

For the year Jan.—Dec. 31, 1990, or other tax year beginning , 1990, ending

19

OMB No. 1545-0074

Label (See Instructions on page 8.)

Use IRS label. Otherwise, please print or type.

Form with fields for name, address, and social security numbers.

Your social security number

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)

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 change your tax or reduce your refund.

Filing Status

Check only one box.

Single, Married filing joint return, Married filing separate return, Head of household, Qualifying widow(er) with dependent child.

Exemptions

(See Instructions on page 10.)

6a Yourself, 6b Spouse, 6c Dependents table with columns for name, age, SSN, relationship, and months lived.

No. of boxes checked on 6a and 6b, No. of your children on 6c who: lived with you, didn't live with you due to divorce or separation, No. of other dependents on 6c, Add numbers entered on lines above.

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7 Wages, salaries, tips, etc., 8a Taxable interest income, 8b Tax-exempt interest income, 9 Dividend income, 10 Taxable refunds, 11 Alimony received, 12 Business income, 13 Capital gain, 14 Capital gain distributions, 15 Other gains, 16a Total IRA distributions, 16b Taxable amount, 17a Total pensions and annuities, 17b Taxable amount, 18 Rents, royalties, 19 Farm income, 20 Unemployment compensation, 21a Social security benefits, 21b Taxable amount, 22 Other income, 23 Add the amounts shown in the far right column for lines 7 through 22.

Grid for income lines 7 through 23.

Adjustments to Income

(See Instructions on page 17.)

24a Your IRA deduction, 24b Spouse's IRA deduction, 25 One-half of self-employment tax, 26 Self-employed health insurance deduction, 27 Keogh retirement plan, 28 Penalty on early withdrawal, 29 Alimony paid, 30 Add lines 24a through 29.

Grid for adjustment lines 24a through 30.

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your adjusted gross income.

Grid for adjusted gross income line 31.

**Tax Computation**

If you want IRS to figure your tax, see Instructions on page 19

32 Amount from line 31 (adjusted gross income) **32**

33a Check if:  You were 65 or older  Blind;  Spouse was 65 or older  Blind. Add the number of boxes checked above and enter the total here **33a**

b If your parent (or someone else) can claim you as a dependent, check here **33b**

c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here **33c**

34 Enter the larger of:
 

- Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR
- Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here.

**34**

35 Subtract line 34 from line 32 **35**

36 Multiply \$2,050 by the total number of exemptions claimed on line 6e **36**

37 Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.) **37**

38 Enter tax. Check if from: a  Tax Table, b  Tax Rate Schedules, or c  Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here **d** \_\_\_\_\_.) **38**

39 Additional taxes (see page 21). Check if from: a  Form 4970 b  Form 4972 **39**

40 Add lines 38 and 39 **40**

**Credits**

(See Instructions on page 21.)

41 Credit for child and dependent care expenses (attach Form 2441) **41**

42 Credit for the elderly or the disabled (attach Schedule R) **42**

43 Foreign tax credit (attach Form 1116) **43**

44 General business credit. Check if from: 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 **46**

47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) **47**

**Other Taxes**

48 Self-employment tax (attach Schedule SE) **48**

49 Alternative minimum tax (attach Form 6251) **49**

50 Recapture taxes (see page 22). Check if from: a  Form 4255 b  Form 8611 **50**

51 Social security tax on tip income not reported to employer (attach Form 4137) **51**

52 Tax on an IRA or a qualified retirement plan (attach Form 5329) **52**

53 Advance earned income credit payments from Form W-2 **53**

54 Add lines 47 through 53. This is your total tax **54**

**Payments**

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

55 Federal income tax withheld (if any is from Form(s) 1099, check ) **55**

56 1990 estimated tax payments and amount applied from 1989 return **56**

57 Earned income credit (see page 23) **57**

58 Amount paid with Form 4868 (extension request) **58**

59 Excess social security tax and RRTA tax withheld (see page 24) **59**

60 Credit for Federal tax on fuels (attach Form 4136) **60**

61 Regulated investment company credit (attach Form 2439) **61**

62 Add lines 55 through 61. These are your total payments **62**

**Refund or Amount You Owe**

63 If line 62 is more than line 54, enter amount OVERPAID **63**

64 Amount of line 63 to be REFUNDED TO YOU **64**

65 Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX **65**

66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to 'Internal Revenue Service.' Write your name, address, social security number, daytime phone number, and '1990 Form 1040' on it **66**

67 Estimated tax penalty (see page 25) **67**

**Sign Here**

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_

Spouse's signature (if joint return, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's social security no. \_\_\_\_\_

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed) and address \_\_\_\_\_ E I No \_\_\_\_\_

ZIP code \_\_\_\_\_