

# Indiana Disability Retirement Deduction

Attach to Form IT-40 or Form IT-40PNR

# 2020

Your Social Security Number

Spouse's Social Security Number

Your first name  Initial  Last name

If filing a joint return, spouse's first name  Initial  Last name

▶ Enter the date you and/or your spouse retired.    ▶ Enter the employer's name below or give payer's name, if other than employer.

Yourself	Spouse
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
MM    DD    YYYY	MM    DD    YYYY

Your Employer's or Payer's Name

▶ Your Daytime Telephone Number

Spouse's Employer's or Payer's Name

**Note**

- To claim this deduction, you must complete lines 1 through 6 and enclose this schedule with your Indiana return.
- Joint return filers use lines 1A and 3A for you and/or lines 1B and 3B for your spouse's information.

	Column A: Yours	Column B: Spouse's
1. Enter total disability payments received during the year _____	1A <input style="width: 100px; height: 20px;" type="text"/> .00	1B <input style="width: 100px; height: 20px;" type="text"/> .00
2. Add lines 1A and 1B _____	2 <input style="width: 100px; height: 20px;" type="text"/> .00	2 <input style="width: 100px; height: 20px;" type="text"/> .00
3. Excess of disability payments over \$100 per week (see line 3 instructions, Table A and the Worksheet) _____	3A <input style="width: 100px; height: 20px;" type="text"/> .00	3B <input style="width: 100px; height: 20px;" type="text"/> .00
4. Excess of federal adjusted gross income over \$15,000 (see line 4 instructions) _____	4 <input style="width: 100px; height: 20px;" type="text"/> .00	4 <input style="width: 100px; height: 20px;" type="text"/> .00
5. Add lines 3A, 3B, and 4 _____	5 <input style="width: 100px; height: 20px;" type="text"/> .00	5 <input style="width: 100px; height: 20px;" type="text"/> .00
6. Line 2 minus line 5 (if less than zero, enter zero). This is your disability retirement deduction. Enter here and on Form IT-40, Schedule 2, under line 11, or on Form IT-40PNR, Schedule C, under line 11 _____	6 <input style="width: 100px; height: 20px;" type="text"/> .00	6 <input style="width: 100px; height: 20px;" type="text"/> .00

## Physician's Statement of Permanent and Total Disability

Completed statement must be signed and dated by the physician

### Name of Disabled Individual

First Name	Initial	Last Name	Date you Retired		
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
			M M	D D	Y Y Y Y

### Physician Information

First Name	Initial	Last Name
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

Address (Street Address, City, State and Zip Code)

▶ I certify that the taxpayer named above is permanently and totally disabled (see instructions).

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

Date \_\_\_\_\_



## 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:

a. Weekly disability pay received.....	a	_____
b. Maximum weekly deduction .....	b	- <u>100</u>
c. Subtract line b from line a (If line b 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 schedule .....		
e	_____	

**Line 4** - The deduction is further reduced by the excess of the federal adjusted gross income (AGI) over \$15,000.

- |  |   |                 |
|--|---|-----------------|
| a. Federal AGI (from IT-40 line 1 or from IT-40PNR Schedule A, line 36A) .....                                     | a | _____           |
| b. Income limit .....  | b | - <u>15,000</u> |
| 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 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.

