Schedule IT-2440
State Form 46003
(R18 / 9-24)

Indiana Department of Revenue
Indiana Disability Retirement Deduction
Enclose with Form IT-40 or Form IT-40PNR.

2024

Enclosure
Sequence No. **15**

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.

Yourself | Spouse

M M   D D   Y Y Y Y   M M   D D   Y Y Y Y

Enter the employer's name or give payer's name, if other than employer.

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 _____ .00	1B _____ .00
2. Add lines 1A and 1B _____		2 _____ .00
3. Excess of disability payments over $100 per week (see line 3 instructions, Table A and the worksheet) _____	3A _____ .00	3B _____ .00
4. Excess of federal adjusted gross income over $15,000 (over $7,500 if married filing separately - see instructions) _____		4 _____ .00
5. Add lines 3A, 3B, and 4 _____		5 _____ .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 _____ .00

Physician's Statement of Permanent and Total Disability
Completed statement must be signed and dated by the physician.

Name of Disabled Individual

Date Individual Retired

First Name | Initial | Last Name

M M   D D   Y Y Y Y

Physician Information

First Name | Initial | Last Name

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

Instructions for Indiana Disability Retirement Deduction

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 - _____100_____
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 ($7,500 if married filing separately).

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