

For the year Jan.–Dec. 31, 1991, or other tax year beginning , 1991, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 11.)

Use the IRS label. Otherwise, please print or type.

Form with fields for: Your first name and initial, Last name, If a joint return, spouse's first name and initial, Last name, Home address (number and street), Apt. no., City, town or post office, state, and ZIP code.

Your social security number
Spouse's social security number

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

Presidential Election Campaign (See page 11.)

Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes/No options.

Filing Status

Check only one box.

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).
5 Qualifying widow(er) with dependent child.

Exemptions (See page 12.)

If more than six dependents, see page 13.

6a Yourself. 6b Spouse. 6c Dependents: (1) Name, (2) Check if under age 1, (3) Social security number, (4) Relationship, (5) Months lived in home. 6d 6e Total number of exemptions claimed.

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 10.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

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 16b Total IRA distributions. 17a 17b Total pensions and annuities. 18 Rents, royalties. 19 Farm income. 20 Unemployment compensation. 21a 21b Social security benefits. 22 Other income. 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income.

Adjustments to Income (See page 19.)

(See page 19.)

24a 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. These are your total adjustments.

Adjusted Gross Income

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

Tax Computation

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind ; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> 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 23 and check here ▶	33c	
34	Enter the larger of your: <ul style="list-style-type: none"> ● Itemized deductions (from Schedule A, line 26), OR ● Standard deduction (shown below for your filing status). Caution: If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. ● Single—\$3,400 ● Head of household—\$5,000 ● Married filing jointly or Qualifying widow(er)—\$5,700 ● Married filing separately—\$2,850 	34	
35	Subtract line 34 from line 32	35	
36	If line 32 is \$75,000 or less, multiply \$2,150 by the total number of exemptions claimed on line 6e. If line 32 is over \$75,000, see page 24 for the amount to enter	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 <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Schedule D, or d <input type="checkbox"/> Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e _____ .)	38	
39	Additional taxes (see page 24). Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39. ▶	40	

Credits

(See page 25.)

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	Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.) ▶	46	

Other Taxes

47	Self-employment tax (attach Schedule SE)	47	
48	Alternative minimum tax (attach Form 6251)	48	
49	Recapture taxes (see page 26). Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)	50	
51	Tax on an IRA or a qualified retirement plan (attach Form 5329)	51	
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your total tax ▶	53	

Payments

Attach Forms W-2, W-2G, and 1099-R to front.

54	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	54	
55	1991 estimated tax payments and amount applied from 1990 return	55	
56	Earned income credit (attach Schedule EIC)	56	
57	Amount paid with Form 4868 (extension request)	57	
58	Excess social security, Medicare, and RRTA tax withheld (see page 27)	58	
59	Other payments (see page 27). Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54 through 59. These are your total payments ▶	60	

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID . . . ▶	61	
62	Amount of line 61 to be REFUNDED TO YOU ▶	62	
63	Amount of line 61 to be APPLIED TO YOUR 1992 ESTIMATED TAX ▶	63	
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the 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 "1991 Form 1040" on it.	64	
65	Estimated tax penalty (see page 28). Also include on line 64. 65	65	

Sign Here

Keep a copy of this return for your records.

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP code	