Schedule R (Form 1040)

Department of the Treasury Internal Revenue Service (9

Credit for the Elderly or the Disabled

► Attach to Form 1040.

► See Instructions for Schedule R (Form 1040).

OMB No. 1545-0074

2000
Attachment
Sequence No. 16

Name(s) shown on Form 1040

Your social security number

You may be able to take this	s cred	t and reduce your tax if by the end of 2000:		
 You were age 65 or older But you must also meet oth 		 You were under age 65, you retired on permanent and total disab you received taxable disability income. See page R-1. 	ility, a	and
		gure the credit for you. See page R-1.		
Part I Check the Box f	for Yo	ur Filing Status and Age		
If your filing status is:	Ar	d by the end of 2000: Check or	ıly or	ne box:
Single, Head of household, or	1	You were 65 or older	1	
Qualifying widow(er) with dependent child	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 permanent and total disability	4	
Married filing a joint return	5	Both spouses were under 65, and both retired on permanent and total disability		
	6	One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		
	7	One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	7	
Married filing a separate return	8	You were 65 or older and you lived apart from your spouse for all of 2000		
Sopulate return	9	You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2000		
	es —	Skip Part II and complete Part III on back.		
box 1, 3, 7, or 8?	ю —	Complete Parts II and III.		
Part II Statement of Pe	rmane	ent and Total Disability (Complete only if you checked box 2, 4, 5, 6,	or 9 a	above.)
If: 1 You filed a physician's statement for tax years	s state s after	ment for this disability for 1983 or an earlier year, or you filed or go 1983 and your physician signed line B on the statement, and	ot a	
2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2000, check this box				
If you checked this k	oox, yo	ou do not have to get another statement for 2000.		

• If you did not check this box, have your physician complete the statement on page R-4. You must

keep the statement for your records.

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Par	t III Figure Your Credit	
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7	10
	Did you check box 2, 4, 5, 6, or 9 in Part I? Yes You must complete line 11. Enter the amount from line 10 on line 12 and go to line 13.	
11 TIP 12	 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. Box 2, 4, or 9 in Part I, enter your taxable disability income. Box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total. For more details on what to include on line 11, see page R-3. If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10. 	11
	amount from line 10	
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 1040, line 34	
15 16	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 Subtract line 15 from line 14. If zero or	
17	less, enter -0	
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, go to line 20	19
20	Multiply line 19 by 15% (.15). Enter the result here and on Form 1040, line 45. But if this amount is more than the amount on Form 1040, line 42, minus any amount on line 43, or you are filing Form 2441, see page R-3 for the amount of credit you may take	20