



2026 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 2026 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 the following 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, enter 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 2026 for the qualifying long-term care insurance policy | 1 | | |
| | Did you file Schedule M1SA? | | | |
| | • If no , skip lines 2, 3, and 4, and enter amounts from line 1 on line 5. | | | |
| | • If yes , continue with line 2. | | | |
| 2 | Amount of premiums paid on this policy that are included on line 2 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, whichever is less | 4 | | |
| 5 | Subtract line 4 from line 1 | 5 | | |
| 6 | Multiply line 5 by 25% (0.25) | 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 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.