Form 24 **Grocery Credit Refund** You or Your Spouse Must be Age 65 or Older

Last name

State Tax Commission

If a joint return, spouse's first name and initial Last name

Your first name and initial

State Use Only

Your Social Security number

Spouse's Social Security number

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Cu	urrent mailing address					· · · · · · · · · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ /		
City	ty		State		ZIP code			
A.	Income							
	 Enter your gross income. Include wages, salaries, tips, int dividends, self-employment income before expenses, farn before expenses, rental income before expenses, and per Don't include Social Security benefits and/or Veterans Administration disability benefits on this line 			ome s.		1		
	 2. Filing Status Married filing jointly: one 6 Married filing jointly: both 6 Single: 65 or older \$14,700 	5 or older \$28,700				2		
	to receive your grocery cre	 Compare lines 1 and 2. If line 1 is equal to or larger than line 2, you can't use this form. You must file Form 40 to receive your grocery credit. If line 1 is less than line 2, continue. 						
В.	Refund Claimed			Yourse	elf	Spou	se	
	1. Enter the date of birth							
	 2. Check the boxes that apply. Under age 65 Age 65 or older 		\$100 per pe		Year	Month Day	Year	
	 If you're donating your grocer \$0 total refund claimed box or 	ative Welfar	e Fund, cl					
	4. Total refund claimed (check o		\$0 \$120 \$220 \$240 •					
	 5. Direct Deposit. See instructio Routing No Type of Account Checking 	ns. • Cneck	•					
C.	Signatures Required If you or your spouse can't sign, your representative must write "unable to sign" in the signature spaces and enter their name, address, and relationship.			If anyone other than the surviving spouse signs on behalf of a deceased person, you must complete and include IRS Form 1310.				
	our signature X		Date		P	hone number		
Spouse's signature (If a joint return, both must sign .) • X MAIL TO: Idaho State Tax Commission PO Box 56 Boise, ID 83756-0056								
EFC	O00086 12-30-2022					U Z Z 1	0 0 9 5	

Who Qualifies to Use This Form

You can use this form if all of these are true:

- You and your spouse were Idaho residents for all of 2022
- You and your spouse aren't required to file an Idaho income tax return
- You're 65 or older on December 31, 2022, (you or your spouse)

You can't use this form if, for any part of the year, you or your spouse:

- Received assistance under the federal food stamp program
- · Were incarcerated
- · Resided illegally in the United States
- · Had dependents
- · Filed as married filing separately

If you don't meet the requirements to use Form 24, you can claim the grocery credit on Form 40 or 43.

You can't claim the grocery credit on more than one form.

Part A. Income

Line 2. Filing Status

Status

Gross Income

If you're married:

- Filing jointly, one spouse 65 or older \$27,300
- Filing jointly, both spouses 65 or older \$28,700 If you're single:
 - 65 or older \$14,700

Part B. Refund Claimed

Line 3. Grocery Credit Donation

You can donate your entire grocery credit to the Cooperative Welfare Fund. It's a trust fund in the state treasury. All money in the fund is used for public assistance and welfare purposes. To donate, check the box on line 3 and the zero (\$0) box on line 4.

Once the donation is made, it can't be changed.

Line 5. Direct Deposit

Complete line 5 if you want us to deposit your refund directly into your bank account instead of mailing you a check.

If your refund is being forwarded from a United States financial institution to a financial institution or financial agency located outside the United States, check the box on line 5. If, after filing this form, you become aware that your electronic refund payment will be electronically deposited in a financial institution or financial agency located outside of the United States, please notify us at:

Idaho State Tax Commission PO Box 56 Boise ID 83756-0056

Contact your bank to make sure your deposit will be accepted and that you have the correct routing and account numbers.

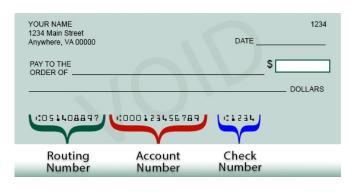
Enter your nine-digit routing number. The routing number must begin with 01 through 12, or 21 through 32.

Enter the account number of the account you want your refund deposited into. The account number can be up to 17 characters (both numbers and letters). Don't include hyphens, spaces, or special symbols. Enter the number left to right and leave any unused boxes blank.

Check the appropriate box for account type. Check **either** checking or savings, but not both.

The check example below shows where the proper banking information is located. You're responsible for the accuracy of this information.

If your financial institution rejects your request for direct deposit, you'll receive a check by mail instead.



Contact us: In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660 Hearing impaired (TDD) (800) 377-3529 tax.idaho.gov/contact