

For the year January 1–December 31, 1981, or other tax year beginning , 1981, ending , 19 . OMB No. 1545-0074

Use IRS label. Otherwise, please print or type. Your first name and initial (if joint return, also give spouse's name and initial) Last name Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security no. City, town or post office, State and ZIP code Your occupation Spouse's occupation

Presidential Election Campaign Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here 4 Head of household (with qualifying person). (See page 6 of Instructions.) If he or she is your unmarried child, enter child's name 5 Qualifying widow(er) with dependent child (Year spouse died 19 ). (See page 6 of Instructions.)

Exemptions 6a Yourself 65 or over Blind 6b Spouse 65 or over Blind c First names of your dependent children who lived with you d Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support? e Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. 8a Interest income (attach Schedule B if over \$400 or you have any All-Savers interest) 8b Dividends (attach Schedule B if over \$400) 8c Total. Add lines 8a and 8b 8d Exclusion (See page 9 of Instructions) 8e Subtract line 8d from line 8c (but not less than zero) 9 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions) 10 Alimony received 11 Business income or (loss) (attach Schedule C) 12 Capital gain or (loss) (attach Schedule D) 13 40% of capital gain distributions not reported on line 12 (See page 9 of Instructions) 14 Supplemental gains or (losses) (attach Form 4797) 15 Fully taxable pensions and annuities not reported on line 16 16a Other pensions and annuities. Total received 16b Taxable amount, if any, from worksheet on page 10 of Instructions 17 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 18 Farm income or (loss) (attach Schedule F) 19a Unemployment compensation (insurance). Total received 19b Taxable amount, if any, from worksheet on page 10 of Instructions 20 Other income (state nature and source—see page 11 of Instructions) 21 Total income. Add amounts in column for lines 7 through 20

Adjustments to Income (See Instructions on page 11) 22 Moving expense (attach Form 3903 or 3903F) 23 Employee business expenses (attach Form 2106) 24 Payments to an IRA (enter code from page 11) 25 Payments to a Keogh (H.R. 10) retirement plan 26 Interest penalty on early withdrawal of savings 27 Alimony paid 28 Disability income exclusion (attach Form 2440) 29 Other adjustments—see page 12 30 Total adjustments. Add lines 22 through 29

Adjusted Gross Income 31 Adjusted gross income. Subtract line 30 from line 21. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on page 15 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions

Tax Computation

(See Instructions on page 12)

32a Amount from line 31 (adjusted gross income)
32b If you do not itemize deductions, enter zero
32c Subtract line 32b from line 32a
33 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e
34 Taxable Income. Subtract line 33 from line 32c
35 Tax. Enter tax here and check if from Tax Table, Tax Rate Schedule X, Y, or Z, Schedule D, Schedule G, or Form 4726
36 Additional Taxes. (See page 13 of Instructions.) Enter here and check if from Form 4970, Form 4972, Form 5544, or Section 72(m)(5) penalty tax
37 Total. Add lines 35 and 36

Credits

(See Instructions on page 13)

38 Credit for contributions to candidates for public office
39 Credit for the elderly (attach Schedules R&RP)
40 Credit for child and dependent care expenses (attach Form 2441)
41 Investment credit (attach Form 3468)
42 Foreign tax credit (attach Form 1116)
43 Work incentive (WIN) credit (attach Form 4874)
44 Jobs credit (attach Form 5884)
45 Residential energy credit (attach Form 5695)
46 Total credits. Add lines 38 through 45
47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)

Other Taxes

(Including Advance EIC Payments)

48 Self-employment tax (attach Schedule SE)
49a Minimum tax. Attach Form 4625 and check here
49b Alternative minimum tax. Attach Form 6251 and check here
50 Tax from recomputing prior-year investment credit (attach Form 4255)
51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137)
51b Uncollected employee FICA and RRTA tax on tips (from Form W-2)
52 Tax on an IRA (attach Form 5329)
53 Advance earned income credit (EIC) payments received (from Form W-2)
54 Total tax. Add lines 47 through 53

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Payments

Attach Forms W-2, W-2G, and W-2P to front.

55 Total Federal income tax withheld
56 1981 estimated tax payments and amount applied from 1980 return
57 Earned income credit. If line 32a is under \$10,000, see page 15 of Instructions
58 Amount paid with Form 4868
59 Excess FICA and RRTA tax withheld (two or more employers)
60 Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T)
61 Regulated Investment Company credit (attach Form 2439)
62 Total. Add lines 55 through 61

Refund or Balance Due

63 If line 62 is larger than line 54, enter amount OVERPAID
64 Amount of line 63 to be REFUNDED TO YOU
65 Amount of line 63 to be applied to your 1982 estimated tax
66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1981 Form 1040" on it. (Check if Form 2210 (2210F) is attached. See page 16 of Instructions.)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's social security no. Firm's name (or yours, if self-employed) and address E.I. No. ZIP code