For the year	year January 1-December 31, 1983, or other tax year beginning , 1983, ending								, 19 . OMB No. 1545-0074						
Use	Your first	name and	d initial (if joint retu	rn, also give spi	ouse's nam	e and initial)	La	ast name		······· · · · · · · · · · · · · · · ·	Your	Your social security number			
IRS label.															
Other-	Present home address (Number and street, including apartment number, or rural route)							Spou	rity number						
wise, please															
print	City, town or post office, State, and ZIP code									Your occupation					
or type.					. 10				e's occup	ation		N-A Chl	- 10V21:U		
President Election (o you want \$1 joint return, d						Yes		140		ease your tax		
Election	vallipaigli			-	ouse wa	iii ar to go			Yes	anerwork F	No Reduction A	or reduct Act Notice, see	<i>e your refund</i> Instructions		
Eiling St	tatue	1	Single					aperwork i		101 1101100, 300					
Filing St	lalus	2	, , , , ,												
Check only	у	3													
one box.		4	Head of household (with qualifying person). (See page 6 of Instructions.) If the qual child but not your dependent, write child's name here.								lualitying	annying person is your unmarried			
		5								age 6 of I	nstructions.)				
				, , ,						,	Enter number				
Exempti	ions	6a		ourself 65 or over				Blind			boxes checked on 6a and b	I			
•		b	Spous		t children who lived wit				L		;) Enter number			
Always che the box lat		С	r irst names of y	our depender	it cillarei	i wilo lived W	itii you					of children listed on 6c			
Yourself.		d	Other dependen	r dependents:		Daladio - 1.1	(3) Number of	(4) Did de		(5) Did you		, nateu oli ot			
Check oth boxes if th		-	(1) Name		(2)	Relationship	months lived in your home	have inc \$1,000 o		more than o dependent's		Enter number			
apply.	,											of other dependents	•		
												Add numbers			
		e	Total number of	exemptions (claimed .							entered in boxes above	.		
		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	Wages, salaries,								7				
Income			Interest meome	A CONTRACTOR OF THE PARTY OF TH							8				
			Dividends (also a												
Please attach Copy B of your			Subtract line 9b								90	<u>c</u>			
Forms W-2	Ź, W-2G,	10	Refunds of State and local income taxes, from worksheet on page 10 of Instructions (do not enter an amount unless you deducted those taxes in an earlier year—see page 10 of						not						
and W-2P	here.		Instructions) .							page 10	10				
If you do n		11	Alimony received								11				
a W-2, see page 5 of	Э	12	· · · · · · · · · · · · · · · · · · ·												
Instruction	ns.	13													
		14	40% capital gain distributions not reported on line 13 (See page 10 of Instructions)								14				
			Supplemental gains or (losses) (attach Form 4797)												
		16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17							16					
		17a	Other pensions and annuities, including rollovers. Total received							171					
										10) 				
											► 13				
Please			Oa Unemployment compensation (insurance). Total received								2Ót	_			
attach che	eck		b Taxable amount, if any, from worksheet on page 11 of Instructions												
or money order here	e.	21	Other income (state nature and source—see page 11 of Instructions) Total income. Add amounts in column for lines 7 through 21						21						
		22													
								23	· · · ·	<u></u> j-					
Adjustm	nents		.	`		,		24		+					
to Incon		24	Employee business expenses (attach Form 2106)							+					
(See	-					. •				+					
Ìnstruc∙		D	b Enter here IRA payments you made in 1984 that are included in												
tions on page 11)		26	line 25a above ► Payments to a Keogh (H.R. 10) retirement plan												
			1 27						+						
		27 28	Penalty on early withdrawal of savings												
			Allmony paid												
			Deduction for a married couple when both work (attach Schedule W) Disability income exclusion (attach Form 2440) 30												
			Total adjustmen	,							▶ 31	=			
Adjuste	d	32	Adjusted gross	income. Sub	tract line	31 from line	22. If this line	is less th	an \$10	,000, see					
Gross In			"Earned Income tax, see page 3 c	· Credit'' (line	e 59) on p	age 16 of Ins	structions. If yo	ou want li	RS to fi	gure your	▶ 32				

Form 1040 (1983	3)						Page Z
Tax	33	Amount from line 32 (adjusted gross income)					
Compu-	34a	If you itemize, complete Schedule A (Form 1040) and enter the amount from S	-		 		
tation		Caution: If you have unearned income and can be claimed as a depe					
/C		check here ► and see page 13 of the Instructions. Also see p					
(See Instruc-		 You are married filing a separate return and your spouse itemiz You file Form 4563, OR 					
tions on		You are a dual-status alien.					
page 13)	34ь	If you do not itemize deductions on Schedule A (Form 1040), comple	34b				
	25	Then enter the allowable part of your charitable contributions here.			·		+-
	35 26		or 34b, whichever applies, from line 33				
	36		line 36 from line 35				
	37	Tax. Enter tax here and check if from Tax Table, Tax				+-	
	38						
	39		chedule G				
	33	Form 4972, Form 5544, or section 72 penalty taxes					
		Total 4972, Total 3544, or Section 72 penalty taxe	- 100		+		
	40	Total. Add lines 38 and 39			40		
	41	Credit for the elderly (attach Schedules R&RP)	41				+
Credits	42	Foreign tax credit (attach Form 1116)	42				
(See	43	Investment credit (attach Form 3468)	43				
Instruc-	44	Partial credit for political contributions	44				
tions on page 14)	45	Credit for child and dependent care expenses (attach Form 2441)	45				
page 14)	46	Jobs credit (attach Form 5884)	46				
	47	Residential energy credit (attach Form 5695)	47				
	48	Total credits. Add lines 41 through 47			48		
		Total Granter Add most 2 through					
	49	Balance. Subtract line 48 from line 40 and enter difference (but not	less than	zero) J	▶ 49		
Other	50	Self-employment tax (attach Schedule SE)			. 50		
Taxes	51	Alternative minimum tax (attach Form 6251)			. 51		
. 4.00	52	Tax from recapture of investment credit (attach Form 4255)	. 52				
(Including Advance	53	Social security tax on tip income not reported to employer (attach Fo	53				
EIC	54	Uncollected employee social security tax and RRTA tax on tips (from	54				
Payments)	55	Tax on an IRA (attach Form 5329)	. 55				
06	56	Total tax. Add lines 49 through 55		<u> </u>	> 56		
Payments	57	Federal income tax withheld.	57				
	58	1983 estimated tax payments and amount applied from 1982 return	58				
	59	Earned income credit. If line 33 is under \$10,000, see page 16.	59				
Attach Forms W-2.	60	Amount paid with Form 4868	60				
W-2G, and	61	Excess social security tax and RRTA tax withheld (two or more					
W-2P to front.	-	employers)	61				
to mont.	62	Credit for Federal tax on special fuels and oils (attach Form 4136) Regulated Investment Company credit (attach Form 2439)	63				
	63	negulated investment company credit (attach Form 2433)	03				
	64	Total payments. Add lines 57 through 63		1	64		
		If line 64 is larger than line 56, enter amount OVERPAID			65		_
Refund or	65 66	Amount of line 65 to be REFUNDED TO YOU					+-
Amount	67	Amount of line 65 to be applied to your 1984 estimated tax			+		
You Owe	68	If line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach check					
104 0110	00	payable to "Internal Revenue Service." Write your social security number and	▶ 68				
		(Check ► if Form 2210 (2210F) is attached. See page 17 of Instruction		[
	Unde	or penalties of perusy. I declare that I have examined this return and accompa	and to the	best of my knowled	dge and		
Please	belie	f, they are true, correct, and complete. Declaration of preparer (other than taxpa	yer) is base	ed on all information of v	vnich prepa	arer nas any knowled	ge.
Sign	L	1		•			
Here		Your signature Date		Spouse's signature (i	f filing joint	ly, BOTH must sign)	
	Dron	arer's Date		Check if	Pre	parer's social securit	y no.
Paid	signa			self-employed			
Preparer's Use Only	Firm's name (or E.I. No.						
Jac Only		s, if self-employed) address		ZIP code			