

**Schedule R  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Credit for the Elderly or the Disabled**

▶ **Complete and attach to Form 1040.**  
▶ **Go to [www.irs.gov/ScheduleR](http://www.irs.gov/ScheduleR) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **16**

Name(s) shown on Form 1040

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2018:

- 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 2018: 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"/>
Married filing jointly	4	Both spouses were under 65, but only one spouse retired on permanent and total disability . . . . .	4	<input type="checkbox"/>
	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 <b>not</b> 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 2018 . . . . .	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 2018 . . . . .	9	<input type="checkbox"/>

<b>Did you check box 1, 3, 7, or 8?</b>	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 2018, check this box . . . . . ▶
- If you checked this box, you don't have to get another statement for 2018.
  - If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.