

For the year Jan. 1–Dec. 31, 1995, or other tax year beginning , 1995, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 11.)

Use the IRS label.

Otherwise, please print or type.

Form with fields for name, address, and social security numbers.

Your social security number

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Presidential Election Campaign (See page 11.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes/No columns for election campaign question.

Filing Status

(See page 11.)

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).
5 Qualifying widow(er) with dependent child

Exemptions

(See page 12.)

6a Yourself, 6b Spouse, 6c Dependents table with columns for name, SSN, relationship, and months lived.

No. of boxes checked on 6a and 6b. No. of your children on 6c who: lived with you, didn't live with you due to divorce or separation. Dependents on 6c not entered above. 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 page 14.

Enclose, but do not attach, your payment and payment voucher. See page 33.

Table with 22 rows for income items: 7 Wages, 8a Taxable interest, 9 Dividend income, 10-14 Other income, 15a-16a IRA/Pensions, 17-19 Other income, 20a Social security, 21 Other income, 22 Total income.

Adjustments to Income

Table with 7 rows for adjustments: 23a-23b IRA deductions, 24-29 Moving expenses, self-employment tax, health insurance, Keogh, and penalty, 30 Total adjustments.

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income.

Tax Computation

(See page 23.)

If you want the IRS to figure your tax, see page 35.

| | | | |
|------------|--|------------|--|
| 32 | Amount from line 31 (adjusted gross income) | 32 | |
| 33a | Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here | 33a | |
| b | If your parent (or someone else) can claim you as a dependent, check here | 33b | |
| c | If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here | 33c | |
| 34 | Enter the larger of your: { Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b , go to page 23 to find your standard deduction. If you checked box 33c , your standard deduction is zero. • Single—\$3,900 • Married filing jointly or Qualifying widow(er)—\$6,550 • Head of household—\$5,750 • Married filing separately—\$3,275 | 34 | |
| 35 | Subtract line 34 from line 32 | 35 | |
| 36 | If line 32 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 6e. If line 32 is over \$86,025, see the worksheet on page 23 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. Check if from a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Capital Gain Tax Worksheet, or d <input type="checkbox"/> Form 8615 (see page 24). Amount from Form(s) 8814 e _____ | 38 | |
| 39 | Additional taxes. Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972 | 39 | |
| 40 | Add lines 38 and 39 | 40 | |

Credits

(See page 24.)

| | | | |
|-----------|---|-----------|--|
| 41 | Credit for child and dependent care expenses. Attach Form 2441 | 41 | |
| 42 | Credit for the elderly or the disabled. Attach Schedule R | 42 | |
| 43 | Foreign tax credit. Attach Form 1116 | 43 | |
| 44 | Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____ | 44 | |
| 45 | Add lines 41 through 44 | 45 | |
| 46 | Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- | 46 | |

Other Taxes

(See page 25.)

| | | | |
|-----------|--|-----------|--|
| 47 | Self-employment tax. Attach Schedule SE | 47 | |
| 48 | Alternative minimum tax. Attach Form 6251 | 48 | |
| 49 | Recapture taxes. Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828 | 49 | |
| 50 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 50 | |
| 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 | Household employment taxes. Attach Schedule H | 53 | |
| 54 | Add lines 46 through 53. This is your total tax | 54 | |

Payments

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

| | | | |
|-----------|--|-----------|--|
| 55 | Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> | 55 | |
| 56 | 1995 estimated tax payments and amount applied from 1994 return | 56 | |
| 57 | Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount _____ and type _____ | 57 | |
| 58 | Amount paid with Form 4868 (extension request) | 58 | |
| 59 | Excess social security and RRTA tax withheld (see page 32) | 59 | |
| 60 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 60 | |
| 61 | Add lines 55 through 60. These are your total payments | 61 | |

Refund or Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 62 | If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you OVERPAID | 62 | |
| 63 | Amount of line 62 you want REFUNDED TO YOU | 63 | |
| 64 | Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED TAX | 64 | |
| 65 | If line 54 is more than line 61, subtract line 61 from line 54. This is the AMOUNT YOU OWE . For details on how to pay and use Form 1040-V , Payment Voucher, see page 33 | 65 | |
| 66 | Estimated tax penalty (see page 33). Also include on line 65 | 66 | |

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 <input type="checkbox"/> | Preparer's social security no. |
| Firm's name (or yours if self-employed) and address | EIN | ZIP code | |