prison more than 180 days during 2009.

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.

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, 2010, 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, 2010

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							
If Line E is:	Your Refund If Line E is: Amount 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						

