



2019 Elderly Care Credit

15-30-2366, MCA

Social Security Numbers

First Name and Initial	Last Name	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Spouse's First Name and Initial	Last Name	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Name of Elderly Family Member		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

You cannot use this form for calculating the elderly care credit if another individual paid qualified elderly care expenses for the same family member and that individual is also claiming this credit. Please contact the Department of Revenue at (406) 444-6900 for assistance if this situation applies to you.

Part I. Eligibility

If you answer *yes* to all four of these questions, you are eligible for this credit. If you answer *no* to one of these questions, stop here because you are not eligible for this credit.

Is the elderly person related to you by blood or by marriage?..... Yes No

Is the elderly person either at least 65 years old or been determined to be disabled for Social Security purposes? Yes No

Is the family income (gross income, including all nontaxable income) of the elderly person \$15,000 or less, if single, or is the combined income of both spouses \$30,000 or less, if married?..... Yes No

If your filing status is single or married filing jointly, is your Montana adjusted gross income on Form 2, line 11, less than \$55,000? If your filing status is married filing separately, is your Montana adjusted gross income on Form 2, line 11, less than \$27,500? Yes No

Part II. Credit Computation

1. Amount of the qualified elderly care expenses that you paid during the tax year. See the instructions on the second page of this form for the definition of qualified elderly care expenses. 1.	
2. Your Montana adjusted gross income from Form 2, line 112.	
3. Adjusted gross income multiplier amount from the table located on the second page of this form.....3.	
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 jointly, enter \$50,000. If your filing status is married filing separately, enter \$25,000.....5.	
6. Subtract line 5 from line 2 and enter the result, but not less than zero6.	
7. Subtract line 6 from line 4 and enter the result. If the result is zero or less, stop here because you are not eligible for this credit.....7.	
8. If your filing status is single or married filing jointly, enter the smaller of line 7 or \$5,000. If your filing status is married filing separately, enter the smaller of line 7 or \$2,500. This is your elderly care credit.8.	

Enter the amount from line 8 above on Form 2, Nonrefundable Credits Schedule, line 9.

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.

Form ECC Instructions

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			
If 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 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, or Montana Relay at 711 for hearing impaired.