| IT-244 State Form 4 (R16 / 9-2 | 6003 | IIIulai | | | | ment Deduct | 1011 | 20 | 22 | | Enclosu ce No. 1 |
|--------------------------------------|--|---------------|-------------|----------------|---------------|--------------------------------------|----------|---------|------------|----------|---------------------|
| | Your Social Security Number | Δ 999 | 99 | 999 | 99 | Spouse's Social Security Number B | 999 | | 99 | 999 | 9 |
| Your f | irst name | A | | Initial | Last na | | | | | | |
| F | XXXXXXXXXX | XXXXX | | F X | GXXXXX | XXXXXXXXXX | XXXX | XXX | XXXXX | XXX | |
| | g a joint return, spous | e's first nan | ne | Initial | Last na | | | | | | |
| Н | XXXXXXXXX | XXXXX | | ı X | J XXXXX | XXXXXXXXXX | XXXX | XXX | XXXXX | XXX | |
| ► Enter the | date you and/or you | r spouse re | | Enter the | | name below or give | | s nam | e, if othe | than er | mployer. |
| DM | Yourself | | Spouse | | | mployer's or Payer's Na | | | | | D |
| 99 MM | 99 9999 DD YYYY | 99 мм | 99 DD | 9999 YYYY | XXXX | XXXXXXXXXX | XXXX | XXX. | XXXXX. | XXXXX | XXXXX |
| ► Your Dayti | me Telephone Number | | | | Spous | e's Employer's or Payer | 's Name | Э | | | |
| | 9999999999 | | BV | | DOXXXX | XXXXXXXXXX | XXXX | XXX | XXXXX | XXXXX | XXXXX |
| Note | To claim this deduction | tion, you m | | ete lines 1 | 50 | | | | | | |
| Note | Joint return filers us | se lines 1A | and 3A for | you and/o | r lines 1B a | nd 3B for your spous | e's info | ormatio | on. | | |
| | | | | | | Column A: Yours | | (| Column | B: Spc | use's |
| 1. Enter t | otal disability paymer | nts received | during the | e year | 1A | 9999999999 | .00 | 1B | 9999 | 99999 | 999.0 |
| 2. Add lin | nes 1A and 1B | | | | | | | 2 | 9999 | 99999 | 999.0 |
| 3. Excess | s of disability paymen | | | | | 9999999999 | | | 9999 | 0000 | |
| (see lir | ne 3 instructions, Tab | le A and the | Workshee | et) | 3A | 9999999999 | .00 | 3B | 9999 | 99993 | 999.0 |
| | s of federal adjusted | | | | | | | 4 | 9999 | 9999 | 999.0 |
| (over \$ | 67,500 if married filing | separately | - see insti | ructions) _ | | | | 4 | | | |
| | nes 3A, 3B, and 4 minus line 5 (if less t | han zero, ei | oter zero) | This is you | ır disəbility | retirement deduction | | 5 | 9999 | 99999 | 999.0 |
| | nere and on Form IT- | | | | | | | | 0.000 | | |
| under | line 11 | | | | | | | 6 | 9999 | 99999 | 999.0 |
| | F | | | | | ent and Total Dis | | у | | | |
| | | Complet | ed stateme | ent must b | e signed ar | d dated by the physi | cian. | | | | |
| | f Disabled Indivi | dual | 1 | 11-481- | | | | | Date | ou Retir | ed |
| First Name | | | Initial | Last Na | me | | | | | | |
| Physicis | an Information | | | | | | | | MM | D D | YYY |
| First Name | | | Initial | Last Na | me | | | | | | |
| Address (Str | reet Address, City, State and ZIF | Code) | | | | | | | | | |
| | 3, 21, 3, 3, 3, 3, 3, 3, 3 | | | | | | | | | | |
| ► I certify th | nat the taxpayer named | above is per | manently ar | nd totally dis | abled (see ir | nstructions). | | | | | |
| Physician | n's Signature | | | | Dat | e | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Line-by-Line Instructions

Do You Qualify for the Deduction?

You may qualify for the deduction if you meet **both** of the following requirements:

- You retired on disability before December 31 of the tax year for which you are claiming the deduction; and
- You were permanently and totally disabled when you retired.

If you meet these requirements, you may be eligible to subtract up to \$5,200 a year of your disability payments from your gross income. The amount you subtract is limited to the amount of disability pay you actually received or \$100 a week, whichever is less, and may have to be reduced by part of your federal adjusted gross income.

Your spouse may also be eligible to subtract up to \$5,200 of disability payments if you file a joint return and your spouse meets all the above requirements.

Note: In no case may the total deduction be more than \$10,400 on a joint return.

General Instructions

Enter your name(s), Social Security number(s) and, if applicable, the date you retired.

On a joint return, if both spouses qualify for the disability retirement deduction, two Physician's Statements must be attached. Use only one Schedule IT-2440 to calculate the deduction.

Line 1 - Enter the amount received during the taxable year through an accident and health plan for personal injuries or sickness. Use line 1A for yourself and line 1B for your spouse.

Line 3 - The amount you can deduct is limited to the disability income you received each week or \$100 per week, whichever is less.

If you did not receive your disability pay each *week*, you will have to figure your weekly pay (see Table A).

| Table A - How to figure your weekly pay: | | | | | |
|--|---|--|--|--|--|
| If you were paid: | Figure your weekly pay by: | | | | |
| Every 2 weeks | . Divide your gross pay by 2 | | | | |
| Twice a month | . Multiply your gross pay by 24 and divide the result by 52 | | | | |
| Once a month | . Multiply your gross pay by 12 and divide the result by 52 | | | | |
| Any other way | . Divide your gross yearly pay by 52 | | | | |

Note: If you did not receive disability income for the whole year, use the actual amount of weeks/months.

Example: Jim received disability income of \$130 a week for six weeks. He should complete the worksheet below, entering the \$130 amount on line a.

| Worksheet - How to figure the excess over \$100 for full weeks: | | | | |
|---|---|--|--|--|
| 1 | Weekly disability pay received a | | | |
| | Maximum weekly deduction b <u>- 100</u> | | | |
| C. | Subtract line b from line a (If line b | | | |
| i | is larger than line a, enter 0) c | | | |
| d. | Number of full weeks for which you | | | |
| | received disability pay d | | | |
| e. | Multiply the amount on line c by line | | | |
| | d. Enter here and on line 3A or 3B | | | |
| | on the front of this schedulee | | | |

Line 4 - The deduction is further reduced by the excess of the federal adjusted gross income (AGI) over \$15,000 (\$7,500 if married filing separately).

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|----|--|--|
| | IT-40PNR Schedule A, line 36A) a | |
| b. | Income limit (see above) b | |
| C. | Subtract b from a (if b is larger | |
| | than a, enter 0). Enter here and on | |
| | line 4 on the front of this schedule c | |

Instructions for Physician's Statement

a Federal AGI (from IT-40 line 1 or from

A person is permanently and totally disabled when:

- He or she cannot engage in any substantial gainful activity because of a physical or mental condition; and
- A physician determines that the disability
 (a) has lasted or can be expected to last continuously for at least a year, or
 (b) can be expected to result in death.



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