

Please quote our file no.

File No.: \_\_\_

Claim for

Dependent Parent Allowance

**Dependent Grandparent Allowance** 

**Deduction for Elderly Residential Care Expenses** 

/

Year of Assessment

	Dependant 1	Dependant 2
(1) Full name of the dependant (Please use BLOCK LETTERS	5)	
(2) Hong Kong Identity Card Number of the dependant	( )	( )
(3) Date of birth of the dependant (enter month and year only)	month year	/ month year
(4) The dependant's relationship with me / my spouse	parent grandparent	parent grandparent
Must complete EITHER item (5) OR item (6)		
(5) Claim for Dependent Parent and / or Dependent Grandparent Allowance:		
(i) The dependant was ordinarily resident in Hong Kong during the year.	Yes No	Yes No
<ul><li>(ii) • The dependant resided with me continuously during the year without paying full cost. (Leave blank if residing period was less than 6 months); or</li></ul>	for full year for at least 6 months	for full year for at least 6 months
• I / my spouse contributed not less than \$12,000 in money towards the dependant's maintenance during the year.		Yes No
(6) Claim for deduction for Elderly Residential Care Expenses:		
(i) Name of the residential care home at which the dependant resided		
<ul> <li>(ii) Residential care expenses paid by me / my spouse to the above residential care home during the year (excluding any amount subsequently reimbursed by any person or organisation)</li> </ul>	¢.	\$
(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 No
I declare that the information given above is true, corre	ect and complete.	
Day-time Contact Phone No. :	Signature :	
Date :	Name:	

Attention: For the prescribed conditions relating to the claim for Dependent Parent and / or Dependent Grandparent Allowance or Elderly Residential Care Expenses, please refer to the "Guide to Tax Return – Individuals" or visit www.ird.gov.hk. The Inland Revenue Department may verify the information declared above with the Social Welfare Department.

 $\Box$  Please ' $\sqrt{}$ ' in the appropriate boxes.

The provision of personal data required by this form and during the processing of your application is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your application. The Department will use the information provided by you for the purposes of the Ordinances administered by it and may disclose/transfer any or all of such information to any other parties provided that the disclosure/transfer is authorized or permitted by law. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have the right to request access to and correction of your personal data. You should send such request in writing to the Assessor at GPO Box 132, Hong Kong and quote your file number in this Department. IR6071 (2/2018)