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This form must be attached to the Miscellaneous Income Tax Credits (Form MO-TC) and Individual Income Tax Return (Form MO-1040).

	Registered	d Caregiver		
Registered Caregiver Social Security Number				
Registered Caregiver Name				
Address	City		State	ZIP Code
Title		Telephone Number		
Under penalties of perjury, I declare that the above informatio above and I meet the eligibility requirements listed above for the Signature			rect. I attest	that I have read the
	Elderly Reci	pient of Care		
Social Security Number	Date of Birth (N			
Name				
Address	City		State	ZIP Code
List the identity of any other state or federal program utilized to	offset the cost	of this individual's care.		

A shared care member registered with the Division of Senior and Disability Services, Missouri Department of Health and Senior Services, may be eligible for a tax credit equal to his or her Missouri tax liability or \$500, whichever is less, to offset the cost of caring for an elderly person. To be eligible for the shared care tax credit, the following requirements must be met.

• The caregiver must care for an elderly person, age 60 or older, who:

- is physically or mentally incapable of living alone, as determined and certified by his or her licensed physician or by the Division of Senior and Disability Services, Missouri Department of Health and Senior Services staff; and
- requires assistance with activities of daily living to the extent that without care and oversight at home would require
 placement in a facility; and
- under no circumstances, is able or allowed to operate a motor vehicle; and
- does not receive funding or services through Medicaid or social services block grant funding.
- The caregiver must live in the same residence to give protective oversight for an aggregate of more than six months per tax year.

• The caregiver must not receive monetary compensation for providing care for the elderly person.

Note: This tax credit is nonrefundable.

One of the following certifications must be completed to qualify for a tax credit:

Physician Certification

I certify due to the physical or mental conditions described below, the recipient, listed above is incapable of living alone and must acquire necessary home care to avoid placement in a care facility.

Description of physical or mental condition (include description of the care assistance needed):

Signature					Title				
Printed Na	ame				Date (MM/D	D/YYYY)			
		Missouri F	epartment of Heal	lth and S	enior Servi	ces Certifica	tion		
care to ave	ue to the physical or men oid placement in a care f n of physical or mental c	tal conditions des acility.	scribed below, the reci	pient, liste	d above is inca			l must acqu	uire necessary home
Signature					Title				
Printed Na	ame				Date (MM/D	D/YYYY)			
			Conta	ct Inform	ation				
Name of A	Agent or Contact			Tele	ohone Numbe	r			
Address			Cit	ty				State	ZIP Code
 Must Yes. I Senio Do I h No. TI as it is I prov Yes. I credit. What A phy living from I Is the No. Ti If I rea No. If 	Iy Asked Questions I be a registered careg If you meet all other req or and Disability Service have to be in Missouri he amount of time you a s more than six months vided care for my moth If you have a Missouri ta is considered when d visician or a Division of S alone. The physician or living alone. The physici e shared care tax credi he credit is the amount of ceive Medicaid, am I e you receive Medicaid fu y for the credit.	Lirements, you m s call 573-751-4 caring for the c are caring for the per tax year. the half of the you at liability and you etermining whe enior and Disabi counselor must an or social serv t refundable? of your Missouri ta ligible for the cr	ay qualify for the tax of 842. are recipient for con- recipient does not nee ear, but I am not curr u met all of the require ther or not the care r lity Services Social Se provide a description of ice worker must also of ax liability or \$500, whi redit? community based ser	credit if yo secutive s ed to be co rently a Mi ements list recipient i ervice Worl of the care describe th ichever is lu	six months to onsecutive; it of ed on the pre- s incapable of ker must dete recipient's ph he necessary f ess. If your Mis- are not eligib	o receive the ta can be aggrega ent. Do I still q vious page; you of living alone? rmine whether hysical or menta treatment or ca ssouri tax liabilit	ax credit' ate as lon ualify for u may still or not the al condition re needed ty is \$200	9 g r the credi l qualify for care recip on, which p d for the ca , you will re ou receive	t? the shared care tax ient is capable of prevents the recipient are recipient. eceive a credit of \$200. Medicare, you may
Mail to:	Taxation Division		E-mail: taxcredi		-				MO-SCC (Revised 12-2021)
	P.O. Box 27 Jefferson City, MO	65105-0027	Visit <u>https://dor.n</u>	no.gov/ta	axation/indi	vidual/tax-ty	pes/inco	ome/ for a	additional informatio
Phone:	(573) 751-3220		Ever served on						

 (573) 751-3220
 If yes, visit dor.mo.gov/military/
 to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Fax:

TTY: