

You must include this schedule with your Form M1.



## 2023 Schedule M1LTI, Long-Term Care Insurance Credit

Your First Name and Initial		Last Name		Social Security Number	
to de	u (or your spouse, if filing a joint return) paid premiu 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 on Schedule M It has a lifetime long-term care benefit limit of \$100 e are no separate instructions for Schedule M1LTI.	en filing Form M1, <i>Individual Inco</i> r long-term care insurance policy: 1SA, <i>Minnesota Itemized Deducti</i>	те Тах.		
Policy Information (only one qualifying policy per person): Name of Insured		Insurance Company	Policy Number		
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 no	earest whole dollar.  B —Spouse	
1	Premiums paid in 2023 for the qualifying long-term ca Did you file Schedule M1SA?  If no, skip lines 2, 3, and 4, and enter amounts from If yes, continue with line 2.  Amount of premiums paid on this policy that are inclu	m line 1 on line 5.			
3	Amount from line 4 of Schedule M1SA (If you and you premiums paid, enter half of this amount in each column		3		
4	Amount from line 2 or line 3, whichever is less		4		
5 6	Subtract line 4 from line 1				
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	
	E-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	