Form **1040** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 1996

(98) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 1996, or other tax year beginning , 1996, ending , 19 | OMB No. 1545-0074

Label

(See page 11.)

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

LABEL HERE

Your first name and initial	Last name		**Your social security number**
If a joint return, spouse's first name and initial	Last name		**Spouse's social security number**
Home address (number and street). If you have a P.O. box, see page 11.		Apt. no.	**For help finding line instructions, see pages 2 and 3 in the booklet.**
City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.			

Presidential Election Campaign (See page 11.)

	Yes	No	
Do you want $3 to go to this fund?			**Note:** *Checking "Yes" will not change your tax or reduce your refund.*
If a joint return, does your spouse want $3 to go to this fund?			

Filing Status

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). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)

Exemptions

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☐ **Spouse**

No. of boxes checked on lines 6a and 6b

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number. If born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996

If more than six dependents, see the instructions for line 6c.

No. of your children on line 6c who:
- **lived with you**
- **did not live with you due to divorce or separation (see instructions)**

Dependents on 6c not entered above

d Total number of exemptions claimed

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 the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose **Form 1040-V** (see the instructions for line 62).

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	**Taxable** interest. Attach Schedule B if over $400		8a
b	**Tax-exempt** interest. DO NOT include on line 8a	8b	
9	Dividend income. Attach Schedule B if over $400		9
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		10
11	Alimony received		11
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
15a	Total IRA distributions	15a	**b** Taxable amount (see inst.) 15b
16a	Total pensions and annuities	16a	**b** Taxable amount (see inst.) 16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits	20a	**b** Taxable amount (see inst.) 20b
21	Other income. List type and amount—see instructions		21
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22

Adjusted Gross Income

If line 31 is under $28,495 (under $9,500 if a child did not live with you), see the instructions for line 54.

23a	Your IRA deduction (see instructions)	23a	
b	Spouse's IRA deduction (see instructions)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F	24	
25	One-half of self-employment tax. Attach Schedule SE	25	
26	Self-employed health insurance deduction (see inst.)	26	
27	Keogh & self-employed SEP plans. If SEP, check ▶ ☐	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29		30
31	Subtract line 30 from line 22. This is your **adjusted gross income** ▶		31

Tax Computation

32 Amount from line 31 (adjusted gross income) 32

33a Check if: ☐ **You** were 65 or older, ☐ Blind; ☐ **Spouse** was 65 or older, ☐ Blind.
Add the number of boxes checked above and enter the total here . . . . ▶ 33a

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here . . . . . ▶ 33b ☐

34 Enter the **larger** of your:
- **Itemized deductions** from Schedule A, line 28, **OR**
- **Standard deduction** shown below for your filing status. **But** see the instructions if you checked any box on line 33a or b **or** someone can claim you as a dependent.
  - Single—$4,000
  - Married filing jointly or Qualifying widow(er)—$6,700
  - Head of household—$5,900
  - Married filing separately—$3,350

34

35 Subtract line 34 from line 32 35

If you want the IRS to figure your tax, see the instructions for line 37.

36 If line 32 is $88,475 or less, multiply $2,550 by the total number of exemptions claimed on line 6d. If line 32 is over $88,475, see the worksheet in the inst. 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.** See instructions. Check if total includes any tax from **a** ☐ Form(s) 8814 **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 R . . 40

41 Foreign tax credit. Attach Form 1116 41

42 Other. Check if from **a** ☐ Form 3800 **b** ☐ Form 8396 **c** ☐ Form 8801 **d** ☐ Form (specify) ______ 42

43 Add lines 39 through 42 43

44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- . . . . ▶ 44

Other Taxes

45 Self-employment tax. Attach Schedule SE 45

46 Alternative minimum tax. Attach Form 6251 46

47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . 47

48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 48

49 Advance earned income credit payments from Form(s) W-2 49

50 Household employment taxes. Attach Schedule H 50

51 Add lines 44 through 50. This is your **total tax** . . . . ▶ 51

Payments

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

52 Federal income tax withheld from Forms W-2 and 1099 . . 52

53 1996 estimated tax payments and amount applied from 1995 return . 53

54 **Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ ______ and type ▶ ______ 54

55 Amount paid with Form 4868 (request for extension) . . . 55

56 Excess social security and RRTA tax withheld (see inst.) . . 56

57 Other payments. Check if from **a** ☐ Form 2439 **b** ☐ Form 4136 57

58 Add lines 52 through 57. These are your **total payments** . . . . ▶ 58

Refund

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you **OVERPAID** 59

60a Amount of line 59 you want **REFUNDED TO YOU** . . . . ▶ 60a

▶ **b** Routing number ☐☐☐☐☐☐☐☐☐ **c** Type: ☐ Checking ☐ Savings

▶ **d** Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

61 Amount of line 59 you want **APPLIED TO YOUR 1997 ESTIMATED TAX** ▶ 61

Amount You Owe

62 If line 51 is more than line 58, subtract line 58 from line 51. This is the **AMOUNT YOU OWE**. For details on how to pay and use **Form 1040-V,** see instructions . . . . ▶ 62

63 Estimated tax penalty. Also include on line 62 63

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 ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		EIN	
		ZIP code	