Schedule R (Form 1040A or 1040)

Credit for the Elderly or the Disabled

Complete and attach to Form 1040A or 1040.

OMB No. 1545-0074

2010

Attachment
Sequence No. 16

Your social security number

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040A or 1040

ternal Revenue Service (99)

TOUTHAY DE ADIE LO	tane tillo ofedit a	id reduce vous tax	if by the end of 2010:

- 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 of the instructions.

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

Part I Check the Bo	ox for Your Filing Status and Age						
If your filing status is:	And by the end of 2010: Cl	heck only	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					
	3 Both spouses were 65 or older	3					
	4 Both spouses were under 65, but only one spouse retired on permane total disability		. 🗆				
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and disability	d total					
	6 One spouse was 65 or older, and the other spouse was under 65 and on permanent and total disability						
	7 One spouse was 65 or older, and the other spouse was under 65 are retired on permanent and total disability						
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 20	10 . 8					
separately	9 You were under 65, you retired on permanent and total disability, are lived apart from your spouse for all of 2010						
Did you check	— Yes — ➤ Skip Part II and complete Part III on the back.						
box 1, 3, 7, or 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	r 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 in 2010, check this box							
 If you checked the 	his box, you do not have to get another statement for 2010.						
	check this box, have your physician complete the statement on page must keep the statement for your records.	R-4 of th	ne				

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		
	box 2, 4, 5, 6, rou must complete line 11.		
	or 9 in Part I? No Enter the amount from line 10		
11	If you checked (in Part I): on line 12 and go to line 13.		
	• 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.		
TID	For more details on what to include on line 11, see page R-2.		
TIP	To more actains on what to include on into 11, 500 page 11 2.		
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the	10	
13	amount from line 10	12	
10	you (and your spouse if filing jointly) received in 2010.		
а	Nontaxable part of social security benefits and nontaxable part		
	of railroad retirement benefits treated as social security (see page R-3 of the instructions)		
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 of the instructions)	-	
С	Add lines 13a and 13b. (Even though these income items are		
Ū	not taxable, they must be included here to figure your credit.) If		
	you did not receive any of the types of nontaxable income listed		
14	on line 13a or 13b, enter -0- on line 13c	-	
	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		
16	Subtract line 15 from line 14. If zero or		
17	less, enter -0		
••	Litter Orie-Hall Of lifte 10		
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,	19	
20	go to line 20	20	
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet on page R-3 of the		
00	instructions	21	
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. 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)	22	