	U)4(Department of the Treasury- U.S. Individual Inc		n	1976	This spac	e for IRS us	e only				
or t	the	year Ja	anuary 1–December 31, 1976, or	other taxable year beg	inning			, 1976 end	ing			, 19	,
type	Name (If joint return, give first names and initials of both)					Last name				Your social security numb			mbe
Please print or	Present home address (Number and street, including apartment nu					r, or rural route)		For Privacy Act Notification see page 5 of Instructions		Spouse'	s socia	security	/ по
Pieaso	City, town or post office, State and ZIP code						Occu- pation						
1		1 []	Single	Check only ONE bo	(x)	6a Regular	Your		-	nter numb	er of	1	
l		2 Married filing joint return (even if only one had income)			•		Yourself Spouse						
0	3 Married filing separately. If spouse is also filing give					b First names of your depende lived with you							
riling status	spouse's social security number in designated space above				ove Sio	c Number of other dependents (d Total (add lines 6a, b, and c)				Enter number			
2	and enter full name here					c Number	of other	depende	nts (fro				
		4 🗆	Unmarried Head of Household.	See page 7 of instructi	ons S	d Total (ad		-			-		
-	to see if					e Age 65 o			•		Enter numbe	er	
		5 🗆	you qualify ▶ Qualifying widow(er) with	ear	Blind .			self 🗌	Spouse				
			spouse died ▶ 19).	See page 7 of Instructio	ns.	f TOTAL (. 🖌	
7	Other dependents: (b) Relationship (c)				(c) Mor	nths lived in your (d) Did dependent (e) Amount furnish					d for dep	endent's si	IDDO
			(a) Name			If born or died ear, write B or D.	or more?	have income of \$750 or more?		J. If 100% L.	100% By C ing d		n ci ud
						i			\$		\$		
									·		-1		
	8			wish to designate \$1 o	f your ta	xes for this fund?	· . [_	Yes				check the not increa	
		Сап	npaign Fund	return, does your spou	ise wish	to designate \$1?		Yes				our refund	
	•	9	Wages, salaries, tips, an other	employee compensation	(Attach able, se	Forms W-2. If una e page 6 of instruct	avail- ions.)•••			9			
		10a	Dividends (16 of Instructions)	, 10	b less e	xclusion		, Balance		.0c			
			(If gross dividends and oth	er distributions are or less, enter total wit	over \$4	100, list in Part	I of Sch	edule B.)					
	1	11		6400, enter total and li					•]_	11			
	2	12	Income other than wages, o	lividends. and intere	est (fror	m line 37) .				12			
	ncom		Total (add lines 9, 10c, 11	-	•	-				13			
•	E 14 Adjustments to income (such as moving expense, etc. from line 42)						. 🗌	14					
			Subtract line 14 from line		-				. 1	5a			
		b	Disability income exclusion	(sick pay) (attach	Form 24	2440)			. 1	5b			
		с	Adjusted gross income. Su	btract line 15b from	line 1	5a, then compl	ete Part	III on ba	ck.				
L		(If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.")							. 1	5c			
		16	Tax, check if from:	ax Table	x Rate S	Schedule X, Y c	or Z	Schedu	le D				
		10		chedule G	rm 255	5 OR	Ļ	Form 4		16			
		17a	Multiply \$35.00 by the number o	f exemptions on line 6d		<u>17a</u>		En lar	ger	(If box of see page	10 of l	is check nstructio	ea ns)
	ম	b	Enter 2% of line 47 but not more	e than \$180 (\$90 if box	3 is che	cked) 17b		of	8 1	7c			
1	Credits	18	Balance. Subtract line 17c	from line 16 and ent	er differ	rence (but not l	ess than	zero) .	•	18			
1	잌	19 Credits (from line 54)								19			
	and	20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)							·	20			
1	뙱	21	Other taxes (from line 62)		• •				·	21		-	
	Payments		Total (add lines 20 and 21)	(attach Forms	w_2	· · · · · ·		•••	•	22			
		23a	Total Federal income tax v	vithheld. or W-2P to (include amount	front)	. <u>23a</u>		{-		//////////////////////////////////////		line 25	//// in /
ţ	Tax,	b	1976 estimated tax payme	nts 🛛 as credit from 197	5 return)				—–			turn. Writ number o order an	
		C	Earned income credit. of Instruction	ons)	•••	· · <u>23c</u>						order an Intern	
		d	Amount paid with Form 48	68	• •	<u>23d</u>		[-		Revenue	Servic	e.	
			Other payments (from line	•		<u> 23e </u>							
-	<u></u>	24	TOTAL (add lines 23a thro							24			
25 If line 22 is larger than line 24, enter BALANCE DUE IRS										25			
1	or R	26	If line 24 is larger than lin	e 22, enter amount	OVERP	AID				26			
	Due	27	Amount of line 26 to be RE	FUNDED TO YOU	· · .			. • •:		27			77777
-		28 Un	Amount of line 26 to be credite der penalties of perjury, I declare that			28 Ing accompanying scl	hedules and	statements,	and to th	e best of my	knowledg	e and beli	<u></u>
			correct, and complete. Declaration of								-		
	here												
	21												
	gn he	V Ya	our signature			Date Prepa	rer's signat	ure (and em	ployer's i	name, if any)(D
	Sign he	₹ ¥	bu r signature			Date Prepa	rer's signat	ure (and em	ployer's i	name, if any)		Da

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Pa	The Income other than Wages, Dividends and Interest			
29	Business income or (loss) (attach Schedule C)	29	1	
	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a		
	50% of capital gain distributions (not reported on Schedule D—see page 10 of Instructions).	30b		
31	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	_ 31		
32a	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	32a		
b	Fully taxable pensions and annuities (not reported on Schedule E-see page 10 of Instructions)	32b		
33	Farm income or (loss) (attach Schedule F)	33		
34	Farm income or (loss) (attach Schedule F) State income tax refunds (does not apply if refund is for year in which you took the)	34		İ
35	Alimony received	35		
36	Other (state nature and source—see page 11 of Instructions)			
		_36		
37	Total (add lines 29 through 36). Enter here and on line 12	37	·	
_Pa	Adjustments to Income			
38	Moving expense (attach Form 3903)	38		
39	Employee business expense (attach Form 2106)	39		
	Payments to an individual retirement arrangement from attached Form 5329, Part III	40a		
b	Payments to a Keogh (H.R. 10) retirement plan	40b		
41	Forfeited interest penalty for premature withdrawal (see page 12 of Instructions)	41		
42	Total (add lines 38 through 41). Enter here and on line 14	42	<u> </u>	<u> </u>
Pa		1	I	1
43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a dependent on your parent's return, check here \blacktriangleright and see page 9 of Instructions	43		
11-	If you itemize deductions, check here \blacktriangleright , and enter total from Schedule A, line 40, and attach Schedule A	43		
	Standard deduction—If you do not itemize deductions, check here , and attach concurrence , and the standard deduction at the standard deduction () and the			
N	$\begin{bmatrix} 0 & z \\ z & z \end{bmatrix}$ or the state of $f(2) = 100$ OP 160% of line 42 , but not more than $f(2) = 000$	44		
	If you checked 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800 f the box on 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400 f			
	line			
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	45		
46	Multiply total number of exemptions claimed on line 6f by \$750	46	·	
47	Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47		
• If I	ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemp	otion of	Income Earned Abroa	d find
	Ir tax in Tax Table. Enter tax on line 16 and check appropriate box.			u,u
● If I	ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applica	ble, the	alternative tax from So	hedule
	income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16	and o	heck appropriate box.	
Pa	t IV Credits			
48	Credit for the elderly (attach Schedules R & RP)	_48_		
49	Credit for child care expenses (attach Form 2441)			
50	Investment credit (attach Form 3468)	50		
51	Foreign tax credit (attach Form 1116)	_51		
52	Contributions to candidates for public office credit (see page 12 of Instructions)	52		
53	Work Incentive (WIN) Credit (attach Form 4874)	_53_		
54	Total (add lines 48 through 53). Enter here and on line 19	E 4		
Pa		54		
-		55		
55 56	Tax from recomputing prior-year investment credit (attach Form 4255)	<u> </u>	·····	
57	Tax on premature distributions from attached Form 5329, Part V	57	<u> </u>	
58	Self-employment tax (attach Schedule SE)	58		·
59	Social security tax on tip income not reported to employer (attach Form 4137)	59		
6 0	Uncollected employee social security tax on tips (from Forms W–2)	60		
61	Excess contribution tax from attached Form 5329, Part IV	61		
62	Total (add lines 55 through 61). Enter here and on line 21	62		
	t VI Other Payments			
63	Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	63		
64	Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	64		
65	Credit from a Regulated Investment Company (attach Form 2439)	65		`
66	Total (add lines 63 through 65). Enter here and on line 23e	66		

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