



2024 Senior Tax Credit Application – Deadline: October 1, 2024 Guide to the Application Process

Howard County provides a credit for the real property tax bill for homeowners 65 or older who qualify based on gross household income. Since eligibility for the program is based upon income, it may be convenient for you to complete this form at the same time you prepare your federal income tax returns. Applications are processed by the Howard County Department of Finance Tax Credit Section.

The amount of credit equals 25% of the County property tax due in the current year **after** applying the Homestead Credit. The amount credit is calculated after all other allowable credits granted for the property are applied. You **MAY NOT** receive an Aging in Place Tax Credit, Public Safety Officer Tax Credit, and/or a Senior Tax Credit in the same tax year.

****NOTICE**** If your combined gross household income does not exceed **\$60,000** and your Net Worth does not exceed **\$200,000** (excluding the value of your home; excluding the value of qualified retirement plans; and excluding individual retirement accounts), you **MUST** also submit a completed Homeowner Credit application to the Maryland State Department of Assessments and Taxation no later than October 1, 2024. More information on the Homeowners' Property Tax Credit Program can be found on the department's website at www.dat.maryland.gov or by contacting the program at 410-767-4433 or 1-800-944-7403.

Eligibility Requirements

- You **MUST** be at least 65 years of age as of June 30th.
- The property for which the credit is sought must be your principal residence (determined by the MD Department of Assessments and Taxation) and where you expect to reside for more than 6 months of the tax year, as of July 1st. An individual unable to reside in their principal residence for reasons of illness, special care needs, or due to a recent home purchase meet the residency requirement. An individual who permits, pursuant to a court order or separation agreement, a spouse, former spouse or children of that person's family to reside in a dwelling in which the individual has a legal interest also meets the residency requirement.
- Your combined gross household income does not exceed **\$102,200** for the 2023 calendar year.
- Your combined household net worth does not exceed **\$500,000** as of December 31, 2023. This does not include your principal residence. A homeowner may claim credit for only one principal residence.

Definitions

COMBINED GROSS INCOME: For the Senior Tax Credit program, the applicant must report total income, which means the combined gross household income for the 2023 calendar year, *before* any tax exemptions or deductions are taken. Gross income includes non-taxable income. Income information must be reported for the applicant, spouse or co-owner, and all other occupants of the dwelling unless such other occupants were claimed as dependents on the applicant's federal income tax return or unless they are paying reasonable fixed charges, such as rent or room and board. Payment of household expenses by other occupants should be reported as room and board. All gifts over \$300 and expenses paid on your behalf by others must be reported as income. Deductions for IRAs, Keoghs, or Deferred Compensation may not be used to reduce the amount of gross income reported.

Gross Income does not include:

1. Income tax refunds received from the state or federal government.
2. Any loss from business, rental, capital gain, or other endeavor.

Net Worth

For the Senior Tax Credit, net worth means, after deducting outstanding liabilities, the sum of the current market value of all assets including real property, cash, savings accounts, and other investments, *but not including*:

- The dwelling for which the property tax credit is sought,
- The cash value of any life insurance policies on the life of the homeowner, and
- Tangible personal property.

The cash value of qualified retirement savings plans, and individual retirement accounts must be reported to Howard County.

Qualified Retirement Plan

A qualified pension, profit-sharing or stock bonus plan (including 401(k), 403(b) plans and 457 deferred comp plans)

- A tax-sheltered annuity contract or a qualified annuity plan
- An IRA

APPLICATION CHECKLIST

Please submit the following with the original copy of the application:

NO PHONE CAMERA PHOTOS - PDF ONLY

- ID** – Copy of a valid Maryland Driver’s License or state-issued I.D. for all owners. If an owner listed on the deed does not reside at the property, please provide their state-issued driver’s license or state-issued photo identification.
- Income** – All income documents, such as W-2, 1099-INT, 1099-DIV, Business tax return
- Social Security & Railroad** – SSA-1099, RRB 1099,
- IRA, Pensions, & Annuities** – 1099R forms for all distributions and rollover forms, if applicable
- Copy of your complete Federal tax return**
 - Accredited Tax Preparer**: PDF copy of completed 2023 Federal Tax return prepared signed by an ACCREDITED TAX PREPARER
 - Self-prepared, computer-generated tax return**: PDF copy of completed 2023 Federal Tax return accompanied w/self-prepared tax software transmittal or confirmation acceptance receipt
 - Handwritten tax return (not electronically filed)**: PDF copy of completed 2023 tax return with IRS tax return transcript. If IRS tax return transcript not provided, application will be rejected. (Official IRS Tax Return Transcript can be obtained by contacting the IRS at 1.800.908.9946 or www.irs.gov.)

Do you own or operate a business?

If gross income was derived from a partnership or corporation, a copy of the partnership return (Form 1065 AND Schedule K-1) and/or a copy of the corporate return (Form 1120/1120S AND Schedule K-1) must also be included. If separate returns were filed by spouses, a copy from each spouse must be included. Do not include a copy of the Maryland state tax return in your *application*.

Mailing Address

Howard County
Department of Finance
Senior Tax Credit
3430 Court House Drive
Ellicott City, MD 21043

Contact Information

Phone: (410) 313-4076
Hours: Monday – Friday
8 a.m. – 5 p.m.
Email: taxcredit@howardcountymd.gov

State of MD

Homeowner Credit -HT60
State Dept. of Assessment
410-767-5900

SOURCES OF GROSS INCOME CALENDER YEAR ENDING: DECEMBER 31, 2023	(1) APPLICANT	(2) SPOUSE OR RESIDENT CO-OWNER	(3) ALL RESIDENTS	FROM IRS 1040 OFFICE USE ONLY
1.Wages, Salary, Tips, Commissions, Fees (Attach a copy of 2023 W-2)				LINE 1 OF 1040
2.Interest (taxable & non-taxable, attach 1099 INT)				LINE 2 OF 1040
3.Dividends (taxable & non-taxable, attach 1099 DIV)				LINE 3B OF 1040
4.Gross Capital Gains (Includes non- taxable gains)				LINE 7 OF 1040 (gains-loss=) NOT LESS THAN (0)
5.Gross Rental Income (Schedule E)				SCH E LINES 3&4-A, B & C
6.Gross Business Income (Schedule C/1065/1120/1120S)				SCH C LINE 7
7.Room & Board (see item 13 instructions) RENT DERIVED FROM	ALL OTHER	RESIDENTS OVER 18	LIVING IN THE HOUSEHOLD	
8.Unemployment Insurance; Worker's Compensation (attach 1099-G)				SCH 1 LINE 7
9.Alimony; Public Assistance Grant				
10.Social Security; SSI Benefits (Attach copy of 2023 SSA-1099)				LINE 6A OF 1040
11.Railroad Retirement (Attach ENTIRE copy of 2023 RRB 1099)				LINE 5A OF 1040
12.Federal Pensions: Including VA Benefits (Attach a copy of 2023 1099-R)				LINE 5A OF 1040
13.Pensions and Annuities (Attach a copy of 2023 1099R)				LINE 5A OF 1040
14.IRA Distributions (Attach a copy of 2023 1099-R) If rollover, attach proof of deposit				LINE 4A OF 1040
15.Deferred Compensation (Attach a 2023 W-2 OR 1099 Statement)				
16.Inheritances; Gifts over \$300; Expenses Paid by Others (Provide documentation)				
17.All other income (Provide source AND documentation)				LINE 9 AND 10
2023 TOTAL INCOME				

I declare under the penalties of perjury pursuant to Sec.1-201 of the Maryland Tax-Property Code Annotated that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true correct and complete; that I have reported all monies received; that I have a legal interest in this property; and that this dwelling will be my principal residence for the prescribed period. I understand that the Howard County Department of Finance may request, at a later date, additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. I also understand that intentionally providing false information on this application may subject me to criminal penalties and fines.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

2024 HOWARD COUNTY SENIOR TAX CREDIT APPLICATION – DEADLINE: OCTOBER 1, 2024

1. Parcel Number 01-234567	2. Daytime Phone Number 410-3131234	
3. Name (Last, First, M.I.) COUNTY, HOWARD	4. Social Security Number 123-45-8769	5. Date of Birth 01/01/1934
6. Spouse/Co-owner (Last, First, M.I.) COUNTY GEORGE HOWARD	7. Social Security Number	8. Date of Birth 01/02/1935

9. Marital Status: Single Divorced Married Widowed -provide **copy** of death certificate

10. Property Address (Street Number) 3430 COURT HOUSE DRIVE	City ELLCOTT CITY	Zip 21043
11. Mailing Address, if different from property (Attach Explanation)	City	Zip

12. You **MUST** list the name of every resident over 18 years of age who lived in your household during the 2023 calendar year, who is not a co-owner, and who **cannot** be claimed as a dependent for IRS purposes. (If more space is needed, attach a separate list). If none, write **NONE**.

Name: _____ Name: _____
Name: _____ Name: _____

13. Report here the amount of reasonable fixed charges for room, board, rent or expenses paid by residents listed in item 12. **OR**, if no room and board is paid, list the total gross income and provide supporting documentation of income for residents listed in question 12.

Room and Board: \$ _____ per Month **Total Gross Income:** \$ _____ per Year

14. Did you or will you file a Federal Income Tax Return for 2023? **Yes** **No**

If yes, please submit a copy of your 2023 Federal Income Tax Return with this application.

15. Do you own other real estate (this does not include your primary residence)? **Yes** **No**

If yes, please provide a copy of the 2023 Tax Bill for each property and, if applicable, a 2023 Mortgage Interest Statement (1098) for each property.

A) As of 12/31/2023, what was your total current balance in cash, savings, and checking accounts? **A)** \$ 4,000

B) As of 12/31/2023, what was the amount of your investments in **QUALIFIED** retirement plans and individual retirement accounts? (Please see page 3 definition for more information) **B)** \$ 32,000

C) As of 12/31/2023, what is the net worth of your investments? **C)** \$ 5,750
Net Worth means current value minus debt. **Total** \$ 41,750
Investments include real estate (do not include your primary residence for which this credit is sought), trust funds, money

(If 19A & C equal less than \$200K, and Gross Income is less than \$60K, you must apply to the State of MD for its Homeowner Credit.)

DOCUMENTATION YOU MUST HAVE, INCLUDE THE FOLLOWING:



FORM SSA-1042S – SOCIAL SECURITY BENEFIT STATEMENT

2021 • THIS FORM IS FOR USE IN FILING A UNITED STATES FEDERAL INCOME TAX RETURN. • DO NOT RETURN IT TO SOCIAL SECURITY. • READ THE INFORMATION ON THE REVERSE.		
Box 1. Name	Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2021	Box 4. Benefits Repaid to SSA in 2021	Box 5. Net Benefits for 2021 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
<div style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">SAMPLE</div>		Box 10. Address
		Box 6. Rate of Tax
		Box 7. Amount of Tax Withheld
		Box 8. Amount of Tax Refunded
		Box 9. Net Tax Withheld During 2021 (Box 7 minus Box 8)
		Box 11. Claim Number (Use this number if you need to contact SSA.)

Form SSA-1042S-SM (1-2022)

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution	OMB No. 1545-0119	2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount	Form 1099-R		
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	Copy 1 For State, City, or Local Tax Department
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld			
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)		7 Distribution code(s)	8 Other			
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution	
Account number (see instructions)	13 Date of payment		17 Local tax withheld	18 Name of locality	19 Local distribution	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092		2018		ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD	
PAYER'S FEDERAL IDENTIFYING NO.		3. Employee Contributions			
1. Claim Number and Payee Code		4. Contributory Amount Paid			
2. Recipient's Identification Number		5. Vested Dual Benefit			
Recipient's Name, Street Address, City, State, and Zip Code		6. Supplemental Annuity			
		7. Total Gross Paid (Sum of boxes 4, 5, and 6)			
		8. Repayments			
		9. Federal Income Tax Withheld			
10. Rate of Tax				11. Country	12. Medicare Premium Total

COPY B -

REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORMS YOU MAY HAVE, INCLUDE THE FOLLOWING:

Interest/Dividend Income

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends	OMB No. 1545-0110	Dividends and Distributions
		\$	Form 1099-DIV	
		1b Qualified dividends	(Rev. January 2022)	Copy B For Recipient
		\$	For calendar year 20__	
PAYER'S TIN		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	<p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S TIN		2c Section 1202 gain	2d Collectibles (28% gain)	
RECIPIENT'S name		2e Section 897 ordinary dividends	2f Section 897 capital gain	
Street address (including apt. no.)		3 Nondividend distributions	4 Federal income tax withheld	
City or town, state or province, country, and ZIP or foreign postal code		5 Section 199A dividends	6 Investment expenses	
		7 Foreign tax paid	8 Foreign country or U.S. possession	
11 FATCA filing requirement <input type="checkbox"/>		9 Cash liquidation distributions	10 Noncash liquidation distributions	
Account number (see instructions)		12 Exempt-interest dividends	13 Specified private activity bond interest dividends	
		14 State	15 State identification no.	
			16 State tax withheld	

Form **1099-DIV** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

W2

		OMB No. 1545-0008 FAST! Use		www.irs.gov/efile	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	
f Employee's address and ZIP code		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

IF YOU CHECK YES TO QUESTION 14 YOU WILL HAVE:

Guide for "Sources of Income"

Form 1040 Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ▶

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2 1
 2a Tax-exempt interest 2a b Taxable interest. Attach Sch. B if required 2b

IF YOU OWN A BUSINESS YOU WILL HAVE

SCHEDULE C (Form 1040 or 1040-SR) **Profit or Loss From Business** (Sole Proprietorship) OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. **2019** Attachment Sequence No. 09
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Social security number (SSN)
A Principal business or profession, including product or service (see instructions) **B** Enter code from instructions
C Business name. If no separate business name, leave blank. **D** Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code
F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No
H If you started or acquired this business during 2019, check here Yes No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ▶ <input type="checkbox"/>	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):	16		24	Travel and meals:	24	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

Schedule K-1
(Form 1065)
Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Partner's Share of Income, Deductions, Credits, etc.
▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
EIN

B Partnership's name, address, city, state, and ZIP code
A LLC

C IRS Center where partnership filed return ▶ OGDEN

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
SSN

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
Name
street

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

H What type of entity is this partner?

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income	81	
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		