

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1980**

For Privacy Act Notice, see Instructions For the year January 1–December 31, 1980, or other tax year beginning 1980, ending 19

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation
		Spouse's occupation	

**Presidential Election Campaign Fund**

Do you want \$1 to go to this fund? . . . . .  Yes  No

If joint return, does your spouse want \$1 to go to this fund? . . .  Yes  No

**Note: Checking "Yes" will not increase your tax or reduce your refund.**

**Requested by Census Bureau for Revenue Sharing**

**A** Where do you live (actual location of residence)? (See page 2 of Instructions.)  
State: \_\_\_\_\_ City, village, borough, etc. \_\_\_\_\_

**B** Do you live within the legal limits of a city, village, etc.?  Yes  No

**C** In what county do you live? \_\_\_\_\_

**D** In what township do you live? \_\_\_\_\_

**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. (See page 6 of Instructions.) If qualifying person is your unmarried child, enter child's name ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child (Year spouse died ▶ 19 \_\_\_\_). (See page 6 of Instructions.)

For IRS use only

**Exemptions**

Always check the box labeled Yourself. Check other boxes if they apply.

6a  Yourself  65 or over  Blind

6b  Spouse  65 or over  Blind

c First names of your dependent children who lived with you ▶ \_\_\_\_\_

Enter number of boxes checked on 6a and b ▶

Enter number of children listed on 6c ▶

d Other dependents:	(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?

Enter number of other dependents Add numbers entered in boxes above ▶

7 Total number of exemptions claimed . . . . .

**Income**

Please attach Copy B of your Forms W-2 here.

If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

8 Wages, salaries, tips, etc. . . . .	8	
9 Interest income (attach Schedule B if over \$400) . . . . .	9	
10a Dividends (attach Schedule B if over \$400) . . . . ., 10b Exclusion	10a	
c Subtract line 10b from line 10a . . . . .	10c	
11 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions) . . . . .	11	
12 Alimony received . . . . .	12	
13 Business income or (loss) (attach Schedule C) . . . . .	13	
14 Capital gain or (loss) (attach Schedule D) . . . . .	14	
15 40% of capital gain distributions not reported on line 14 (See page 9 of Instructions) . . . . .	15	
16 Supplemental gains or (losses) (attach Form 4797) . . . . .	16	
17 Fully taxable pensions and annuities not reported on line 18 . . . . .	17	
18 Pensions, annuities, rents, royalties, partnerships, etc. (attach Schedule E) . . . . .	18	
19 Farm income or (loss) (attach Schedule F) . . . . .	19	
20a Unemployment compensation (insurance). Total received . . . . .	20a	
b Taxable amount, if any, from worksheet on page 10 of Instructions . . . . .	20b	
21 Other income (state nature and source—see page 10 of Instructions) ▶ . . . . .	21	
22 Total income. Add amounts in column for lines 8 through 21 . . . . . ▶	22	

**Adjustments to Income**

(See Instructions on page 10)

23 Moving expense (attach Form 3903 or 3903F) . . . . .	23	
24 Employee business expenses (attach Form 2106) . . . . .	24	
25 Payments to an IRA (enter code from page 10 . . . . .)	25	
26 Payments to a Keogh (H.R. 10) retirement plan . . . . .	26	
27 Interest penalty on early withdrawal of savings . . . . .	27	
28 Alimony paid . . . . .	28	
29 Disability income exclusion (attach Form 2440) . . . . .	29	
30 Total adjustments. Add lines 23 through 29 . . . . . ▶	30	

**Adjusted Gross Income**

31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions . . . . . ▶

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**Tax Computation**

(See Instructions on page 11)

- 32 Amount from line 31 (*adjusted gross income*) . . . . . } 32
- 33 If you do not itemize deductions, enter zero . . . . . } 33
- If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41 . . . . . } 33
- Caution:** If you have unearned income and can be claimed as a dependent on your parent's return, check here  and see page 11 of the Instructions. Also see page 11 of the Instructions if:
  - You are married filing a separate return and your spouse itemizes deductions, OR
  - You file Form 4563, OR
  - You are a dual-status alien.
- 34 Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I . . . . . } 34
- Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if:
  - Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR
  - You have more exemptions than are shown in the Tax Table for your filing status, OR
  - You use Schedule G or Form 4726 to figure your tax.
 Otherwise, you MUST use the Tax Tables to find your tax.
- 35 Tax. Enter tax here and check if from  Tax Tables or  Schedule TC . . . . . } 35
- 36 Additional taxes. (See page 12 of Instructions.) Enter here and check if from  Form 4970,  Form 4972,  Form 5544,  Form 5405, or  Section 72(m)(5) penalty tax . . . . . } 36
- 37 **Total.** Add lines 35 and 36 . . . . . } 37

**Credits**

(See Instructions on page 12)

- 38 Credit for contributions to candidates for public office . . . . . } 38
- 39 Credit for the elderly (*attach Schedules R&RP*) . . . . . } 39
- 40 Credit for child and dependent care expenses (*attach Form 2441*) . . . . . } 40
- 41 Investment credit (*attach Form 3468*) . . . . . } 41
- 42 Foreign tax credit (*attach Form 1116*) . . . . . } 42
- 43 Work incentive (WIN) credit (*attach Form 4874*) . . . . . } 43
- 44 Jobs credit (*attach Form 5884*) . . . . . } 44
- 45 Residential energy credits (*attach Form 5695*) . . . . . } 45
- 46 **Total credits.** Add lines 38 through 45 . . . . . } 46
- 47 **Balance.** Subtract line 46 from line 37 and enter difference (but not less than zero) . . . . . } 47

**Other Taxes**

(Including Advance EIC Payments)

- 48 Self-employment tax (*attach Schedule SE*) . . . . . } 48
- 49a Minimum tax. Attach Form 4625 and check here  . . . . . } 49a
- 49b Alternative minimum tax. Attach Form 6251 and check here  . . . . . } 49b
- 50 Tax from recomputing prior-year investment credit (*attach Form 4255*) . . . . . } 50
- 51a Social security (FICA) tax on tip income not reported to employer (*attach Form 4137*) . . . . . } 51a
- 51b Uncollected employee FICA and RRTA tax on tips (*from Form W-2*) . . . . . } 51b
- 52 Tax on an IRA (*attach Form 5329*) . . . . . } 52
- 53 Advance earned income credit (EIC) payments received (*from Form W-2*) . . . . . } 53
- 54 **Balance.** Add lines 47 through 53 . . . . . } 54

**Payments**

Attach Forms W-2, W-2G, and W-2P to front.

- 55 Total Federal income tax withheld . . . . . } 55
- 56 1980 estimated tax payments and amount applied from 1979 return . . . . . } 56
- 57 Earned income credit. If line 32 is under \$10,000, see pages 13 and 14 of Instructions . . . . . } 57
- 58 Amount paid with Form 4868 . . . . . } 58
- 59 Excess FICA and RRTA tax withheld (two or more employers) . . . . . } 59
- 60 Credit for Federal tax on special fuels and oils (*attach Form 4136 or 4136-T*) . . . . . } 60
- 61 Regulated Investment Company credit (*attach Form 2439*) . . . . . } 61
- 62 **Total.** Add lines 55 through 61 . . . . . } 62

**Refund or Balance Due**

- 63 If line 62 is larger than line 54, enter amount **OVERPAID** . . . . . } 63
- 64 Amount of line 63 to be **REFUNDED TO YOU** . . . . . } 64
- 65 Amount of line 63 to be applied to your 1981 estimated tax . . . . . } 65
- 66 If line 54 is larger than line 62, enter **BALANCE DUE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order . . . . . } 66
- (Check  if Form 2210 (2210F) is attached. See page 15 of Instructions.)  \$

**Please Sign Here**

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign even if only one had income) \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature and date  Check if self-employed  Preparer's social security no. \_\_\_\_\_

Firm's name (or yours, if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_

ZIP code \_\_\_\_\_