Schedule R (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Credit for the Elderly or the Disabled

► Attach to Form 1040.

► See Instructions for Schedule R (Form 1040).

OMB No. 1545-0074

2002
Attachment
Sequence No. 16

Name(s) shown on Form 1040

Your social security number

| You may be able to take this | cred | t and reduce your tax if by the end of 2002: | |
|--|----------------|--|----------|
| - | | You were under age 65, you retired on permanent and total disability you received taxable disability income. | y, and |
| But you must also meet other | | . • | |
| In most cases, the IRS | can fi | gure the credit for you. See page R-1. | |
| Part I Check the Box for | or Yo | ur Filing Status and Age | |
| If your filing status is: | Ar | d by the end of 2002: Check only | one box: |
| Single, Head of household, or Qualifying widow(er) with dependent child | 1 | You were 65 or older | |
| | 2 | You were under 65 and you retired on permanent and total disability 2 | |
| | 3 | Both spouses were 65 or older | |
| | 4 | Both spouses were under 65, but only one spouse retired on 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 of 2002 | |
| separately | 9 | You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2002 9 | |
| box 1, 3, 7, | | Skip Part II and complete Part III on back. | |
| or 8? | · — | Complete Parts II and III. | |
| Part II Statement of Per | mane | ent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or | above.) |
| If: 1 You filed a physician's statement for tax years | state after | ment for this disability for 1983 or an earlier year, or you filed or got a 1983 and your physician signed line B on the statement, and | j. |
| | | ed condition, you were unable to engage in any substantial gainful activity | / - 🗆 |
| • If you checked this be | ox, yo | u do not have to get another statement for 2002. | |
| • If you did not check | this b | ox, have your physician complete the statement on page R-4. You mus | t |

keep the statement for your records.

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| Pai | Till 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 | 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. | 11 | |
| TIP | For more details on what to include on line 11, see page R-3. | | |
| 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 a | Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2002. Nontaxable part of social security benefits and | | |
| | 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. | | |
| 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 36 | | |
| 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 | | |
| 18 19 | Add lines 13c and 17 | 18 | |
| 20 | go to line 20 | 19 20 | |
| 20 21 22 | Enter the amount from Form 1040, line 44 | | |
| 23 | the total | 23 | |
| 24 | Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and on Form 1040, line 47 | | |