<b>1040</b>	-	rtment of the Treasury—Internal Revenue . Individual Income Tax Re		5 (99) IRS				to in this owner.			
		e year Jan. 1–Dec. 31, 1995, or other tax yea		, 1995, endin	-		, 19	le in this space. OMB No. 1545	5-0074		
Label		Ir first name and initial	Last name			You	r socia	al security num			
(See L Instructions A											
instructions on page 11.)	lf a	joint return, spouse's first name and initial Last name				Spouse's social security numbe					
Use the IRS		Lines address (sumber and street) If you have a D.O. have as page 11									
label. H Otherwise, E	110	lome address (number and street). If you have a P.O. box, see page 11. Apt. no.						For Privacy Act and Paperwork Reduction			
please print R or type.	Cit	, town or post office, state, and ZIP code. If you have a foreign address, see page 11.					Act Notice, see page 7.				
Presidential						Yes	No	Note: Checkin			
Election Campaign	n	Do you want $3$ to go to this fund? .						will not change tax or reduce			
(See page 11.)		If a joint return, does your spouse wan	it \$3 to go to this fun	d?				refund.			
Filing Status	1	Single		<b>`</b>							
(See page 11.)	2 3	Married filing joint return (even Married filing separate return. Ente			ll name here						
	4	Head of household (with qualify		5			ild but	not vour depe	endent		
Check only one box.		enter this child's name here. ►	•		51						
	5	Qualifying widow(er) with depe			). (See	1 0	<u>,                                    </u>				
Exemptions	6a	Yourself. If your parent (or someone return, do not check box of						o. of boxes ecked on 6a			
(See page 12.)	b	Spouse						d 6b			
(000 page 12.)	С	Dependents:	(2) Dependent's socia					), of your ildren on 6c			
		(1) First name Last name	security number. If bo in 1995, see page 13			n your n 1995	_	10:			
If more than six								lived with you didn't live with			
dependents,							_ уо	u due to /orce or			
see page 13.							- se	paration (see ge 14)			
								ependents on 6c			
							_	t entered above			
	d	If your child didn't live with you but is claimed	as your dependent under	a pre-1985 agreeme	nt, check here			d numbers tered on			
	Contraction of the	Total number of exemptions claimed	<u></u>					es above 🕨	<u> </u>		
Income	7	Wages, salaries, tips, tc. Attach Form Tanable interest income (see page 15)				7 8a			+		
Attach	8a b	<b>Tax-exempt</b> interest (see page 15). DOI			· · · · ·		-		1		
Copy B of your	9	Dividend income. Attach Schedule B if				9					
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 15)									
1099-R here.	11	Alimony received							+		
lf you did not	12	Business income or (loss). Attach Sche				12			+		
get a W-2, see page 14.	13 14	Capital gain or (loss). If required, attach Schedule D (see page 16)							+		
puge 14.	15a	Total IRA distributions . 15a	1 1	Taxable amount (s	ee page 16)	15	b		-		
Enclose, but do	16a	Total pensions and annuities 16a		Taxable amount (s		16	b		<u> </u>		
not attach, your payment and	17	Rental real estate, royalties, partnership		ists, etc. Attach S	Schedule E	17					
payment voucher. See	18	Farm income or (loss). Attach Schedule F					3		+		
page 33.	19 20a	Unemployment compensation (see page 17)					b		+		
	20a 21	Other income. List type and amount—		-		21					
	22	Add the amounts in the far right column	for lines 7 through 21	This is your tota	l income 🕨	22	2				
Adjustments	23a	Your IRA deduction (see page 19) .		23a		_					
Adjustments to Income	b	Spouse's IRA deduction (see page 19)		23b		_					
	24 25	Moving expenses. Attach Form 3903 c		24 25							
	25 26	One-half of self-employment tax Self-employed health insurance deduc		26					1		
	27	Keogh & self-employed SEP plans. If S	_	27							
	28	Penalty on early withdrawal of savings		28					1		
	29	Alimony paid. Recipient's SSN ►		29	<b>F</b>						
Adjusted	30	Add lines 23a through 29. These are y			<b>&gt;</b>	30	<b>/</b>		+		
Gross Income	31	Subtract line 30 from line 22. This is your <b>adj</b> with you (less than \$9,230 if a child didn't liv				31			1		

Тах	32	Amount from line 31 (adjusted gross income)					32		+	
Compu-	33a	Check if: Check if: Spouse 65 or older, Check if: Spouse								
tation		Add the number of boxes checked above and enter the t								
(See page		If your parent (or someone else) can claim you as a depe				330				
23.)	С	If you are married filing separately and your spouse itemize you are a dual-status alien, see page 23 and check here	33c 🗌							
	34	Enter the larger of your: your: Enter the standard deductions from Schedule A, line 28, Standard deduction shown below for your filir any box on line 33a or b, go to page 23 to If you checked box 33c, your standard deduction shown below for your filing jointly or C	lard dedu v(er)—\$6,5	ction.	34					
	35	● Head of household—\$5,750 ● Married filing separately—\$3,275 Subtract line 34 from line 32					35			
	36	If line 32 is \$86,025 or less, multiply \$2,500 by the total r								
	37	line 6e. If line 32 is over \$86,025, see the worksheet on page 23 for the amount <b>Taxable income.</b> Subtract line 36 from line 35. If line 36 is more than line 35, en					36 37			
If you want the IRS to						<u> </u>				
figure your	38	Tax. Check if from <b>a</b> Tax Table, <b>b</b> Tax Rate Sched		38						
tax, see		sheet, or d □ Form 8615 (see page 24). Amount from Form(s) 8814 ► e					39		+	
page 35.	39 40	Additional taxes. Check if from <b>a</b> Form 4970 <b>b</b> Add lines 38 and 39.					39 40			
Credits	41	Credit for child and dependent care expenses. Attach Form 2		41						
	42	Credit for the elderly or the disabled. Attach Schedule R		42						
(See page 24.)	43	Foreign tax credit. Attach Form 1116		43						
24.)	44	Other credits (see page 25). Check if from <b>a</b> Form 38 <b>b</b> Form 8396 <b>c</b> Form 8801 <b>d</b> Form (specify)		44						
	45	Add lines 41 through 44					45			
	46	Subtract line 45 from line 40. If line 45 is more than line 4	40, ente	er -0		►	46			
	47	Self-employment tax. Attach Schedule SE			47		<u> </u>			
Other	48	Alternative minimum tax. Attach Form 6251			48		1			
Taxes					49		+			
(Saa naga	49	Recapture taxes. Check if from <b>a</b> Form 4255 <b>b</b> Fo					50			
(See page 25.)	50	Social security and Medicare tax on tip income not reported		51		+				
	51	Tax on qualified retirement plans, including IRAs. If require			52		+			
	52	Advance earned income credit payments from Form W-2							+	
	53	Household employment taxes. Attach Schedule H.					53		+	
	54	Add lines 46 through 53. This is your total tax.				· · · •	54			
Payments	55	Federal income tax withheld. If any is from Form(s) 1099, check ►		55			-			
i ajinente	56	1995 estimated tax payments and amount applied from 1994 retu	urn.	56						
Attach	57	Earned income credit. Attach Schedule EIC if you have a qualif child. Nontaxable earned income: amount ►	ying							
Forms W-2, W-2G, and		and type 🕨		57						
1099-R on the front.	58	Amount paid with Form 4868 (extension request)		58			-			
	59	Excess social security and RRTA tax withheld (see page		59						
	60	Other payments. Check if from $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form 4		60						
Refund or Amount	61	Add lines 55 through 60. These are your total payments	• •			►	61	<u> </u>	+	
	62	If line 61 is more than line 54, subtract line 54 from line 61. This i	is the ar	nount you	OVERPAI	D	62	<u> </u>		
	63	Amount of line 62 you want REFUNDED TO YOU.					63	<u> </u>	_	
You Owe	64	Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED TAX	X 🕨 🛛	64			-			
rou owe	65	If line 54 is more than line 61, subtract line 61 from line 54.	OUNT YO	DU OWE.						
		For details on how to pay and use Form 1040-V, Paymer	nt Voud	her, see	page 33	►	65			
	66	Estimated tax penalty (see page 33). Also include on line	65	66						
Sign		penalties of perjury, I declare that I have examined this return and ac								
Sign		they are true, correct, and complete. Declaration of preparer (other th		ayer) is ba			which p	preparer has any kno	owledge.	
Here		Your signature	Date		Your o	ccupation				
Keep a copy										
of this return for your records. Paid	Spouse's signature. If a joint return, BOTH must sign.			Date Spouse			e's occupation			
	Preparer's Date					Check if Preparer's social security no.				
Preparer's	Firm's	Firm's name (or yours					- 1			
Use Only	if self-employed) and address					EIN ZIR codo				
	auurt	33				ZIP code				