1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

If a joint return, spouse's first name and initial Last name Spouse's social security number no rage 11.] Home address (number and street), (if you have a P.O. box, see page 11.) Home address (number and street), (if you have a P.O. box, see page 11.) Postedental Eaction Campaign Soo page 11.) Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Single Single Now reduce your return. Soo page 11.) Single Single Married filing separate return. Enter spouse's social security no. above and full name here. Learn this child's name here. Soo page 12.) See page 13. If more than six dependents. See page 13. If worr clint, do not check box (a. But be sure to check the box on line 330 on page 2. Loudstying wildow/dow/gill dependent child (year spouse died be 19). See page 2. If worrell didn't line with you but is claimed as your dependent under a pre-1985 agreement, check here by one of exemptions claims of the page 10. Income Income Income Income Attach check or one of costs (state hard) See page 15.) Vages, salaries, fips, etc. (attach Formis) W-2) Salary See page 17. See page 19. Apair return, spouse's find the full income (state attach Schedule B if over \$400). See page 19. And adding the full income (state attach Schedule B if over \$400). See page 19. Add that check or one or loss) (attach Schedule C). See page 19. Add that check or one or loss) (attach Schedule C). See page 19. Add that check or one or (soss) (attach Schedule B if over \$400). See page 19. Add that check or one or (soss) (attach Schedule C). See page 19. Add that check or one or (soss) (attach Schedule B if over \$400). See page 19. See page 19. Add that check or one or (soss) (attach Schedule C). See page 19.									
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Home address injunible and street), iff you have a P.O. box, see page 11.) Home address injunible and street), iff you have a 10°C, box, see page 11.) Do you want \$1 to go to this fund? City, town or post office, state, and ZIP code, (if you have a 10°C, box, see page 11.) Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes No. Note Croscienty return If joint return, does your spouse want \$1 to go to this fund? Yes No. Note Croscienty return If joint return, does your spouse want \$1 to go to this fund? Yes No. Note Croscienty return No. Note Croscienty return If joint return, does your spouse want \$1 to go to this fund? Yes No. Note Croscienty return Note Croscienty return No. Note Croscienty return No. Note Croscienty ret	instructions on page 11.)	If a	joint return, spouse's first name and initial Last name	Spouse's social security number					
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please print C City, town or post office, state, and ZIP code, BY you have a foreign address, see page 11.) Do you want \$1 to go to this fund? Do you want \$1 to go to	Otherwise, E								
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Election Campaign See page 11) Single	\								
Signage 1.1			Do you want \$1 to go to this fund? Yes	No Note: Checking "Yes" will					
Check only one box.	(See page 11.)								
Check only one box. A married filing sparate return. Enter spouse's social security no, above and full name here.	Fillian Oladas	1	Single						
Head of household (with qualifying person), (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name hare. See page 12.) Spouse See page 12.) Spouse See page 12.) Spouse See page 13. See page 14. See page 15. Spouse	Filing Status	2	Married filing joint return (even if only one had income)						
anter this child's name here. Coustlying widowler) with dependent child (year spouse died ▶ 19). (See page 12.) Exemptions (See page 12.) Courself. Your permit (or someone else) can claim you as a dependent on his or her tax crum, do not check box 6a. But be sure to check the box on line 33b on page 2. Dependents: Courself. Your permit (or someone else) can claim you as a dependent on his or her tax crum, do not check box 6a. But be sure to check the box on line 33b on page 2. Dependents: Courself. Your permit (or someone else) can claim you as a dependent on his or her tax creations the permit of t	a	3	Married filing separate return. Enter spouse's social security no. above and full name here. ▶						
Coultifying widowlef with dependent child (year spouse died ▶ 19). (See page 12.)	•	4	Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent,						
Exemptions See page 12. See page 12. See page 12. See page 13. See page 14. See page 15. See page 16. See page 16. See page 17. See page 17. See page 17. See page 18. See page 18. See page 19.		5							
Copy B of your Forms W-2, and 1994 here. Copy B of your Forms W									
Speuge 12.) b Spouse C Dependents: (1) Name (tirst, initial, and last name) If more than six dependents, see page 13. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here by a speud on the company of th	Exemptions	ou	return, do not check box 6a. But be sure to check the box on line 33b on page 2 \ checked on 6a						
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If more than six dependents, see page 13. If more than six dependents on the dependent on the de		С		of months children on 6c					
If more than six dependents, see page 13. d if your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here but divorce or or or or or any forms W-2, w.26, and 1999-R. If you did not get a W-2, see page 10. 15 Capital gain or (loss) (attach Schedule B if over \$400). 16 Capital gain or (loss) (attach Schedule B if over \$400). 17 Capital gain or (loss) (attach Schedule B if over \$400). 18 Attach check or more or (loss) (attach Schedule B if over \$400). 19 Dividend income (aso attach Schedule B if over \$400). 10 Tax-exempt interest income (see page 16). DON'T include on line 8 ab but or			(1) Name (first initial and last name)	in 1991 wno:					
dependents, see page 13. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here No. of other dependents on 6	If mare than air								
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No. of other dependents on 6c Add numbers entered on lines above Total number of exemptions claimed Add numbers entered on lines above Total number of exemptions claimed Total number of exemptions Total number of exemptions claimed Total number of exemptions Total numbe	see page 13.								
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Income Attach Copy Bof your Forms W-2, W-2G, and 1099-R here. 11				Add numbers					
Taxable interest income (also attach Form(s) W-2) Taxable interest income (also attach Schedule B if over \$400) Ba			Takah musukan at awasan Mana akabusa d						
Attach Attach Copy B of your Forms W-2, W-2G, and 109-R. Attach check or money order on top of 1099-R. Adjustments to income (See page 19.) Ba Taxable interest income (also attach Schedule B if over \$400)		7	·						
Attach Copy B of your Forms W-2, W-2G, and 1099-R. Attach check or money order on top of 1099-R. Attach check or money order on 1099-R. Adjustments to income (See page 19.) Adjustments to income (See page 19.) Adjusted	Income			8a					
Sepage 19. Poividend income (also attach Schedule B if over \$400) Sepage 10. Taxable refunds of state and local income taxes, if any, from worksheet on page 16. 10 11	Attach		` 1 ' 1						
10 1 1 1 1 1 1 1 1 1	Copy B of your	9		9					
11 Alimony received 12 Business income or (loss) (attach Schedule C) 12 13 14 15 15 15 15 15 15 15		10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16	10					
ff you did not get a W-2, see page 10.	1099-R here.	11	Alimony received						
get a W-2, see page 10. 14 Capital gain of (loss) (attach Schedule D) 15 Capital gain distributions not reported on line 13 (see page 17). 15 Capital gain distributions not reported on line 13 (see page 17). 16 Total IRA distributions. 16a Total IRA distributions. 16a Total pensions and annuties 17a Total pensions and annuties 17b Totaxable amount (see page 17) 17c Total pensions and annuties 17b Totaxable amount (see page 17) 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 10 Unemployment compensation (insurance) (see page 18) 21a Social security benefits. 21a 21b Taxable amount (see page 18) 22 Chter income (list type and amount—see page 19) 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income 4Adjustments 15 Income 16a 16b Taxable amount (see page 17) 17b Totaxable amount (see page 17) 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Unemployment compensation (insurance) (see page 18) 20 Unemployment compensation (insurance) (see page 18) 21a 21b Taxable amount (see page 18) 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	If you did not	12	Business income or (loss) (attach Schedule C)						
Attach check or money order on top of any program of the program o	get a W-2, see	13	Capital gain or (loss) (attach Schedule D)						
Attach check or money order on top of any to	page 10.								
money order on top of any Forms W-2, W-2G, or 1099-R. 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 10 Unemployment compensation (insurance) (see page 18) 21 Social security benefits. 21 2 21b 21b 22b 22b 22c									
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W-2G, or 1099-R. 19 Farm income or (loss) (attach Schedule F)	top of any		The periodic and amount (coopings)						
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21a Social security benefits. 21a 21b Taxable amount (see page 18) 22 Other income (list type and amount—see page 19) 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ▶ 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ▶ 23 Adjustments to Income (See page 19.) 24a Your IRA deduction, from applicable worksheet on page 20 or 21 25 One-half of self-employment tax (see page 21)	1099-R.								
22 Other income (list type and amount—see page 19) 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ▶ 24 Your IRA deduction, from applicable worksheet on page 20 or 21									
Adjustments to Income 23									
Adjustments to Income Spouse's IRA deduction, from applicable worksheet on page 20 or 21 24b 25 25 26 25 26 27 26 27 27 28 29 29 29 29 30 30 31 30 30 31 30 30				23					
Adjustments to Income b Spouse's IRA deduction, from applicable worksheet on page 20 or 21 Cone-half of self-employment tax (see page 21)		24a	Your IRA deduction, from applicable worksheet on page 20 or 21						
(See page 19.) 26 Self-employed health insurance deduction, from worksheet on page 22. 27 Keogh retirement plan and self-employed SEP deduction 28 Penalty on early withdrawal of savings		b							
Self-employed health insurance deduction, from worksheet on page 22 . Keogh retirement plan and self-employed SEP deduction Recipient's SSN ▶ Adjusted 31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income"	to income	25		<i>\\\\\\\</i>					
28 Penalty on early withdrawal of savings	(See page 19.)	26		<i>\\\\\\\</i>					
Adjusted 31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income"		27	reagn remember plan and con employed of deadenen	<i>\'\\\\\\</i>					
Add lines 24a through 29. These are your total adjustments		28	Totally on carry withdrawar or savings	\ //////					
Adjusted 31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income			Alimony paid. Recipient's SSN 29						
\$21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income	Adjusted			30					
			\$21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income	9					

Form 1040 (1991)					Page 2
_	32	Amount from line 31 (adjusted gross income)		<u></u>	. 32	
Tax	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spot	use was 65 or	older, Blind.		
Compu-		<u> </u>	poxes checked above and enter the total here 33a			
tation	b	If your parent (or someone else) can claim you as a dep	endent, check	k here ▶ 33b 🔲		
If you want the IRS to	С	If you are married filing a separate return and your spour or you are a dual-status alien, see page 23 and check here.		·		
figure your tax, see page	/ Itemized deductions (from Schedule A, line 26), OR					
24.	34	Enter Standard deduction (shown below for your				
		the larger of your: checked any box on line 33a or b, go to deduction. If you checked box 33c, your state of your: Single—\$3,400 Head of housel	34			
	35	Subtract line 34 from line 32		,	35	
	36	If line 32 is \$75,000 or less, multiply \$2,150 by the total	number of ex	emptions claimed on		
	30	line 6e. If line 32 is over \$75,000, see page 24 for the a	00			
	37	Taxable income. Subtract line 36 from line 35. (If line 3				
	38	Enter tax. Check if from $\mathbf{a} \square$ Tax Table, $\mathbf{b} \square$ Tax F				
	50					
	39	or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e 39 Additional taxes (see page 24). Check if from a ☐ Form 4970 b ☐ Form 4972				
	40	Add lines 38 and 39.			39 40	
	41	Credit for child and dependent care expenses (attach Form				
Credits	42	Credit for the elderly or the disabled (attach Schedule F				
(See page	43	Foreign tax credit (attach Form 1116)	´			
25.)	44	Other credits (see page 25). Check if from \mathbf{a} Form				
	•••	b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)_				
	45	Add lines 41 through 44			45	
	46	Subtract line 45 from line 40. (If line 45 is more than lin			46	
Other	47	Self-employment tax (attach Schedule SE)			47	
Other	48	Alternative minimum tax (attach Form 6251)			48	
Taxes	49	Recapture taxes (see page 26). Check if from a Form 429				
	50	Social security and Medicare tax on tip income not reporte	50			
	51	Tax on an IRA or a qualified retirement plan (attach For			51	
	52	Advance earned income credit payments from Form W-	,		52	
	53	Add lines 46 through 52. This is your total tax			53	
Payments	54	Federal income tax withheld (if any is from Form(s) 1099, check ▶	' I		—	
. aymonto	55	1991 estimated tax payments and amount applied from 1990 re			—(////	
Attach	56	Earned income credit (attach Schedule EIC)	56		—(/////	
Forms W-2,	57	Amount paid with Form 4868 (extension request)	57		—(////	
W-2G, and 1099-R to	58	Excess social security, Medicare, and RRTA tax withheld (see page	e 27) . 58		—(////	
front.	59	Other payments (see page 27). Check if from a \square Form	I			
		b \square Form 4136	59_			
-	60	Add lines 54 through 59. These are your total payment		<u> </u>	60	
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	s is the amount	you OVERPAID · · ▶	61	
Amount	62	Amount of line 61 to be REFUNDED TO YOU			62	
You Owe	63	Amount of line 61 to be APPLIED TO YOUR 1992 ESTIMATED T	AX ► 63		— <i>(((((</i>)))	
TOU OWE	64	If line 53 is more than line 60, subtract line 60 from line 5			(/////	
		Attach check or money order for full amount payable to "I		•		
	65	name, address, social security number, daytime phone num Estimated tax penalty (see page 28). Also include on lin		Form 1040" on it. . 	64	
Sign	Under	penalties of perjury, I declare that I have examined this return and they are true, correct, and complete. Declaration of preparer (other	accompanying s	chedules and statements	s, and to the best of my	knowledge and
Here		Your signature	Date	Your occupation		any knowledge.
Keep a copy		our digitation				
of this return	<u> </u>	Spouse's signature (if joint return, BOTH must sign)	Data	Spauso's assume		
for your records.		ppouse s signature (ii joint return, DOTH Must Sign)	Date	Spouse's occupa	uioII	
	7		Date		Preparer's see	cial security no.
Paid	Prepa signa		Date	Check if	Frepalei S SOC	iai scounty 110.
Preparer's		name (or yours		self-employed E.I. No.	- :	<u> </u>
Use Only	if self	employed) and		ZIP cod	<u>'</u>	