



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

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

2016

## You Must File This Form by June 30, 2017

| Sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc  | Your first name                           | Initial     | Last name              |           |             |                 | Your    | Social S         | Security    | Numl    | ber       |        |               |
|---|---|-------------|------------------------|-----------|-------------|-----------------|---------|------------------|-------------|---------|-----------|--------|---------------|
| Present address (number and street or rural route)    Taxpayer's date of death   Spouse's Social Security Number  | On accepta first many                     | 1:4: - 1    | 1 4                    |           |             |                 |         |                  |             |         |           |        |               |
| City or Town  State  Zip/Postal code  Taxpayer's date of death  Determine Your Income  Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should not be entered on this form. The provided and interest income.  A. Wages, salaries, tips and commissions, unemployment compensation, etc.  Determine Your Income  Certain income received by you and your spouse during the tax year. Complete all spaces. If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc.  D. Pensions or annuities (Do not enter Social Security benefits)  D. Pensions or annuities (Do not enter Social Security benefits)  D. Pensions or annuities (Do not enter Social Security benefits)  E. Total income (Add Lines A through D and enter the total here)  E. Total income (Add Lines A through D and enter the total here)  (2) Account Number  (3) Checking (4) Sawings  (3) Checking (4) Sawings  (3) Checking (4) Sawings  (4) Account Number  (5) Place an "X" in the box if refund will go to an account outside the United States.  Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) not required to file an Indiana income tax return.  Pour Signature  Date  Date  Palid Preparer: Firm's Name (or yours if self-employed)  Palid Preparer: Firm's Name (or yours if self-employed) | Spouse's first name   Initial   Last name |             |                        |           |             |                 | Spoi    | use's So         | cial Sec    | urity l | Numbe     | r      |               |
| City or Town  | Present address (number and s             |             |                        |           | ' [         |                 |         |                  |             |         |           |        |               |
| 1. Check box if you were age 65 or older by Dec. 31, 2016   |   |             | 1 -                    |           |             | Taxpayer        | 's date | of death         | Sp          | ouse    | 's date   | of dea | ath           |
| 1. Check box if you were age 65 or older by Dec. 31, 2016  Check box if spouse was age 65 or older by Dec. 31, 2016  2. Were you a resident of Indiana for six months or more during 2016?  Yes  No    Determine Your Income  | City or Town                              |             | State                  | Zip/Po    | stal code   |                 |         | 2016             |             |         |           | 20     | )16           |
| 2. Were you a resident of Indiana for six months or more during 2016?   |   |             |                        |           |             | J м м           | D D     |                  | M           | М       | D D       |        |               |
| Determine Your Income  Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should not be entered on this form. Enter all other income received by you and your spouse during the tax year. Complete all spaces. If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc   | 1. Check box if you were age 65           | or older b  | y Dec. 31, 2016        | i         | Check box i | f spouse w      | as age  | 65 or ol         | der by D    | )ec. 3  | 31, 201   | 6      |               |
| Determine Your Income  Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should not be entered on this form. Enter all other income received by you and your spouse during the tax year. Complete all spaces. If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc   | 2. Were you a resident of Indiana         | a for six m | onths or more d        | luring 20 | 16?         |                 |         | Yes              | Ши          | 0       |           |        |               |
| Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should <b>not</b> be entered on this form.  Enter all other income received by you and your spouse during the tax year. Complete all spaces. If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc  | 3. Was your spouse a resident o           | f Indiana f | or six months or       | r more du | uring 2016? |                 |         | Yes              | $\square$ N | 0       |           |        |               |
| Enter all other income received by you and your spouse during the tax year. Complete all spaces. If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. Round all entries.  A. Wages, salaries, tips and commissions, unemployment compensation, etc  |   |             | Dete                   | rmine `   | Your Inco   | me              |         |                  |             |         |           |        |               |
| A. Wages, salaries, tips and commissions, unemployment compensation, etc  |   |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| A. Wages, salaries, tips and commissions, unemployment compensation, etc  |   |             |                        |           |             |                 | space   | <b>s.</b> If you | had no i    | ncom    | ne from   | any c  | of the        |
| B. Dividend and interest income   | •   | ` '         |                        |           |             |                 |         | _                |             |         |           |        |               |
| C. Net gain or loss from rental income, business income, etc  | · ·                                       |             |                        | -         |             |                 |         |                  |             |         |           |        |               |
| D. Pensions or annuities (Do not enter Social Security benefits)  |   |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| E. Total income (Add Lines A through D and enter the total here)  |   |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| F. Your Refund (See chart on back to figure your refund)  |   |             |                        |           |             |                 |         |                  |             |         |           |        | $\overline{}$ |
| G. Direct Deposit (1) Routing Number  | •   | -           |                        |           |             |                 |         |                  |             |         |           |        | _             |
| (2) Account Number  (5) Place an "X" in the box if refund will go to an account outside the United States.  Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) not required to file an Indiana income tax return.  Your Signature  Date  Spouse's Signature  Date  Date  Date  Paid Preparer: Firm's Name (or yours if self-employed)  | F. Your Refund (See chart on              | back to fig | gure your refund       | d)        |             |                 |         | F                |             |         |           |        | 100           |
| (5) Place an "X" in the box if refund will go to an account outside the United States.  Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) not required to file an Indiana income tax return.  Your Signature  Date  Spouse's Signature  Date  Date  Date  Paid Preparer: Firm's Name (or yours if self-employed)  I authorize the department to discuss my return with my personal representative Yes No If yes, complete the information below.  Personal Representative's Name (please print)  Telephone number  Address  City  City  City  | G. Direct Deposit (1) Routing             | Number      |                        |           |             |                 | (3)     | Chec             | king (4)    |         | Savir     | ngs    |               |
| Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) <b>not</b> required to file an Indiana income tax return.  Your Signature Date Spouse's Signature Date  Date  Date  Date  Date  Paid Preparer: Firm's Name (or yours if self-employed)  I authorize the department to discuss my return with my personal representative Yes No If yes, complete the information below.  Personal Representative's Name (please print)  Telephone number  Address  | (2) Account Nun                           | nber        |                        |           |             |                 |         |                  |             |         |           |        |               |
| Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) <b>not</b> required to file an Indiana income tax return.  Your Signature Date Spouse's Signature Date  Date  Date  Date  Date  Date  Paid Preparer: Firm's Name (or yours if self-employed)  I authorize the department to discuss my return with my personal representative Yes No If yes, complete the information below.  Personal Representative's Name (please print)  Telephone number  Address  | /F) Dlaga en "V"                          | : 4b b v    | , if we firm al ill we | . 4       |             | d = 4b = 1 l=:4 | 0+      |                  | ·           | •       |           | '      |               |
| Address Address City  | , ,                                       |             |                        |           |             |                 |         |                  |             |         |           |        | 4             |
| Your Signature Date Spouse's Signature Date  Daytime Telephone Number    I authorize the department to discuss my return with my personal representative   Yes   No If yes, complete the information below.    Personal Representative's Name (please print)   PTIN   |   |             |                        |           |             | our) knowie     | eage ar | ia bellet,       | it is true  | , com   | ipiete, a | and co | orrect        |
| Daytime Telephone Number    I authorize the department to discuss my return with my personal representative   Yes   No If yes, complete the information below.    Personal Representative's Name (please print)   PTIN  | ( , , , , , , , , , , , , , , , , , , ,   |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| I authorize the department to discuss my return with my personal representative   | Your Signature                            |             | Date                   | •         | Spouse      | e's Signatu     | re      |                  |             |         | Date      |        |               |
| I authorize the department to discuss my return with my personal representative   |   |             |                        |           | ·           |                 |         |                  |             |         |           |        |               |
| personal representative   | Daytime Telephone Number                  |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| If yes, complete the information below.  Personal Representative's Name (please print)  Telephone number  Address  City   |   |             | return with my         |           | Paid Prep   | oarer: Firm's   | s Name  | (or yours        | if self-er  | nploye  | ed)       |        |               |
| Telephone number  Address Address City  |   |             | □ No                   |           |             |                 |         |                  |             |         |           |        | _             |
| Telephone number  Address Address City  | Personal Representative's Nar             |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| number  Address Address  City City  | i oroonar noprocontativo o nar            | (picaco     | P'''''',               |           | ☐ PTI       | N               |         |                  |             |         |           |        |               |
| number  Address Address  City City  |   |             |                        |           |             |                 |         |                  |             |         |           |        |               |
| City City   | I '                                       |             |                        |           |             |                 |         |                  |             |         |           |        |               |
|   | Address                                   |             |                        |           | Address_    |                 |         |                  |             |         |           |        | _             |
| State         Zip Code + 4         State         Zip Code + 4   | City                                      |             |                        |           | City        |                 |         |                  |             |         |           |        | _             |
| l l   | State                                     | Zip C       | ode + 4                |           | State       |                 |         |                  | Zip Co      | de + 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, 2016;
- · 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 2016; and
- You and/or your spouse must not have been in prison 180 days or more during 2016.

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, 2017, 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, 2017

| Compare the Figure on Line E to the Chart Below: Enter Your Refund Amount on Line F. |                                      |                    |                                      |  |  |  |  |  |
|--|--------------------------------------|--------------------|--------------------------------------|--|--|--|--|--|
| Single or Widowed<br>65 or Older   |                                      |                    | nly one person<br>Older              | Married with both persons<br>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:                            | <u>Amount is:</u>                              |  |  |  |
| 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<br>IT-40 or IT-40PNR |  |  |  |