

For the year Jan.–Dec. 31, 1987, or other tax year beginning _____, 1987, ending _____, 19 OMB No. 1545-0074

Label

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
Present home address (number and street or rural route). (If you have a P.O. Box, see page 6 of Instructions.)	
PLACE LABEL HERE	
City, town or post office, state, and ZIP code	

Your social security number _____

Spouse's social security number _____

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

Do you want \$1 to go to this fund?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note: Checking "Yes" will not change your tax or reduce your refund.
If joint return, does your spouse want \$1 to go to this fund?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Filing Status

Check only one box.

1	<input type="checkbox"/>	Single
2	<input type="checkbox"/>	Married filing joint return (even if only one had income)
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here. _____
4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19____). (See page 7 of Instructions.)

Exemptions

(See Instructions on page 7.)

If more than 7 dependents, see Instructions on page 7.

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents' return), do not check box 6a. But be sure to check the box on line 32b on page 2.

6a <input type="checkbox"/>	Yourselves	6b <input type="checkbox"/>	Spouse	No. of boxes checked on 6a and 6b ▶ <input type="checkbox"/>		
c	Dependents	(2) Check if under age 5	(3) If age 5 or over, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1987	No. of children on 6c who lived with you ▶ <input type="checkbox"/>
	(1) Name (first, initial, and last name)					No. of children on 6c who didn't live with you due to divorce or separation ▶ <input type="checkbox"/>
						No. of parents listed on 6c ▶ <input type="checkbox"/>
						No. of other dependents listed on 6c ▶ <input type="checkbox"/>
d	If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. <input type="checkbox"/>					Add numbers entered in boxes above ▶ <input type="checkbox"/>
e	Total number of exemptions claimed (also complete line 35)					

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of Instructions.

Please attach check or money order here.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	
8	Taxable interest income (also attach Schedule B if over \$400)	8	
9	Tax-exempt interest income (see page 10). DON'T include on line 8	9	
10	Dividend income (also attach Schedule B if over \$400)	10	
11	Taxable refunds of state and local income taxes, if any, from worksheet on page 11 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	Other gains or (losses) (attach Form 4797)	15	
16a	Pensions, IRA distributions, annuities, and rollovers. Total received	16a	
b	Taxable amount (see page 11)	16b	
17	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	17	
18	Farm income or (loss) (attach Schedule F)	18	
19	Unemployment compensation (insurance) (see page 11)	19	
20a	Social security benefits (see page 12)	20a	
b	Taxable amount, if any, from the worksheet on page 12	20b	
21	Other income (list type and amount—see page 12)	21	
22	Add the amounts shown in the far right column for lines 7, 8, and 10–21. This is your total income	22	

Adjustments to Income

(See Instructions on page 12.)

23	Reimbursed employee business expenses from Form 2106	23	
24a	Your IRA deduction, from applicable worksheet on page 13 or 14	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 13 or 14	24b	
25	Self-employed health insurance deduction, from worksheet on page 14	25	
26	Keogh retirement plan and self-employed SEP deduction	26	
27	Penalty on early withdrawal of savings	27	
28	Alimony paid (recipient's last name and social security no. _____)	28	
29	Add lines 23 through 28. These are your total adjustments	29	

Adjusted Gross Income

30	Subtract line 29 from line 22. This is your adjusted gross income . If this line is less than \$15,432 and a child lived with you, see "Earned Income Credit" (line 56) on page 18 of the Instructions. If you want IRS to figure your tax, see page 15 of the Instructions	30	
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Tax Computation

- 31 Amount from line 30 (adjusted gross income)
32a Check if: You were 65 or over Blind; Spouse was 65 or over Blind.
b If you can be claimed as a dependent on another person's return, check here.
c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 15 and check here.
33a Itemized deductions. See page 15 to see if you should itemize.
b Standard deduction. Read Caution to left.
34 Subtract line 33a or 33b, whichever applies, from line 31.
35 Multiply \$1,900 by the total number of exemptions claimed on line 6e or see chart on page 16.
36 Taxable income. Subtract line 35 from line 34.
37 Enter tax. Check if from Tax Table, Tax Rate Schedules, Schedule D, or Form 8615
38 Additional taxes (see page 16). Check if from Form 4970 or Form 4972
39 Add lines 37 and 38. Enter the total

Caution: If you checked any box on line 32a, b, or c and you don't itemize, see page 16 for the amount to enter on line 33b.

Credits

(See Instructions on page 17.)

- 40 Credit for child and dependent care expenses (attach Form 2441)
41 Credit for the elderly or for the permanently and totally disabled (attach Schedule R)
42 Add lines 40 and 41. Enter the total
43 Subtract line 42 from line 39. Enter the result (but not less than zero)
44 Foreign tax credit (attach Form 1116)
45 General business credit. Check if from Form 3800, Form 3468, Form 5884, Form 6478, Form 6765, or Form 8586
46 Add lines 44 and 45. Enter the total
47 Subtract line 46 from line 43. Enter the result (but not less than zero)

Other Taxes

(Including Advance EIC Payments)

- 48 Self-employment tax (attach Schedule SE)
49 Alternative minimum tax (attach Form 6251)
50 Tax from recapture of investment credit (attach Form 4255)
51 Social security tax on tip income not reported to employer (attach Form 4137)
52 Tax on an IRA or a qualified retirement plan (attach Form 5329)
53 Add lines 47 through 52. This is your total tax

Payments

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

- 54 Federal income tax withheld (including tax shown on Form(s) 1099)
55 1987 estimated tax payments and amount applied from 1986 return
56 Earned income credit (see page 18)
57 Amount paid with Form 4868 (extension request)
58 Excess social security tax and RRTA tax withheld (see page 19)
59 Credit for Federal tax on gasoline and special fuels (attach Form 4136)
60 Regulated investment company credit (attach Form 2439)
61 Add lines 54 through 60. These are your total payments

Refund or Amount You Owe

- 62 If line 61 is larger than line 53, enter amount OVERPAID
63 Amount of line 62 to be REFUNDED TO YOU
64 Amount of line 62 to be applied to your 1988 estimated tax
65 If line 53 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1987 Form 1040" on it
Check if Form 2210 (2210F) is attached. See page 20. Penalty: \$

Please Sign Here

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.

Signature lines for Taxpayer, Spouse, and Preparer with Date and Occupation fields.

Paid Preparer's Use Only

Fields for Preparer's signature, Date, Check if self-employed, Preparer's social security no., Firm's name and address, E.I. No., and ZIP code.