1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



(99) IRS Use Only—Do not write or staple in this space.

	For th	For the year Jan. 1–Dec. 31, 1994, or other tax year beginning , 1994, ending				OMB No. 1545-0074						
Label	You	r first name and initial	Last name		Your so	cial security number						
(See												
instructions A on page 12.) E	lf a	joint return, spouse's first name and initia	Spouse'	Spouse's social security number								
Use the IRS Label.	Hor	ne address (number and street). If you ha	Eor D	rivacy Act and								
Otherwise, E				rwork Reduction								
please print R	City	, town or post office, state, and ZIP code		lotice, see page 4.								
or type. Presidential					Yes N							
Election Campaign		Do you want \$3 to go to this fund?	,			will not change your tax or reduce your						
(See page 12.)		If a joint return, does your spouse w				refund.						
	1	Single										
Filing Status	2	Married filing joint return (ev	ven if only one had incom	ne)								
(See page 12.)	3	Married filing separate return. E			e. 🕨							
Check only	4	Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent,										
one box.		enter this child's name here.										
	5	Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 13.)										
F	6a	Yourself. If your parent (or some				No. of boxes						
Exemptions		—	ox 6a. But be sure to chec	k the box on line 33b on pa	ge 2 . }	checked on 6a and 6b						
(See page 13.)	b	Spouse			<u> </u>	No. of your						
	С	if u	Check (3) If age 1 or older, dependent's social secur		of months in your	children on 6c who:						
		(1) Name (first, initial, and last name)	ge 1 number	you home	e in 1994	lived with you						
If more than six						didn't live with						
dependents,						you due to divorce or						
see page 14.						separation (see						
						page 14)						
						Dependents on 6c not entered above						
	h	If your child didn't live with you but is clain	med as your dependent under a	nra 100E agraamant ahaak ha		Add numbers						
		Total number of exemptions claime		i pre-1985 agreement, check her		entered on lines above ►						
	7	Wages, salaries, tips, tc. Attach Fo										
Income		Taxable interest income (see page			·							
Attach	b	Tax-exempt interest (see page 16). I										
Copy B of your	9	Dividend income. Attach Schedule			9							
Forms W-2,	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 16) 10										
W-2G, and 1099-R here.	11	Alimony received										
	12	Business income or (loss). Attach S	Schedule C or C-EZ		12							
lf you did not get a W-2, see	13	Capital gain or (loss). If required, at	tach Schedule D (see pag	ge 16)	13							
page 15.	14	Other gains or (losses). Attach Forn	n 4797		. 14							
	15a	Total IRA distributions . 15a	b1	Taxable amount (see page 17) 15b							
Enclose, but do not attach, any	16a	Total pensions and annuities 16a	b1	Faxable amount (see page 17) 16b							
payment with	17	Rental real estate, royalties, partners										
your return.	18	Farm income or (loss). Attach Sche										
	19	Unemployment compensation (see										
	20a	Social security benefits 20a		Faxable amount (see page 18								
	21 22	Other income. List type and amoun Add the amounts in the far right colu	nt—see page 18	This is your total income	21							
	22			23a	22							
Adjustments	23a	Your IRA deduction (see page 19)		23a 23b	_							
to Income	b	Spouse's IRA deduction (see page	·//····	230	_							
	24 25	Moving expenses. Attach Form 390		25								
Caution: See instructions ►	25 26	One-half of self-employment tax . Self-employed health insurance dea		26								
	20 27	Keogh retirement plan and self-emp		27								
	27	Penalty on early withdrawal of savir	-	28								
	20 29		ings	29								
	30	Add lines 23a through 29. These ar			▶ 30							
Adjusted	31	Subtract line 30 from line 22. This is your			d							
Gross Income		with you (less than \$9,000 if a child didn'										

Toy	32	Amount from line 31 (adjusted gross income)					32		
Тах	33a								
Compu-		Add the number of boxes checked above and enter the total here							
tation	h	If your parent (or someone else) can claim you as a dep							
(See page									
23.)	С	If you are married filing separately and your spouse item you are a dual-status alien, see page 23 and check here	33c 🗌						
	34	Enter Standard deductions from Schedule A, line 29)						
	34	nter ne Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction.							
		larger / If you checked box 33c, your standard ded							
		of your: Single—\$3,800 • Head of househ	old—\$5	600			34		
		 Married filing jointly or Qualifying widow(er)- 							
		 Married filing separately—\$3,175 	,	35					
	35 Subtract line 34 from line 32								
	36 If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claime								
		line 6e. If line 32 is over \$83,850, see the worksheet on	o enter .	36					
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36		37					
the IRS to	38	Tax. Check if from a Tax Table, b Tax Rate Sche							
figure your tax, see		sheet, or d Form 8615 (see page 24). Amount from F		38					
page 24.	39	Additional taxes. Check if from a Form 4970 b			39				
	40	Add lines 38 and 39		<u></u>		🕨	40		
Credits	41	Credit for child and dependent care expenses. Attach Form	2441	41					
orcuits	42	Credit for the elderly or the disabled. Attach Schedule R		42					
(See page	43	Foreign tax credit. Attach Form 1116		43					
24.)	44	Other credits (see page 25). Check if from \mathbf{a} Form 3							
		b Form 8396 c Form 8801 d Form (specify)		44					
	45	Add lines 41 through 44					45		
	46	Subtract line 45 from line 40. If line 45 is more than line					46		
Other	47	Self-employment tax. Attach Schedule SE					47		
Taxes	48				48 49				
	49	Recapture taxes. Check if from \mathbf{a} Form 4255 \mathbf{b} Form 8611 \mathbf{c} Form 8828							
(See page 25.)	50	Social security and Medicare tax on tip income not reported		5			50		
23.)	51	Tax on qualified retirement plans, including IRAs. If requ		51					
	52	Advance earned income credit payments from Form W-					52		
	53	Add lines 46 through 52. This is your total tax				►	53		
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ►		54					
- aj momo	55	1994 estimated tax payments and amount applied from 1993 re	turn .	55					
	56	Earned income credit. If required, attach Schedule EIC (see							
Attach Forms W-2, W-2G, and		27). Nontaxable earned income: amount		= (
		and type ►		56					
1099-R on	57	Amount paid with Form 4868 (extension request) .		57					
the front.	58	Excess social security and RRTA tax withheld (see page		58					
	59 60	Other payments. Check if from a Form 2439 b Form Add lines 54 through 59. These are your total payments		59			(0		
				· · ·		· ·	60		
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	is the ar	mount yo	ou OVERPAI	D 🕨	61		
Amount	62	Amount of line 61 you want REFUNDED TO YOU .	· · ►	62					
You Owe	63	Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TO							
	64	If line 53 is more than line 60, subtract line 60 from line 53		64					
	65	For details on how to pay, including what to write on yo Estimated tax penalty (see page 33). Also include on line		1 65	e page 32	· · ·	04		
					adulos and s	statomonts an	d to th	a bast of my knowla	dao and
Sign	belief	Jnder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatior						preparer has any knowled	wledge.
Here	•	Your signature Date Your occu							
Кеер а сору									
of this return for your	Ń.	Spouse's signature. If a joint return, BOTH must sign.		Spouse	Spouse's occupation				
records.	Spouse's signature. If a joint return, BOTH must sign. Date Spouse								
Daid	Proparer's Date					·r	Pre	eparer's social secu	irity no.
Paid	Check				Check self-em				
Preparer's		Firm's name (or yours							
Use Only		if self-employed) and address							
						ZIP code			