	Missouri Department of Revenue Shared Care Tax Credit This form must be attached to the Misce er Social Security Number		Tax Credits (Department Use Only (MM/DD/YY) Form MO-TC) and Indiv		me Tax R	eturn (Form MO-1040).	
-	·							
Registered Caregive	er Name							
Registered Caregiver								
Address		City				State	ZIP Code	
Title			Telephone N	lumber]			
	perjury, I declare that the above information e eligibility requirements listed above for the eligibility requirem		ax credit.	(MM/DD/YYYY)				
		Elderly Reci	pient of Ca	re				
Social Security Num Name		Date of Birth (M						
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 Name		Date (MM/DD/YYYY)						
Mis	souri Department of Health an	d Senior Services Certification						
I certify due to the physical or mental condicare to avoid placement in a care facility. Description of physical or mental condition	•	listed above is incapable of living alone and must acquire necessary home ance needed):						
Signature		Title						
Printed Name		Date (MM/DD/YYYY)						
	Contact Infe	ormation						
Contact Information Name of Agent or Contact Telephone Number								
Address	City	State ZIP Code						
 Senior and Disability Services call 57 Do I have to be in Missouri caring f No. The amount of time you are carin as it is more than six months per tax y I provided care for my mother half Yes. If you have a Missouri tax liability credit. What is considered when determin A physician or a Division of Senior an living alone. The physician or coursel from living alone. The physician or so Is the shared care tax credit refund No. The credit is the amount of your M If I receive Medicaid, am I eligible for 	ts, you may qualify for the tax credit if 73-751-4842. for the care recipient for consecuti ag for the recipient does not need to b year. of the year, but I am not currently a y and you met all of the requirements ing whether or not the care recipien ad Disability Services Social Service V lor must provide a description of the o bocial service worker must also describ table? Missouri tax liability or \$500, whichever or the credit?	If you register as a shared care member. To register with the Division of ive six months to receive the tax credit? be consecutive; it can be aggregate as long a Missouri resident. Do I still qualify for the credit? Is listed on the previous page; you may still qualify for the shared care tax						
Taxation Division	Phone: (573) 751-3220	Form MO-SCC (Revised 12-2018)						
P.O. Box 27 Jefferson City, MO 65105-0027	TTY: (800) 735-2966 Fax: (573) 522-1762	Visit http://www.dor.mo.gov/personal/individual/ for additional information.						
00100-0021	E-mail: <u>taxcredit@dor.mo.g</u>							

