Form

Department of the Treasury-Internal Revenue Service

1040A (99) U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Label						(DMB No. 1545-0085			
(See page 16.)	Your	rst name and initial Last name					Your social security number			
L A B Use the IRS Iabel. Otherwise,	If a li	If a laint ratius assurate first some and initial								
	ii a ju	int return, spouse's first name and initial Last name				Spouse	Spouse's social security number			
	Hom	e address (number and street). If you have		<u> </u>						
please print H or type. E				For Privacy Act and Paperwork						
R E	City,	town or post office, state, and ZIP code. I	Redu	Reduction Act						
\subset			-	Notice, see page 4.						
		sidential Election Carr you want \$3 to go to this		Checking "Yes"						
	If a joint return, does your spouse want \$3 to go to this fund?						hange your tax or e your refund.	1		
Check the	1	☐ Single			· ·					
box for	2	☐ Married filing joint ret								
your filing	3	□ Married filing separat	nber							
status	4	above and full name here. ►								
(See page 17.)	4	but not your dependent, enter this child's name here.								
Check only one box.	5	□ Qualifying widow(er)				19).	(See page 19.))		
Figure	6a						No. of boxes checked on			
your	b	_	NECK DOX O	a. But be sure to check t		in page 2.	6a and 6b			
exemptions		Dependents:	(2) Check	(3) If age 1 or older,		5) No. of months	No. of your children on			
(See page 20.)		(1) Name (first, initial, and last name)	if under age 1	dependent's social security number	relationship to you	lived in your home in 1994	6c who:			
If more than							 lived with you 			
seven dependents,							 didn't live 			
see page 23.							with you due to divorce or			
						<u> </u>	separation (see page 23)			
							Donondonto			
				Dependents on 6c not entered above _						
	d	If your child didn't live wi	7	Add numbers						
	under a pre-1985 agreement, check here Add renter enter e Total number of exemptions claimed.									
Figure	7	Wages, salaries, tips, etc form(s). Attach Form(s)		nould be shown in	box 1 of your W	V-2 7				
your total	8a	a Taxable interest income (see page 25). If over \$400, attach								
income		Schedule 1.	8a							
	<u>b</u> 9	Tax-exempt interest. DO NO Dividends. If over \$400, a								
Attach Copy B of your Forms W-2 and 1099-R here.	<u>7</u> 10a				Taxable amoun	9 t				
	Tou	distributions. 10a			(see page 26).	10b				
lf you didn't get a W-2, see page 25.	11a	Total pensions		11b	Taxable amoun					
	10	and annuities. 11a	cation (cr		(see page 27).	<u>11b</u>				
Enclose, but do not attach, any payment	12 122	Unemployment compensions Social security	sation (se	13b	Taxable amoun	12				
	Isa	benefits. 13a		130	(see page 31).	13b				
with your return.			· · · ·							
	14Add lines 7 through 13b (far right column). This is your total income.15aYour IRA deduction (see page 34).15a					▶ 14				
Figure	159		Jaye 34).	15	a					
your	b	Spouse's IRA deduction (se	ee page 3	4). 15	b					
adjusted c Add lines 15a and 15b. These are your total adjustments.										
gross	16	Subtract line 15c from line								
income		If less than \$25,296 and a								
		didn't live with you), see '	Laineu I	ncome creait on pa	aye 44.	▶ 16				

Figure	-	17	Enter the amount from line 16.			17				
your standard		18a	Check The finite of the field							
deduction, exemption		b	If your parent (or someone else) can claim you as a dependent, check here							
amount, and		С								
taxable income		19	Enter the standard deduction shown below for your filing if you checked any box on line 18a or b , go to page 38 standard deduction. If you checked box 18c , enter -0							
			• Single—\$3,800 • Married filing jointly or Qualifying wice	\$6,350	C	1				
			 Head of household—\$5,600 Married filing separately 			19	<u> </u>			
		20 21	Subtract line 19 from line 17. If line 19 is more than line 17			20 21				
	-	<u>21</u> 22	Multiply \$2,450 by the total number of exemptions claimed Subtract line 21 from line 20. If line 21 is more than line 2		21	+				
			This is your taxable income .			22				
Figure your tax,	_	23	Find the tax on the amount on line 22. Check if from: ☐ Tax Table (pages 62–67) or ☐ Form 8615 (see page	40).		23				
credits,	2	24a	Credit for child and dependent care expenses. Attach Schedule 2. 24a							
and payments		b	Credit for the elderly or the disabled.							
If you want the		С	Attach Schedule 3. 24b Add lines 24a and 24b. These are your total credits.			24c	1			
IRS to figure	-	25	Subtract line 24c from line 23. If line 24c is more than line 23	, enter -0-		25				
your tax, see the instructions	-	26	Advance earned income credit payments from Form W-2.			26				
for line 22 on	-	27	Add lines 25 and 26. This is your total tax.			27				
page 39.	2	28a	Total Federal income tax withheld. If any taxis from Form(s) 1099, check here. ► □28a							
		b	1994 estimated tax payments and amount applied from 1993 return.28b							
		С	Earned income credit. If required, attach Schedule EIC (see page 44). 28c Nontaxable earned income: and type ►							
		d	Add lines 28a, 28b, and 28c (don't include nontaxable early These are your total payments.	ned incon		28d				
Figure	2	29	If line 28d is more than line 27, subtract line 27 from line 2							
your		20	This is the amount you overpaid.			29 30	<u> </u>			
refund or	-	30 31	Amount of line 29 you want refunded to you. Amount of line 29 you want applied to your			30	<u> </u>			
amount	•		1995 estimated tax. 31							
you owe		32	If line 27 is more than line 28d, subtract line 28d from line	is						
			the amount you owe. For details on how to pay, including write on your payment, see page 52.	what to		22				
	-	33	Estimated tax penalty (see page 52).			32				
			Also, include on line 32. 33							
Sign your	and b	elief, t	ties of perjury, I declare that I have examined this return and accompanying schedul hey are true, correct, and accurately list all amounts and sources of income I receiv							
return	than t	he tax	payer) is based on all information of which the preparer has any knowledge.	on						
Keep a copy of this return for your records.	$\mathbf{\dot{b}}$	pouse	's signature. If joint return, BOTH must sign. Date S	upation						
Paid preparer's	Prepa signat			heck if elf-employed		Preparer's social securit	iy no.			
use only			yed) and	E.I. No.						
		address ZIP code								

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