

MINNESOTA • REVENUE

Schedule M1LTI, Long-Term Care Insurance Credit 2014

Sequence #17

Your first name and initial _____ Last name _____ Social Security number _____

If you (or your spouse, if filing a joint return) paid premiums in 2014 for a qualified long-term care insurance policy, complete this schedule to determine the amount, if any, you can subtract from your tax when you file Form M1.

To qualify for this credit, your long-term care insurance policy must:

- qualify as a federal deduction (see federal Schedule A of Form 1040), disregarding the 7.5 or 10 percent income test, and
- have a lifetime long-term care benefit limit of \$100,000 or more.

There are no separate instructions for Schedule M1LTI.

Policy Information	Policy Information (only one qualifying policy per person):		
	Name of Insured	Insurance Company	Policy Number
#A	_____	_____	_____
#B	_____	_____	_____

Provide the information in the appropriate column for each insured person. If you are filing a joint return and both you and your spouse are covered by one policy, use half of the premiums in column A and half in column B (below).

Round amounts to the nearest whole dollar.

Determining Credit	Round amounts to the nearest whole dollar.	
	You A	Spouse B
1 Premiums paid in 2014 for the qualifying long-term care insurance policy 1	_____	_____
<i>Did you itemize deductions on your federal Form 1040?</i>		
• If no, skip lines 2, 3 and 4, and enter line 1 on line 5.		
• If yes, continue with line 2.		
2 Amount of premiums paid on this policy that are included on line 1 of federal Schedule A 2	_____	_____
3 Amount on line 4 of federal Schedule A (If you and your spouse are claiming premiums paid, enter half of this amount in each column.) 3	_____	_____
4 Amount from line 2 or line 3, whichever is less 4	_____	_____
5 Subtract line 4 from line 1 5	_____	_____
6 Multiply line 5 by 25% (.25) 6	_____	_____
7 The maximum credit is \$100 per person 7	\$100	\$100
8 Amount from line 6 or line 7, whichever is less 8	_____	_____
9 Add line 8, columns A and B 9	_____	_____
Full-year residents: Also enter this amount on line 1 of Schedule M1C.		
Part-year Residents and Nonresidents		
10 Multiply line 9 by line 25 of Schedule M1NR. Enter the result here and on line 1 of Schedule M1C 10	_____	_____

You must include this schedule and Schedule M1C with your Form M1.