Grocery Credit Worksheet

For Form 40, Resident Returns Only

2024

Name(s) as shown on return	Social Security Number
a a	490-54-9999

Yourself:

1 Number of qualified months **12**

2 If 65 or older, multiply line 1 by $11.67
  If qualified for the entire year, enter $140 . . . .   **0.00**

  If under age 65, multiply line 1 by $10
  If qualified for the entire year, enter $120 . . . .   **120.00**

Spouse (if joint return):

3 Number of qualified months **0**

4 If 65 or older, multiply line 3 by $11.67
  If qualified for the entire year, enter $140 . . . .   **0.00**

  If under age 65, multiply line 3 by $10
  If qualified for the entire year, enter $120 . . . .   **0.00**

Resident dependents claimed on line 6c:

5 Enter $120 for each dependent who qualifies for
  the entire year. If they qualify for only part year,
  compute as follows:

Number of qualified months	**0** X $10.00	**0.00**
Number of qualified months	**0** X $10.00	**0.00**
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Number of qualified months	**0** X $10.00	**0.00**
Number of qualified months	**0** X $10.00	**0.00**

Total credit allowed:

6 Add amounts on lines 2, 4, and 5. Enter total on line 43. . . . .   **120.**

0.