

# Form 24 Grocery Credit Refund You or Your Spouse Must be Age 65 or Older

	1 8734
State Use Only	2020

Your first name and initial	Last name		Your Social Security number		Deceased on		
If a joint return, spouse's first name and initial	Last name		Spouse's Social Securi		tv number	Dece	ased on
			Spoude e design desanty maniper		,		
Current mailing address							
City		State ZIP Code		ZIP Code			
A. Income				l			
<ol> <li>Enter your gross income. Incodividends, self-employment in before expenses, rental incodon't include Social Secur Administration disability b</li> </ol>	ncome before expense me before expenses, a ity benefits and/or Vet	s, farm inc nd pensior t <b>erans</b>	ome ns.		1		
<ul> <li>2. Filing Status</li> <li>Married filing jointly: one 6</li> <li>Married filing jointly: both</li> <li>Single: 65 or older \$14,05</li> </ul>	65 or older \$27,400				2		
<ul> <li>3. Compare lines 1 and 2.</li> <li>If line 1 is equal to or large to receive your grocery cr</li> <li>If line 1 is less than line 2.</li> </ul>	edit.	use this fo	orm. You n	nust file F	Form 40		
B. Refund Claimed  1. Enter the date of birth			Yours	elf		Spouse	;
<ul><li>2. Check the boxes that apply.</li><li>Under age 65</li><li>Age 65 or older</li></ul>		\$100 per p		Year	Month	Day	Year
	, <u>—</u>	x on line 4		<b>.</b>		0 \$220   F U.S.	\$240
Type of Account • Checking	■ Savings						
C. Signatures Required If you or your spouse can't sign, write "unable to sign" in the sign name, address and relationship.	ature spaces and enter t	heir o	anyone of n behalf of omplete ar	f a deceas	sed perso	n, you m	
Your signature		Date	)		Phone numb	per	
Spouse's signature (If a joint return, both must s  * X  MAIL TO: Idaho State Tax Commis PO Box 56 Boise, ID 83756-0056				<u>'</u>			



# Form 24 — Instructions Grocery Credit Refund

#### Who Qualifies to Use This Form

You can use this form if all of these are true:

- You and your spouse were Idaho residents for all of 2020
- You and your spouse aren't required to file an Idaho income tax return
- You're 65 or older on December 31, 2020, (you or your spouse)

You can't use this form if, for any part of the year, you or your spouse:

- Received assistance under the federal food stamp program
- Were incarcerated
- · Resided illegally in the United States
- Had dependents
- · Filed as married filing separately

If you don't meet the requirements to use Form 24, you can claim the grocery credit on Form 40 or 43.

You can't claim the grocery credit on more than one form.

### Part A. Income

#### Line 2. Filing Status

Status Gros	s Income
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If you're married:

- Filing jointly, one spouse 65 or older ...... \$26,100
- Filing jointly, both spouses 65 or older .... \$27,400

If you're single:

• 65 or older ...... \$14,050

## Part B. Refund Claimed

# **Line 3. Grocery Credit Donation**

You can donate your entire grocery credit to the Cooperative Welfare Fund. It's a trust fund in the state treasury. All money in the fund is used for public assistance and welfare purposes. To donate, check the box on line 3 and the zero (\$0) box on line 4.

Once the donation is made, it can't be changed.

#### Line 5. Direct Deposit

Complete line 5 if you want us to deposit your refund directly into your bank account instead of mailing you a check.

If your refund is being forwarded from a United States financial institution to a financial institution or financial agency located outside the United States, check the box on line 5. If, after filing this form, you become aware that your electronic refund payment will be electronically deposited in a financial institution or financial agency located outside of the United States, please notify us at:

Idaho State Tax Commission PO Box 56 Boise ID 83756-0056

**Contact your bank** to make sure your deposit will be accepted and that you have the correct routing and account numbers.

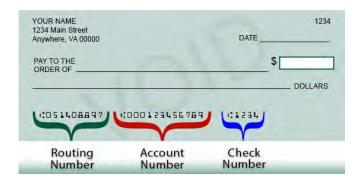
**Enter your nine-digit routing number.** The routing number must begin with 01 through 12, or 21 through 32.

**Enter the account number** of the account into which you want your refund deposited. The account number can be up to 17 characters (both numbers and letters). Don't include hyphens, spaces or special symbols. Enter the number left to right and leave any unused boxes blank.

**Check the appropriate box** for account type. Check **either** checking or savings, but not both.

The check example shows where the proper banking information is located. You're responsible for the accuracy of this information.

If your financial institution rejects your request for direct deposit, you'll receive a check by mail instead.



#### Contact us:

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660 Hearing impaired (TDD) (800) 377-3529

tax.idaho.gov/contact