1040 Department of the Treasury—Internal Revenue Service 1985



For the year	r January 1	Decen	ber 31. 1985, or other tax year beginning	, 1985, e	ndine			. 19	. OMB No. 154	15-0074			
		ur first name and initial (if joint return, also give spouse's name and initial)			Last name			_	social security nut	mber			
Use IRS	toor first flame and initial (in joint return, also give spouse's name and initial)												
label.	Present	Present home address (number and street, including apartment number, or rural route)								Spouse's social security number			
Other- wise,													
please	Caty, toy	VR OF D	st office, state, and ZIP code	- I									
print or type.		•			Your occ Spouse's	· - · · ·	ion						
President	fiai	Ň	Do you want \$1 to go to this fund?		1	Yes	///////////////////////////////////////	No	Note: Checking "Y				
	Campaign		f joint return, does your spouse want \$1 to go to f			Yes		No	not change y reduce your				
		1	Single		<u> </u>	and Pa	perwork R	eduction /	Act Notice, see Ins				
Filing St	tatus	2											
Ŭ		3	Married filing joint return (even if only one had income) Married filing separate return. Enter spouse's social security no. above and full name here.										
Check only one box.		4	Head of household (with qualifying person). (S			iad child							
		-	but not your dependent, write child's name he	ung perse	in is your unimari								
		5	Qualifying widow(er) with dependent child (yea	5 of Instru	ictions.)	-							
- <u> </u>		6a	Yourself 65 or over		<u> </u>	Blind			Enter number of				
Exempti	ions	b	Spouse 65 or over			Blind			boxes checked on 6a and b				
		-	C Spouse C Spouse C Bind C Bind C Bind C Bind						Enter number				
Always che the box lat		. -	That have a set your dependent enhancer and area with y		of children listed on 6c	{·							
Yourself.		d	First names of your dependent children who did not live	ì	Enter number								
Check oth boxes if th			(If pre-1985 agreement, check here ►□ .)		-60 -7.				of children listed on 6d				
apply.	iey	e	Other dependents:	(3) Number of months lived		ependent	(5) Did ya	ou provide					
			(1) Name (2) Relationship	in your bome	have inc \$1,048 c		dependent	one-half of 's support?	Enter number of other	·			
									dependents 🕨				
					1			1	Add numbers				
		f	Total number of exemptions claimed (also complete line	36).			·		entered in boxes above				
		7	Wages, salaries, tips, etc. (Attach Form(s) W-2.).					7					
Income		8	Interest income (also attach Schedule B if over \$400) .										
Please atta		9 a	Dividends (also attach Schedule B if over \$400)	<i>************</i> ************************									
Copy B of Forms W-2		c	c Subtract line 9b from line 9a and enter the result										
and W-2P		10	Taxable refunds of state and local income taxes, if any, from	110 1]							
lf you do n	not have	11	Alimony received										
a W-2, see page 4 of	•	12	Business income or (loss) (attach Schedule C)	12									
Instruction	ns.	13	Capital gain or (loss) (attach Schedule D)	13		_ <u> </u>							
		14	40% of capital gain distributions not reported on line 13		`								
		15	Other gains or (losses) (attach Form 4797)					15					
			Fully taxable pensions, IRA distributions, and annuities r	16									
		17a	Other pensions and annuities, including rollovers. Total :										
1		b	Taxable amount, if any, from the worksheet on page 10	175	·								
 		18	Rents, royalties, partnerships, estates, trusts, etc. (attac	18		+							
1		19	Farm income or (loss) (attach Schedule F)	19		╶┨──┘							
		•	Unemployment compensation (insurance). Total received										
Please attach che	eck		Taxable amount, if any, from the worksheet on page 10 o			· · ·	• • • •	20b					
or money			a Social security benefits (see page 10). Total received.										
order here.			b Taxable amount, if any, from worksheet on page 11. { Interest }										
		22	Other income (list type and amount—see page 11 of Instructions)										
		23 Add lines 7 through 22. This is your total income											
				24	i · · ·	· · · ·	<u> </u>	23		+			
Adjustme	ents	24 25	Moving expense (attach Form 3903 or 3903F)	25						ļ			
to Incon		25	Employee business expenses (attach Form 2106).							ĺ			
		26 27	IRA deduction, from the worksheet on page 12										
(See		27	Keogh retirement plan deduction		1								
Instruction on page 11		28	Penalty on early withdrawal of savings		 			-V//////		1			
	,	29	Alimony paid (recipient's last name	and y/////// 29	1			<i>\//////</i>		1			
		30	social security noi i) Deduction for a married couple when both work (attach Sch	· · · -	<u> </u>								
		31								}			
Adjusted		32	Subtract line 31 from line 23. This is your adjusted gr		this line	is less		31		+			
	\$11,000 and a child lived with you, see "Earned Income Credit" (line 59) on page 16 of						16 of	32					
Gross Income Instructions. If you want IRS to figure your tax, see page 13 of Instructions						I		1					

	33	Amount from line 32 (adjusted gross income)	33
Tax	34a	If you itemize, attach Schedule A (Form 1040) and enter the amount from Schedule A, line 26.	34a
Compu-		Caution: If you have uncarned income and can be claimed as a dependent on your parents'	
tation		return, check here b and see page 13 of Instructions. Also see page 13 if you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien.	
10	ь	If you d' : :emize but you made charitable contributions, enter	
(See Instructions	-	your ca tributions here. (If you gave \$3,000 or more to any	
on page 13.)		one org. tion, see page 14.)	
	¢	Enter your noncash contributions (you must attach Form 8283 if over \$500) 34c	
	d	Add lines 34b and 34c. Enter the total	
	e	Divide the amount on line 34d by 2. Enter the result here	34e
	35	Subtract line 34a or line 34e, whichever applies, from line 33	35
	36	Multiply \$1.040 by the total number of exemptions claimed on line 6f (see page 14) \ldots .	36
	37	Taxable income. Subtract line 36 from line 35. Enter the result (but not less than zero)	37
	38	Enter tax here. Check if from 🗌 Tax Table, 🗋 Tax Rate Schedule X, Y, or Z, or 🛄 Schedule G	38
	39	Additional taxes. (See page 14 of Instructions.) Enter here and check if from 📙 Form 4970,	
		Form 4972, or Form 5544,	39
	40	Add lines 38 and 39. Enter the total	40
Credits	41		
	42	Credit for the elderly and the permanently and totally disabled	
(See	43		
Instructions on page 14.)	43 44	Residential energy credit (ach Form 5695). 43 Partial credit for political contributions for which you have receipts 44	
- F-G,	44	Add lines 41 through 44. These are your total personal credits	45
	46	Subtract line 45 from line 40. Enter the result (but not less than zero)	46
	47	Subtract line 40 form inte 40. Enter the result (but not less than 2010) 47 Foreign tax credit (attach Form 1116) 47	
	48	General business credit. Check if from Grow 3800.	
		Form 3468. Form 5884. Form 6478.	
	49	Add lines 47 and 48. These are your total business and other credits	49
	50_	Subtract line 49 from line 46. Enter the result (but not less than zero)	50
	51	Self-employment tax (attach Schedule SE).	51
Other	52	Alternative minimum tax (attach Form 6251)	52
Taxes	53	Tax from recapture of investment credit (attach Form 4255)	53
(Including	54	Social security tax on tip income not reported to employer (attach Form 4137)	54
Advance EIC	55	Tax on an IRA (attach Form 5329)	55
Payments)	56		56
Payments	57	Federal income tax withheld	
rayments	58	1985 estimated tax payments and amount applied from 1984 return 58	
Attach Forms	59	Earned income credit (see page 16)	
W-2, W-2G,	60		
and W-2P to front.	6 1	Excess social security tax and RRTA tax withheld (two or more employers)	
	£ 3		
	62 63	Credit for Federal tax on gasoline and special fuels (attach Form 4136) 62 Regulated Investment Company credit (attach Form 2439) 63	
	64	Add lines 57 through 63. These are your total payments	64
— —.	65	If line 64 is larger than line 56, enter amount OVERPAID	65
Refund or	65	Amount of line 65 to be REFUNDED TO YOU	66
Amount	67	Amount of time 65 to be applied to your 1986 estimated tax	
You Owe	68	If line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach check or money order for full amount	
		pavable to "Internal Revenue Service." Write your social security number and "1985 Form 1040" on it	68
<u> </u>			
Please	Unde beiret	a	nd to the best of my knowledge and ich preparer has any knowledge.
Sign	•		
Here		Your signature Date Spouse's signature (if fi	ling jointly, BOTH must sign)
<u> </u>		Date Date	Preparer's social security no.
Paid	signa		
Preparer's Use Only		s name (or E.f. No.	·····
036 VIIIJ		, if self-employed) ZIP code	

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