1040		rtment of the Treasury—Internal Revenue Service Individual Income Tax Return (98) IRS Use Only—Do n	at umita am	otople in this cases		
<u> </u>		Individual income lax Return © 70 (98) IRS Use Only—Do n le year Jan. 1–Dec. 31, 1996, or other tax year beginning , 1996, ending	, 1º	_		
Label (_	ur first name and initial Last name		OMB No. 1545-0074 ocial security number		
(See L						
page 11.)	If a	joint return, spouse's first name and initial Last name	Spouse's social security number			
E		, , , ,				
Use the IRS label.	Hoi	me address (number and street). If you have a P.O. box, see page 11. Apt. no.	For	help finding line		
Otherwise, E				instructions, see pages		
please print or type.	City	, town or post office, state, and ZIP code. If you have a foreign address, see page 11.	2 an	d 3 in the booklet.		
Presidential		<i></i>	Yes	No Note: Checking		
Election Campaign	1	Do you want \$3 to go to this fund?		"Yes" will not change your tax or		
(See page 11.)		If a joint return, does your spouse want \$3 to go to this fund?		reduce your refund.		
	1	Single				
Filing Status	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.	-			
Check only	4	Head of household (with qualifying person). (See instructions.) If the qualifying	person	is a child but not your		
one box.	_	dependent, enter this child's name here.				
	5	Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See		•		
Exemptions	6a	Yourself. If your parent (or someone else) can claim you as a dependent on his or he return, do not check box 6a	er tax	No. of boxes checked on		
LACITIPUIOTIS	b	<u> </u>	}	lines 6a and 6b		
	С	Dependents: (2) Dependent's social (3) Dependent's (4) No. of	months	No. of your children on line		
	C	security number. If born relationship to lived in	your	6c who:		
		(1) First name Last name in Dec. 1996, see inst. you home in	1 1990	lived with you		
If more than six				 did not live with you due to divorce 		
dependents, see the				or separation		
instructions				(see instructions) Dependents on 6c		
for line 6c.				not entered above		
				Add numbers entered on		
	d	Total number of exemptions claimed		lines above ►		
	7	Wages, salaries, tips, e.c. Attach Form(s) W-2	7			
Income	8a	Taxable interest. Attach Schedule B if over \$400	8a			
Attach	b	Tax-exempt interest. DO NOT include on line 8a 8b				
Copy B of your	9	Dividend income. Attach Schedule B if over \$400	9			
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions) $\ .$	10			
1099-R here.	11	Alimony received	11			
If you did not get a W-2, see the instructions for line 7.	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). If required, attach Schedule D	13			
	14	Other gains or (losses). Attach Form 4797	14 15h			
	15a	Total IRA distributions 15a b Taxable amount (see inst.)	15b 16b			
Enclose, but do	16a	Total pensions and annuities 16a b Taxable amount (see inst.)	17			
not attach, any	17 18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F	18			
payment. Also, please enclose	19	Unemployment compensation	19			
Form 1040-V	20a	Social security benefits . 20a b Taxable amount (see inst.)	20b			
(see the	21	Other income. List type and amount—see instructions				
instructions for line 62).		Citio modific. Elst type and amount see motions	21			
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22			
	23a	Your IRA deduction (see instructions) 23a				
Adjusted	b	Spouse's IRA deduction (see instructions) 23b				
Gross	24	Moving expenses. Attach Form 3903 or 3903-F 24				
Income	25	One-half of self-employment tax. Attach Schedule SE 25				
If line 31 is under	26	Self-employed health insurance deduction (see inst.)				
\$28,495 (under	27	Keogh & self-employed SEP plans. If SEP, check ▶ ☐ 27				
\$9,500 if a child	28	Penalty on early withdrawal of savings				
did not live with you), see the	29	Alimony paid. Recipient's SSN ▶ 29				
instructions for	30	Add lines 23a through 29	30			
line 54.	31	Subtract line 30 from line 22. This is your adjusted gross income	31			

Form 1040 (1996)							Pa	ige i
Тах	32	Amount from line 31 (adjusted gross income)			,		32		
Compu-	33a	Check if: You were 65 or older, Blind; Spot	er, 🔲 Blind.						
tation		Add the number of boxes checked above and enter the	cked above and enter the total here > 33a						
tation	b	If you are married filing separately and your spouse iten you were a dual-status alien, see instructions and check							
		(Itemized deductions from Schedule A, line 2				١			
	34	Enter the Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone					0.4		
		can claim you as a dependent.	33a 01 k	01 301110	Offic	}	34		
		of your: Single—\$4,000 • Married filing jointly or							
	25	◆ Head of household—\$5,900◆ Married file	<i>)</i>	35					
If you want the IRS to	35 34	Subtract line 34 from line 32	.						
	36	line 6d. If line 32 is over \$88,475, see the worksheet in			36				
figure your	37	Taxable income. Subtract line 36 from line 35. If line 36	: [37					
tax, see the instructions	38	Tax. See instructions. Check if total includes any tax from							
for line 37.		b Form 4972	>	38					
Credits	39	Credit for child and dependent care expenses. Attach Form	2441	39					
	40	Credit for the elderly or the disabled. Attach Schedule F	₹	40		-			
	41	Foreign tax credit. Attach Form 1116		41					
	42	Other. Check if from a Form 3800 b Form 8		42					
	43	c ☐ Form 8801 d ☐ Form (specify)Add lines 39 through 42					43		
	44	Subtract line 43 from line 38. If line 43 is more than line					44		
	45	Self-employment tax. Attach Schedule SE				_	45		
Other Taxes	46						46		
iaxes	47	Social security and Medicare tax on tip income not reported	d to emp	loyer. Atta	ch Form 4137	.	47		
	48	Tax on qualified retirement plans, including IRAs. If requ	uired, att	ach Form	5329	.	48		
	49	Advance earned income credit payments from Form(s)					49		
	50 51	Household employment taxes. Attach Schedule H Add lines 44 through 50. This is your total tax					50		
	52	Federal income tax withheld from Forms W-2 and 1099		52			31		
Payments	53	1996 estimated tax payments and amount applied from 1995 re		53					
	54	Earned income credit. Attach Schedule EIC if you have a qua							
		child. Nontaxable earned income: amount ▶							
Attach		and type ▶		54					
Forms W-2,	55	Amount paid with Form 4868 (request for extension) .		55		-			
W-2G, and 1099-R on	56	Excess social security and RRTA tax withheld (see inst.	,	56		-			
the front.	57 58	Other payments. Check if from a \square Form 2439 b \square Form Add lines 52 through 57. These are your total payment		57			FO		
				· · ·		UD.	58 59		
Refund	59 60a	If line 58 is more than line 51, subtract line 51 from line 58 Amount of line 59 you want REFUNDED TO YOU .	. 11115 15	irie arriour	it you OVERP		60a		
Have it sent directly to			· ·	· · ·	g ☐ Saving				
your bank account! See	▶ b	Routing number C i	ype. ∟	CHECKIII	y 🗀 Saving T	15			
inst. and fill in	▶ d	Account number							
60b, c, and d.	61	Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED T		61					
Amount	62	If line 51 is more than line 58, subtract line 58 from line 5			OUNT YOU OV	VE.	(2)		
You Owe	63	For details on how to pay and use Form 1040-V , see in Estimated tax penalty. Also include on line 62		ns 63			62		
	Unde	penalties of perjury, I declare that I have examined this return and	accompa	nying sched	lules and stateme	ents, and	I to the bes	t of my knowledg	e an
Sign	belief	they are true, correct, and complete. Declaration of preparer (other	than taxp	ayer) is bas	ed on all informa	tion of w	hich prepa	rer has any knowl	edge
Here		our signature	Date		Your occupati	ion			
Keep a copy of this return									
for your		Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occu							
records.	7							ric coolel coo	
Paid	Prepa signa	rer's ture	Date		Check if self-employed		Prepare	er's social security	y 110
Preparer's	Firm's	s name (or yours	l		sen-employed	EIN		1	
Use Only	if self	if self-employed) and address						1	
_		r							$\overline{}$