2	Form MO-SCC	MISSOURI DEPARTMENT OF REVENUE Shared Care Tax Credit
_[		This form must be attached to th

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

	Registered Caregiver	
Registered Caregiver Social Security Number		
	7	
Registered Caregiver Name		
Address	City	State ZIP Code
Title	Tolophone Number	
	Telephone Number	
Linder papelties of parium. I dealars that the above information and ap	wattached supplement is true, complete, and correct. Lattact that I have re-	ad the above and I meet the aligibility require
	y attached supplement is true, complete, and correct. I attest that I have re- pplicable reporting requirements of <u>Section 135.805 RSMo.</u> and the penalt	
Signature	Date (MM/DD/YYYY)	
	Elderly Recipient of Care	
Social Security Number	Date of Birth (MM/DD/YYYY)	
Name		
Address	City	State ZIP Code
List the identity of any other state or federal program utilized	d to offset the cost of this individual's care.	
	of Senior and Disability Services, Missouri Departmen s or her Missouri tax liability or \$500, whichever is less	
for an elderly person. To be eligible for the shared of	care tax credit, the following requirements must be me	
<ul> <li>The caregiver must care for an elderly person,</li> </ul>	, 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.

Pursuant to <u>Section 105.1500, RSMo</u>, the Department of Revenue is prohibited from requiring any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code, or any individual, to provide the Department with any list, record, register, registry, roll, roster, or other compilation of data of any kind that directly or indirectly identifies a person as a member, supporter, volunteer of, or donor of financial or nonfinancial support to, any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code. Nothing in this form should be read or understood as a requirement that you provide any such information. Notwithstanding any publication, webpage, form, instruction, regulation, or statement shared by the Department, you are not required to include such information on this form. If you encounter any technical difficulty in submitting this form without including information that you believe is protected by Section 105.1500, RSMo, feel free to contact the Department by email at <u>corporate@dor.mo.gov</u> or by phone at 573-751-4541.

## 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/DD	)/YY	YYY)					
		Missouri D	Department of He	ealth and	Se	enior Servic	es	Certificat	tion				
care to ave	ue to the physical or men roid placement in a care t n of physical or mental c	tal conditions des acility.	scribed below, the re	ecipient, list	ted	above is incap				nd mu	ıst acqu	iire neco	essary home
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