

**Schedule R  
(Form 1040A  
or 1040)**

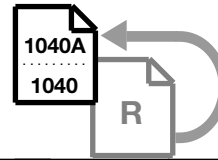
Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040A or 1040

**Credit for the Elderly or the Disabled**

▶ Complete and attach to Form 1040A or 1040.

▶ Information about Schedule R and its separate instructions is at [www.irs.gov/scheduler](http://www.irs.gov/scheduler).



OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **16**

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2014:

- 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 instructions.

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

**Part I Check the Box for Your Filing Status and Age**

**If your filing status is: And by the end of 2014: Check only one box:**

- Single, Head of household, or Qualifying widow(er)
- 1** You were 65 or older . . . . . **1**
  - 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 jointly
- 5** Both spouses were under 65, and both retired on permanent and total disability . . . . . **5**
  - 6** One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability . . . . . **6**
  - 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 separately
- 8** You were 65 or older and you lived apart from your spouse for all of 2014 . . . . . **8**
  - 9** You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2014 . . . . . **9**

**Did you check box 1, 3, 7, or 8?**

**Yes** → Skip Part II and complete Part III on the back.

**No** → Complete Parts II and III.

**Part II Statement of Permanent and Total Disability** (Complete **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 2014, check this box . . . . . **▶**

- If you checked this box, you do not have to get another statement for 2014.
- If you **did not** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

