Schedule 3 (Form 1040A) $_{(0)}$

Department of the Treasury-Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

1990

OMB No. 1545-0085

Name(s) shown on Form 1040A Your social security number You may be able to use Schedule 3 to reduce your tax if by the end of 1990: You were 65 or older. You were under 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 3. Note: In most cases, IRS can figure the credit for you. See page 36 of the Form 1040A instructions. If your filing status is: Check only one box: And by the end of 1990: Part I Check the box Single. Head of household, or for your filing 1 You were 65 or older. . Qualifying widow(er) status and age 2 You were under 65 and you retired on permanent with dependent child 4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 5 Both spouses were under 65, and both retired on permanent and total disability 5 Married filing a 6 One spouse was 65 or older, and the other spouse was joint return under 65 and retired on permanent and total disability 6 7 One spouse was 65 or older, and the other spouse was under 65 and NOT retired on permanent and total 8 You were 65 or older and you did not live with your Married filing a separate return 9 You were under 65, you retired on permanent and total disability, and you did not live with your spouse Note: 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. IF: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed a Part II statement for tax years after 1983 and your physician signed line B on the statement, AND Statement of permanent and 2 Due to your continued disabled condition, you were unable to engage in any substantial total disability Complete this • If you checked this box, you do not have to file another statement for 1990. part only if you If you did not check this box, have your physician complete the following statement: checked Box 2, 4, Physician's statement (See instructions at bottom of page 2.) 5. 6. or 9 above. 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. Date Physician's signature Physician's name Physician's address

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Part III Figure the amount of your credit	10 If you checked (in Part I): Enter: Box 1, 2, 4, or 7	
	Box 3, 5, or 6	10
	Caution: If you checked Box 2, 4, 5, 6, or 9 in Part I, you MUST complete line 11 below. Otherwise, skip line 11 and enter the amount from line 10 on line 12.	
	11 If you checked Box 6 in Part I, enter on line 11 the taxable disability income of the spouse who was under age 65 PLUS \$5,000. Otherwise, enter on line 11 your taxable disability income (and also your spouse's if you checked Box 5 in Part I) that you reported on Form 1040A. (For more details on what to include, see the instructions.)	11
	12 If you completed line 11 above, compare the amounts on lines 10 and 11, and enter the smaller of the two amounts here. Otherwise, enter the amount from line 10.	12
	13 Enter the following pensions, annuities, or disability income that you (and your spouse if you file a joint return) received in 1990 (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. 13c	
	14 Enter the amount from Form 1040A, line 17. 14	
	15 If you checked (in Part I): Enter: Box 1 or 2	
	Subtract line 15 from line 14. Enter the result, If line 15 is more than line 14, enter -0	
	17 Divide the amount on line 16 by 2. Enter the result.	
	18 Add lines 13c and 17. Enter the total.	18
	Subtract line 18 from line 12. Enter the result. If the result is zero or less, 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 the amount on line 19 by the decimal amount (.15) on line 20. Enter the result here and on Form 1040A, line 24b.	21
Instructions for physician's statement	 Taxpayer.—If you retired after December 31, 1976, enter the date you retire provided in Part II. Physician.—A person is permanently and totally disabled when— He or she cannot engage in any substantial gainful activity because of a phecondition; and A physician determines that the disability: 1. has lasted, or can be expected to last, continuously for at least a year; or 	
	2. can be expected to lead to death.	