

2017 Elderly Care Credit 15-30-2366, MCA

| | | | Social S | ecurity N | umbers | | | |
|--------|--|--|----------------------|-------------|---------|----|--|--|
| First | Name and Initial | Last Name | | | | | | |
| Spo | use's First Name and Initial | Last Name | | | | | | |
| Nan | ne of Elderly Family Member | | | | | | | |
| for th | cannot use this form for calculating the elderly ne same family member and that individual is a) 859-2254 (in Helena, 444-6900) for assistanc | Iso claiming this credit. Please contact t | | | | | | |
| Part | I. Eligibility | | | | | | | |
| | u answer <i>yes</i> to all four of these questions, you here because you are not eligible for this cred | | r <i>no</i> to one o | of these | questio | ns | | |
| Is the | Is the elderly person related to you by blood or by marriage? | | | | | | | |
| | e elderly person either at least 65 years old or al Security purposes? | | | Yes | 1 | No | | |
| | e family income (gross income, including all no 000 or less, if single, or is the combined incom | , | arried? | 🗌 Yes | 1 | No | | |
| inco | ur filing status is single or married filing jointly, ne on Form 2, line 41, less than \$55,000? If yo rately, is your Montana adjusted gross income | our filing status is married filing | | Yes | 1 🗌 | No | | |
| Part | II. Credit Computation | | | | | | | |
| 1. | Amount of the qualified elderly care expenses instructions on the second page of this form f | | | | | | | |
| 2. | Your Montana adjusted gross income from Fo | orm 2, line 41 | 2 | | | | | |
| 3. | Adjusted gross income multiplier amount from this form | | | \$ <u>.</u> | | | | |
| 4. | Multiply the amount on line 1 by the multiplier | reported on line 3 above | 4 | | | | | |
| 5. | If your filing status is single or married filing jo filing separately, enter \$25,000 | | | j. | | | | |
| 6. | Subtract line 5 from line 2 and enter the resul | t, but not less than zero | 6 | i. | | | | |
| 7. | Subtract line 6 from line 4 and enter the result you are not eligible for this credit | • | | , | | | | |
| 8. | If your filing status is single or married filing jo filing status is married filing separately, enter elderly care credit. | | | | | | | |

Enter the amount from line 8 above on Form 2, Schedule V.

If you file your Montana tax return electronically, you do not need to mail this form to us unless we ask you for a copy. When you file electronically, you represent that you have retained the required documents in your tax records and will provide them upon the department's request.

Am I eligible to claim the elderly care credit?

You may be eligible to claim this credit if you pay qualified elderly care expenses for a qualified family member. Please see the eligibility requirements in Part I of the form to determine if you qualify.

Who is a qualified family member?

A qualified family member:

- is related to you by blood or marriage and,
 - at least 65 years of age, or
 - determined to be disabled by the social security administration, and
- has family income during the year of \$15,000 or less if unmarried and \$30,000 or less if married.

How can I determine what qualifies as elderly care expenses?

Your qualified elderly care expenses include amounts you pay for:

- home health agency services
- · personal-care attendant services
- care in a long-term care facility that is licensed by the Department of Public Health and Human Services
- homemaker services
- · adult day care
- respite care
- purchases of health care equipment and supplies

What is family income?

Family income is all of the gross income, including all nontaxable income, of the family member and their spouse.

I have qualified elderly care expenses for both my mother and father. Can I claim the elderly care credit for the expenses of both my parents?

Yes you can, but you are limited to a \$5,000 credit for one qualifying family member during the year and a total of \$10,000 credit for two or more qualifying family members.

If you are married filing separately, these limits are \$2,500 for one qualifying family member and \$5,000 for two or more qualifying family members.

If you paid qualified elderly care expenses and are claiming the elderly care credit for more than one qualifying family member, you will need to complete a separate Form ECC for each family member.

My brothers and sisters help me pay the qualified elderly care expenses for our parents. Are we all entitled to claim the elderly care credit?

Yes you are, but the amount of the credit allowed must be prorated proportionally to each family member's contribution to the total qualified elderly care expenses.

Please contact the Department for assistance in calculating this credit if multiple people contributed to the qualified elderly care expenses of the same qualified family member.

I paid elderly care expenses for my parent. Can I also claim these expenses as a medical itemized deduction?

No. You cannot take a deduction or credit for any amount of elderly care expenses you paid during the year that are used to calculate this credit.

My elderly care credit exceeds my income tax liability. Can my unused elderly care credit be carried back or carried forward to another tax year, or can I request a refund of my unused credit?

No. This credit cannot be claimed as a carryback or carryforward to another tax year and cannot be refunded to you if it exceeds your income tax liability.

| Adjusted Gross Income Multiplier Table | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| | f your Montana adjusted gross income on Form ECC, line 2 is: | | Your multiplier to be entered on Form ECC, line 3 when your filing status is: | | | | | |
| At least | But not more than | Single or Married filing jointly | Married filing separately | | | | | |
| \$0 | \$ 25,000 | 0.30 | 0.150 | | | | | |
| \$ 25,001 | \$ 27,000 | 0.29 | 0.145 | | | | | |
| \$ 27,001 | \$ 29,000 | 0.28 | 0.140 | | | | | |
| \$ 29,001 | \$ 31,000 | 0.27 | 0.135 | | | | | |
| \$ 31,001 | \$ 33,000 | 0.26 | 0.130 | | | | | |
| \$ 33,001 | \$ 35,000 | 0.25 | 0.125 | | | | | |
| \$ 35,001 | \$ 37,000 | 0.24 | 0.120 | | | | | |
| \$ 37,001 | \$ 39,000 | 0.23 | 0.115 | | | | | |
| \$ 39,001 | \$ 41,000 | 0.22 | 0.110 | | | | | |
| \$ 41,001 | \$ 43,000 | 0.21 | 0.105 | | | | | |
| \$ 43,001 | \$ 55,000 | 0.20 | 0.100 | | | | | |
| If your filing status is single or married filing jointly with your | | | | | | | | |

If your filing status is single or married filing jointly with your spouse and your Montana adjusted gross income is \$55,000 or more, you are not eligible for this credit. If your filing status is married filing separately with your spouse and your Montana adjusted gross income is \$27,500 or more, you are not eligible for this credit. If you are caring for two or more eligible family members the limits increase to \$60,000 and \$30,000, respectively.

Questions? Please call us at (406) 444-6900.