1040		tment of the Treasury—Internal Revenue S		5						
		. Individual Income Tax Ret e year Jan. 1–Dec. 31, 1995, or other tax year		(99) IRS Use , 1995, ending	Only—Do n		or stap 19	le in this space.	074	
Label		r first name and initial	Last name	, 1995, ending				OMB No. 1545-00		
(See L			Luot hamo							
instructions A B	lf a	joint return, spouse's first name and initial Last name				Spouse's social security numbe				
on page 11.) E		,				•				
Use the IRS habel.	Ног	ne address (number and street). If you have a	P.O. box, see page 11	1. Apt. no).	Fo	r Priv	acy Act and		
Otherwise, E							Paperwork Reduction			
please print R or type.	City	, town or post office, state, and ZIP code. If y	ou have a foreign add	ress, see page 11.				tice, see page		
Presidential						Yes	No	Note: Checking "		
Election Campaigr	1 📐 🗌	Do you want \$3 to go to this fund? .						will not change yo tax or reduce you		
(See page 11.)		If a joint return, does your spouse want	\$3 to go to this fur	nd?				refund.		
	1	Single								
Filing Status	2	Married filing joint return (even i	if only one had inco	me)						
(See page 11.)	3	Married filing separate return. Enter		5						
Check only	4	Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent								
one box.	5	enter this child's name here. ► Qualifying widow(er) with depen	dent child (year so	use died > 10). (See	nago	12)		-	
	 6a	Yourself. If your parent (or someone	· _ ·				· ·	. of boxes		
Exemptions	ua	return, do not check box 66					∫ ch	ecked on 6a		
(See page 12.)	b	Spouse						d 6b		
, i g ,	с	Dependents:	(2) Dependent's soci		(4) No. of			o. of your ildren on 6c		
		(1) First name Last name	security number. If be in 1995, see page 1		lived in home in		wh	10:		
								lived with you didn't live with		
If more than six dependents,							уо	u due to		
see page 13.								vorce or paration (see		
								ge 14)		
								pendents on 6c t entered above		
				1005	I		Ad	d numbers		
	d e	If your child didn't live with you but is claimed a Total number of exemptions claimed		a pre-1985 agreement, c	neck nere			tered on es above ►		
	7	Wages, salaries, tips, etc. Attach Form(•••	7				
Income	, 8a			if over \$400		8a				
Attach	b									
Attach Copy B of your	9	Dividend income. Attach Schedule B if over \$400								
Forms W-2,	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 15))			
W-2G, and 1099-R here.	11					11				
	12	Business income or (loss). Attach Schee	dule C or C-EZ .			12	2			
If you did not get a W-2, see	13	Capital gain or (loss). If required, attach	Schedule D (see pa	age 16)		13				
page 14.	14	Other gains or (losses). Attach Form 47	1 1		• • •	14				
Enclose, but do not attach, your payment and	15a	Total IRA distributions . 15a		Taxable amount (see p	•	15				
	16a	Total pensions and annuities 16a		Taxable amount (see p	•	16			-	
	17	Rental real estate, royalties, partnerships				18			-	
payment voucher. See	18 19	Farm income or (loss). Attach Schedule Unemployment compensation (see page				19				
page 33.	20a	Social security benefits 20a				20				
	202	Other income. List type and amount—s		• •	0 /	21				
	22	Add the amounts in the far right column f				22	2			
	23a	Your IRA deduction (see page 19) .		23a						
Adjustments	b	Spouse's IRA deduction (see page 19)		23b						
to Income	24	Moving expenses. Attach Form 3903 or		24						
	25	One-half of self-employment tax		25						
	26	Self-employed health insurance deduct	ion (see page 21)	26						
	27	Keogh & self-employed SEP plans. If SI		27		_				
	28	Penalty on early withdrawal of savings		28						
	29 30	Alimony paid. Recipient's SSN ► Add lines 23a through 29. These are yo	ur total adjustmen	29 ts						
Adjusted		· · · ·	•			30	<u>'</u>			
Gross Income	31	Subtract line 30 from line 22. This is your adju with you (less than \$9,230 if a child didn't live				31				

Тах	32	Amount from line 31 (adjusted gross income)					32		+
Compu-	33a	Check if: Check if: Spouse 65 or older, Check if: Spouse							
tation		Add the number of boxes checked above and enter the t							
(See page		If your parent (or someone else) can claim you as a depe				330			
23.)	С	If you are married filing separately and your spouse itemize you are a dual-status alien, see page 23 and check here	33c 🗌						
	34	Enter the larger of your: your: Enter the standard deductions from Schedule A, line 28, Standard deduction shown below for your filir any box on line 33a or b, go to page 23 to If you checked box 33c, your standard deduction shown below for your filing jointly or C	lard dedu v(er)—\$6,5	ction.	34				
	35	Head of household—\$5,750 • Married filir Subtract line 34 from line 32				J	35		
	36	If line 32 is \$86,025 or less, multiply \$2,500 by the total r							
	37	line 6e. If line 32 is over \$86,025, see the worksheet on page 23 for the amount Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, en					36 37		
If you want the IRS to						<u> </u>			
figure your	38	Tax. Check if from a Tax Table, b Tax Rate Sched		38					
tax, see		sheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814 ► e					39		+
page 35.	39 40	Additional taxes. Check if from a Form 4970 b Add lines 38 and 39.					39 40		
Credits	41	Credit for child and dependent care expenses. Attach Form 2		41					
	42	Credit for the elderly or the disabled. Attach Schedule R		42					
(See page 24.)	43	Foreign tax credit. Attach Form 1116		43					
24.)	44	Other credits (see page 25). Check if from a Form 38 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 4	40, ente	er -0		►	46		
	47	Self-employment tax. Attach Schedule SE					47		<u> </u>
Other	48	Alternative minimum tax. Attach Form 6251			48		1		
Taxes					49		+		
(Saa naga	49	Recapture taxes. Check if from a Form 4255 b Fo					50		
(See page 25.)	50	Social security and Medicare tax on tip income not reported		51		+			
	51	Tax on qualified retirement plans, including IRAs. If require		52		+			
	52	Advance earned income credit payments from Form W-2							+
	53	Household employment taxes. Attach Schedule H.					53		+
	54	Add lines 46 through 53. This is your total tax.				· · · •	54		
Payments	55	Federal income tax withheld. If any is from Form(s) 1099, check ►		55			-		
i ajinente	56	1995 estimated tax payments and amount applied from 1994 retu	urn.	56					
Attach	57	Earned income credit. Attach Schedule EIC if you have a qualif child. Nontaxable earned income: amount ►	ying						
Forms W-2, W-2G, and		and type 🕨		57					
1099-R on the front.	58	Amount paid with Form 4868 (extension request)		58					
	59	Excess social security and RRTA tax withheld (see page		59					
	60	Other payments. Check if from $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form 4		60					
	61	Add lines 55 through 60. These are your total payments	• •			►	61	<u> </u>	+
Refund or	62	If line 61 is more than line 54, subtract line 54 from line 61. This i	is the ar	nount you	OVERPAI	D	62	<u> </u>	
Amount	63	Amount of line 62 you want REFUNDED TO YOU.					63	<u> </u>	_
You Owe	64	Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED TAX	X 🕨 🛛	64			-		
rou owe	65	If line 54 is more than line 61, subtract line 61 from line 54	. This is	s the AM	OUNT YO	DU OWE.			
		For details on how to pay and use Form 1040-V, Paymer	nt Voud	her, see	page 33	►	65		
	66	Estimated tax penalty (see page 33). Also include on line	65	66					
Sign		penalties of perjury, I declare that I have examined this return and ac							
Sign		they are true, correct, and complete. Declaration of preparer (other th		which p	preparer has any kno	owledge.			
Here		Your signature	Date		Your o	ccupation			
Keep a copy of this return									
for your records.		Spouse's signature. If a joint return, BOTH must sign.	Date		Spouse	e's occupation	۱		
Paid	, Prepa signa	nrer's ture	Date		Check self-em		Pro	eparer's social secu	urity no.
Preparer's	Firm's	Firm's name (or yours					- 1		
Use Only	address					EIN ZIR codo			
	auurt	33				ZIP code			