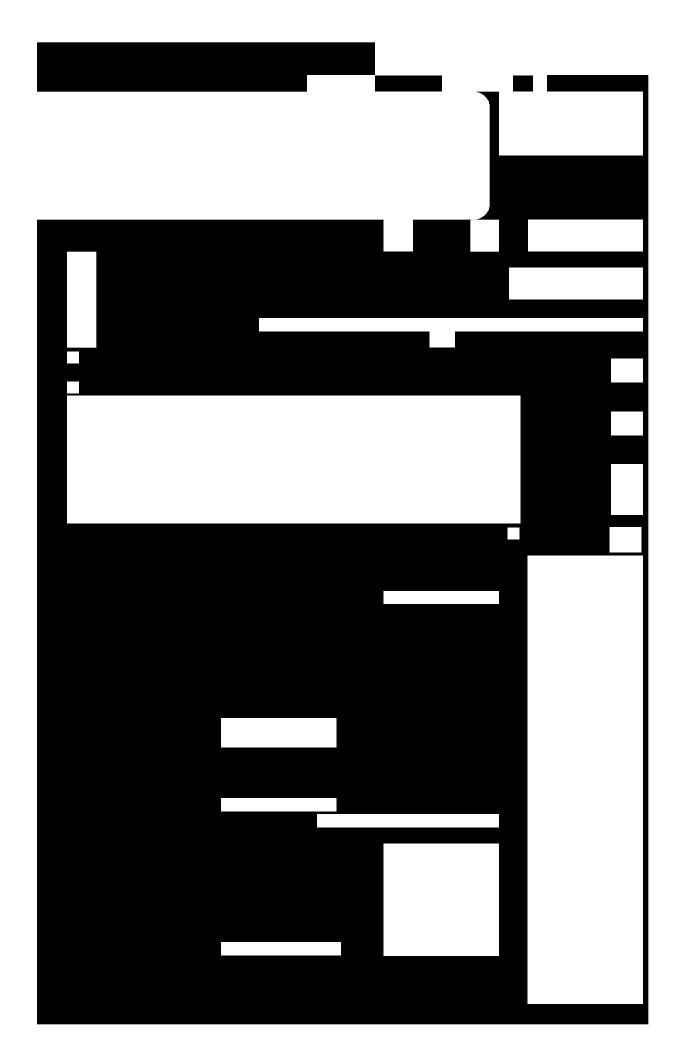
## 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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

	For th	he year Jan. 1–Dec. 31, 1992, or other tax year beginning , 1992, ending	, 19 OMB No. 1545-0074					
Label	You	ur first name and initial Last name	Your social security number					
(See A A A A A A A A A A A A A A A A A A								
on page 10.) B	lf a	joint return, spouse's first name and initial Last name	Spouse's social security number					
Use the IRS L	Hor	me address (number and street). If you have a P.O. box, see page 10. Apt. no.						
label. H Otherwise, E	TIO	ne address (number and street). If you have a P.O. box, see page 10. Apt. no.	For Privacy Act and					
please print R	City	y, town or post office, state, and ZIP code. If you have a foreign address, see page 10.	Paperwork Reduction Act Notice, see page 4.					
or type.		,,						
Presidential Election Campaign		Do you want \$1 to go to this fund? Yes	No Note: Checking "Yes" will					
(See page 10.)		If a joint return, does your spouse want \$1 to go to this fund?	No reduce your refund.					
	1	Single						
Filing Status	2	Married filing joint return (even if only one had income)						
(See page 10.)	3	Married filing separate return. Enter spouse's social security no. above and full name here.	•					
Check only	4	Head of household (with qualifying person). (See page 11.) If the qualifying person is	a child but not your dependent,					
one box.		enter this child's name here. ►						
	5	Qualifying widow(er) with dependent child (year spouse died ► 19 ). (See page 11.)						
Exemptions	6a	<b>Yourself.</b> If your parent (or someone else) can claim you as a dependent on his or her tax return, <b>do not</b> check box 6a. But be sure to check the box on line 33b on page						
•	h		and 6b					
(See page 11.)	b c	Spouse	Mo. of your					
	C	(1) Name (first, initial, and last name) if under age 1 dependent's social security relationship to you home in	your who:					
			Iived with you					
If more than six			<ul> <li>didn't live with you due to</li> </ul>					
dependents, see page 12.			divorce or					
500 pugo 12.			separation (see page 13)					
			No. of other					
			dependents on 6c					
	d	If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here						
	е	Total number of exemptions claimed						
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7					
	8a	Taxable interest income. Attach Schedule B if over \$400	8a					
Attach Copy B of your	ь 9		9					
Forms W-2,	, 10	Dividend income. Attach Schedule B if over \$400 Taxable refunds, credits, or offsets of state and local income taxes from worksheet on page 16	10					
W-2G, and 1099-R here.	11	Alimony received	11					
1099-k nere.	12	Business income or (loss). Attach Schedule C or C-EZ	12					
If you did not	13	Capital gain or (loss). Attach Schedule D	13					
get a W-2, see page 9.	14	Capital gain distributions not reported on line 13 (see page 15)	14					
1-9-11	15	Other gains or (losses). Attach Form 4797	15					
Attach check or	16a	Total IRA distributions . 16a b Taxable amount (see page 16)	16b					
money order on top of any	17a	Total pensions and annuities 17a b Taxable amount (see page 16)	17b					
Forms W-2,	18	Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E	18					
W-2G, or	19	Farm income or (loss). Attach Schedule F	19					
1099-R.	20	Unemployment compensation (see page 17)	20					
	21a	Social security benefits 21a b Taxable amount (see page 17)	21b					
	22	Other income. List type and amount—see page 18	22					
	23	Add the amounts in the far right column for lines 7 through 22. This is your total income	23					
Adjustments	24a	Your IRA deduction from applicable worksheet on page 19 or 20  24a  24b						
to Income	b	Spouse's IRA deduction from applicable worksheet on page 19 or 20 24b 25						
	25	One-half of self-employment tax (see page 20)						
(See page 18.)	26	Self-employed health insurance deduction (see page 20) 26						
	27	Keogh retirement plan and self-employed SEP deduction     27       Penalty on early withdrawal of savings     28						
	28							
	29 30	Alimony paid. Recipient's SSN ►            Add lines 24a through 29. These are your total adjustments	30					
Adjusted	30	Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than						
Gross Income		\$22,370 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56	31					



Тах	32 33a	Amount from line 31 (adjusted gross income) Check if: U You were 65 or older, D Blind; Spou				32	
Compu-	554	Add the number of boxes checked above and enter the t					
tation	b	If your parent (or someone else) can claim you as a depe			_ //		
(See page 22.)	с	If you are married filing separately and your spouse iten are a dual-status alien, see page 22 and check here .	: 🗆				
	34	Enter the larger of your: Hemized deductions from Schedule A, line 26 Standard deduction shown below for your filin any box on line 33a or b, go to page 22 to If you checked box 33c, your standard deduction Single—\$3,600 • Head of househouter • Married filing jointly or Qualifying widow(er)—	ed on.	34			
		<ul> <li>Married filing separately—\$3,000</li> </ul>	J	35			
	35	Subtract line 34 from line 32	· · -	35	<u> </u>		
	36	If line 32 is \$78,950 or less, multiply \$2,300 by the total n line 6e. If line 32 is over \$78,950, see the worksheet on p	nter .	36			
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36	• · -	37			
the IRS to figure your	38	Enter tax. Check if from <b>a</b> $\Box$ Tax Table, <b>b</b> $\Box$ Tax Rate		38			
tax, see page 23.	39	or <b>d</b> $\square$ Form 8615 (see page 23). Amount, if any, from Additional taxes (see page 23). Check if from <b>a</b> $\square$ Form		39			
23.	40	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 23.)	43	Foreign tax credit. Attach Form 1116					
23.)	44	Other credits (see page 24). Check if from $\mathbf{a} \square$ Form 3 $\mathbf{b} \square$ Form 8396 $\mathbf{c} \square$ Form 8801 $\mathbf{d} \square$ Form (specify)_					
	45	Add lines 41 through 44			· · ⊢	45	<u> </u>
	46	Subtract line 45 from line 40. If line 45 is more than line				<u>46</u> 47	
Other	47	Self-employment tax. Attach Schedule SE. Also, see line			· · ⊢	47 48	<u> </u>
Taxes	<ul> <li>48 Alternative minimum tax. Attach Form 6251</li> <li>49 Recapture taxes (see page 25). Check if from a □ Form 4255 b □ Form 8611 c □ Form 8828</li> </ul>					49	<u> </u>
	47 50	Social security and Medicare tax on tip income not reported		50	<u> </u>		
	51	Tax on qualified retirement plans, including IRAs. Attach		51			
	52	Advance earned income credit payments from Form W-2	🖵	52			
	53	Add lines 46 through 52. This is your total tax			. ►	53	<b> </b>
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ►					
j	55	1992 estimated tax payments and amount applied from 1991 ret					
Attach Forms W-2,	56	Earned income credit. Attach Schedule EIC	· ·  +				
W-2G, and	57 58	Amount paid with Form 4868 (extension request) . Excess social security, Medicare, and RRTA tax withheld (see page 2					
1099-R on the front.	59	Other payments (see page 26). Check if from <b>a</b> $\Box$ Form 2	20).				
		<b>b</b> Form 4136					
	60	Add lines 54 through 59. These are your total payments			. ►	60	<u> </u>
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	. ►	61			
Amount	62	Amount of line 61 you want <b>REFUNDED TO YOU</b> .	· ►	62 /////			
You Owe	63	Amount of line 61 you want APPLIED TO YOUR 1993 ESTIMATED TA					
Attach check or money order on top of Form(s)	64	If line 53 is more than line 60, subtract line 60 from line 53 Attach check or money order for full amount payable to "In	ternal Revenue	Service." Write	e your	64	
W-2, etc., on the front.	65	name, address, social security number, daytime phone nur Estimated tax penalty (see page 27). Also include on line		92 FOITT 1040			
<u> </u>	Under	penalties of perjury, I declare that I have examined this return and a	I	hedules and state	ements, and	to the best of my knowled	dge and
Sign	belief,	they are true, correct, and complete. Declaration of preparer (other t	han taxpayer) is	based on all infor	mation of w		
Here		/our signature	Date	Your occu	Jation		
Keep a copy of this return			Dete	Casurale			
for your records.		Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's o			
Paid Proparer's	Prepa signat		Date	Check if self-emplo	yed	Preparer's social secu	rity no.
Preparer's Use Only	Firm's name (or yours E.I. No						
Use only	address ZIP co						

