## Schedule R (Form 1040 or 1040-SR)

## **Credit for the Elderly or the Disabled**

2019

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/ScheduleR for instructions and the latest information.

Attachment Sequence No. **16** 

Name(s) shown on return

Your social security number

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- You were age 65 or older
- 0
- You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

1040-SR

But you must also meet other tests. See instructions.

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

Part I Check the Bo	ox for Your Filing Status and Age And by the end of 2019:	Check or	nly o	ne box:
Single,	<b>1</b> You were 65 or older		1	
Head of household, or Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability	ty	2	
	3 Both spouses were 65 or older		3	
	4 Both spouses were under 65, but only one spouse retired on pern total disability		4	
Married filing jointly	<b>5</b> Both spouses were under 65, and both retired on permanent disability		5	
	6 One spouse was 65 or older, and the other spouse was under 65 on permanent and total disability		6	
	7 One spouse was 65 or older, and the other spouse was under 6 retired on permanent and total disability		7	
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2	019	8	
separately	<b>9</b> You were under 65, you retired on permanent and total disabilit lived apart from your spouse for all of 2019		9	
Did you check	Yes Skip Part II and complete Part III on the back.			
box 1, 3, 7, or 8?	— No — Complete Parts II and III.			
Part II Statement of	Fermanent and Total Disability (Complete only if you checked box 2, 4, 5,	6, or 9 abov	e.)	
	cian's statement for this disability for 1983 or an earlier year, or you years after 1983 and your physician signed line B on the statement, <b>and</b>	ı filed or g	ot a	
2 Due to your continuin 2019, check this	nued disabled condition, you were unable to engage in any substantias box	_	tivity ►	
<ul> <li>If you checked t</li> </ul>	his box, you don't have to get another statement for 2019.			
	eck this box, have your physician complete the statement in the instruct ent for your records.	ions. You <b>n</b>	nust	

Part	III Figure Your Credit		
10	If you checked (in Part I): Enter:		
	Box 1, 2, 4, or 7		
	Box 3, 5, or 6	10	
	Box 8 or 9		
	Did you check Yes You must complete line 11.		
	pox 2, 4, 5, 6,		
	or 9 in Part I?   No   Enter the amount from line 10		
11	If you checked (in Part I): on line 12 and go to line 13.		
	• 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.	11	
	Box 5, 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 Figure Your Credit in the instructions.		
	For more details on what to include on line 11, see Figure 1 our Great in the instructions.		
12	If you completed line 11, enter the <b>smaller</b> of line 10 or line 11. <b>All others,</b> enter the amount		
	from line 10	12	
13	Enter the following pensions, annuities, or disability income that you		
	(and your spouse if filing jointly) received in 2019.		
а	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)		
_	processor of the first section (even members).		
С	Add lines 13a and 13b. (Even though these income items aren't taxable, they <b>must</b> be included here to figure your credit.) If you didn't		
	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 or 1040-SR,		
	line 8b		
15	If you checked (in Part I): Enter:		
	Box 1 or 2		
	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		
10	-0		
17	Enter one-half of line 16		
18	Add lines 13c and 17	18	
19	Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise,		
	go to line 20	19	
20	Multiply line 19 by 15% (0.15)	20	
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	21	
22	<b>Credit for the elderly or the disabled.</b> Enter the <b>smaller</b> of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040 or 1040-SR), line 6 (check box <b>c</b> and enter "Sch R"		
	on the line next to that box)	22	