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

1979

For Drivery	Ant Nati		Page 2 of Instructions For the user I was 1 Day to 21 1070 and the translations	1070	
				, 1979, ending , 19 Your social security number	
Use IRS	Your mrs	t name	and initial (if joint return, also give spouse's name and initial) Last name	rour social security number	
label. Other-	Present	nome ac	Idress (Number and street, including apartment number, or rural route)	Spouse's social security no.	
wise,					
please - print	City, town or post office, State and ZIP code		st office, State and ZIP code Your occupation	Your occupation	
or type.			Spouse's occupation ▶		
Presidential Election Campaign Fund		D	o you want \$1 to go to this fund? Yes No	Note: Checking "Yes" will	
		, ,	joint return, does your spouse want \$1 to go to this fund? Yes No	- not increase your tax or	
Campaign r	rullu	''	Joint return, does your spouse want \$1 to go to this fund:	reduce your refund.	
Filing St	atus	1	Single		
Check only one box.		2	Married filing joint return (even if only one had income)		
		3	Married filing separate return. Enter spouse's social security number above and full na		
		4	Head of household. (See page 7 of Instructions.) If qualifying person is your un	married child, enter child's	
		5	name ▶	See page 7 of Instructions.)	
		- 6a) Enter number of	
Exemptions Always check the box labeled Yourself.		Ь	Spouse 65 or over Blind	boxes checked	
		, ا	First names of your dependent children who lived with you	on 6a and b L	
		"		of children	
Check other boxes if they apply.		d	Other dependents: (2) Relationship (3) Number of (4) Did dependent (5) Did you pro months lived have income of more than one-had not be a provided in the control of the contro	vide	
			(1) Name (2) Relationship months lived in your home shave income of dependent's suppression of the control of t		
				dependents Add numbers	
		7	Total number of everytions claimed	entered in 3	
		1000	Total number of exemptions claimed		
Income 🚄			Wages, salaries, tips, tc	8	
Please attach Copy B of your Forms W-2 here.		1	•		
		1	Dividends (attach Schedule B if over \$400) , 10b Exclusion , Subtract line 10b from line 10a	10c	
		i	State and local income tax refunds (does not apply unless refund		
If you do not a W-2, see page 5 of Instructions.	JL IIAVE		is for year you itemized deductions—see page 10 of Instructions)	11	
		12	Alimony received	12	
	•	13	Business income or (loss) (attach Schedule C)	13	
		14	Capital gain or (loss) (attach Schedule D)	14	
		15	Taxable part of capital gain distributions not		
			reported on Schedule D (see page 10 of Instructions)	15	
		16	Supplemental gains or (losses) (attach Form 4797)	16	
ì		17	Fully taxable pensions and annuities not reported on Schedule E	17	
_		18	Pensions, annuities, rents, royalties, partnerships,	1.0	
l Please			estates or trusts, etc. (attach Schedule E)	18	
attach chec	ck	19	Farm income or (loss) (attach Schedule F)		
or money order here.		20a	Unemployment compensation. Total amount received	20b	
			Taxable part, if any, from worksheet on page 10 of Instructions		
		21	Other income (state nature and source—see page 10 of histractions)	21	
		l			
		_22	Total income. Add amounts in column for lines 8 through 21 ▶	22	
Adjustme	nts	23	Moving expense (attach Form 3903 or 3903F) 23		
to Income		24	Employee business expenses (attach Form 2106) 24		
	-	25	Payments to an IRA (see page 11 of Instructions) 25		
		26	Payments to a Keogh (H.R. 10) retirement plan 26		
		27	Interest penalty on early withdrawal of savings 27		
		28	Alimony paid (see page 11 of Instructions)		
		29 30	Disability income exclusion (attach Form 2440) 29	30	
Adjusted		31	Adjusted gross income. Subtract line 30 from line 22. If this line is less than]]	
Gross Inc	eome]	\$10,000, see page 2 of Instructions. If you want IRS to figure your tax, see page 4 of Instructions	21	