

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

	8734				
State Use Only	2023				

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 Security number			Deceased on	
Cu	urrent mailing address							
City			State	ZIP Code				
A.	Income  1. Enter your gross income. Income dividends, self-employment in before expenses, rental incompon't include Social Securi Administration disability be	ncome before expenses, me before expenses, and ity benefits and/or Veter	farm inco pension ans	ome is.		1		
	<ul> <li>Filing Status</li> <li>Married filing jointly: one 6</li> <li>Married filing jointly: both 6</li> <li>Single: 65 or older \$15,700</li> </ul>	65 or older \$30,700				2		
	<ul> <li>3. Compare lines 1 and 2.</li> <li>If line 1 is equal to or large to receive your grocery cree</li> <li>If line 1 is less than line 2,</li> </ul>	edit.	se this fo	orm. You n	nust file I	Form 40		
В.	Refund Claimed  1. Enter the date of birth			Yours		Month	Spouse Day Year	
	Age 65 or older	ck the boxes that apply.  nder age 65						
	3. If you're donating your grocery credit to the Cooperative Welfare Fund, check here and the \$0 total refund claimed box on line 4							
C.	Signatures Required  If you or your spouse can't sign, your representative must write "unable to sign" in the signature spaces and enter their name, address, and relationship.  If anyone other than the surviving spouse on behalf of a deceased person, you must complete and include IRS Form 1310.							
Your signature			Date			Phone number		
Spo N	ouse's signature (If a joint return, both must si						<b>1 1 1 1 1 1 1 1 1 1 1 1</b> 3 1 0 0 9 5	