Schedule R (Form 1040A or 1040)

TIP

Credit for the Elderly or the Disabled

Complete and attach to Form 1040A or 1040.

Department of the Treasury Internal Revenue Service (99) OMB No. 1545-0074

Name(s) shown on Form 1040A or 1040

R		Attachment
	Your so	Sequence No. 16 cial security number
	R	R Your so

You may be	able to	take this	credit and	reduce	your tax if by	y the end	of 2009:
	~ -					~ -	

 You were age 65 or older 	or	 You were under age 65, you retired on permanent and total disability, and 			
-		you received taxable disability income.			
But you must also meet other tests. See page R-1					

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In most cases, the IRS can figure the credit for you. See page R-1.

Part I Check the Bo	ox for Your Filing Status and Age		
If your filing status is:	And by the end of 2009: Che	ck only	y one box:
Single, Head of household, or	1 You were 65 or older	. 1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability .	. 2	2
	3 Both spouses were 65 or older	. 3	B 🗌
	4 Both spouses were under 65, but only one spouse retired on permanent total disability		₽ □
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and disability		5 🗆
	6 One spouse was 65 or older, and the other spouse was under 65 and re on permanent and total disability		6
	7 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		7
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2009	9.8	3
separately	9 You were under 65, you retired on permanent and total disability, and lived apart from your spouse for all of 2009		9
Did you check box 1, 3, 7, or	- Yes - Skip Part II and complete Part III on the back.		
8?	No► Complete Parts II and III.		
Part II Statement of	Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or	9 above	.)

- If: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and
 - 2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity
 - If you checked this box, you do not have to get another statement for 2009.
 - If you did not check this box, have your physician complete the statement on page R-4. You must keep the statement for your records.

Part	III Figure Your Credit	
10	If you checked (in Part I): Enter:	
	Box 1, 2, 4, or 7	
	Box 3, 5, or 6	10
	Box 8 or 9	
	Did you check	
	fes fou must complete line 11.	
	or 9 in Part I? No Enter the amount from line 10 on line 12 and go to line 13.	
11	If you checked (in Part I):	
••	• Box 6, add \$5,000 to the taxable disability income of the	
	spouse who was under age 65. Enter the total.	
	• Box 2, 4, or 9, enter your taxable disability income.	11
	• Box 5, add your taxable disability income to your spouse's	
	taxable disability income. Enter the total.	
TIP	For more details on what to include on line 11, see page R-2.	
40		
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10	12
13	Enter the following pensions, annuities, or disability income that	
10	you (and your spouse if filing jointly) received in 2009.	
а	Nontaxable part of social security benefits and nontaxable part	
	of railroad retirement benefits treated as social security (see	
	page R-3)	
b	Nontaxable veterans' pensions and any other pension, annuity,	
	or disability benefit that is excluded from income under any	
	other provision of law (see page R-3)	-
С	Add lines 13a and 13b. (Even though these income items are	
	not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed	
	on line 13a or 13b, enter -0- on line 13c	
14	Enter the amount from Form 1040A, line	
	22, or Form 1040, line 38	
15	If you checked (in Part I): Enter:	
	Box 1 or 2 \$7,500	
	Box 3, 4, 5, 6, or 7 \$10,000	
	Box 8 or 9 \$5,000 J	
16	Subtract line 15 from line 14. If zero or	
17	less, enter -0- .	
17		
18	Add lines 13c and 17	18
19	Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise,	
	go to line 20	19
20	Multiply line 19 by 15% (.15).	20
21	Enter the amount from Form 1040A, line 28, or Form 1040,	
_	line 46	
22	Enter the total of any amounts from Form 1040A, line 29, or	
23	Form 1040, lines 47 and 48	23
23 24	Subtract line 22 from line 21. If zero or less, stop ; you cannot take the credit	
- 7	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23. Also enter this amount on Form 1040A, line 30, or include on Form 1040, line 53 (check box c and	
	enter "Sch R" on the line next to that box)	24
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