

For the year Jan. 1–Dec. 31, 1994, or other tax year beginning , 1994, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 12.)

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 4.

Presidential Election Campaign (See page 12.)

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

Filing Status

(See page 12.)

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 13.) 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 page 13.)

Exemptions

(See page 13.)

If more than six dependents, see page 14.

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. But be sure to check the box on line 33b on page 2.
6b Spouse
6c Dependents: (1) Name (first, initial, and last name) (2) Check if under age 1 (3) If age 1 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1994
6d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
6e Total number of exemptions claimed

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 (see page 14)
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 15.

Enclose, but do not attach, any payment with your return.

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest income (see page 15). Attach Schedule B if over \$400
8b Tax-exempt interest (see page 16). DON'T include on line 8a
9 Dividend income. Attach Schedule B if over \$400
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 16)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). If required, attach Schedule D (see page 16)
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions
15b Taxable amount (see page 17)
16a Total pensions and annuities
16b Taxable amount (see page 17)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation (see page 18)
20a Social security benefits
20b Taxable amount (see page 18)
21 Other income. List type and amount—see page 18
22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Table with columns for line numbers and amounts.

Adjustments to Income

Caution: See instructions

23a Your IRA deduction (see page 19)
23b Spouse's IRA deduction (see page 19)
24 Moving expenses. Attach Form 3903 or 3903-F
25 One-half of self-employment tax
26 Self-employed health insurance deduction (see page 21)
27 Keogh retirement plan and self-employed SEP deduction
28 Penalty on early withdrawal of savings
29 Alimony paid. Recipient's SSN
30 Add lines 23a through 29. These are your total adjustments

Table with columns for line numbers and amounts.

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income. If less than \$25,296 and a child lived with you (less than \$9,000 if a child didn't live with you), see "Earned Income Credit" on page 27

Table with columns for line numbers and amounts.

**Tax Computation**

(See page 23.)

If you want the IRS to figure your tax, see page 24.

<b>32</b>	Amount from line 31 (adjusted gross income)	<b>32</b>	
<b>33a</b>	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 . . . . . ▶ <b>33a</b>		
<b>b</b>	If your parent (or someone else) can claim you as a dependent, check here . . . . . ▶ <b>33b</b>		
<b>c</b>	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here . . . . . ▶ <b>33c</b>		
<b>34</b>	Enter the larger of your: { <b>Itemized deductions</b> from Schedule A, line 29, <b>OR</b> <b>Standard deduction</b> shown below for your filing status. <b>But if you checked any box on line 33a or b</b> , go to page 23 to find your standard deduction. If you checked <b>box 33c</b> , your standard deduction is zero. • Single—\$3,800                      • Head of household—\$5,600 • Married filing jointly or Qualifying widow(er)—\$6,350 • Married filing separately—\$3,175	<b>34</b>	
<b>35</b>	Subtract line 34 from line 32 . . . . .	<b>35</b>	
<b>36</b>	If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e. If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter . . . . .	<b>36</b>	
<b>37</b>	<b>Taxable income.</b> Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	<b>37</b>	
<b>38</b>	Tax. Check if from <b>a</b> <input type="checkbox"/> Tax Table, <b>b</b> <input type="checkbox"/> Tax Rate Schedules, <b>c</b> <input type="checkbox"/> Capital Gain Tax Worksheet, or <b>d</b> <input type="checkbox"/> Form 8615 (see page 24). Amount from Form(s) 8814 ▶ <b>e</b> _____	<b>38</b>	
<b>39</b>	Additional taxes. Check if from <b>a</b> <input type="checkbox"/> Form 4970 <b>b</b> <input type="checkbox"/> Form 4972 . . . . . ▶	<b>39</b>	
<b>40</b>	Add lines 38 and 39. . . . . ▶	<b>40</b>	

**Credits**

(See page 24.)

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

**Other Taxes**

(See page 25.)

<b>47</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>47</b>	
<b>48</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>48</b>	
<b>49</b>	Recapture taxes. Check if from <b>a</b> <input type="checkbox"/> Form 4255 <b>b</b> <input type="checkbox"/> Form 8611 <b>c</b> <input type="checkbox"/> Form 8828 . . . . .	<b>49</b>	
<b>50</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . .	<b>50</b>	
<b>51</b>	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 . . . . .	<b>51</b>	
<b>52</b>	Advance earned income credit payments from Form W-2 . . . . .	<b>52</b>	
<b>53</b>	Add lines 46 through 52. This is your <b>total tax</b> . . . . . ▶	<b>53</b>	

**Payments**

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

<b>54</b>	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	<b>54</b>	
<b>55</b>	1994 estimated tax payments and amount applied from 1993 return . . . . .	<b>55</b>	
<b>56</b>	<b>Earned income credit.</b> If required, attach Schedule EIC (see page 27). Nontaxable earned income: amount ▶ _____ and type ▶ _____	<b>56</b>	
<b>57</b>	Amount paid with Form 4868 (extension request) . . . . .	<b>57</b>	
<b>58</b>	Excess social security and RRTA tax withheld (see page 32)	<b>58</b>	
<b>59</b>	Other payments. Check if from <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136	<b>59</b>	
<b>60</b>	Add lines 54 through 59. These are your <b>total payments</b> . . . . . ▶	<b>60</b>	

**Refund or Amount You Owe**

<b>61</b>	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you <b>OVERPAID</b> . . . . . ▶	<b>61</b>	
<b>62</b>	Amount of line 61 you want <b>REFUNDED TO YOU</b> . . . . . ▶	<b>62</b>	
<b>63</b>	Amount of line 61 you want <b>APPLIED TO YOUR 1995 ESTIMATED TAX</b> ▶ <b>63</b> _____	<b>63</b>	
<b>64</b>	If line 53 is more than line 60, subtract line 60 from line 53. This is the <b>AMOUNT YOU OWE</b> . For details on how to pay, including what to write on your payment, see page 32 . . . . .	<b>64</b>	
<b>65</b>	Estimated tax penalty (see page 33). Also include on line 64 <b>65</b> _____	<b>65</b>	

**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 ▶	E.I. No. _____	ZIP code _____	