

For the year Jan.—Dec. 31, 1988, or other tax year beginning 1988, ending

19

OMB No. 1545-0074

Label

Use IRS label. Otherwise, please print or type.

Label area with fields for name, address, and city/ZIP code.

Fields for social security numbers and privacy act notice.

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?

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

(See Instructions on page 8.)

6a Yourself, 6b Spouse

Table for dependents with columns for name, age, social security number, relationship, and months lived in home.

If more than 6 dependents, see Instructions on page 8.

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. e Total number of exemptions claimed.

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of Instructions.

Income section lines 7 through 23, including wages, interest, dividends, and other income.

Please attach check or money order here.

Adjustments to Income

(See Instructions on page 13.)

Adjustments to income section lines 24 through 30, including business expenses, IRA deductions, and other adjustments.

Adjusted Gross Income

Line 31: Subtract line 30 from line 23. This is your adjusted gross income.

| | | | | | | |
|---|---|---|----|--|----|-----|
| Tax Computation | 32 | Amount from line 31 (adjusted gross income) | | | | 32 |
| | 33a | Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here | | | | 33a |
| | b | If someone (such as your parent) can claim you as a dependent, check here | | | | 33b |
| | c | If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here | | | | 33c |
| | 34 | Enter the larger of: • Your standard deduction (from page 17 of the Instructions), OR • Your itemized deductions (from Schedule A, line 26). If you itemize, attach Schedule A and check here <input type="checkbox"/> | | | | 34 |
| | 35 | Subtract line 34 from line 32. Enter the result here | | | | 35 |
| | 36 | Multiply \$1,950 by the total number of exemptions claimed on line 6e | | | | 36 |
| | 37 | Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax. | | | | 37 |
| | 38 | Enter tax. Check if from: <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, or <input type="checkbox"/> Form 8615 | | | | 38 |
| | 39 | Additional taxes (see page 17). Check if from: <input type="checkbox"/> Form 4970 <input type="checkbox"/> Form 4972 | | | | 39 |
| 40 | Add lines 38 and 39. Enter the total | | | | 40 | |
| Credits (See Instructions on page 18.) | 41 | Credit for child and dependent care expenses (attach Form 2441) | 41 | | | |
| | 42 | Credit for the elderly or the disabled (attach Schedule R) | 42 | | | |
| | 43 | Foreign tax credit (attach Form 1116) | 43 | | | |
| | 44 | General business credit. Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) _____ | 44 | | | |
| | 45 | Credit for prior year minimum tax (attach Form 8801) | 45 | | | |
| | 46 | Add lines 41 through 45. Enter the total | | | | 46 |
| 47 | Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) | | | | 47 | |
| Other Taxes (Including Advance EIC Payments) | 48 | Self-employment tax (attach Schedule SE) | | | | 48 |
| | 49 | Alternative minimum tax (attach Form 6251) | | | | 49 |
| | 50 | Recapture taxes (see page 18). Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 | | | | 50 |
| | 51 | Social security tax on tip income not reported to employer (attach Form 4137) | | | | 51 |
| | 52 | Tax on an IRA or a qualified retirement plan (attach Form 5329) | | | | 52 |
| | 53 | Add lines 47 through 52. This is your total tax | | | | 53 |
| Payments Attach Forms W-2, W-2G, and W-2P to front. | 54 | Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>) | 54 | | | |
| | 55 | 1988 estimated tax payments and amount applied from 1987 return | 55 | | | |
| | 56 | Earned income credit (see page 19) | 56 | | | |
| | 57 | Amount paid with Form 4868 (extension request) | 57 | | | |
| | 58 | Excess social security tax and RRTA tax withheld (see page 20) | 58 | | | |
| | 59 | Credit for Federal tax on fuels (attach Form 4136) | 59 | | | |
| | 60 | Regulated investment company credit (attach Form 2439) | 60 | | | |
| 61 | Add lines 54 through 60. These are your total payments | | | | 61 | |
| Refund or Amount You Owe | 62 | If line 61 is larger than line 53, enter amount OVERPAID | | | | 62 |
| | 63 | Amount of line 62 to be REFUNDED TO YOU | | | | 63 |
| | 64 | Amount of line 62 to be applied to your 1989 estimated tax | 64 | | | |
| | 65 | If line 53 is larger than line 61, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1988 Form 1040" on it Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 21. Penalty: \$ | | | | 65 |

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.

| | | | |
|---------------------------------|--|----------|--|
| Please Sign Here | Your signature | Date | Your occupation |
| | Spouse's signature (if joint return, BOTH must sign) | Date | Spouse's occupation |
| Paid Preparer's Use Only | Preparer's signature | 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 |