

Unified Tax Credit for the Elderly



Married Claimants Must File Jointly

Due April 15, 2024

Your first name	Initial	Last name Your Social Security Num							mber						
Spouse's first name	Initial	Last name Spouse's Social Security Number													
									Spou	se's S		ecuri		ber	
Present address (number and s	street or rur	al route)													
City or Town	State							s date of death Spouse's date of death 2023 2023							
1. Check box if you were age 65	5 or older b	y Dec. 31, 2023	в	С	heck l	oox ii	м м fspou	-	-	65 or	™ older b		D ec. 31, 2	D 2023 C	
2. Were you a resident of Indian	na for six m	onths or more o	during	2023?	>		l	∐ Y	es		No				
3. Was your spouse a resident of	of Indiana f	or six months o	r more	durin	g 202	3?	l	⊥ Y	es		No				
Determine Your Income Certain income, such as Social Enter all other income received I sources listed below, place a zer	by you and	your spouse du	uring th	ne tax	year.	Com	plete	e pro all sp	oceeds baces	s, shoi . If you	uld not u had no	be e o inc	ntered ome fro	on this m any	form of the
A. Wages, salaries, tips and co	ommissions	ssions, unemployment compensation, etc								Α					00
B. Dividend and interest incom	Dividend and interest income									В					00
2. Net gain or loss from rental income, business income, etc									С					00	
D. Pensions or annuities (Do <u>not</u> enter Social Security benefits)									D					00	
E. Total Income (Add Lines A through D and enter the total here)									E					00	
F. Your Elderly Credit (See c	hart on bac	k to figure your	refund	d)						F					00
G. Direct Deposit (1) Routin	g Number								(3		Checkir	ng	(4)] Savi	ngs
(2) Account Nu	mber]
(5) Place an "X'		if refund will ac	to an	accol	unt ou	tside	the U	nited	State	s. 🗌				•	_
Under penalty of perjury, I (we) h and that I am (we are) not requi	ave examir	ned this return a	nd to tl	he bes	st of m						f, it is tru	ue, co	omplete	, and c	orrec
/our Signature Date			-	Spouse's Signature							Date				
Daytime Telephone Number															
I authorize the department to disc representative. If yes, complete the information b			onal	-	Paid P	repai	rer: Fir	m's N	ame (or your	s if self-e	emplo	oyed)		
Personal Representative's Name (please print)			🗆 F	TIN									
Telephone number				-											
Address				/	Addres	s									
State ZIP Code					State							ZIP Code			
												_			

Important Information

- The filing due date for this form is April 15, 2024.
- You cannot file this form if you have an **extension of time to file.** Instead, you must file and claim this credit on Form IT-40 or Form IT-40PNR.
- You must file no later than three years after the filing due date to be eligible to claim a refund on this form.

The Unified Tax Credit for the Elderly is available to individuals age 65 or over with taxable income of less than \$10,000. If your income on Line E is less than the amounts on the chart below, you are eligible to claim this credit on this form. If it is more, then you must file Form IT-40 or Form IT-40PNR to claim the credit. **Do not** file Form SC-40 if you are required to file Form IT-40 or Form IT-40PNR.

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, 2023;
- 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 2023; and
- You and/or your spouse must not have been in prison 180 days or more during 2023.

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.

Important. If your income is more than these amounts, **do not** file this form. Instead, you must file Form IT-40 (or IT-40PNR if you are not a full-year resident), and claim the credit on that form.

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. Your refund will be paid to you (and your spouse, if filing jointly) even if you designate a personal representative.

If you have not received your refund within 12 weeks of filing, check the status of your refund online at www.in.gov/dor/online-services/ check-the-status-of-your-refund/, or call our automated information line at 317-232-2240.

Please mail your claim for refund to:

Elderly Credit Indiana Department of Revenue P.O. Box 6103 Indianapolis, IN 46206-6103

Mail by April 15, 2024

Compare the Figure on Line E to the Chart Below: Enter Your Refund Amount on Line F.									
Single or Wido	wed 65 or Older	Married with only on	e person 65 or Older	Married with both persons 65 or Older					
<u>If Line E is:</u>	<u>Your Refund</u> <u>Amount is:</u>	<u>If Line E is:</u>	<u>Your Refund</u> <u>Amount is:</u>	<u>If Line E is:</u>	<u>Your Refund</u> <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 <u>must</u> 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 <u>must f</u> ile form IT-40 or IT-40PNR	\$5,000 or Over	You <u>must</u> file Form IT-40 or IT-40PNR				

