



# Unified Tax Credit for the Elderly

**Married Claimants Must File Jointly**

# 2013

**You Must File This Form by June 30, 2014**

Your first name	Initial	Last name	Your Social Security Number				
Spouse's first name	Initial	Last name	Spouse's Social Security Number				
Present address (number and street or rural route)			Taxpayer's date of death		Spouse's date of death		
City or Town		State	Zip/Postal code	2013		2013	
				M	M	D	D

1. Check box if you were age 65 or older by Dec. 31, 2013  Check box if spouse was age 65 or older by Dec. 31, 2013
2. Were you a resident of Indiana for six months or more during 2013?  Yes  No
3. Was your spouse a resident of Indiana for six months or more during 2013?  Yes  No

## Determine Your Income

Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should **not** be entered on this form. Enter all other income received by you and your spouse during the tax year. **Complete all spaces.** If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. **Round all entries.**

A. Wages, salaries, tips and commissions, unemployment compensation, etc.....	A	00
B. Dividend and interest income.....	B	00
C. Net gain or loss from rental income, business income, etc.....	C	00
D. Pensions or annuities ( <b>Do not enter Social Security benefits</b> ).....	D	00
E. <b>Total income</b> (Add Lines A through D and enter the total here).....	E	00
F. <b>Your Refund</b> (See chart on back to figure your refund).....	F	00

G. **Direct Deposit** (1) Routing Number  (3)  Checking (4)  Savings

(2) Account Number

(5) Place an "X" in the box if refund will go to an account outside the United States.

Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) **not** required to file an Indiana income tax return.

Your Signature _____	Date _____	Spouse's Signature _____	Date _____
Daytime Telephone Number <input type="text"/>			

<p>I authorize the Department to discuss my return with my personal representative <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below.</p> <p>Personal Representative's Name (please print) _____</p> <p>Telephone number <input type="text"/></p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code + 4 _____</p>	<p><b>Paid Preparer: Firm's Name</b> (or yours if self-employed) _____</p> <p><input type="checkbox"/> PTIN <input type="text"/></p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code + 4 _____</p>
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