

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		
Registered Caregiver Name		
Address	City	State ZIP Code
Fitle .	Telephone Number	
	n and any attached supplement is true, complete, and correct. I a lit. I am aware of any applicable reporting requirements of <u>Secti</u>	
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 uti	lized to offset the cost of this individual's care.	
	ion of Senior and Disability Services, Missouri Dep o his or her Missouri tax liability or \$500, whicheve	
	ed care tax credit, the following requirements must	

• 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.

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	ime					Date (MM/DI	D/Y	ΥΥΥ)				
		Missouri D	epartment of H	lealth ai	nd Se	enior Servi	ces	s Certifica	tion			
care to avo	e to the physical or men oid placement in a care f n of physical or mental co	tal conditions des acility.	scribed below, the	recipient,	listed	above is inca				d must ac	quire nec	cessary home
Signature						Title						
Printed Na	ime					Date (MM/DI	D/Y	ΥΥΥ)				
			Со	ntact Inf	forma	ation						
Name of A	gent or Contact				Telep	hone Numbe	r					
Address				City						State	ZIP (	Code
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Phone:	-		Ever served									

 (573) 751-3220
 If yes, visit dor.mo.gov/military/
 to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Fax:

TTY: