IUTU	0.3	. Illulviuuai illuulle tax ke	tuiii le / (	(99) IRS Use Only	—Do not write of	or staple in this space.
	For th	e year Jan. 1-Dec. 31, 1996, or other tax yea	ar beginning	, 1996, ending	1	19 OMB No. 1545-0074
Label 🦯	You	r first name and initial	Last name		Your	social security number
(See						
page 11.) A B	If a	joint return, spouse's first name and initial	Spou	se's social security number		
E L						
Use the IRS	Hor	me address (number and street). If you have a		For help finding line instructions, see pages		
label. H Otherwise, E		, , ,				
please print R	City	, town or post office, state, and ZIP code. If	ess see nage 11		nd 3 in the booklet.	
or type.	J Oity	, town or post office, state, and 211 code. If	you have a foreign addit	555, 500 page 11.	Yes	No Note: Checking
Presidential	<del></del>				_	"Yes" will not
Election Campaign		Do you want \$3 to go to this fund? .				change your tax or reduce your refund.
(See page 11.)	<u> </u>	If a joint return, does your spouse wan	it \$3 to go to this lune	ur		reduce your reland.
Cilina Ctatua	1	Single				
Filing Status	2	Married filing joint return (even	if only one had incon	ne)		
	3	Married filing separate return. Enter	r spouse's social security	y no. above and full name	here. ►	
Check only	4	Head of household (with quali	ifying person). (See ir	structions.) If the qua	lifying perso	n is a child but not you
one box.		dependent, enter this child's n				
	5	Qualifying widow(er) with depe	endent child (year spo	use died ► 19 ).	(See instruc	ctions.)
_	6a	Yourself. If your parent (or someon				No. of boxes
Exemptions		return, <b>do not</b> check box	к6а			checked on lines 6a and 6b
	b	Spouse			,	No. of your
	С	Dependents:	(2) Dependent's socia		1) No. of months	children on line
		(1) First name Last name	security number. If boi in Dec. 1996, see inst	rn relationship to t. you	lived in your home in 1996	6c who:
						<ul><li>lived with you</li><li>did not live with</li></ul>
If more than six						you due to divorce
dependents, see the						or separation (see instructions)
instructions						Dependents on 6c
for line 6c.						not entered above
						Add numbers entered on
	d	Total number of exemptions claimed				lines above >
_	7	Wages, salaries, tips, etc. Attach Form	n(s) W-2		7	
Income	8a	Taxable interest. Attach Schedule B if	8a			
Attach	b	Tax-exempt interest. DO NOT include	on line 8a	8b		
Copy B of your	9	Dividend income. Attach Schedule B if			. 9	
Forms W-2,	10	Taxable refunds, credits, or offsets of				
W-2G, and 1099-R here.	11	Alimony received	11			
	12	Business income or (loss). Attach Sche			12	
If you did not get a W-2,	13	Capital gain or (loss). If required, attac			13	
see the	14	Other gains or (losses). Attach Form 4			14	
instructions	15a	Total IRA distributions 15a		<b>b</b> Taxable amount (see		
for line 7.	16a	Total pensions and annuities 16a		<b>b</b> Taxable amount (see		
Enclose, but do	17	Rental real estate, royalties, partnership	os. S corporations, tru	,	·	
not attach, any	18	Farm income or (loss). Attach Schedule	·			
payment. Also, please enclose	19				10	
Form 1040-V	20a	Social security benefits . 20a		<b>b</b> Taxable amount (see	inst.) 20b	
(see the	21	Other income. List type and amount—				
instructions for line 62).					21	
	22	Add the amounts in the far right column				
	23a	Your IRA deduction (see instructions)		23a		
Adjusted	b	Spouse's IRA deduction (see instruction		23b		
Gross	24	Moving expenses. Attach Form 3903 c		24		
Income	25	One-half of self-employment tax. Attac		25		
	26	Self-employed health insurance deduc		26		
If line 31 is under \$28,495 (under	27	Keogh & self-employed SEP plans. If S	_	27		
\$9,500 if a child	28	Penalty on early withdrawal of savings		28		
did not live with	29	Alimony paid. Recipient's SSN ▶		29		
you), see the instructions for	30	Add lines 23a through 29			30	
line 54.	31	Subtract line 30 from line 22. This is yo	our <b>adjusted gross ir</b>	ncome	. ▶ 31	

Department of the Treasury—Internal Revenue Service

Form 1040 (1996	)						Page
Тах	32	Amount from line 31 (adjusted gross income)		,		32	
Compu-	33a	,,,,			- 1		
tation		Add the number of boxes checked above and enter the total h			$\dashv$		
	b	If you are married filing separately and your spouse itemizes de you were a dual-status alien, see instructions and check here			⊐ I		
		/ Itemized deductions from Schedule A, line 28, OR			١١		
	34	Enter the Standard deduction shown below for your filing stat instructions if you checked any box on line 33a or	us. <b>But</b> se b <b>or</b> some	e the one		24	
		can claim you as a dependent.	}	34			
		your:  Single—\$4,000 • Married filing jointly or Qualifyi  Head of household—\$5,900 • Married filing sep					
	35	Subtract line 34 from line 32	<b>'</b> .	35			
If you want the IRS to figure your tax, see the instructions for line 37.	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number	r of exemp	otions claimed	on		
	27	line 6d. If line 32 is over \$88,475, see the worksheet in the inst	.  -	36			
	37 38	<b>Tax.</b> See instructions. Check if total includes any tax from <b>a</b>	.	37			
		<b>b</b> Form 4972	<b>•</b>	38			
Credits	39	Credit for child and dependent care expenses. Attach Form 2441	39				
	40	Credit for the elderly or the disabled. Attach Schedule R	40		-		
	41 42	Foreign tax credit. Attach Form 1116	41		-		
	72	c ☐ Form 8801 d ☐ Form (specify)	42				
	43	Add lines 39 through 42			.	43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, en				44	
Other	45 46	Self-employment tax. Attach Schedule SE				45 46	
Taxes	47	Social security and Medicare tax on tip income not reported to employee				47	
	48	Tax on qualified retirement plans, including IRAs. If required, at			.	48	
	49	Advance earned income credit payments from Form(s) W-2			.	49	
	50 51	Household employment taxes. Attach Schedule H Add lines 44 through 50. This is your <b>total tax</b>				50	
Daymanda	52	Federal income tax withheld from Forms W-2 and 1099	52				
Payments	53	1996 estimated tax payments and amount applied from 1995 return .	53				
	54	Earned income credit. Attach Schedule EIC if you have a qualifying					
		child. Nontaxable earned income: amount ▶	54				
Attach Forms W-2,	55	and type ►  Amount paid with Form 4868 (request for extension)	55				
W-2G, and 1099-R on	56	Excess social security and RRTA tax withheld (see inst.)	56		$\Box$		
the front.	57 50	Other payments. Check if from a Form 2439 b Form 4136	57		$\vdash$		
D. C I	58	Add lines 52 through 57. These are your <b>total payments</b> If line 58 is more than line 51, subtract line 51 from line 58. This is	the emous	· · · · · ·	ID.	58 59	
Refund	59 60a	Amount of line 59 you want <b>REFUNDED TO YOU</b>	uic aiii0ul	п уои <b>ОУЕКР</b> А		60a	
Have it sent directly to	▶ b		Checkin	g 🗌 Saving	s		
your bank account! See				]			
inst. and fill in 60b, c, and d.	► d 61	Account number	61	_			
Amount	62	If line 51 is more than line 58, subtract line 58 from line 51. This		OUNT YOU OW	/E.		
You Owe		For details on how to pay and use Form 1040-V, see instruction	ns .		•	62	
	63 Unde	Estimated tax penalty. Also include on line 62	63	lules and stateme	ents and	to the hes	t of my knowledge an
Sign		they are true, correct, and complete. Declaration of preparer (other than tax					
Here	•	our signature Date		Your occupati	on		
Keep a copy of this return	<b>7</b> _	2071					
for your records.		Spouse's signature. If a joint return, BOTH must sign.  Date  Spouse's occup					
Paid Preparer's	Prepa signa	rer's Date		Check if		Prepare	er's social security no
	Firm's	s name (or yours		self-employed	EIN		1
Use Only	if self addre	employed) and ss	ZIP c	ode			