	Cradit for the Elderly or the Dischlad
Schedule 3	Department of the Treasury—Internal Revenue Service

(Form 1040A)	Credit for the Elderly or for Form 1040A Filers	the Disabled (99)	1995	OMB No. 1545-0085
Name(s) shown on For	m 1040A			Your social security number

You may be able to take this credit and reduce your tax if by the end of 1995:

• 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 the separate instructions for Schedule 3.

Note: In most cases, the IRS can figure the credit for you. See page 42 of the Form 1040A instructions.

Part I	If your filing status is:	And by the end of 1995:		Check only one box:			
Check the box for your filing status and age	Single, Head of household, or Qualifying widow(er) with dependent child	2 You we	ere 65 or older.	manent and	1		
	Married filing a joint return	 4 Both spretired 5 Both spretman 6 One spretman 	bouses were 65 or older pouses were under 65, but only of on permanent and total disability pouses were under 65, and both nent and total disability ouse was 65 or older, and the other 5 and retired on permanent and total ouse was 65 or older, and the other	n retired on spouse was il disability	3 🗌 4 🗍 5 🗍 6 🗍		
		disabili	65 and NOT retired on permaner ty		7		
	Married filing a separate return	spouse	ere 65 or older and you lived apar for all of 1995		8 🔲		
		disabili	ty, and you lived apart from your sp	oouse for all	9		
	Did you check box 1, 3, 7, or 8?	— Yes — — No —		Part III on the	back.		
Part II Statement of permanent and total disability	part only iffiled ayou checkedstatembox 2, 4, 5, 6,2or 9 above.gainful	statement for ent, AND your continue activity in 19	in's statement for this disability for 198 or tax years after 1983 and your phy ed disabled condition, you were unable 295, check here \blacktriangleright . You do not ha 1 not check this box, have your physic	sician signed lin to engage in an ive to file anothe	y substantial er statement		
	Physician's statement (See instructions at bottom of page 2.)						
	I certify thatName of disabled person						
5/35AAA	1 5 5	retired. If retire either line A c an be expect	ted to	was permanentl	y and totally		
	B There is no reasonable pr	obability that	Dhysician's signature		Date		
	disabled condition will ever in		Physician's signature Physician's address	3	Date		

For Paperwork Reduction Act Notice, see Form 1040A instructions.

art III	10	If you checked (in Part I): Enter:	
jure your		Box 1, 2, 4, or 7	
edit		Box 3, 5, or 6	10
			10
		Did you check Yes You must complete line 11.	
		box 2, 4, 5, 6, or 9 in Part I? No better the amount from line 10 on line 12 and go to line 12	
		on line 12 and go to line 13.	
	11	• 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.	
		 If you checked box 2, 4, or 9 in Part I, enter your taxable disability income. 	
		 If you checked box 5 in Part I, 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 the instructions.	11
	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	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1995.	
	а	Nontaxable part of social security benefits, and	
		Nontaxable part of railroad retirement	I
		benefits treated as social security. See instructions. 13a	
	h		
	L L	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is	
		excluded from income under any other	
		provision of law. See instructions. 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	1
		income listed on line 13a or 13b, enter -0- on line 13c. 13c	
	14	Enter the amount from Form 1040A, line 17. 14	
	15	If you checked (in Part I): Enter:	
		Box 1 or 2 \$7,500	I
		Box 3, 4, 5, 6, or 7	
	16	Box 8 or 9 . . . \$5,000 15 Subtract line 15 from line 14. If zero or less,	
	10	enter -0 16	
	17	Enter one-half of line 16. 17	
	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 1040A, line 24b.	20
	Inst for	Taxpayer. —If you retired after 1976, enter the date you re in Part II.	etired in the space provide
		sician's Physician. —A person is permanently and totally disabled apply:	l if both of the following
		 He or she cannot engage in any substantial gainful ac or mental condition, and 	tivity because of a physic
		2 A physician determines that the disability has lasted a	r can be expected to last

2. A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

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