Department of the Treasury-Internal Revenue Service Schedule 3

(Form 1040A)	Credit for the Elderly or the Disabled
	for Form 10404 Filore

(Form 1040A)	for Form 1040A Filers	(99) 1997	OMB No. 1545-0085
Name(s) shown on Form 1040A: First and initial(s)		Last	Your social security number

You may be able to take this credit and reduce your tax if by the end of 1997:

• 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.

TIP: In most cases, the IRS can figure the credit for you. See the instructions.

Part I Check the Box	for Your Filing Status and A	lge	
If your filing status is:	And by the end of 1997:	Check	only one box:
Single, Head of household, or Qualifying widow(er) with dependent child		you retired on permanent and total disability	. 1 🗆
Married filing a joint return	 3 Both spouses were 65 4 Both spouses were und and total disability 5 Both spouses were und disability 6 One spouse was 65 or o on permanent and total 7 One spouse was 65 or 	or older	3 ent 4 0tal 5 red 6
Married filing a separate return	9 You were under 65, yo	nd you lived apart from your spouse for all of 19 ou retired on permanent and total disability, a our spouse for all of 1997	ind
Did you check box 1, 3, 7, or 8?		art II and complete Part III on the back. ete Parts II and III.	
Part II Statement of P	ermanent and Total Disabili	ty (Complete only if you checked box 2, 4, 5,	6, or 9 above.)
after 1983 and your phy2 Due to your continued check this boxIf you checked this box,	ysician signed line B on the state disabled condition, you were un	able to engage in any substantial gainful activity in	n 1997,
_	Physician's Stateme	ent (See instructions on back.)	
I certify that		Name of disabled person	
date he or she retired. If r Physician: Sign your nam A The disability has laste	retired after 1976, enter the date the on either line A or B below. The or can be expected to	or January 1, 1977, OR was permanently and total retired	lly disabled on the
B There is no reasona disabled condition will	t least a year	Physician's signature	Date
Physician's name		Physician's signature Physician's address	Date

For Paperwork Reduction Act Notice, see Form 1040A instructions.

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Par	t III Figure Your Credit		
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 5,000 Box 3, 5, or 6 7,500 Box 8 or 9 3,750	10	
	Did you check Yes → You must complete line 11.		
	box 2, 4, 5, 6, or 9 in Part I? No		
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. If you checked box 2, 4, or 9 in Part I, enter your taxable disability income. If you checked box 5 in Part I, 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 the instructions. 	_ 11	
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 you (and your spouse if filing a joint return) received in 1997:	_	
a	Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See 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 instructions.]	
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 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 zero or less, enter 0. 16]	
17	Enter one-half of line 16.]	
18 19	Add lines 13c and 17. Subtract line 18 from line 12. If zero or less, stop ; you cannot take the credit.	- 18	
	Otherwise, go to line 20.	19	
	20 Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b.	20	
	Instructions for Physician's Statement		
	Taxpayer Physician		
	date you retired in the space disabled if both of the following the disabled in Part II. expected	ability I ed to la	ian determines that has lasted or can be ast continuously for at r can lead to death.

Instructions for Physician's Statement

Taxpayer

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Physician

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