

You must include this schedule with your Form M1.



2021 Schedule M1LTI, Long-Term Care Insurance Credit

Your	FIRST Name and Initial	Last Name	50	cial Security Number
to de	u (or your spouse, if filing a joint return) paid premit etermine the amount of the credit you may claim wh ualify for this credit, both of these must apply to you It qualifies as an itemized deduction (see Schedule It has a lifetime long-term care benefit limit of \$100 re are no separate instructions for Schedule M1LTI.	nen filing Form M1. Ir long-term care insurance po M1SA, <i>Minnesota Itemized De</i>	licy:	
Policy Information (only one qualifying policy per person): Name of Insured		Insurance Company	Policy Number	
filing	ide the information in the appropriate column for each a joint return and both you and your spouse are cover e premiums in column A and half in column B (below).		Round amounts to	the nearest whole dollar. B —Spouse
1	 Premiums paid in 2021 for the qualifying long-term can Did you file Schedule M1SA? If no, skip lines 2, 3, and 4, and enter line 1 on lines. If yes, continue with line 2. Amount of premiums paid on this policy that are included. 	e 5.		
3	Amount from line 4 of Schedule M1SA (If you and you premiums paid, enter half of this amount in each colu		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		71	.00 100
8	Amount from line 6 or line 7, whichever is less		8	
9	Add line 8, columns A and B			9
Part 10	t-year Residents and Nonresidents Multiply line 9 by line 30 of Schedule M1NR. Enter the result here and on line 2 of Schedule M1C.			10