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(Form 1040A)	Credit for the Elderly or the Disabled for Form 1040A Filers	1992	OMB No. 1545-0085
Schedule 3	Department of the Treasury—Internal Revenue Service		

Name(s) shown on Form 1040A

You may be able to use Schedule 3 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 3.

Note: In most cases, the IRS can figure the credit for you. See page 37 of the Form 1040A instructions.

Check the box for your filing status and age	Single, Head of household, or Qualifying widow(er) with dependent child	 You were 65 or older You were under 65 and you retired on 	1 🛛		
		total disability			
	Married filing a joint return	 3 Both spouses were 65 or older 4 Both spouses were under 65, but or retired on permanent and total disabilitients 5 Both spouses were under 65, and permanent and total disability 6 One spouse was 65 or older, and the or under 65 and retired on permanent and the or under 65 and NOT retired on p	only one spouse 4 lity 4 both retired on 5 other spouse was 6 total disability 6 ther spouse was anent and total		
	Married filing a separate return	 8 You were 65 or older and you did not spouse at any time in 1992 9 You were under 65, you retired on periodisability, and you did not live with you time in 1992 	manent and total ur spouse at any		
	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 this part only if	 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: 				
you checked box 2, 4, 5, 6, or 9 above.	Physician's statement (See instructions at bottom of page 2.)				
	I certify that				
	B There is no reasonable pro disabled condition will ever im	bability that the Physician's sign prove			
	Physician's name	Physician's sign Physician's address	ature Date		

Name(s) shown on page 1 Your social security number 10 If you checked (in Part I): Enter: Part III \$5,000 Box 1, 2, 4, or 7 Figure your Box 3, 5, or 6. \$7,500 credit Box 8 or 9 10 \$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. • If you checked box 2, 4, or 9 in Part I, enter your taxable disability income here. • If you checked 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. 11 12 If you completed line 11 above, look at lines 10 and 11. Enter the smaller of the two amounts here. All others, enter the amount from line 10 here. 12 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. 13b 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 . \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000 15 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 1040A, line 24b. 21 Taxpayer.--If you retired after December 31, 1976, enter the date you retired in the Instructions space provided in Part II. for **Physician.**—A person is permanently and totally disabled if **both** of the following apply: physician's statement

- 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.