

**Schedule R
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Credit for the Elderly or the Disabled

▶ **Attach to Form 1040.** ▶ **See separate instructions for Schedule R.**

OMB No. 1545-0074

1992

Attachment
Sequence No. **16**

Name(s) shown on Form 1040

Your social security number

You may be able to use Schedule R to reduce your tax if by the end of 1992:

- 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 the separate instructions for Schedule R.

Note: *In most cases, the IRS can figure the credit for you. See page 23 of the Form 1040 instructions.*

Part I Check the Box for Your Filing Status and Age

If your filing status is:	And by the end of 1992:	Check only one box:
Single, Head of household, or Qualifying widow(er) with dependent child	1 You were 65 or older	1 <input type="checkbox"/>
	2 You were under 65 and you retired on permanent and total disability	2 <input type="checkbox"/>
Married filing a joint return	3 Both spouses were 65 or older	3 <input type="checkbox"/>
	4 Both spouses were under 65, but only one spouse retired on permanent and total disability	4 <input type="checkbox"/>
	5 Both spouses were under 65, and both retired on permanent and total disability	5 <input type="checkbox"/>
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6 <input type="checkbox"/>
	7 One spouse was 65 or older, and the other spouse was under 65 and NOT retired on permanent and total disability	7 <input type="checkbox"/>
Married filing a separate return	8 You were 65 or older and you did not live with your spouse at any time in 1992	8 <input type="checkbox"/>
	9 You were under 65, you retired on permanent and total disability, and you did not live with your spouse at any time in 1992	9 <input type="checkbox"/>

If you checked box 1, 3, 7, or 8, skip Part II and complete Part III on the back. All others, 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 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 in 1992, check this box ▶

- If you checked this box, you do not have to file another statement for 1992.
- If you **did not** check this box, have your physician complete the following statement.

Physician's Statement (See instructions at bottom of page 2.)

I certify that _____
Name of disabled person

was permanently and totally disabled on January 1, 1976, or January 1, 1977, **OR** was permanently and totally disabled on the date he or she retired. If retired after December 31, 1976, enter the date retired. ▶ _____

Physician: Sign your name on **either** line A or B below.

- A** The disability has lasted or can be expected to last continuously for at least a year _____
Physician's signature Date
- B** There is no reasonable probability that the disabled condition will ever improve _____
Physician's signature Date

Physician's name _____ Physician's address _____

Part III Figure Your Credit

10	If you checked (in Part I):	Enter:						
	Box 1, 2, 4, or 7	\$5,000	}	. . . . .	10			
	Box 3, 5, or 6	\$7,500						
	Box 8 or 9	\$3,750						
	Caution: If you checked box 2, 4, 5, 6, or 9 in Part I, you MUST complete line 11 below. All others, skip line 11 and enter the amount from line 10 on line 12.							
11	If you checked:							
	• Box 6 in Part I, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total here.	}	. . . . .	11				
	• Box 2, 4, or 9 in Part I, enter your taxable disability income here.							
	• Box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total here.							
	TIP: For more details on what to include on line 11, see the instructions.							
12	• If you completed line 11 above, look at lines 10 and 11. Enter the smaller of the two amounts here.	}	. . . . .	12				
	• All others, enter the amount from line 10 here.							
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1992 (see instructions):							
	a Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security.	}	. . . . .	13a				
	b Nontaxable veterans' pensions, and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law.							
	c 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							
		13b						
		13c						
14	Enter the amount from Form 1040, line 32	14						
15	If you checked (in Part I):	Enter:						
	Box 1 or 2	\$7,500	}	. . . . .	15			
	Box 3, 4, 5, 6, or 7	\$10,000						
	Box 8 or 9	\$5,000						
16	Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-	16						
17	Divide line 16 above by 2	17						
18	Add lines 13c and 17	18						
19	Subtract line 18 from line 12. If line 18 is more than line 12, stop here; you cannot take the credit. Otherwise, go to line 21	19						
20	Decimal amount used to figure the credit	20						× .15
21	Multiply line 19 above by the decimal amount (.15) on line 20. Enter the result here and on Form 1040, line 42. Caution: If you file Schedule C, C-EZ, D, E, or F (Form 1040), your credit may be limited. See the instructions for line 21 for the amount of credit you can claim	21						

Instructions for Physician's Statement

Taxpayer
If you retired after December 31, 1976, enter the date you retired in the space provided in Part II.

Physician
A person is permanently and totally disabled if **both** of the following apply:
1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition, and

2. A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.