| Name(s) shown on Form 1040A | Your social security number <br> $\vdots$ |
| :---: | :---: |

You may be able to take this credit and reduce your tax if by the end of 1999:

- 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.
(IIP) In most cases, the IRS can figure the credit for you. See the instructions.
Part I
Check the
box for your
filing status
and age
If your filing status is: And by the end of 1999: Check only one box:

Single,
Head of household, or Qualifying widow(er) with dependent child

Married filing a joint return

1 You were 65 or older
2 You were under 65 and you retired on permanent and total disability . . . . . . . . . . . . .

3 Both spouses were 65 or older 3

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
$\square$
6 One spouse was 65 or older, and the other spouse
was under 65 and retired on permanent and total
disability . . . . . . . . . . . . . . . . $6 \square$
7 One spouse was 65 or older, and the other spouse was under 65 and NOT retired on permanent and total disability

7
$\square$

8 You were 65 or older and you lived apart from your spouse for all of 1999

8


Married filing a
separate return
9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 1999

| Did you check box 1, 3, 7, or 8 ? |  |
| :---: | :---: |

## Part II

Statement of permanent and total disability
Complete this part 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 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 1999, check this box - If you checked this box, you do not have to get another statement for 1999. - If you did not check this box, have your physician complete the statement on page 4 of the instructions. You must keep the statement for your records.

Part III
Figure your credit

| 10 | If you checked (in Part l): | Enter: |
| :---: | :---: | :---: |
|  | Box 1, 2, 4, or 7 | \$5,000 |
|  | Box 3, 5, or 6 | \$7,500 |
|  | Box 8 or 9 | \$3,750 |
|  | Did you check <br> box $2,4,5,6$, <br> or 9 in Part l? | line 11. <br> fom line 10 |

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.

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For more details on what to include on line 11, see the instructions.

12 If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10.

13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1999.
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.

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 13 a or 13 b , enter -0 - on line 13 c . 13c
14 Enter the amount from Form 1040A, line 19. 14 艮

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 less, enter -0 .

|  | enter -0 . | 16 |  |
| :--- | :--- | :--- | :--- |
| $\mathbf{1 7}$ | Enter one-half of line 16. | 17 |  |

18 Add lines 13c and 17.

19 Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.

20 Multiply line 19 by $15 \%$ (.15). Enter the result here and on Form 1040A, line 27. But if this amount is more than the amount on Form 1040A, line 25, or you are filing Schedule 2 (Form 1040A), see the instructions for the amount of credit you may take.

