Schedule R		ОМВ	No. 15	545-0074	
(Form 1040)	(Credit for the Elderly or the Disabled			
Department of the Treasury Internal Revenue Service (99)	Attach		chment uence I	t No. 16	
Name(s) shown on Form 1040		Your social sec	urity n	umber	
You may be able to tak	a this crad	it and reduce your tax if by the end of 2004:			
-					
• You were age 65 or c	older or	 You were under age 65, you retired on permanent and total disa you received taxable disability income. 	oility,	and	
But you must also mee	et other test	s. See page R-1.			
In most cases, the	e IRS can fi	gure the credit for you. See page R-1.			
Part I Check the I	Box for You	ur Filing Status and Age			
If your filing status is:	An	d by the end of 2004: Check o	nly c	ne 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 or permanent and total disability			
Married filing jointly	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			
Married filing	8	You were 65 or older and you lived apart from your spouse for all or 2004	f 8		
separately	9	You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2004			
Did you check	— Yes —	Skip Part II and complete Part III on back.			
box 1, 3, 7, or 8?	— No —	Complete Parts II and III.			
Part II Statement of	of Permane	ent and Total Disability (Complete only if you checked box 2, 4, 5, 6,	or 9	above.)	
		ment for this disability for 1983 or an earlier year, or you filed or g 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 2004, check this box
 - If you checked this box, you do not have to get another statement for 2004.
 - 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.

Schedule R (Form 1040) 2004

Pa	rt 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 \$5,000 Box 8 or 9 \$3,750		
	Lor Q in Dort 12	mount from line 10 and go to line 13.	
11	 If you checked (in Part I): 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. Box 5, 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.) 11	
12	If you completed line 11, enter the smaller of line 10 or line 1	1; all others, enter the	
10	amount from line 10		
13	you (and your spouse if filing a joint return) received in 2004.		
а	Nontaxable part of social security benefits and	13a	
	Nontaxable part of railroad retirement benefits treated as social security (see page R-3).		
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).	13b	
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	13c	
14	Enter the amount from Form 1040, 14 line 37 .		
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-		
17	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 tak go to line 20		
20	Multiply line 19 by 15% (.15)		
21 22	Enter the amount from Form 1040, line 45	21	
23		23	
24	Credit for the elderly or the disabled. Enter the smaller of line on Form 1040, line 48	20 or line 23 here and	