## MINNESOTA · REVENUE

Policy information

**Determining credit** 

## Long-Term Care Insurance Credit 2010

Your first name and initial Last name Social Security number

If you (or your spouse, if filing a joint return) paid premiums in 2010 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 percent income test, and
- $\cdot\,$  have a lifetime long-term care benefit limit of \$100,000 or more.

There are no separate instructions for Schedule M1LTI.

Policy information (only one qualifying policy per person):           Name of insured         Insurance company		Polic	Policy number	
#A				
#B				
Provide the information in the appropriate colu you are filing a joint return and both you and yo policy, use half of the premiums in column A a	our spouse are covered by one		Round amounts to the nearest whole dollar.	
		You A	Spouse B	
<ol> <li>Premiums paid in 2010 for the qualifying Did you itemize deductions on your federal</li> <li>If no, skip lines 2, 3 and 4, and enter line</li> <li>If yes, continue with line 2.</li> </ol>	Form 1040?	L		
2 Amount of premiums paid on this policy that are included on line 1 of federal Schedule		2		
<b>3</b> Amount from line 4 of federal Schedule A your spouse are claiming premiums paid, this amount in each column)	enter half of	3		
4 Amount from line 2 or line 3, whichever is	less	¥		
5 Subtract line 4 from line 1	٤	5		
<b>6</b> Multiply line 5 by 25% (.25)		3		
7 The maximum credit is \$100 per person		\$100	\$100	
8 Amount from line 6 or line 7, whichever is	less 8	3		
9 Add line 8, columns A and B		9		
Full-year residents: Also enter this amour	it on line 1 of Schedule M1C.			
Part-year residents and nonresidents				
<b>10</b> Multiply line 9 by line 25 of Schedule M1N Enter the result here and on line 1 of Sch		<b>10</b>		
You must include this schedule and Sche	dule M1C with your Form M1.			