#	names and initials of both) and street, including apartment nu		, 1976 ending Last name For Privacy Act Notifications see page 5 of Instruction	Your social security number Spouse's social security no.		
B B and born of dame (A)	and street, including apartment nu	mber, or rural route)	For Privacy Act Notificatio			
Branch home address (Number		mber, or rural route)		Spouse's social security no.		
City, town or post office, State	and ZIP code		a see hage a or monaction	Spouse's social security no.		
<u> </u>		City, town or post office, State and ZIP code				
			pation Spouse's			
1 Single	(Check only ONE box)	6 a Regular	Yourself Spouse	Enter number of boxes checked		
2 Married filing joint r	eturn (even if only one had income)	1 ì	mes of your depender	100000		
প্র 3 🗌 Married filing sepai			ith youEnter			
122			number -			
name here 🕨	name here		of other dependents (fa			
4 ☐ Unmarried Head of Ho to see if	usehold. See page 7 of instructions		id lines 6a, b, and c).			
you qualify	· · · · · · · · · · · · · · · · · · ·		r older . T Yourself [
) with dependent child (Year). See page 7 of Instructions.		Yourself [add lines 6d and e) .			
7 Other dependents:		Months lived in your		mount furnished for dependent's support		
(a) Name	hou	ne. If born or died ring year, write B or D.	have income of \$750 By Y	OU. If 100% By OTHERS includ-		
•			write \$	ALE. ing dependent.		
			* -			
8 Presidential Election	Do you wish to designate \$1 of you	ur taxes for this fund?	Yes //	No Note: If you sheck the "Yes"		
Campaign Fund	If joint return, does your spouse v	vish to designate \$1?	. Yes	No tax or reduce your refund.		
9 Wages, salaries, tips, ar	d other employee compensation (At	tach forms W-2. If unite, see page 6 of instruct	avail- ions.)-	9		
10a Dividends (See pages 16 of Instru	9 and ctions)	ss exclusion	Balance 🕨	10c		
(If gross dividends	and other distributions are ove If \$400 or less, enter total withou	t listing in Schedule !	B) i			
11 Interest income.	If over \$400, enter total and list in		i i	11		
11 Interest income. 12 Income other than 13 Total (add lines 9,	vages, dividends, and interest (· · ·	1	12		
13 Total (add lines 9,						
.i. '		•	1	14 15a		
b Disability income or	m line 13			156		
c Adjusted gross inco	me. Subtract line 15b from lin					
E; ' *	, see page 2 of Instructions on			15c		
16 Tax, check if from:	Tax Table Tax Ra	te Schedule X, Y o	r Z Schedule D			
86	Schedule G Form	 , ,	Form 4726	16		
2 17a Multiply \$35.00 by the r	umber of exemptions on line 6d .	· · · 17a	Entar larger of a	(If box on line 3 is checked see page 10 of Instructions)		
b Enter 2% of line 47 but	not more than \$180 (\$90 if box 3 is			17c		
(美)	ne 17c from line 16 and enter d	•		18		
ישווו וווטוון בוונטוו כי נשן	20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)					
		merence (but not	less than zero) [_	20		
21 Other taxes (from li 22 Total (add lines 20 a 23a Total Federal incom	•			22		
23a Total Federal incom	e tax withheld. or W-2P to from	23a				
ਵਿੱਛਿੰ b 1976 estimated tax	payments as credit from 1975 reti	wad I		Pay amount on line 25 in full with this return, Write		
c Earned income credit. of	from page 2 Instructions) • • • • •			social security number on check or money order and		
d Amount paid with F	orm 4868	<u>23d</u>		make payable to internal Revenue Service.		
e Other payments (fr		· · · · · · · · · · · · · · · · · · · 				
∑ 24 TOTAL (add lines 23	Ba through e)			24		
25 If line 22 is larger to (Check here), if	han line 24, enter BALANCE D			25		
	(Check here ►, if Form 2210 or Form 2210F is attached. See page 10 of instructions.) 26 If line 24 is larger than line 22, enter amount OVERPAID			26		
5 20 Amount of line 26 to	be REFUNDED TO YOU	REALD		27		
28 Amount of line 26 to b	credited on 1977 estimated tax	- 28				
Under penalties of perjury, I do	clare that I have examined this return, in ation of preparer (other than taxpayer) is	cluding accompanying sch				
## 1 · · · · · · · · · · · · · · · · · ·	to healest family minn southfull 14		proposes time exit faile.			
Your signature	 -	Date Prepar	er's signature (and employer's	name, if any) Date		
	ointly, BOTH must sign even if only one	had income)	fring number (see instructions)	Address (and ZiP code)		

	1040 (1376)		<u> </u>	age Z
Par	acome er than Wages, Dividends and Interest			
29	Busines, income or (loss) (attach Schedule C)	29		
30a	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a		
ь	50% of capital gain distributions (not reported on S adule D-see page 10 of Instructions).	306		
31	Net gain or (loss) from Supplemental Schedule of Gain :: d Losses (attach Form 4797)	_ 31		
32a	Pensions, annuities, rents, royalties, partnerships, est s or trusts, etc. (attach Schedule E) .	32a		
	Fully taxable pensions and annuities (not reported on 5, nedule E—see page 10 of Instructions)	32b		
33		33		
34	Farm income or (loss) (attach Schedule F) State income tax refunds (does not apply if refund is for year in which you took the)	34		
35	Alimony received	35		
36	Other (state nature and source—see page 11 of Instructions)			
	Gillar (didta nature and assistant assistant)	36		
37	Total (add lines 29 through 36). Enter here and on line 12	37		
: T	Adjustments to Income		·	
•	Moving expense (attach Form 3903)	38		
	Employee business expense (attach Form 2106)	39	 -	
40.	Payments to an individual retirement arrangement from attached Form 5329, Part III	40a		
	•	40b		
	Payments to a Keogh (H.R. 10) retirement plan	41		
41	rfeited interest penalty for premature withdrawal (see page 12 of Instructions)	42	 .	
42	Tax Computation	42		_
		1	<u> </u>	
43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a		j	,
	the pendent on your parent's return, check here \ and see page 9 of Instructions	43	<u> </u>	
	If you itemize deductions, check here , and enter total from Schedule A, line 40, and attach Schedule A	1		
ь	Standard deduction—If you do not itemize deductions, check here ▶ ☐, and:	۱	*,	
	14 you checked 2 or 5, enter the greater of \$2,100 OR 5% of line 43—but not make than \$2,800	44		
	the tax on I or 4, et: the greater of \$1,700 OR 16% of line 43—but not more than \$2,400			
	3, enter translater of \$1,050 QR 16% of line 43 thou more than \$1,400)			
45	Subtract line 44 from line -3 and enter difference (but not than zero)	45		
46	Multiply total number of exemptions claimed on line 6f by 00	46		
47	Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47_		
• If li	ne 47 🗽 \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemp	ption of	Income Earned Abroad	d, find
you	r ta ax Table. Enter tax on line 16 and check appropriate box.			
	ne 4, 🖂 more than \$20,000, figure your tax on the amount on line 47 by using Tax Reie Schedule X, Y, Z, or if applica			
_	ncome averaging from Schedule G, tax from Form 2555 or maximum tax from F. : 4726. Enter tax on line 16	and c	heck appropriate box.	
Par	Credits			
48	Credit for the elderly (attach Schedules R & RP)	48		
4 9	Credit for child care expenses (attach Form 2441)	49		
50	Investment credit (attach Form 3468)	_50		
5)	reign tax credit (attach Form 1116)	51		
52	contributions to candidates for public office credit (see page 12 of Instructions)	52		
53	Work Incentive (WIN) Credit (attach Form 4874)	53		
54	Total (add lines 48 through 53). Enter here and on line 19	54		
Par	Other Taxes			
	Tax from recomputing prior-year investment credit (attach Form 4255)	55		
56	Minimum tax. Check here ▶ □, and attach Form 4625	56	·	
57	Tax on premature distributions from attached Form 5329, Part V	57		
58	Self-employment tax (attach Schedule SE)	58		
59	Social security tax on tip income not reported to employer (attach Form 4137)	59	- 	
6 0	Uncollected employee social sectority tax on tips (from Forms W-2)	60	- 	
61	Excess contribution tax from att	61	 -	
01	EACOSS CONCINUAÇÃO I COM EQUE DI TOME SOZO, FOIL IV	_ _		
en.	Total (add lines 55 through 61). At here and on line 21	62	,	!
	Total (add lines 55 through 61). er here and on line 21	32	<u> </u>	
		62	<u> </u>	-
63	Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions) .	63		<u> </u>
64	Credit fo eral tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	64	}	 -
65	Credit from a Regulated Investment Company (attach Form 2439)	65	ļ 	 -
	LOZAL (2000 HAGE EV PREALON A.S.). ENPAY BARA AND AN HEA TVA			