

2014 D-2440 SUB Disability Income Exclusion



Important: Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

SOFTWARE DEVELOPER'S USE ONLY Vendor #1234

Name as shown on Form D-40

Your social security number

ABCDEFGHIJKLMNABCDEFGHIJKLMNXXXX

123456789

Personal information

Date of your birth (MMDDYY) 000000 Date you retired (MMDDYY) 000000 Name of your employer ABCDEFGHIJKLMNABCDEFGHIJKLMN Payor, if other than employer ABCDEFGHIJKLMNABCDEFGHIJKLMN

Date of spouse's/domestic partner's birth(MMDDYY) 000000 Date retired (MMDDYY) 000000 Name of employer ABCDEFGHIJKLMNABCDEFGHIJKLMN Payor, if other than employer ABCDEFGHIJKLMNABCDEFGHIJKLMN

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

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

Income If married or registered domestic partners, use both columns. Round cents to the nearest dollar. If amount is zero, leave the line blank.

Table with 4 columns: Line number, Description, You, Your spouse/domestic partner. Rows 1-4 detailing disability payments received in 2014.

Limitation on exclusion

Table with 4 columns: Line number, Description, Amount. Rows 5-10 detailing income limitations for the exclusion.

Enter on D-40 Schedule I, Calculation B, Line 2 (see D-40 instructions). The exclusion may not exceed \$5200 per disabled person.

2014 Physician's Certification of Permanent and Total Disability

Name of disabled taxpayer ABCDEFGHIJKLMNABCDEFGHIJKLMNXXXX Social security number 123456789

I certify that the above taxpayer was permanently and totally disabled when the taxpayer retired. (Enter retirement date.) MM DD YY 000000

Physician's first name, middle initial, last name ABCDEFGHIJKLMNABCDEFGHIJKLMNXXXX

Physician's address (number and street) 12345ABCDEF... Suite number 123ABC

City ABCDEFGHIJKLMNABCDEFGHIJKLMN State AB Zip Code + 4 123456789

Physician's phone number 1234567890 Physician's signature _____ Date (MM DD YYYY) 00000000

Attach to Form D-40. See instructions.