



To: Commissioner of Inland Revenue
G.P.O. Box 132, Hong Kong.
Fax No.: 2877 1232

File No.: _____

Claim for Dependent Parent / Grandparent Allowance or Deduction for Elderly Residential Care Expenses

Year of Assessment /

	Dependant 1	Dependant 2
(1) Full name of dependant (Please use Block Letters)		
(2) Hong Kong Identity Card Number of dependant	()	()
(3) Date of birth of dependant (enter month and year only)	/ (month/year)	/ (month/year)
(4) Relationship with me / my spouse	parent <input type="checkbox"/>	grandparent <input type="checkbox"/>
Complete EITHER Item (5) OR Item (6) (5) Claim for Dependent Parent / Grandparent Allowance: (i) The dependant resided with me continuously during the year without paying full cost. (Leave blank if residing period was less than 6 months); or (ii) I / my spouse contributed not less than \$12,000 in money during the year towards the dependant's maintenance.	for full year <input type="checkbox"/>	for at least 6 months <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(6) Claim for deduction for Elderly Residential Care Expenses: (i) Name of the residential care home at which the dependant resided (ii) Residential care expenses paid by me / my spouse to the residential care home above during the year (excluding any amount subsequently reimbursed by any person or organization)		
	\$	\$
(7) I wish to claim disabled dependant allowance in respect of the dependant who was eligible to claim an allowance under the Government's Disability Allowance Scheme during the year.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Attention: For the prescribed conditions to be satisfied relating to the claim for the Dependent Parent / Grandparent allowance or Elderly Residential Care Expenses, please refer to the "Guide to Tax Return – Individuals" or the Department's web site <www.ird.gov.hk>.

For claims of the above allowances or Elderly Residential Care Expenses, the Department may verify the information with the Social Welfare Department.

I declare that the information given above and any other documents attached is true, correct and complete.

Daytime Contact Phone
No. : _____

Signature : _____

Date : _____

Name : _____