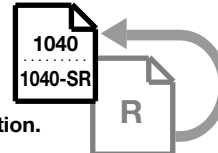


Schedule R
(Form 1040 or 1040-SR)

Credit for the Elderly or the Disabled

OMB No. 1545-0074



2019

Attachment
Sequence No. **16**

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.**

Name(s) shown on return

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2019:

- 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 2019: Check only one box:

- | | |
|--|---|
| Single,
Head of household, or
Qualifying widow(er) | <p>1 You were 65 or older 1 <input type="checkbox"/></p> <p>2 You were under 65 and you retired on permanent and total disability 2 <input type="checkbox"/></p> |
| Married filing
jointly | <p>3 Both spouses were 65 or older 3 <input type="checkbox"/></p> <p>4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 <input type="checkbox"/></p> <p>5 Both spouses were under 65, and both retired on permanent and total disability 5 <input type="checkbox"/></p> <p>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"/></p> <p>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"/></p> |
| Married filing
separately | <p>8 You were 65 or older and you lived apart from your spouse for all of 2019 8 <input type="checkbox"/></p> <p>9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2019 9 <input type="checkbox"/></p> |

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 2019, check this box
- If you checked this box, you don’t have to get another statement for 2019.
 - If you **didn’t** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

