

For the year Jan.—Dec. 31, 1988, or other tax year beginning _____, 1988, ending _____, 19 OMB No. 1545-0074

Label

Use IRS label. Otherwise, please print or type.

L A B E L H E R E	Your first name and initial (if joint return, also give spouse's name and initial) _____ Last name _____
	Present home address (number, street, and apt. no. or rural route). (If a P.O. Box, see page 6 of Instructions.) _____
	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 No **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 No

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 page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____
 5 Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 7 of Instructions.)

Exemptions

(See Instructions on page 8.)

If more than 6 dependents, see Instructions on page 8.

6a Yourself If someone (such as your parent) can claim you as a dependent, do not check box 6a. But be sure to check the box on line 33b on page 2. No. of boxes checked on 6a and 6b _____
 b Spouse No. of your children on 6c who:
 ● lived with you _____
 ● didn't live with you due to divorce or separation _____
 No. of other dependents listed on 6c _____

c Dependents:	(2) Check if under age 5	(3) If age 5 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988
(1) Name (first, initial, and last name)				

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
 e Total number of exemptions claimed. Add numbers entered on lines above ▶

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	
8a Taxable interest income (also attach Schedule B if over \$400)	8a	
b Tax-exempt interest income (see page 11). DON'T include on line 8a	8b	
9 Dividend income (also attach Schedule B if over \$400)	9	
10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions	10	
11 Alimony received	11	
12 Business income or (loss) (attach Schedule C)	12	
13 Capital gain or (loss) (attach Schedule D)	13	
14 Capital gain distributions not reported on line 13 (see page 11)	14	
15 Other gains or (losses) (attach Form 4797)	15	
16a Total IRA distributions	16a	16b Taxable amount (see page 11)
17a Total pensions and annuities	17a	17b Taxable amount (see page 12)
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19 Farm income or (loss) (attach Schedule F)	19	
20 Unemployment compensation (insurance) (see page 13)	20	
21a Social security benefits (see page 13)	21a	
b Taxable amount, if any, from the worksheet on page 13	21b	
22 Other income (list type and amount—see page 13)	22	
23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income	23	

Adjustments to Income

(See Instructions on page 13.)

24 Reimbursed employee business expenses from Form 2106, line 13	24	
25a Your IRA deduction, from applicable worksheet on page 14 or 15	25a	
b Spouse's IRA deduction, from applicable worksheet on page 14 or 15	25b	
26 Self-employed health insurance deduction, from worksheet on page 15	26	
27 Keogh retirement plan and self-employed SEP deduction	27	
28 Penalty on early withdrawal of savings	28	
29 Alimony paid (recipient's last name and social security no. _____)	29	
30 Add lines 24 through 29. These are your total adjustments	30	

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than \$18,576 and a child lived with you, see "Earned Income Credit" (line 56) on page 19 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions	31	
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Tax Computation

32 Amount from line 31 (adjusted gross income)
33a Check if: You were 65 or older Blind; Spouse was 65 or older Blind.
33b If someone (such as your parent) can claim you as a dependent, check here
33c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here
34 Enter the larger of: Your standard deduction (from page 17 of the Instructions), OR Your itemized deductions (from Schedule A, line 26).
35 Subtract line 34 from line 32. Enter the result here
36 Multiply \$1,950 by the total number of exemptions claimed on line 6e
37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero)
38 Enter tax. Check if from: Tax Table, Tax Rate Schedules, or Form 8615
39 Additional taxes (see page 17). Check if from: Form 4970 Form 4972
40 Add lines 38 and 39. Enter the total

Credits

(See Instructions on page 18.)

41 Credit for child and dependent care expenses (attach Form 2441)
42 Credit for the elderly or the disabled (attach Schedule R)
43 Foreign tax credit (attach Form 1116)
44 General business credit. Check if from: Form 3800 or Form (specify)
45 Credit for prior year minimum tax (attach Form 8801)
46 Add lines 41 through 45. Enter the total.
47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)

Other Taxes

(Including Advance EIC Payments)

48 Self-employment tax (attach Schedule SE)
49 Alternative minimum tax (attach Form 6251)
50 Recapture taxes (see page 18). Check if from: Form 4255 Form 8611
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 (If any is from Form(s) 1099, check)
55 1988 estimated tax payments and amount applied from 1987 return
56 Earned income credit (see page 19)
57 Amount paid with Form 4868 (extension request)
58 Excess social security tax and RRTA tax withheld (see page 20)
59 Credit for Federal tax on 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 1989 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 "1988 Form 1040" on it
Check if Form 2210 (2210F) is attached. See page 21. 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.

Your signature Date Your occupation
Spouse's signature (if 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 E.I. No. ZIP code