ins use only — bo not w	Tite of Staple III this space.	
Label Use the IRS label. Otherwise, print in ALL CAPITAL LETTERS. Leave a single space between names		-1470
Your last name (surname), space, first name, space, and middle initial. (If either person is deceased, see page 9 of the instruction L	ons.) Your social security number	
B If filling jointly, spouse's last name (surname), space, first name, space, and middle initial	Spouse's social security num	her
Home address (number and street). If P.O. box or foreign address, see page 15.	Apt./suite no.	
	For Priv	•
R City, state or province, and ZIP code or postal code	Paperwo	
Foreign country. Do not abbreviate.	Reduction Act Notice	
	Act Noti	
Presidential Election Do you want \$3 to go to this fund?	S No Filling in "Yes" wi	
Campaign Fund See page 15. If filing a joint return, does your spouse want \$3 to go to this fund? • Yes	Change your tax o	
Filing Status See pages 15-16. Fill in only O Single O Married filing jointly O Head	d of household (with qualifying pe	erson)
	lifying widow(er) with dependent	child
household, or Qualifying widow(er), see pages 15-16 for entry:		
Total Income and Adjusted Gross Income	NA JA	
1 Wages, salaries, tips, etc. Attach W-2 form(s).	(S)	\Box
2a Taxable interest income. See page 17. If over \$400, complete Section A now.		Ħ
b Tax-exempt interest. See page 18.		
3a Dividend income. See page 18 Nover \$400, complete Section A nover	3a\$	П
b Capital gain distributions Caution: Pending tax law may reduce the amount taxed. See page 18.	3b\$	Н
4 Taxable refunds, credits or offsets of state and local insome taxes. See page 18.	4 \$	Н
5a Total IRA distributions. b Taxable amount. See page 1		\dashv
6a Total pensions and annuities 6a\$ b Taxable amount. See page 1		Н
7 Unemployment compensation. See page X	7 \$	Н
8a Social security benefits. b Taxable amount. See page 2		+
9 Other income from list on page 32.	9 \$	+
10 Total income. And the amounts in the far right column for lines 1 through 9.	10\$	Н
12 Spouse 3 AA deduction. See page 23.		
13 Penalty on early withdrawal of savings.		
14 Alimony paid. Enter recipient's SSN. See page 26. 14\$		
15 Total adjustments. Add lines 11 through 14. See page 26 for other adjustments.	15\$	Щ
16 Adjusted gross income. Subtract line 15 from line 10.	16\$	Ш
If this amount is less than \$26,673, see the statement at the right. Standard Deduction or Itemized Deductions	If line 1 and line 16 each less than \$26,	
17 Fill in circle and see page 26 if you are married filing separately and your spouse itemizes dec	ductions and a child lived with	you
18 Fill in circle if your parents (or someone else) can claim you as a dependent on their	(less than \$9,230 if a c	
18 Fill in circle if your parents (or someone else) can claim you as a dependent on their 19 Fill in all that apply. You were: Age 65 or older Blind. Spouse was: Age 65 or older	Earned Income Credit	
Standard Deduction or Itemized Deductions 17 Fill in circle and see page 26 if you are married filing separately and your spouse itemizes dec 18 Fill in circle if your parents (or someone else) can claim you as a dependent on their 19 Fill in all that apply. You were: Age 65 or older Blind. Spouse was: Age 65 or older Compared to the larger of your standard deduction (see page 27) OR your itemized deductions from	20\$	\neg
Section B, line t. Your Federal income tax will be less if you enter the larger amount here.		
21 Subtract line 20 from line 16.	21\$	

22	Enter the	amount from line 21.	22\$				
Ex	emptions	 Complete Section C before you fill in 23c. If you filled in the circle on line 18 or are married filing separately, see page 	e 27 hefore	e completin	a line 23		
23	Enter "1	<u> </u>	dd a, b, and o	·	9 1110 20		
	а	+ b + c = 23d					
24		s \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 16 is over \$86,025, see the worksheet on page 29 for the amount to enter.	24\$				
25	Taxable in leave line	ncome. Subtract line 24 from line 22. If line 24 is more than line 22, 25 blank.	25\$				
Ta	x O Fill in	circle if you want the IRS to figure your tax. See page 28.					
26	Find the ta	nx on the amount on line 25 and enter here. <i>See page 29.</i> Fill in circle that applies: ole, ○ Tax Rate Schedules, ○ Capital Gain Tax Worksheet, or ○ Form 8615	26\$				
27	Credit for	child and dependent care expenses. Complete Section D now.	27\$				
28	Subtract I	ine 27 from line 26. If line 27 is more than line 26, leave line 28 blank.	28\$				
29	Advance 6	earned income credit payments from Form W-2.	29\$				
30	Household	d employment taxes. Attach Schedule H.	30\$				
31		Add lines 28, 29, and 30. le if total tax includes: Alternative minimum tax see page 30.	31\$				
32	Federal inc	come tax withheld. Fill in O if any is from Form(\$ 1099)		1710	•		
33	1995 estim	nated tax payments and amount applied from 1994 return.					
34	Earned in	come credit. If required, complete section See page & 1		Fill in circle i			
35	Amount p	aid with Form 4868 (extension request).		the IRS to fig earned incor	ne credit.		
36	Excess so	ocial security and RRTA tax withheld see bage 32		Complete Se required. See			
37	Total pay	ments. Add lines 32 through 36.	37\$				
	If line 37 i	s more than line 31, figure your refund below. If line 37 is less than line	31, figure the	ne amount	you owe.		
38	Subtract lii	ne 31 from line 37. Amount you overpaid: 41 Amount you owe. Subtract line 37 from line 31	41\$				
39	Amount or want refu		Fill in circle in not pay the f	fúll amount			
40		payment voucher. Indeed to you. payment voucher. 42 Estimated tax penalty. See	9 42\$				
	estimated	page 39. Also, include this amount on line 41.					
	Additiona	I Information Use this space only as the instructions show. (More space on page			page 40.		
Line	e Entry i	tem Line Entry item	\$	Amount			
			\$				
	$- \rightarrow\rangle$		1 1				
		Signature Under penalties of periury, I declare that I have examined this return and accompanying	na echodulos s	and statements	and to the		
		best of my knowledge and belief, they are true, correct, and accurately list all amounts	and sources of	of income I rece	eived during		
		the tax year. Declaration of preparer (other than the taxpayer) is based on all information Your signature. Please keep your signature inside the box. Spouse's signature. If a join			knowledge.		
		Date MM-DD-YY Your occupation. Date MM-DD-YY Spo	use's occupat	tion			
		Date Wilvi-DD-11 Tour occupation.	use's occupat	lion.			
Z		For paid preparer use only.					
N1T5AAA			Firm's name (preparer's name if self-employed) and address.				
5							
		Date MM-DD-YY Preparer's social security number					
		Fill in circle if you are self-employed	EIN				
		For Official TC, TCE VITA Self-help IRS Use Only	Prepared	IR	S Reviewed		
			_ /				

	Name	Pr	int your name and SSN as they appear on page 1.	You	ur social security number					
					+ +					
9	Section A Interest and Dividend Income See page 61.									
а	Name of p	oay	 If you received interest from a seller-financed mortgage, see page 61. If you received a Form 1099-INT, Form 1099-OID, Form 1099-DIV, or substitute state enter the firm's name and the total interest and dividends shown on that form. er. If more than six payers, see page 61. b Taxable interest 		from a brokerage firm, Gross dividends					
			\$							
			\$	\$						
			\$	\$						
			\$	\$						
Г			\$	\$						
			\$	\$						
d	Subtotals 1	ror	n page 5, line d of Interest and Dividend Income.	\$						
е	Total taxa	ble	interest. Also, enter this amount on line 2a.		. 1					
f	Total gros	s d	ividends.	f\$						
g	Total capita	al g	ain distributions included on line f. Also, enter on line 3b. \ g \$	10						
h	Nontaxab	e c	distributions included on line f.	7)//						
i	Add lines	g a	and h.	> /\$						
j	Total divi	der	nds. Subtract line i from line i Enter the result here and on line 3a.	j \$						
9	Section	3	Itemized Deductions See page 62							
а	Medical a	nd	dental expenses.							
b	Multiply lin	ie '	16 by 7.5% (.075) Anter the result here. b\$							
С	Subtract li	ne	b from line a. If line b is more than line a leave line c blank.	c \$						
d	State and	loc	cal income taxes.	d \$						
	Real estat			e \$						
f	Personal p	ro	perty taxes.	f\$						
			PAGE (OR)	g \$						
		-	nterest and points reported to you on Form 1098.	h \$						
i	Home mo	<i>4</i> jg/	age interest and points not reported to you on Form 1098. See page 64.	1\$						
j	Investmen	t ir	iterest. See page 65.	j \$						
		k	Charitable gifts made by cash or check. If any one gift is \$250 or more, see page 65.	k \$						
		I	Other charitable gifts. If over \$500 or any gift is \$250 or more, see page 66.	\$						
			Add lines c through I.	m \$						
			Unreimbursed employee expenses. If required, list on line 43. See page 67.							
			Other expenses from list on page 67. Also, list on line 43.							
		р	Add lines n and o. p\$							
1T5AAA3		q	Multiply line 16 by 2% (.02). Enter the result here. q\$							
			Subtract line q from line p. If line q is more than line p, leave line r blank.	r \$						
			Other miscellaneous deductions from list on page 67. Also, list on line 43.	s \$						
		t	Is line 16 over \$114,700 (over \$57,350 if married filing separately)? NO. Your deduction is not limited. Add lines m, r, and s. Also, enter on line 20)							
			the larger of this amount or your standard deduction (see page 27). YES. Your deduction may be limited. See page 67 for the amount to enter.	t \$						

Name	Print your	name and	SSN as the	y appear on pag	e 1 only if you	have no entr	ries on page 3.	Your social	security number
								-	1
Section C		penden (surname	If you	r dependent w have more than ace, and first nar	n five depend			completing.	Fill in circle if child didn't live with you but is claimed under a pre-1985 agreement.
Dependent's name									0
Relationship to you				Dependent's SSN	s		Number of min your home		
Dependent's name									
Relationship to you				Dependent's SSN	5	1	Number of m in your home		
Dependent's name									0
Relationship to you				Dependent's SSN	6	1	Number of min your home		
Dependent's name									0
Relationship to you				Dependent's SSN	5		Number of m in your home		
Dependent's name						12			7) 0
Relationship to you				Dependent's SSN			Number of m in your home		110
No. of your child Section C who:		ved with y	/OU	 didn't live with due to divorce separation 	h you e or	No. of oth dependent in Section	kシカ ((Add numbers at left Enter to and on line 23	
Section D				dDepender	nt care Ex	11.00	see page 70.	"	<u> </u>
a Care provid				than two see		- \	S&N or EIN		paid. See page 71.
		($\langle O \rangle$	(0)	SSIV	$\mathbb{Q}(\mathbb{Q})$		\$	
)	3 11	EIN				
			1/2/2	5	N&S	-	1	\$	
		5	Mr.	71152	EIN	+			
d Add amou	nts in col	umn c.		10/11				d \$	
		/ -	11111111	for in 1995. $S\epsilon$	· -			е	
f Amount of \$2,400 for	qualified one qual	lexpens	rson or \$4	curred and paid ,800 for two o	d in 1995. De r more perso	O NOT ente ons. <i>See pa</i>	er more than age 71.	f \$	
g YOUR earne	etvinciome	See pag	<i>e 70.</i> Do not	include your spo	ouse's income	here.		g \$	
h If filing solution	sepolystels	earned inc	ome. (If stude	nt or disabled, see	page 71.) All ot	hers, enter am	nount from line g.	h \$	
i Enter the	mallest	of line f,	line g, or I	ine h.				i \$	
				71 that applies				j	
k Multiply lin line 27 .	e i by line	e j. Entei	r the result	. Then, see pa	ige 71 for the	e amount to	o enter on	k \$	
	Section	on E	Earned	Income Cre	dit See pa	ige 28 if yo	ou want the IR	S to figure yo	our credit.
				page 34. Enter typ				amount. \$	
1T5AAA4				our qualifying child on then a space, and		ild was born in	1995, see page 72 b	efore completing.	If the child was born before 1977, fill in circle below if the child was:
	Child's name								A student under age 24. Disabled.
115	Relation- ship to you					Child's SSN		<u> </u>	See page 72. page 72.
1T5AAA4		nths lived	with you in	U.S. in 1995	Yea	ar of birth	1 9		0 0
	Child's name								
	Relation- ship to you					Child's SSN			
			with you in	U.S. in 1995	Yea	ar of birth	1 9		0 0
	Page 4	Form 1	040-T 1995						

If you have no entries on this page or page 3, do not send them in.

Continuation Sheet for Form 1040-1 If you ne	ed more space, you can use	photocopies of this page.
Name Print your name and SSN as they appear on page 1.		Your social security number
Section A—Interest and Dividend Income (continued)		
a Name of payer	b Taxable interest	c Gross dividends
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
d Subtotals. On page 3, include on line d.	d \$	\$
a caucata compage of menancian and an		
Seller-Financed Mortgages See page 61 for interest received an	nd page 64 for interest paid	
Name and address of person from whom you received interest, or		That person's SSN or EIN
	ss	
	EI	N ACT TO
		Vinterest was (fill in circle):
	JON 19 (Received Paid
$\alpha(\Omega) \vee \alpha$	//////////////////////////////////////	96 0
Section C—Dependents (continued) Invour dependent was	com in 1995, see page 60 before co	ompleting. Fill in circle if child didn't live with you but
		is claimed under a
Print last name (surname), then a space, and first rame		pre-1985 agreement.
Dependent's name		
Relationship to you Dependent's SSN Dependent's SSN	Number of mo in your home of	
Dependent's		
name Relationship Dependent's	Number of mo	
Relationship to you Dependent's	in your home o	
Dependent's name		0
Relationship Dependent's	Number of mo	
to you SSN	in your home o	Juling 1995
Dependent's name		
Relationship Dependent's to you SSN	Number of mo in your home of	
	,	
Section D. Credit for Child and Dependen	ot Cara Evnances (continu	und)
Section D—Credit for Child and Dependen a Care provider's name and address	b Provider's SSN or EIN	·
		C Amount paid. See page 71.
	SSN -	_
	EIN -	
	SSN	\$
	EIN +	
d Subtotal. Include in total on line d on page 4. 43—Additional Information (continued) Line Entry item		d\$
d Subtotal. Include in total on line d on page 4. 43—Additional Information (continued)		
43—Additional Information (continued) Line Entry item		Amount
Line Entry item		
		\$
		\$
		\$

If you have no entries on this page or page 6, do not send them in.

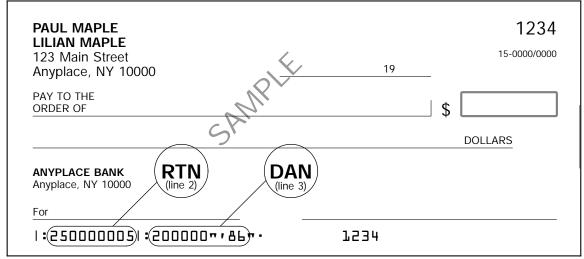
Form 1040-T **1995** Page 5





Section F Dir	rect Deposit of F	Refund					
Please print in ALL CAF	<u> </u>		rovided.				
Your last name (surnam						Your socia	al security number
							.
1 Name of the financia	al institution						
2 Routing transit numb	per (RTN)						
	The first two number 01 through 12						
3 Depositor account n		or zi unough c	4 Type of ac	count	5 Owners	hip of accou	int
Depositor decoding in			4 Type of ac	Count	O OWNER.S.	nip or acces	
			Chacking	Covings	Self	Spauso	Colf and spause
			Checking	Savings	Seli	Spouse	Self and spouse
Purpose of Section		sample check the RTN may	k below for an exa	ample of where			a taxpayer who died, surviving spouse.
Use Section F to request that tax refund into your account		,	nts payable throug	jh a financial			re Is a Problem
institution instead of sending			ner than the one a cated, check with		With My D	irect Depos	sit Request?
Why Use Direct Depos		institution for	the correct RTN		If we are unal	ble to honor yo	our request for a
Takes less time than issui	•		to verify the RTN	A+ LOLANDA (DAN)	Some reason:	t, we will sens. Is for not hono	you a check instead. oring a request
Is more secure—there's nSaves tax dollars. Making	_	can be up to	can be up to 17 characters (both numbers and include:				
costs less than issuing a che		letters) Includ	de hyphens but o	mitsnaces and \	match the na	ston vour vax meks) on the a	return does not account. See the
Requesting Direct Dep	osit	right and leav	ve any unused bo	xes blank See the			account. See the
Requesting direct deposit is		the DAN Make	he shawa \	\)) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	You have to tax for you in	'e quested that stead of figurir	the IRS figure your na it vourself.
few lines in Section F and a return. If you have other form		Line 5.—The	account designat	ted to receive the	The refund	amount you c	claimed differs from
attach to your return, be sur directly behind Form 1040-T	e to attach \$ection F	ureci deposii	LININSLADEALI WOUL	name. If you are			e entitled by more
How To Fill In Section		pame or both	Your hames. If y	du are married	The financial institution rejects the direct		
	' \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	name or in bo	ely, the account of oth your name an	:an bean your d your spouse's	deposit because of an incorrect DAN.		
You can check institution—	with your mancial	\rame/	O(10)		 You enter an incorrect RTN or DAN, or do no fill in the correct circle for line 4 or 5. 		
institution—	K(/\U)	of any other	e account cannot i person except as	include the name noted above.	 You asked 	to have your r	refund directly
1. To make sure the finance	cial institution will	Some kinanck	institutions will	not allow a joint			nk or a foreign branch n only make direct
accept direct deposits.		refrund to be o	deposited into an eck with your finar	individual	deposits to a	ccounts in U.S	6. financial institutions
2. To get the correct routin (RTN) and depositor account		111	ld Not File Se			e United States	
Line 1.—Fill in the name of y		•	not file Section F in			on Your Ref	ion is available on
institution. Line 2.—The routing transit.	himbhri (DzN) must	following app	oly:		Tele-Tax. See	e page 44 of th	his instruction booklet
be nine digits. If it does not	begin with 01		ectronically. Instea at deposit on Forn				o use. You can also ution to find out if the
through 12 or \$1 through \$2 will be rejected and a check		Individual Inco	ome Tax Declarat		,	t has been rec	
Mill po redecidad di La Constanti	30N. 300 H.S	Filing (or on F	Form 8453-OL).				
\checkmark							
							1204
	PAUL MAPLE						1234
	LILIAN MAPI 123 Main Stre						15-0000/0000
	Anyplace, NY				19		





Note: The RTN and DAN may appear in different places on your check.