

For the year Jan. 1–Dec. 31, 1994, or other tax year beginning , 1994, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 12.)

Use the IRS label. Otherwise, please print or type.

Form with fields for name, address, and social security numbers.

Your social security number
Spouse's social security number
For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes No Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

(See page 12.)

Check only one box.

- 1 Single
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.
4 Head of household (with qualifying person).
5 Qualifying widow(er) with dependent child

Exemptions

(See page 13.)

If more than six dependents, see page 14.

6a Yourself. 6b Spouse. 6c Dependents table with columns for name, age, SSN, relationship, and months lived. 6d Child not living with you. 6e Total number of exemptions claimed.

No. of boxes checked on 6a and 6b
No. of your children on 6c who:
• lived with you
• didn't live with you due to divorce or separation
Dependents on 6c not entered above
Add numbers entered on lines above

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 15.

Enclose, but do not attach, any payment with your return.

7 Wages, salaries, tips, etc. 8a Taxable interest income. 8b Tax-exempt interest. 9 Dividend income. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). 13 Capital gain or (loss). 14 Other gains or (losses). 15a Total IRA distributions. 15b Taxable amount. 16a Total pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss). 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

Table with 2 columns: Line number and Amount.

Adjustments to Income

Caution: See instructions.

23a Your IRA deduction. 23b Spouse's IRA deduction. 24 Moving expenses. 25 One-half of self-employment tax. 26 Self-employed health insurance deduction. 27 Keogh retirement plan and self-employed SEP deduction. 28 Penalty on early withdrawal of savings. 29 Alimony paid. 30 Add lines 23a through 29. These are your total adjustments.

Table with 2 columns: Line number and Amount.

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income.

Table with 2 columns: Line number and Amount.

Tax Computation

(See page 23.)

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b		
c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here ▶ 33c		
34	Enter the larger of your: { Itemized deductions from Schedule A, line 29, OR 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. If you checked box 33c , your standard deduction is zero. • Single—\$3,800 • Head of household—\$5,600 • Married filing jointly or Qualifying widow(er)—\$6,350 • Married filing separately—\$3,175	34	
35	Subtract line 34 from line 32	35	
36	If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e. If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter	36	
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	
38	Tax. Check if from a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Capital Gain Tax Worksheet, or d <input type="checkbox"/> Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e _____	38	
39	Additional taxes. Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972 ▶	39	
40	Add lines 38 and 39. ▶	40	

Credits

(See page 24.)

41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Foreign tax credit. Attach Form 1116	43	
44	Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44 ▶	45	
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	

Other Taxes

(See page 25.)

47	Self-employment tax. Attach Schedule SE	47	
48	Alternative minimum tax. Attach Form 6251	48	
49	Recapture taxes. Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your total tax ▶	53	

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	54	
55	1994 estimated tax payments and amount applied from 1993 return	55	
56	Earned income credit. If required, attach Schedule EIC (see page 27). Nontaxable earned income: amount ▶ _____ and type ▶ _____	56	
57	Amount paid with Form 4868 (extension request)	57	
58	Excess social security and RRTA tax withheld (see page 32)	58	
59	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54 through 59. These are your total payments ▶	60	

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶	61	
62	Amount of line 61 you want REFUNDED TO YOU ▶	62	
63	Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TAX ▶	63	
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, including what to write on your payment, see page 32	64	
65	Estimated tax penalty (see page 33). Also include on line 64	65	

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation
▶ Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶	E.I. No.	ZIP code	