

You must include this schedule with your Form M1.

**Your First Name and Initial** 



**Social Security Number** 

## 2024 Schedule M1LTI, Long-Term Care Insurance Credit

Last Name

to de	If you (or your spouse, if filing a joint return) paid premiums in 2024 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.					
	y Information (only one qualifying policy per person): e of Insured	Insurance Company	Policy	Number		
filing	ide the information in the appropriate column for each i a joint return and both you and your spouse are covere e premiums in column A and half in column B (below).		Round amount	s to the nearest whole doll u B —Spouse	lar.	
1 2 3	Premiums paid in 2024 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  Amount from line 4 of Schedule M1SA (If you and your	m line 1 on line 5. ded on line 1 of Schedule M1SA .				
4	premiums paid, enter half of this amount in each colur Amount from line 2 or line 3, whichever is less					
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	100 10	00_	
8	Amount from line 6 or line 7, whichever is less		8			
9	Add line 8, columns A and B			9		
	t-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		

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