

This form should only be completed by retirees under 65 who are disabled with a federal adjusted gross income below \$20,200 (or below \$25,400 if filing married and both spouses are retired, under 65, and disabled).

**Your information:**

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_  
Retirement Date \_\_\_\_\_  
Employer (and Payer's name if other than employer) \_\_\_\_\_

**Spouse's Information:**

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_  
Retirement Date \_\_\_\_\_  
Employer (and Payer's name if other than employer) \_\_\_\_\_

	B. Spouse	A. You
1. Total disability income received during the tax year.....	1. _____ .00	_____ .00
2. Exclude disability pay. See instructions		
a. Multiply \$100 by the number of weeks your disability payments were \$100 or more. Enter total.....	2a. _____ .00	_____ .00
b. If you received disability payments of less than \$100 for any week enter the total you received for all such weeks.....	2b. _____ .00	_____ .00
c. If you received disability payments for a partial week enter the smaller of either the amount you received or the highest exclusion allowable for the period .....	2c. _____ .00	_____ .00
d. Add lines a, b, and c. Enter total.....	2d. _____ .00	_____ .00
3. Add amounts on line 2d column A and column B. Enter total .....		3. _____ .00
4. Limit on exclusion. See instructions		
a. Enter your federal adjusted gross income from federal 1040 .....	4a. _____ .00	
b. Amount used to figure exclusion decrease.....	4b. <u>\$15,000</u> .00	
c. Subtract line 4b from line 4a. Enter difference. If line 4b is greater than line 4a, enter zero .....	4c. _____ .00	
5. Subtract line 4c from line 3. Enter difference here and on line 24 of IA 1040.....	5. _____ .00	

**Physician's Statement of Permanent and Total Disability**

Name of Taxpayer with Disability \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Address \_\_\_\_\_

I certify that the taxpayer was permanently and totally disabled on the date he or she retired, as noted above.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_