Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

19 91	

	For th	e year JanDec. 31, 1991, or other tax year	beginning	, 1991, ending	, 19	OMB No. 1545-0074				
Label	Υοι	r first name and initial	Last name		You	r social security number				
(See L instructions A										
on page 11.)	lfa	joint return, spouse's first name and initial	Spo	use's social security number						
Use the IRS Label. H Otherwise, E	Но	me address (number and street). (If you have a P.O. box, see page 11.) Apt. no. For Privacy Act and Paperwork Peduction								
please print R or type. E	City	Image: constraint of the state is and ZIP code. (If you have a foreign address, see page 11.) Paperwork Reduction Act Notice, see instructions.								
Presidential Election Campaign		Do you want \$1 to go to this fund? .		Yes	No	Note: Checking "Yes" will				
(See page 11.)		If joint return, does your spouse want			No	— not change your tax or				
	1	Single								
Filing Status	2	Married filing joint return (even if only one had income)								
	3	Married filing separate return. Enter	-	-						
Check only one box.	4	Head of household (with qualify	ing person). (See page	e 12.) If the qualifying p	erson is a ch	ild but not your dependent,				
	5	enter this child's name here. ► Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 12.)								
Exemptions	6a	Vourself. If your parent (or someone return, do not check box 6		s a dependent on his o	r her tax	No. of boxes checked on 6a				
(See page 12.)	b	Spouse		ik the box on line 335	Shipage 2 .	(and 6b				
(See page 12.)	c	Dependents: (2) Chec			(5) No. of months	No. of your children on 6c				
		(1) Name (first, initial, and last name) if under age 1	r dependent's social secu number	rity relationship to you	lived in your home in 1991	who:				
						Iived with you				
If more than six dependents,						 • didn't live with _ you due to 				
see page 13.						divorce or - separation (see				
						_ page 14)				
						_ No. of other dependents on 6c				
			; ;			Add numbers				
	d e	If your child didn't live with you but is claimed Total number of exemptions claimed		a pre-1985 agreement, che		entered on lines above ►				
_	7	Wages, salaries, tips, etc. (attach Form			_					
Income	8a	Taxable interest income (also attach S								
Attach	b	Tax-exempt interest income (see page 16). DO	ON'T include on line 8a	8b						
Copy B of your Forms W-2,	9	Dividend income (also attach Schedule								
W-2G, and	10	Taxable refunds of state and local incom								
1099-R here.	11	Alimony received	11							
lf you did not	12	Business income or (loss) (attach Sche	,		· · ·					
get a W-2, see page 10.	13 14	Capital gain or (loss) <i>(attach Schedule</i> Capital gain distributions not reported			· · ·					
page re.	15	Other gains or (losses) (attach Form 42			· · –					
Attach check or	16a			o Taxable amount (see pa		o				
money order on top of any	17a	Total pensions and annuities 17a		o Taxable amount (see pa		o				
Forms W-2,	18	Rents, royalties, partnerships, estates,								
W-2G, or 1099-R.	19	Farm income or (loss) (attach Schedule								
	20	Unemployment compensation (insuran								
	21a 22	Social security benefits. 21a Other income (list type and amount—s	ge 18) 211 22							
	22	Add the amounts shown in the far right colu								
	24a	Your IRA deduction, from applicable worksh		24a						
Adjustments	b	Spouse's IRA deduction, from applicable works	sheet on page 20 or 21	24b						
to Income	25	One-half of self-employment tax (see p	oage 21)	25						
(See page 19.)	26	Self-employed health insurance deduction, from v		26						
	27	Keogh retirement plan and self-employ		27						
	28	Penalty on early withdrawal of savings		28 29						
	29 30	Alimony paid. Recipient's SSN ► Add lines 24a through 29. These are y			. ► 30					
Adjusted	31	Subtract line 30 from line 23. This is your \$21,250 and a child lived with you, see pa	r adjusted gross inco	me. If this amount is le	ss than Income					
Gross Income		Credit" on line 56.	-		. 🕨 31					

T	32	Amount from line 31 (adjusted gross income)			· · <u> </u>	32
Tax	33a	Check if: You were 65 or older, Blind; Spous	se was 65 or olde	r, 🗌 B	lind.	
Compu-		Add the number of boxes checked above and enter the	total here · · ·	►	33a 🔄	
tation	b	If your parent (or someone else) can claim you as a depe	endent, check her	e 🕨	33b 🗌	
If you want the IRS to figure your	с	If you are married filing a separate return and your spouse or you are a dual-status alien, see page 23 and check he	e itemizes deduct ere	ions, ►	33c 🛛	
tax, see page		Itemized deductions (from Schedule A, line 26	1		١	
24.	34	Enter the larger of Single—\$3,400 • Head of househousehousehousehousehousehousehouse	lf you ndard	34		
		Married filing jointly or Qualifying widow(er)— Married filing separately—\$2,850	-\$5,700		J	35
	35	Subtract line 34 from line 32		•••	• • •	35
	36	If line 32 is \$75,000 or less, multiply \$2,150 by the total in line 6e. If line 32 is over \$75,000, see page 24 for the an	nount to enter			36
	37	Taxable income. Subtract line 36 from line 35. (If line 36				37
	38	Enter tax. Check if from a Tax Table, b Tax Ra				38
	20	or d \square Form 8615 (see page 24). (Amount, if any, from F Additional taxes (see page 24). Check if from a \square Form				39
	39 40	Additional taxes (see page 24). Check in from a Add lines 38 and 39				40
	41	Credit for child and dependent care expenses (attach Form 2				
Credits	42	Credit for the elderly or the disabled (attach Schedule R)				
(See page	43	Foreign tax credit (attach Form 1116)	43			
25.)	44	Other credits (see page 25). Check if from \mathbf{a} \Box Form 3				
		b Form 8396 c Form 8801 d Form (specify)	44			
	45	Add lines 41 through 44				45
	46	Subtract line 45 from line 40. (If line 45 is more than line				46 47
Other	47	Self-employment tax (attach Schedule SE)				47
Taxes	48 49	Alternative minimum tax (attach Form 6251) Recapture taxes (see page 26). Check if from \mathbf{a} Form 4255				49
	49 50	Social security and Medicare tax on tip income not reported				50
	51	Tax on an IRA or a qualified retirement plan (attach Forn	51			
	52	Advance earned income credit payments from Form W-2	,			52
	53	Add lines 46 through 52. This is your total tax				53
Payments	54	Federal income tax withheld (if any is from Form(s) 1099, check 🕨				
rujilono	55	1991 estimated tax payments and amount applied from 1990 ret				
Attach	56	Earned income credit (attach Schedule EIC)				
Forms W-2, W-2G, and	57	Amount paid with Form 4868 (extension request)	57			
1099-R to front.	58	Excess social security, Medicare, and RRTA tax withheld (see page 3	z') ·			
nom.	59	Other payments (see page 27). Check if from a \Box Form 2 b \Box Form 4136	59			
	60	Add lines 54 through 59. These are your total payments			►	60
	61	If line 60 is more than line 53, subtract line 53 from line 60. This	is the amount you C	OVERPAI	D 🕨	61
Refund or	62	Amount of line 61 to be REFUNDED TO YOU			>	62
Amount	63	Amount of line 61 to be APPLIED TO YOUR 1992 ESTIMATED TA	X 🕨 63			
You Owe	64	If line 53 is more than line 60, subtract line 60 from line 53	3. This is the AMC	OUNT YO	DU OWE.	
		Attach check or money order for full amount payable to "In			-	
	4 F	name, address, social security number, daytime phone numb Estimated tax penalty (see page 28). Also include on line		m 1040″	on it.	64
	65		II			
Sign	belief,	penalties of perjury, I declare that I have examined this return and a they are true, correct, and complete. Declaration of preparer (other t	han taxpayer) is base	ed on all i	information (of which preparer has any knowledge.
Here	\	/our signature	Date	Your o	ccupation	
Keep a copy						
of this return for your		Spouse's signature (if joint return, BOTH must sign)	Date	Spouse	e's occupati	ion
records.						
Paid Preparer's	Prepa signa	rure	Date	Check self-em	if ployed [Preparer's social security no.
Use Only	Firm's name (or yours if self-employed) and				E.I. No.	
	addre				ZIP code	