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

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For Privacy				_					nber 31, 1		er tax					19	80, end			19
Use IRS	Your firs	st name and initial (if joint return, also give spouse's name and initial) Last name										1	Your social security number							
label.	Present I	home address (Number and street, including apartment number, or rural route)											Spouse's social security no.							
Other- wise,	7 7000111	nome economy (remover and street, moreums apartment number, or rural route)													spouse's social security no.					
please	City, tow	wn or post office, State and ZIP code										Your occupation				·ii				
print or type.											Spouse's occupation									
Presidentia	al .	, Do	VOLLA	want	\$1 to	go to t	hie fund	2						1			Not	e: Chec	king "Ye	s" will
Election Campaign Fund		Do you want \$1 to go to this fund?															Note: Checking "Yes" will not increase your tax o			
			If joint return, does your spouse want \$1 to go to this fund?										11	Yes		No	1		ır refund	
Requested by Census Bureau for Revenue Sharing		A	Where	do you live (actual location on nce)? (See page 2 of Instructions			of	B Do you live within the legal limits of a city, village, etc.?					C In what county do yo			u live?		In what do you liv		
			State	C	ity, villa	age, bor	rough, etc	:.'	Y∈			¬ No						'	io you in	VG:
Kevenue 21	naring	<u> </u>		<u> </u>						;s] 110						<u>!</u>		
Filing Status		1													For	r IRS use	only			
Check only		2	Married filing separate return. Enter spouse's social security no. above and full name here													<u> 1 i </u>	<u> </u>			
one box.		3																		
		4		ı								qualify	ying p	erso	n is yo	ur un	unmarried child, enter child's			
		5	name ►) (9	(See page 6 of Instructions.)						
		Ga	 	1	ourself	8	(0.)		1 1	65 or ove		орош	oo ale		1	ind)		umber of	
Exemptio	ns	b			ouse					65 or ov				-	_	ind	{	boxes o	checked	
Always chec		~	Firet			our de	nendent	chile									í	on 6a a	and b	_
the box lab Yourself.	eled	c First names of your dependent children who lived with you ▶										}	of child	iren on 6c 庵						
Check other			d Other dependents: (2) Relationship months lived have income of more than										ou pro	vide			L			
boxes if the apply.	у		Other	(1) Name			(2) F	Relationship	months I in your h			income O or mo		more than dependent			Enter n		
-66-7-																		depend	ents >	
										l								Add nu entered		
	_	7	Total	nur	phor o	f exem	ptions c	laim	ed	<u></u>	· · ·			<u></u>	• • • •	<u> </u>		boxes	above 📂	
Incom						The second second											8_	-		_
Please attac	ch								B if over								9	<u>.</u>		_
Copy B of y	our	1	Da Dividends (attach Schedule B if over \$400) , 10b Exclusion , 10b																	
Forms W–2		l	Subtract line 10b from line 10a											10c	·		_			
If you do no a W-2, see	ot have	11													11					
page 5 of		12	ducted those taxes in an earlier year—see page 9 of Instructions)												12			_		
Instructions	-	13	•												13	·		-		
		14													14			_		
		15							not repor								15		•	_
		ı							tach For							- 1	16			
_		17															17			
1_		18													18	.		_		
Please attach chec	k	19													19	,		_		
or money		20a	Unem	nplo	yment	compe	nsation	(ins	urance).	Total re	ceive	ed			İ					
order here.		b	Taxab	ole a	mount	, if any	, from v	work	sheet or	page 1	0 of	Instru	ıction	s		٠. ا	20b	<u>.</u>		-
		21	Other	inc	ome (st	tate nati	ure and so	ource	-see pag	e 10 of In	structi	ions) 🕨	> .							
		22 Total income. Add amounts in column for lines 8 through 21											21 22	İ		-				
									3 or 390			23	· · ·	• •			//////	-		
Adjustme		24		-	•	•			ch Form	•	- 1	24								-
to Incom	E		-	-		-	•		om page	•	- 1	25								
(See			-			-			tirement			26								
Instruc- tions on			-			-		-		•	- 1	27								
page 10)																				
		29			•				Form 2		- 1	29								
		30	Total	adj	ustmen	its. Add	d lines 2	23 tl	nrough 2	9							30			
Adjusted		31							line 30 edit" (lin											
Gross Inc	come								r tax, see								31			

_	4
Page	-

Toy	32	Amount from line 31 (adjusted gross income)		32		
Tax		If you do not itemize deductions, enter zero		33		
Compu-	-	If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 4				
tation		Caution: If you have unearned income and can be claimed as a dependent	on your			
(See Instruc-		parent's return, check here \blacktriangleright and see page 11 of the Instructions. Also see	page 11			
tions on		of the Instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR				
page 11)		• You file Form 4563, OR				
	24	 You are a dual-status alien. Subtract line 33 from line 32. Use the amount on line 34 to find your tax from 	the Tay			ĺ
	34	Tables, or to figure your tax on Schedule TC, Part I		34		İ
		Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if: • Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5),				
		 You have more exemptions than are shown in the Tax Table for your filing status, 	OR			
		 You use Schedule G or Form 4726 to figure your tax. 				
•	35	Otherwise, you MUST use the Tax Tables to find your tax. Tax. Enter tax here and check if from Tax Tables or Schedule TC		35		1
-	36	Additional taxes. (See page 12 of Instructions.) Enter here and check if from Form	n 4970, 🚶	36		
		☐ Form 4972, ☐ Form 5544, ☐ Form 5405, or ☐ Section 72(m)(5) penalty ta	ax ∫			
	37	Total. Add lines 35 and 36	•	<i>9777777</i> 37		
		Credit for contributions to candidates for public office 38		ŴM.		
Credits	38 39	Credit for the elderly (attach Schedules R&RP)				
(See Instruc-	40	Credit for child and dependent care expenses (Form 2441).				
tions on		Investment credit (attach Form 3468)				
page 12)	41	Foreign tax credit (attach Form 1116)				
	42	Work incentive (WIN) credit (attach Form 4874)				
	43	Jobs credit (attach Form 5884)				
	44	Residential energy credits (attach Form 5695)				
	45 46	Total credits. Add lines 38 through 45		46		
	47	Balance. Subtract line 46 from line 37 and enter difference (but not less than z		47		1
0.1		Self-employment tax (attach Schedule SE)		48		
Other		Minimum tax. Attach Form 4625 and check here ▶ □		49a		
Taxes		Alternative minimum tax. Attach Form 6251 and check here ▶ ☐		49b		
(Including	50	Tax from recomputing prior-year investment credit (attach Form 4255)		50		
Advance EIC		Social security (FICA) tax on tip income not reported to employer (attach Form		51a		
Payments)		Uncollected employee FICA and RRTA tax on tips (from Form W-2)	-	51b		
	52	Tax on an IRA (attach Form 5329)		52		.
	53	Advance earned income credit (EIC) payments received (from Form W-2)	<u> </u>	53		.
	54	Balance. Add lines 47 through 53	54		.	
Payments	55	Total Federal income tax withheld				
		1980 estimated tax payments and amount applied from 1979 return				
Attach Forms W-2,	57	Earned income credit. If line 32 is under \$10,000, see				
W–2G, and W–2P		pages 13 and 14 of Instructions				
W-2P to front.	58	Amount paid with Form 4868				
10 110.11.	59	Excess FICA and RRTA tax withheld (two or more employers) 59				
	60	Credit for Federal tax on special fuels and oils (attach				1
		Form 4136 or 4136–T)				1
	_	Regulated Investment Company credit (attach Form 2439) 61				
	62	Total. Add lines 55 through 61	<u></u> ▶	_62		-
Refund or	63	If line 62 is larger than line 54, enter amount OVERPAID	▶	63		-
Balance	64	Amount of line 63 to be REFUNDED TO YOU	,▶	64	,	-
Due	65	Amount of line 63 to be applied to your 1981 estimated tax	i			
540	66	If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for fu				
		payable to "Internal Revenue Service." Write your social security number on check or money ord (Check ► ☐ if Form 2210 (2210F) is attached. See page 15 of Instructions.) ► \$	der 🕨	66		, ,,,,,,,
					Naments and to the	ne best
Please	of m	er penalties of perjury, I declare that I have examined this return, including accompanying knowledge and belief, it is true, correct, and complete. Declaration of preparer (other the	nan taxpaye) is ba	ased on all informa	tion of
Sign	whic	h preparer has any knowledge.			•	
Here		Your signature Date Spouse's signature (if filing jo	ointly, BOTH m	ust sign	even if only one had	income)
		operor o	neck if	Pre	parer's social secur	rity no.
Paid Propososio			lf-em- oyed ► [<u> </u>		
Preparer's Use Only		m's name (or	E.i. No.	-		
OSC OIII)		d address	ZIP code	<u> </u>		
					313	-061-2