

New York State Department of Taxation and Finance

# Disability Income Exclusion New York State • City of New York • City of Yonkers

IT-221

| Name(s) as shown on your return   |   |          |  |         |                        |        | Social security number  |  |
|---|---|----------|--|---------|------------------------|--------|-------------------------|--|
| For limits on e   | xclusion, see instructi   | ons on   | hack   |         |                        |        |                         |  |
|   | er December 31, 1976). Also enter   |          | Dack.  |         |                        | Emp    | oloyer's name           |  |
| date in the space provided on the <i>Physician's statement</i> below.   |   |          | (also give payer's name, if other than employer) |         |                        |        |                         |  |
| Yourself Date of retirement   |   |          |  |         |                        |        |                         |  |
| Spouse Date of retirement   |   |          |  |         |                        |        |                         |  |
|   | s) to fill in – Use Column A<br>, enter your spouse's amou                  |          |  |         |                        |        | larried filing separate | e return, see instructions on                    |
| Enter total disability pay you received during 2001   |   |          |  |         |                        | 4      | Column A                | Column B   |
|   |   |          |  | 1_      |                        |        |                         |  |
| Excludable disability pay (see instructions):   |   |          |  |         |                        |        |                         |  |
| 2 Multiply \$100 by the number of weeks for which your disability payments were at least \$100. Enter total 2               |   |          |  |         |                        |        |                         |  |
| If you received disability payments of less than \$100 for any week, enter the total amount you received for all such weeks |   |          |  |         |                        | 3      |                         |  |
| •   | d disability payments for less t  |          |  |         |                        |        |                         |  |
| -   | received or the highest exclu   |          |  |         |                        | 4      |                         |  |
| ,   | , and 4. Enter the total  |          |  | •       | ′                      | 5      |                         |  |
|   | on line 5, Columns A and B. E   |          |  |         |                        |        |                         |  |
| Limit on exclusion  | ·   | inoi uio |  |         |                        |        | I                       |  |
|   | rom federal Form 1040, line 33,   |          |  |         |                        |        |                         |  |
|   | rm 1040A, line 19   | 7        |  |         |                        |        |                         |  |
|   | figure any exclusion decrease   | 8        | 15   | 5,000   |                        |        |                         |  |
|   | 3 from line 7. If line 8 is larger  |          | 7. enter "0"                                     | 9       |                        |        |                         |  |
|   | 9 from line 6. If line 9 is larger  |          |  |         |                        |        |                         |  |
|   | n any disability income exclusi   |          |  | 10      |                        |        |                         |  |
|   | nount in Column A. This is your disa  |          |  |         | oth spouses received   |        |                         |  |
|   | see instructions for proration. (Ente                                       |          |  |         |                        |        |                         |  |
| , , ,   | , , ,   |          |  |         | ,                      |        |                         |  |
| checked Box B   | ysician's statement for thi on the statement, <b>and</b> du check this box. | s disabi | lity for 1984, <b>o</b> ı                        | r you   |                        | nt foi | r tax years after 198   | 34 and your physician in any substantial gainful |
|   | he box above, you do not<br>lete the following stateme                      |          | o file another st                                | tatem   | ent for 2001. If       | you    | did not check the b     | ox above, have your                              |
|   |   |          | Physicia   | an's    | statement              |        |                         |  |
| I certify   | Name of disabled person   |          |  |         |                        |        |                         |  |
| was permanently   | and totally disabled on Ja  | nuary 1, | 1976; or Janua                                   | ary 1,  | 1977, <b>or</b> was pe | rmar   | nently and totally disa | abled on the date he or                          |
| she retired. Date   | retired if after December 3   | 1, 1976  | ·  |         |                        |        |                         |  |
|   | Box A or B below and sign   |          |  |         |                        |        |                         |  |
| A The disability has lasted or can be expected to last continuously for at least a year                                     |   |          |  |         |                        | ature  |                         | Date   |
| B  There  | at the  |          | Physician's signa                                | ature   |                        | Date   |                         |  |
| Physician's name  |   |          | P  | hysicia | an's address           |        |                         |  |
|   |   |          | In a fact of the                                 | ·       | r statement            |        |                         |  |

#### Taxpayer:

Enter in the space provided the date you retired if after December 31, 1976.

### Physician:

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

#### Instructions for statement

- has lasted or can be expected to last continuously for at least a year; or can be expected to lead to death.

physician determines that the disability:

# Instructions

#### Use of Form IT-221

Form IT-221 is used to determine any amount of disability income that could have been excluded from federal adjusted gross income based on section 105(d) of the Internal Revenue Code as it was in effect before January 1, 1984. However, the total of the disability income exclusion and any pension and annuity income exclusion you claim cannot exceed \$20,000. (If married, the total of each spouse's disability income exclusion and pension and annuity income exclusion cannot exceed \$20,000.)

## Who can exclude disability income

If you file a New York State resident or nonresident and part-year resident income tax return, you may use this form to exclude all or part of your disability pay if you meet all of the following tests:

- You received disability pay.
- You were not yet 65 when your tax year ended.
- You retired on disability and were permanently and totally disabled when you retired. (See What is permanent and total disability below. Also see Physician's statement of permanent and total disability below.)
- On January 1, 2001, you had not yet reached the age when your employer's retirement program would have required you to retire.
- If you are married at the end of 2001 and checked filing status ③, Married filing separate return, you can claim the disability income exclusion only if you and your spouse lived apart during the entire tax year. If this is the case, write on the spouse's line on page 1: I did not live with my spouse during any part of the tax year.

If you meet these tests, you can take the exclusion until the earlier of (1) the first day of the tax year in which you turn 65; or (2) the date you reach the age when your employer's retirement program would have required you to retire.

# What is permanent and total disability

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 condition (1) has lasted or can be expected to last continuously for at least a year; or (2) can be expected to lead to death.

Examples (1) through (3) below show substantial gainful activity. In such cases, the disability income exclusion cannot be taken.

Example (1): Bob worked at a hotel as a desk clerk. After retiring on disability, he got a desk clerk job at another hotel. Bob does all the duties of the job and is paid more than the minimum wage. Because Bob does the job on the same terms as the other desk clerks and is paid more than the minimum wage, he is considered engaged in a substantial gainful activity. He cannot take the disability income exclusion.

Example (2): Sue retired on disability as a sales clerk. She now works as a full-time babysitter for more than the minimum wage. Even though Sue does different work, she babysits on ordinary terms for more than the minimum wage. She cannot take the disability income exclusion.

Example (3): Jane retired on disability and now works at an easier job in a full-time competitive work situation. She earns half of what she used to, but is paid more than the minimum wage. She is considered engaged in a substantial gainful activity. She cannot take the exclusion.

The following example shows a person who might **not** be considered to be engaged in substantial gainful activity.

Example (4): John, who retired on disability, took a job with a former employer on a trial basis. The purpose of the job was to see if John could do the work. During the trial period, John was paid at a rate equal to the minimum wage. However, because of John's disability, he was given only light duties of a nonproductive, make-work nature.

Unless the activity is both substantial and gainful, John is not engaged in a substantial gainful activity. The activity was gainful because John was paid at a rate at or above minimum wage. However, the activity was not substantial because the duties were of a nonproductive, make-work nature. Therefore, these facts do not by themselves establish John's ability to engage in substantial gainful activity.

# Specific instructions Excludable disability pay

**Lines 2 and 3** — You can exclude either your actual weekly disability pay or \$100 a week, whichever is less. This table shows how to figure your weekly disability pay.

|               | Your weekly pay is the following part                |
|---------------|--|
| Pay Period    | of what you receive each pay period                  |
| Weekly        | All  |
| Every 2 weeks | Half   |
| Twice a month | Multiply your pay by 24, and divide the result by 52 |
| Each month    | Multiply your pay by 12, and divide the result by 52 |
| Other         | Divide your yearly pay by 52                         |

Line 4 — If you received disability pay for part of a week, follow the steps below.

Step 1. Divide \$100 by the number of days a week you normally worked before you retired.

**Step 2.** Divide the disability pay you got by the number of days it covered in that week.

**Step 3.** Compare the Step 1 and Step 2 amounts. The smaller amount is your daily rate. Your exclusion for the week is based on it.

**Step 4.** Multiply your daily rate by the number of days you received disability pay in the short week. The result is your exclusion for that week.

 $\begin{tabular}{ll} \bf Step \ 5. \ Add \ your \ exclusion \ for \ that \ week \ to \ your \ exclusion \ for \ any \ other \ short \ weeks. \ Enter \ the \ total \ on \ line \ 4. \end{tabular}$ 

Disability payments are made for part of a week when one of the following happens after the first day of the taxpayer's normal workweek:

- (1) the disability retirement begins;
- (2) the disability retirement ends because the taxpayer reaches required retirement age; or
- (3) the taxpayer dies.

**Limit on exclusion** — Generally, the most a person can exclude is \$5,200. This exclusion goes down, dollar for dollar, by any amount over \$15,000 on line 7. That line shows your federal adjusted gross income.

Generally, no exclusion is left if line 7 is:

- \$20,200 or more, and one person could take the exclusion; or
- \$25,400 or more, and both husband and wife could take the exclusion.

Line 11 — Enter the amount from line 10 in Column A. This is your disability income exclusion. The total of your disability income exclusion and anny pension and annuity income exclusion you claim cannot exceed \$20,000. If married, the total of each spouse's disability income exclusion and pension and annuity income exclusion cannot exceed \$20,000. You cannot claim any unused part of your spouse's exclusion.

If both spouses received disability pay, the amount you entered on line 10 must be prorated based on the amount of excludable disability pay received by each spouse (line 5) and entered on line 11 in the appropriate column.

Example (5): You received disability income of \$6,000 and your spouse received disability income of \$4,000. The amount you entered on line 10 is \$6,000. The amount each spouse must enter in the appropriate column on line 11 is figured as follows:

You: Your spouse:  $\frac{\$ \ 6,000}{\$10,000} \times 6,000 = \$3,600$   $\frac{\$ \ 4,000}{\$10,000} \times 6,000 = \$2,400$ 

# Physician's statement of permanent and total disability

If the physician's statement at the bottom of Form IT-221 must be completed, please detach it from the form and have your physician complete it. Be sure to attach the completed statement to Form IT-221 and file it with your tax return.

If both spouses take the exclusion, a physician's statement must be completed for each spouse.

If you retired on disability before January 1, 1977, the physician's statement must show that you were permanently and totally disabled on January 1, 1976, or January 1, 1977.

If you retired on disability after 1976, the physician's statement must show that you were permanently and totally disabled when you retired.

Hotline for the hearing and speech impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:25 p.m., (eastern time) Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with disabilities -** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call toll free 1 800 225-5829 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.