

For the year January 1-December 31, 1983, or other tax year beginning 1983, ending 19 OMB No. 1545-0074

Use IRS label. Other-wise, please print or type. Your first name and initial (if joint return, also give spouse's name and initial) Last name Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security number City, town or post office, State, and ZIP code Your occupation Spouse's occupation

Presidential Election Campaign Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes No Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. 4 Head of household (with qualifying person). (See page 6 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here. 5 Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of Instructions.)

Exemptions 6a Yourself 65 or over Blind 6b Spouse 65 or over Blind c First names of your dependent children who lived with you d Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support? e Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. 8 Interest income (also attach Schedule B if over \$400 or you have any All-Savers interest) 9a Dividends (also attach Schedule B if over \$400) 9b Exclusion 9c Subtract line 9b from line 9a and enter the result 10 Refunds of State and local income taxes, from worksheet on page 10 of Instructions (do not enter an amount unless you deducted those taxes in an earlier year—see page 10 of Instructions) 11 Alimony received 12 Business income or (loss) (attach Schedule C) 13 Capital gain or (loss) (attach Schedule D) 14 40% capital gain distributions not reported on line 13 (See page 10 of Instructions) 15 Supplemental gains or (losses) (attach Form 4797) 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17 17a Other pensions and annuities, including rollovers. Total received 17a 17b Taxable amount, if any, from worksheet on page 10 of Instructions 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 20a Unemployment compensation (insurance). Total received 20a 20b Taxable amount, if any, from worksheet on page 11 of Instructions 21 Other income (state nature and source—see page 11 of Instructions) 22 Total income. Add amounts in column for lines 7 through 21

Adjustments to Income (See Instructions on page 11) 23 Moving expense (attach Form 3903 or 3903F) 24 Employee business expenses (attach Form 2106) 25a IRA deduction, from the worksheet on page 12 25b Enter here IRA payments you made in 1984 that are included in line 25a above 26 Payments to a Keogh (H.R. 10) retirement plan 27 Penalty on early withdrawal of savings 28 Alimony paid 29 Deduction for a married couple when both work (attach Schedule W) 30 Disability income exclusion (attach Form 2440) 31 Total adjustments. Add lines 23 through 30

Adjusted Gross Income 32 Adjusted gross income. Subtract line 31 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions

Tax Computation

(See Instructions on page 13)

| | | | |
|------------|--|------------|--|
| 33 | Amount from line 32 (adjusted gross income) | 33 | |
| 34a | If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 28. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 13 of the Instructions. Also see page 13 of the Instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien. | 34a | |
| 34b | If you do not itemize deductions on Schedule A (Form 1040), complete the worksheet on page 14. Then enter the allowable part of your charitable contributions here | 34b | |
| 35 | Subtract line 34a or 34b, whichever applies, from line 33 | 35 | |
| 36 | Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e | 36 | |
| 37 | Taxable Income. Subtract line 36 from line 35 | 37 | |
| 38 | Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G | 38 | |
| 39 | Additional Taxes. (See page 14 of Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes | 39 | |
| 40 | Total. Add lines 38 and 39 | 40 | |

Credits

(See Instructions on page 14)

| | | | |
|-----------|---|-----------|--|
| 41 | Credit for the elderly (attach Schedules R&RP) | 41 | |
| 42 | Foreign tax credit (attach Form 1116) | 42 | |
| 43 | Investment credit (attach Form 3468) | 43 | |
| 44 | Partial credit for political contributions | 44 | |
| 45 | Credit for child and dependent care expenses (attach Form 2441) | 45 | |
| 46 | Jobs credit (attach Form 5884) | 46 | |
| 47 | Residential energy credit (attach Form 5695) | 47 | |
| 48 | Total credits. Add lines 41 through 47 | 48 | |

Other Taxes

(Including Advance EIC Payments)

| | | | |
|-----------|---|-----------|--|
| 49 | Balance. Subtract line 48 from line 40 and enter difference (but not less than zero) | 49 | |
| 50 | Self-employment tax (attach Schedule SE) | 50 | |
| 51 | Alternative minimum tax (attach Form 6251) | 51 | |
| 52 | Tax from recapture of investment credit (attach Form 4255) | 52 | |
| 53 | Social security tax on tip income not reported to employer (attach Form 4137) | 53 | |
| 54 | Uncollected employee social security tax and RRTA tax on tips (from Form W-2) | 54 | |
| 55 | Tax on an IRA (attach Form 5329) | 55 | |

06

Payments

Attach Forms W-2, W-2G, and W-2P to front.

| | | | |
|-----------|--|-----------|--|
| 56 | Total tax. Add lines 49 through 55 | 56 | |
| 57 | Federal income tax withheld | 57 | |
| 58 | 1983 estimated tax payments and amount applied from 1982 return | 58 | |
| 59 | Excess social security credit. If line 33 is under \$10,000, see page 16 | 59 | |
| 60 | Amount paid with Form 4868 | 60 | |
| 61 | Excess social security tax and RRTA tax withheld (two or more employers) | 61 | |
| 62 | Credit for Federal tax on special fuels and oils (attach Form 4136) | 62 | |
| 63 | Regulated investment Company credit (attach Form 2439) | 63 | |
| 64 | Total payments. Add lines 57 through 63 | 64 | |

Refund or Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 65 | If line 64 is larger than line 56, enter amount OVERPAID | 65 | |
| 66 | Amount of line 65 to be REFUNDED TO YOU | 66 | |
| 67 | Amount of line 65 to be applied to your 1984 estimated tax | 67 | |
| 68 | If line 56 is larger than line 64, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1983 Form 1040" on it (Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 17 of Instructions.) \$ | 68 | |

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____
 Spouse's signature (if filing jointly, BOTH must sign) _____

Paid Preparer's Use Only

| | | | |
|--|----------------|---|--------------------------------------|
| Preparer's signature <input type="checkbox"/> | Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's social security no. _____ |
| Firm's name (or yours, if self-employed) and address _____ | E.I. No. _____ | ZIP code _____ | |