



# 2025 Schedule M1LTI, Long-Term Care Insurance Credit

Your First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

If you (or your spouse, if filing a joint return) paid premiums in 2025 for a qualified long-term care insurance policy, complete this schedule to determine the amount of the credit you may claim when filing Form M1, *Individual Income Tax*.

To qualify for this credit, both of these must apply to your long-term care insurance policy:

- It qualifies as an itemized deduction on Schedule M1SA, *Minnesota Itemized Deductions*, regardless of income limitations
- It has 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	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 nearest whole dollar.

A — You                      B — Spouse

1	Premiums paid in 2025 for the qualifying long-term care insurance policy . . . . .	1	_____	_____
	Did you file Schedule M1SA?			
	• If <b>no</b> , skip lines 2, 3, and 4, and enter amounts from line 1 on line 5.			
	• If <b>yes</b> , continue with line 2.			
2	Amount of premiums paid on this policy that are included on line 1 of Schedule M1SA . . . . .	2	_____	_____
3	Amount from line 4 of Schedule M1SA (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, <b>whichever is less</b> . . . . .	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	<b>100</b>	<b>100</b>
8	Amount from line 6 or line 7, <b>whichever is less</b> . . . . .	8	_____	_____
9	Add line 8, columns A and B . . . . .	9	_____	_____
	<b>Full-year residents:</b> Also enter this amount on line 2 of Schedule M1C.			

**Part-year Residents and Nonresidents**

10	Multiply line 9 by line 30 of Schedule M1NR.			
	Enter the result here and on line 2 of Schedule M1C . . . . .	10	_____	_____

**You must include this schedule with your Form M1.**