

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

Department of the Treasury
Internal Revenue Service (99)

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.

OMB No. 1545-0074

2016
Attachment
Sequence No. **16**

Name(s) shown on Form 1040A or 1040

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2016:

- 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 2016: Check only one box:

Single, Head of household, or Qualifying widow(er)	1	You were 65 or older	1	<input type="checkbox"/>
	2	You were under 65 and you retired on permanent and total disability	2	<input type="checkbox"/>
	3	Both spouses were 65 or older	3	<input type="checkbox"/>
	4	Both spouses were under 65, but only one spouse retired on permanent and total disability	4	<input type="checkbox"/>
Married filing jointly	5	Both spouses were under 65, and both retired on permanent and total disability	5	<input type="checkbox"/>
	6	One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6	<input type="checkbox"/>
	7	One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	7	<input type="checkbox"/>
Married filing separately	8	You were 65 or older and you lived apart from your spouse for all of 2016	8	<input type="checkbox"/>
	9	You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2016	9	<input type="checkbox"/>

Did you check box 1, 3, 7, or 8?	Yes	→	Skip Part II and complete Part III on page 2.
	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 2016, check this box
- If you checked this box, you do not have to get another statement for 2016.
 - If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.