

2007 D-2440 SUB Disability Income Exclusion



OFFICIAL USE ONLY

Leave lines blank that do not apply .

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLABCDEFGH YOUR SOCIAL SECURITY NUMBER 123456789

Personal information

Date of your birth (MMDDYY) Date you retired (MMDDYY) Name of your employer Payor, if other than employer

Date of spouse's/domestic partner's birth (MMDDYY) Date retired (MMDDYY) Name of employer Payor, if other than employer

Have you filed a physician's certification for this disability in previous years? X YES X NO

If yes, you do not have to file another certification. If no, you must file the physician's certification below.

Income table with columns: Description, You, Your spouse/domestic partner. Rows include Total amount of disability payments received in 2007, Multiply \$100 by the number of weeks you claimed disability payments in 2007, Enter Line 1 or Line 2 amount, and Total Income.

Limitation on exclusion

Limitation on exclusion table with columns: Description, Amount. Rows include Federal adjusted gross income, Taxable social security income, Subtract Line 6 from Line 5, Amount used to reduce disability income, Subtract Line 8 from Line 7, and Disability income exclusion.

2007 Physician's Certification of Permanent and Total Disability

Physician's Certification form fields: Name of disabled, Social security number, Physician's first name, address, City, State, Zipcode + 4, Physician's phone number, Physician's Signature, Date.

Attach to Form D-40. See instructions.