<b>1040</b>		artment of the Treasury—Internal Revenue Service  S. Individual Income Tax Return 1989							
	Fort	19	OMB No. 1545-0074						
Label		our first name and initial Last name	Your so	Your social security number					
Use IRS label. Otherwise, please print or type.	lf:	a joint return, spouse's first name and initial Last name	Spouse	: : Spouse's social security number : : :					
	Н	ome address (number and street). (If a P.O. box, see page 7 of Instructions.)  Apt. no.  ty, town or post office, state and ZIP code. (If a foreign address, see page 7.)	Pap Act	For Privacy Act and Paperwork Reduction Act Notice, see					
			Inst	ructions.					
Presidential Election Campaig	n <b>)</b>	Do you want \$1 to go to this fund? Yes  If joint return, does your spouse want \$1 to go to this fund? . Yes	No No	<b>Note:</b> Checking ''Yes'' wil not change your tax reduce your refund.					
Filing Status	1	Single							
Filing Status	2	Married filing joint return (even if only one had income)							
Check only	3 4	Married filing separate return. Enter spouse's social security no. above and full name here.  Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not							
one box.	•	your dependent, enter child's name here							
	5	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 7 of	of Instru	uctions.)					
Exemptions	6a	return, do not check box 6a. But be sure to check the box on line 33b on page 2.	. }	No. of boxes checked on 6a and 6b					
(See Instructions	b	Land I La	onths	No. of your					
on page 8.)	C	(2) Check if under age 2  (1) Name (first, initial, and last name) (2) Check if under age 2 or older, dependent's social security number (4) Relationship lived in your in 1988	r home	children on 6c who:					
				● lived with you					
				<ul> <li>didn't live with you due to</li> </ul>					
If more than 6		: :		divorce or separation (see					
dependents, see		i i		page 9)					
Instructions on page 8.				No. of other dependents on 6c					
			_	Add numbers					
		If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here		entered on lines above					
	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	Total number of exemptions claimed		IIICS GOOVE					
Income	7	Wages, salaries, tips, etc. attach Form(s) W-2)							
Please attach		Tax-exempt interest income (see page 10). DON'T include on line 8a 8b							
Copy B of your	9	Dividend income (also attach Schedule B if over \$400)	9						
Forms W-2, W-2G, and W-2P here.	10	Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions	10						
If you do not have	11	Alimony received	11						
a W-2, see page 6 of Instructions.	12	Business income or (loss) (attach Schedule C)	12						
	13	Capital gain or (loss) (attach Schedule D)	13						
	14	Capital gain distributions not reported on line 13 (see page 11)	1 1						
	15	Other gains or (losses) (attach Form 4797)	15						
	_	Total IRA distributions 16a 16b Taxable amount (see page 11) Total pensions and annuities 17a 17b Taxable amount (see page 12)	$\overline{}$	<del></del>					
	1/a 18	Total pensions and annuities 17a 17b Taxable amount (see page 12)  Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18						
	19	Farm income or (loss) (attach Schedule F)	19						
•	20	Unemployment compensation (insurance) (see page 13)	20						
Please		Social security benefits 21a 21b Taxable amount (see page 13)	21b						
attach check or money	22	Other income (list type and amount—see page 13)	22						
order here.	23	Add the amounts shown in the far right column for lines 7 through 22. This is your total income	23						
Adjustments to Income  (See Instructions on page 14.)	24	Your IRA deduction, from applicable worksheet on page 14 or 15 24							
	25	Spouse's IRA deduction, from applicable worksheet on page 14 or 15 25	<i>\\\\\\</i>						
	26	Self-employed health insurance deduction, from worksheet on page 15 26	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>						
	27	Keogh retirement plan and self-employed SEP deduction	<i>\\\\\\</i>						
	28	Penalty on early withdrawal of savings	<i>\\\\\\</i>						
	29	Alimony paid. a Recipient's last name							
	30	and <b>b</b> social security number	<i>30</i>						
Adjusted	31	Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than	30						
Gross Income		\$19,340 and a child lived with you, see "Earned Income Credit" (line 58) on page 20 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions	31						

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_	32	Amount from line 31 (adjusted gross income)			. 32		
Tax	33a	Check if: You were 65 or older Blind; Spouse wa	as 65 or old	er 🗌 Blind.			
Compu-		Add the number of boxes checked and enter the total here . $\;\;$ .		▶ 33a <u> </u>	<b></b>		
tation	b	If someone (such as your parent) can claim you as a dependent	t, check her	e ▶ 33b 🗌			
	С	c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here 33c					
	34	Enter the f • Your standard deduction (from page 17 of the					
		larger   ⟨ • Your itemized deductions (from Schedule A, li	ine 26).	}	. 34		
		of: ( If you itemize, attach Schedule A and check h	nere 🕨				
	35	35					
	36	Multiply \$2,000 by the total number of exemptions claimed on	1 1				
	37	Taxable income. Subtract line 36 from line 35. Enter the result	. 37				
		Caution: If under age 14 and you have more than \$1,000 of invariant see page 17 to see if you have to use Form 8615 to					
	38	Enter tax. Check if from: <b>a</b> Tax Table, <b>b</b> Tax Rate Sched					
		(If any is from Form(s) 8814, enter that amount here ▶ d		<u> </u>	. 38		
	39 40	Additional taxes (see page 18). Check if from: a Form 4970 Add lines 38 and 39. Enter the total			39		
				<u></u>	▶ 40		
Credits (See Instructions	41 42	Credit for child and dependent care expenses (attach Form 24	/		{///////		
	43	Credit for the elderly or the disabled (attach Schedule R)			<del>-</del> ////////		
	44	General business credit. Check if from:					
on page 18.)		a ☐ Form 3800 or b ☐ Form (specify)	. 44				
	45	Credit for prior year minimum tax (attach Form 8801)	45				
-	46	Add lines 41 through 45. Enter the total			. 46		
	47	Subtract line 46 from line 40. Enter the result (if less than zero,	enter zero)	· · · · · · · · · · · · · · · · · · ·	▶ 47		
Other	48	Self-employment tax (attach Schedule SE)					
Taxes	49	Alternative minimum tax (attach Form 6251)		_			
(Including	50	Recapture taxes (see page 18). Check if from: a Form 425		☐ Form 8611	l l		
Advance EIC Payments)	51 52	Social security tax on tip income not reported to employer (attac Tax on an IRA or a qualified retirement plan (attach Form 5329)					
Payments)	52 53	Add lines 47 through 52. Enter the total					
Medicare	54	Supplemental Medicare premium (attach Form 8808)			54		
Premium	55	Add lines 53 and 54. This is your total tax and any supplementa			▶ 55		
Payments Attach Forms W-2, W-2G, and W-2P to front.	56	Federal income tax withheld (if any is from Form(s) 1099, check ▶	☐) 56				
	57	1989 estimated tax payments and amount applied from 1988 retu					
	58	Earned income credit (see page 20)					
	59	Amount paid with Form 4868 (extension request)			- <b>////////////////////////////////////</b>		
	60	Excess social security tax and RRTA tax withheld (see page 2	· I		<b>-</b> {////////////////////////////////////		
	61 62	Credit for Federal tax on fuels (attach Form 4136)					
	63	Add lines 56 through 62. These are your <b>total payments</b>			<b>►</b> 63		
Refund or	64	If line 63 is larger than line 55, enter amount <b>OVERPAID</b>			▶ 64		
	65	Amount of line 64 to be <b>REFUNDED TO YOU</b>			65		
	66	Amount of line 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX	x ▶ 66				
Amount	67	If line 55 is larger than line 63, enter AMOUNT YOU OWE. A	ttach check	k or monev order for fu	JI ///////		
You Owe		amount payable to "Internal Revenue Service." Write your soc number, and "1989 Form 1040" on it	ial security	number, daytime phon			
	68	Penalty for underpayment of estimated tax (see page 21)		1			
Sign	Under	penalties of perjury, I declare that I have examined this return and according	ompanying so	chedules and statements,	and to the be	est of my knowledge and	
Here	belief,	they are true, correct, and complete. Declaration of preparer (other than t	axpayer) is ba	ased on all information of w	hich preparer	has any knowledge.	
	,	our signature Dat	te	Your occupation			
(Keep a copy of this return	-	Spouse's signature (if joint return, BOTH must sign) Dat	10	Santa and a santa bina			
for your records.)		Poddoc 3 Signature (11 Joint Feturn, DOTH Illust Sign)	ıe	Spouse's occupation			
Paid Preparer's	Prepa	rer's Dat	te	0	Prepar	er's social security no.	
	signat	ure		Check if self-employed		ii	
Use Only		name (or if self-employed)		E.I. No.			
	and ac	Idress		ZIP code			