## 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1995 | (99) IRS Use Only—Do not write or staple in this space.

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Labal _	_	e year Jan. 1-Dec. 31, 1995, or other tax ye	<u> </u>	, 1995, ending	_	, 19	OMB No. 1545-00			
Label (	You	r first name and initial	Last name		)	Your so	cial security number	•		
(See L	$\Box$									
instructions on page 11.)	If a	joint return, spouse's first name and initial		Spouse's social securit						
Use the IRS	<u> </u>		501							
label. H	Hoi	Home address (number and street). If you have a P.O. box, see page 11. Apt. no.					For Privacy Act and			
Otherwise, please print R							rwork Reduction			
or type.	City	, town or post office, state, and ZIP code. I		otice, see page	7.					
Presidential						Yes N				
<b>Election Campaign</b>		Do you want \$3 to go to this fund? .					will not change yo tax or reduce you			
(See page 11.)		If a joint return, does your spouse wa	nt \$3 to go to this fun	nd?			refund.			
	1	Single								
Filing Status	2	Married filing joint return (ever	n if only one had inco	me)						
(See page 11.)	3				ame here.	<b>•</b>				
	4	Married filing separate return. Enter spouse's social security no. above and full name here. ►  Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent,								
Check only one box.	•	enter this child's name here.								
One box.	5	Qualifying widow(er) with dep	e page 12.)							
	6a	Yourself. If your parent (or someon			or her ta	x )	No. of boxes			
Exemptions		return, do not check box					checked on 6a			
(See page 12.)	b	Spouse				]	and 6b			
. , 5 ,	С	Dependents:	(2) Dependent's soci		<b>(4)</b> No. o		No. of your children on 6c			
		(1) First name Last name	security number. If bo in 1995, see page 13		lived ir home ir	n your n 1995	who:			
			1770, 300 page 10	. you	nome ii		• lived with you			
If more than six							didn't live with			
dependents,							you due to divorce or			
see page 13.			; ;				separation (see			
			1 1		-		page 14)			
			: :				Dependents on 6c not entered above			
							Add numbers	_		
		If your child didn't live with you but is claimed					entered on			
	e	Total number of exemptions claimed				7	lines above ▶	_		
Income	7	Wages, salaries, tips, etc. Attach Forr				8a				
	8a	Taxable interest income (see page 15		1 1		oa				
Attach	b	Tax-exempt interest (see page 15). DC		80						
Copy B of your Forms W-2,	9	Dividend income. Attach Schedule B				9				
W-2G, and	10	Taxable refunds, credits, or offsets of	10	<del></del>						
1099-R here.	11	Alimony received	11							
If you did not	12	Business income or (loss). Attach Sch	nedule C or C-EZ .			12				
get a W-2, see	13	Capital gain or (loss). If required, attach Schedule D (see page 16)								
page 14.	14	Other gains or (losses). Attach Form	1797			14				
	15a	Total IRA distributions . 15a	b	Taxable amount (see	page 16)	15b				
Enclose, but do	16a	Total pensions and annuities 16a	b	Taxable amount (see	page 16)	16b				
not attach, your payment and	17	Rental real estate, royalties, partnersh	ips, S corporations, tru	usts, etc. Attach Sch	edule E	17				
payment	18	Farm income or (loss). Attach Schedu				18				
voucher. See	19	Unemployment compensation (see pa				19				
page 33.	20a	Social security benefits 20a		Taxable amount (see		20b				
	21	Other income. List type and amount—		•	, ,	21				
	22	Add the amounts in the far right column				22				
	23a	Your IRA deduction (see page 19) .		23a						
Adjustments	b	Spouse's IRA deduction (see page 19		23b						
to Income	24	Moving expenses. Attach Form 3903		24						
to injurie		=		25						
	25	One-half of self-employment tax		26						
	26	Self-employed health insurance dedu		27						
	27	Keogh & self-employed SEP plans. If								
	28	Penalty on early withdrawal of saving	s	28						
	29	Alimony paid. Recipient's SSN ►	vour total adiciotre	29		- 20				
Adjusted	30	Add lines 23a through 29. These are	<del>-</del>			30	<del></del>			
Adjusted Gross Income	31	Subtract line 30 from line 22. This is your ac with you (less than \$9,230 if a child didn't li				1				
UI USS IIICUIIIC		with you those than \$7,200 II a chillu widit to	ivo vvini you), see Laitleu	i incomo oreun un pay	U Z I	31				

Form 1040 (1995)										Page 1
Tax Compu- tation	32 33a	Amount from line 31 (adjusted gross income)	<b>use</b> was total he	65 or oldere	er, □ Bli ▶ 3	nd. <b>3a</b>	32			
(See page	b c	If your parent (or someone else) can claim you as a dep If you are married filing separately and your spouse item				3b ∐				
23.)	C	you are a dual-status alien, see page 23 and check her			▶ 3	3c 🗌				
	34	Enter the larger of your:    Itemized deductions from Schedule A, line 28, OR								
	35									
	36									
If you want the IRS to figure your tax, see page 35.	37									
	38	Tax. Check if from a ☐ Tax Table, b ☐ Tax Rate Schedules, c ☐ Capital Gain Tax Worksheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e					38			
	39	Additional taxes. Check if from a $\square$ Form 4970 b $\square$ Form 4972					39			
	40	Add lines 38 and 39				<u> ▶</u>	40			
Credits	41	Credit for child and dependent care expenses. Attach Form		41			_			
	42	Credit for the elderly or the disabled. Attach Schedule F	≀	42			_			
(See page 24.)	43	Foreign tax credit. Attach Form 1116		43			-			
,	44	Other credits (see page 25). Check if from a Form 3 b Form 8396 c Form 8801 d Form (specify)		44						
	45	Add lines 41 through 44					45	7		
	46	Subtract line 45 from line 40. If line 45 is more than line	40, ent	er -0		•	46			
011	47	Self-employment tax. Attach Schedule SE					47			
Other Taxes	48						48			
iaxes	49	Recapture taxes. Check if from $\mathbf{a} \square$ Form 4255 $\mathbf{b} \square$ F					49	$\bot$		
(See page	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .					50			
25.)	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 E4	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 56						
-	56	1995 estimated tax payments and amount applied from 1994 re		30						
Attach Forms W-2,	57	Earned income credit. Attach Schedule EIC if you have a qua child. Nontaxable earned income: amount ▶ and type ▶		57						
W-2G, and	58	Amount paid with Form 4868 (extension request)		58						
1099-R on the front.	59	Excess social security and RRTA tax withheld (see page		59						
	60	Other payments. Check if from a Form 2439 b Form		60						
	61	Add lines 55 through 60. These are your total payment	s ,			<u> ▶</u>	61	_		
Refund or	62	If line 61 is more than line 54, subtract line 54 from line 61. This	is the ar	mount you	OVERPAID		62			
Amount	63	Amount of line 62 you want <b>REFUNDED TO YOU</b>				•	63			
You Owe	64	Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED T	AX ►	64						
	65	<ul> <li>If line 54 is more than line 61, subtract line 61 from line 54. This is the AMOUNT YOU OWE.</li> <li>For details on how to pay and use Form 1040-V, Payment Voucher, see page 33 ►</li> <li>Estimated tax penalty (see page 33). Also include on line 65   66  </li> </ul>					65			
		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a								
Sign Here	belief	they are true, correct, and complete. Declaration of preparer (other our signature	than taxp	payer) is bas	sed on all inf	ormation	of whic	n prepar	er has any k	knowledge
Keep a copy of this return for your	<b>y</b> -	Spouse's signature. If a joint return, BOTH must sign.	Date		Spouse's	occupat	ion			
records.						·				
Paid	Prepa signa	rer's ure	Date		Check if self-emp	loyed		Prepare	r's social se	ecurity no
Preparer's		s name (or yours	<u> </u>		<u> </u>	EIN			<u> </u>	
Use Only		employed) and				7ID code			•	