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||           ***      *           *           *
||
||           A Lotus 1-2-3 (tm) Worksheet
||
||           PRESS:      :  {Alt}-{T} FOR MENU
||
||           U.S.INDIVIDUAL INCOME TAX RETURN FOR 1984
||
||           INCLUDING :  Form 1040, 1
||
||                               Form 2441
||
||           START:      :  to begin PRESS TOGETHER {Alt}-{T}
||
||
|| Note:      This worksheet is not guaranteed and is only intended
||            for non-commercial use. Please feel free to copy this
||            worksheet. By K.King, Houston, Texas (12/1984)
||
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||           1984 TAX AS'A
||           *           *           *           *

```

- 1 FILING STATUS (Enter number 1,2,3,4, or
- 2 TAX TABLES (Enter 1) or INCOME AVERAGING (Enter 2)
- 3 "Your" Total Wages/Salaries from your 1984 W-2
- 4 Your "Spouse's" (if any) Total Wages/Salaries for
- 5 "Your" Federal Income Tax WITHHELD for 1984 (f
- 6 Your "Spouse's" (if any) 1984 TAX WITHHELD fro

FILING STATUS:		Code	PRELIMINARY TOTAL TAX SCHEDULE G PRELIMINARY IF UNDER \$3000 NO SCHED.C
Status			
Single.....	.	1	
Married, Jo	int.....	2	REQUIRED INPUT FOR SCHE
Married, Se	parate...	3	1981 - (Form 1040,1
Head of Hou	shold...	4	1982 - (Form 1040,line 37)==>>
Qualifying Widow(er)			1983 - (Form 1040,line 37)==>>
w/dependen	ent child	5	Review I.R.S. instructions for Schedule G - Income Averagi

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FORM 1040 U. S. INDIVIDUAL INCOME TAX RETURN

- - - - -  
name:John Q. Taxpayer  
street:1040 Rollover  
cit Anytown, Texas 77800-1444

- - - - -  
FILING STAT . ....Select 1 to 5 >

- 1) Single
- 2) Married filing joint return (even if only one had income)
- 3) Married filing separate returns
- 4) Head of household (with qualifying person)
- 5) Qualifying widow(er) with dependent child

- - - - -  
EXEMPTIONS: ENTER NUMBI

- 6a Yourself [ ] 65 or over [ ] Blind [ ]
- 6b Spouse [ ] 65 or over [ ] Blind [ ]
- 6c Dependent Children. List first names: \_\_\_\_\_  
\_\_\_\_\_ - - - - -
- 6d Other dependents: \_\_\_\_\_ - - - - -
- 6e Total number of exemptions claimed.....

- - - - -  
INCOME:

- 7Wages, salaries, tips, etc..... .
- 8Interest income (from Schedule B)... dule B).... .
- 9a Dividends (Schedule B)... . ....9a
- b Exclusion..... . ....9b
- 10Refunds of State & local income taxes. See instruct... .
- 11Alimony received..... .
- 12Business income or loss. Attach Schedule C..... edule C
- 13Capital gain or loss. Attach Schedule D..... .
- 1440% capital gain distributions not reported on Ln.13... .
- 15Supplemental gains or losses. Attach Form 4797.... .
- 16Fully taxable pensions, IRA dist. & annuities.... .
- 17a Other pensions, rollovers. Total Recd. 17a  
b Taxable amount, if any. (see instructions).... .
- 18Rents, royalties, trusts, etc. Attach Schedule E..... .
- 19Farm income or (loss). Attach Schedule F..... .
- 20a Unemployment compensation. Total recd..20a ecd...20a  
b Taxable amount, if any. (see instructions).... .

21a Social security benefits. Total recd...	ecd...21a	
b Taxable amount, if any. (see instructions)..		
22Other income_____	-	
23Add lines 7 through 22. This is your Total Income..	-	
- - - - -	-	
24Moving expense (Forms 3903 or 3903F)....	.....24	
25Employee business expenses (Form 2106)...	6)....25	
26a IRA deduction.....	.....26a	
b Amount of 26a made in 1985... 85....26b		0.00
27Payments to a Keogh (HR10) Plan.....	.....27	
28Penalty on early withdrawal of savings..	gs....28	
29Alimony paid.....	.....29	
30Married couple deduction (Schedule W)....	).....30	
31Add lines 24 through 30. Total Adjustments.....	-	
- - - - -	-	
32Subtract line 31 from line 23. Adjusted Gross Income	=	
= = = = =	=	
= = = = =	=	
FORM 1040 PAGE 2 U.S. N		
- - - - -	-	

TAX COMPUTATION:

33Amount from line 32 (Adjusted Gross Income).....		
34a If you itemize, attach Schedule A.....		
34b If you do not itemize deductions on 34a (Schedule A) & you have charitable contributions enter adjusted deduction here (see Form 1040 instructions,...		
35Subtract line 34a or 34b, from line 33.....		
36 Multiply \$1,000 by the total number of exemptions.....		
37Taxable income. Subtract line 36 from line 35.....		
38Tax. Enter "1" for tax schedules and "2" for Income Averaging (Schedule G).. G)....>>>		1
39Additional Taxes. (Forms 4970,4972,or 5544).....		
40Add lines 38 and 39. Enter the total.....	-	
- - - - -	-	

CREDITS:

41Credit for child care (Form 2441)....	.....41	
42Credit for elderly/disabled (Sched R)..	R)....42	
43Residential energy credit (Form 5695)...	).....43	
44Partial credit. Political contributions	ons....44	

45	Add lines 41 through 44.....	.
46	Subtract 45 from 40. Enter result (not less than zero)..	.
47	Foreign tax credit (Sched SE).... SE).....	.....47
48	General business credit (Forms 3800, 3468, 5884, or 6478).....	.....48
49	Add lines 47 and 48. Enter the total.....	.
50	Subtract 49 from 46. Enter result (not less t	.

-	-	-	-	-	-
	OTHER TAXES:				
51	Self-employment tax (Schedule SE).....	.			
52	Alternative minimum tax. (Form 6251).....	.			
53	Tax from recapture of investment credit. (Form 4255)...	.			
54	Social security tax on tip income (Form 4137).....	.			
55	Tax on an IRA (Form 5329).....	.			
56	Add lines 50 through 55. This is your TOTAL TAX...	.			

-	-	-	-	-	-
	PAYMENTS:				
57	Federal income tax withheld.. d.....	.....57			
58	1984 estimated tax payments and amount applied from 1983 return.....	.....58			
59	Earned income credit.....	.....59			
60	Amount paid with Form 4868.....	.....60			
61	Excess social security tax withheld..	.....61			
62	Credit for special fuels (Form 4136)...	.....62			
63	Regulated Investment credit (Form 2439)... 39)....	63			
64	Add lines 57 through 63. Total Payments.....	.			

-	-	-	-	-	-
	REFUND OR AMOUNT YOU OWE:				
65	If line 64 is larger than line 56, Amount OVERPAID....	.			
66	Amount of line 65 to be REFUNDED TO YOU.....	.			
67	Amount of Line 65 to be applied to 1985....	985....67			
68	If line 56 is larger than line 64, AMOUNT YOU OWE...	.			

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	SCHEDULE AA				C
-	-	-	-	-	-

	MEDICAL AND DENTAL EXPENSES NOT REIMBURSED BY OTHER:				
1	Prescription medicines and drugs. drugs.....	.....1			
2a	Doctors, dentists, nurses, hospitals,	.			

insurance premiums you paid....	aid.....	.....2a
b Transportation and lodging.....	ng.....	.....2b
c Other (ie., hearings aids, eyeglasses, es)_____ -	-	_____2c
3Add lines 1 through 2c.....	.	.....3
4Multiply the amount on Form 1040, Line 33 by 5%...		
5Subtract line 4 from line 3. (if 0 or less enter 0)...		
- - - - -	-	-
TAXES YOU PAID:		
6State and local income taxes.....	es.....	.....6
7Real estate taxes.....	.	.....7
8a General sales tax (see tables)....		.....8a
b General sales tax on motor vehicles...		s.....8b
9Other taxes. List:_____ -	-	_____9
10Add the amounts on lines 6 through 9. Total Taxes...		
- - - - -	-	-
INTEREST YOU PAID:		
11a Home mortgage interest paid to banks..		ks...11a
b Home mortgage interest - to individuals..		duals.11b
12Total credit card (charge acct.)....		.....12
13Other interest paid..... i	.	.....13
14Add the amounts on lines 11a to 13. Total Interest...		
- - - - -	-	-
CONTRIBUTIONS YOU MADE:		
15a Cash contributions (under \$3000 each)..		ch)...15a
b Cash contributions (over \$3000 each)....		h)...15b
16Other than cash (attach explanation)...		.....16
17Carryover from prior year.....		.....17
18Add lines 15a through 17. Total Contributions.....		
- - - - -	-	-
CASUALTY AND THEFT LOSSES:		
19Total casualty and theft loss(es). (Form 4684)...		
- - - - -	-	-
MISCELLANEOUS DEDUCTIONS:		
20Union and professional dues.....		.....20
21Tax return preparation fee.....		.....21
22Other?_____ -	-	_____22
23Add lines 20 through 22. Total Miscellaneous.....		
- - - - -	-	-
SUMMARY OF ITEMIZED DEDUCTIONS:		

24 Add lines 5, 10, 14, 18, 19, and 23. Enter Total....

25 Filing Status Adjustment..... .

26 Total Adjustment. (Also on line 34a of Form 1040)....

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FORM 1040 SCHEDULE B - INTEREST & DIVIDEND INCOME

- - - - -

PART I - INTEREST INCOME:

1 Interest income from seller financed mortgages.....

2 Other (list): \_\_\_\_\_ - -

- - - - -

- - - - -

- - - - -

- - - - -

- - - - -

3 Add the amounts on lines 1 and 2.....

- - - - -

PART II - DIVIDEND INCOME:

4 List payer \_\_\_\_\_ - -

- - - - -

- - - - -

- - - - -

- - - - -

- - - - -

5 Add the amounts on line 4.....

6 Capital gain distributions..... . .....6

7 Nontaxable distributions..... . .....7

8 Exclusion of qualified reinvested dividends from a public utility..... .....8

9 Add lines 6, 7 and 8.....

10 Subtract line 9 from line 5. (Form 1040, Line 9a)...

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SCHEDULE

- - - - -

A Main business activity:

B Business Name & Address:

- C Employer Identification Number:
- D Method(s) used to value closing inventory:  
 Cost  Lower of cost or market
- E Accounting method:  Cash,  Accrual,  Other
- F Any changes in determining quantities, costs, etc. on opening and closing inventory?.....
- G Did you deduct expenses for an office in your home?.....

- - - - -

PART I - INCOME:

- 1a Gross receipts or sales.....
- b Less: Returns and allowances.....
- c Subtract line 1b from line 1a.....
- 2 Cost of goods sold and/or operations (part III, ln.8)...
- 3 Subtract line 2 from line 1c. Gross Profit.....
- 4a Windfall Profit Tax Credit or Refund recd. in 1984...
- b Other income.....
- 5 Add lines 3, 4a, and 4b. Gross Income.....

- - - - -

PART II - DEDUCTIONS:

6 Advertising.....	.....\$	0.00	23 Repairs....
7 Bad debts from sales..	les...\$	0.00	24 Supplies.....
8 Bank service charges..	ges...\$	0.00	25 Other taxes...
9 Car/truck expenses...	s.....\$	0.00	26 Travel/enter..
10 Commissionson.....	.....\$	0.00	27 Util./Phone..
11 Depletion... n.....	.....\$	0.00	28a Wages...
12 Depreciation & Section		0.00	b Jobs Credit...
179 deduct.(Form 4562)..	4562).\$	0.00	c balance....
13 Dues/publications..	.....\$	0.00	29 Wndfl.Tax W
14 Employee benefits....	.....\$	0.00	30 other:
15 Freight.....	.....\$	0.00	a
16 Insurance.....	.....\$	0.00	b
17 Interest.....	.....\$	0.00	c
18 Laundry/cleaning...	.....\$	0.00	d
19 Legal/Prof.Serv...	.....\$	0.00	e
20 Office expense.....	.....\$	0.00	f
21 Pension/profit shar..	ar...\$	0.00	g
22 Rent.....	.....\$	0.00	h

- - - - -

31 Add amounts for line 6 through 30. Total Io

- - - - -

32	Net Profit or Loss. (Form 1040, Line 12).....				
-	-	-	-	-	-
	<b>PART III - COST OF GOODS SOLD AND/OR OPERATIONS:</b>				
1	Inventory at beginning of year.....				
2	Purchases less cost of items withdrawn for personal...				
3	Cost of labor (excluding salary to yourself).....				
4	Materials and supplies.....				
5	Other costs.....				
6	Add lines 1 through 5.....				
7	Less: Inventory at end of year.....				
8	Cost of Goods Sold and/or Operations.....				
=	=	=	=	=	=

FORM 1040 SCHEDULE D - CAPITAL GAIN

**PART I - SHORT TERM CAPITAL GAINS & LOSSES HELD ONE YEAR OR MONTHS IF ACQUIRED AFTER 6/22/84):**

a) ded	b) date	c) date	d) sales	e) cost
cri	ption	acquired	price	
-	-	-	-	-
1			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
-	-	-	-	-

- 2 Short-term gain from sale/exchange of principal  
dence (from Form 2119).....2
- 3 Short-term capital gain from installment sales.....3
- 4 Net short-term gain (loss) from partnerships, S corpor-  
ations, and fiduciaries.....4
- 5/6 Combined Net Gain or (Loss).....5/6
- 7 Short-term capital loss carryover from years beginning



after 1969...(Enter Amount as NEGATIVE).....7  
 8Net short-term Gain or (Loss).....8

- - - - -

PART II - LONG-TERM CAPITAL GAINS & LOSSES - ASSETS HELD 1  
 ONE YEAR (6 MONTHS IF ACQUIRED AFTER 6/22/84):

= = = = = =

a) ded cri	b)date ption acquired	c)date sold	d)sales price	e)cost
-	-	-	-	-
9			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00

- - - - -

- 10Long-term gain from sale of pricipal residence.(2119).10
- 11Long-term gain from installment sales. (6252).....11
- 12Net Long-term gain (LOSS) from partnerships, S Corporations, & fiduciaries. Enter a (Loss) as a NEGATIVE...12
- 13/ 14 Net Gain or (Loss).....13/14
- 15Capital Gain Distributions (from Sched.B, line 6).....15
- 16Enter gain from Form 4797, line 6(a)(1).....16
- 17Combine lines 14 through 16.....17
- 18Long-term capital loss carryover from years beginning after 1969...(Enter NEGATIVE Amount).....18
- 19Net Long-term Gain or (Loss).....19

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FORM 1040 SCHEDULE D (PAGE 2 OF 2)

- - - - -

PART III - SUMMARY OF PARTS I & II:

- 20Combine lines 8 and 19. Net Gain or (Loss).....20
- 21If Line 20 shows a gain, enter the smaller of line 19 or 20. Enter 0 if loss or no entry on line 19.....21
- 22Enter 60% of line 21.....22
- 23Subtract line 22 from line 20. (Fm. 1040,line 13)....23
- 24If line 20 shows a loss, enter one of the following amounts:

- a If line 8 is zero or a net gain, enter 50% of line 20
- b If line 19 is zero or a net gain, enter line 20; or
- c If line 8 and line 19 are net losses, enter amount on line 8 added to 50% of the amount on line 19....24

25 Enter here and as a loss on Form 1040, line 13, the smallest of:

- a) The amount on line 24
- b) \$3000 (\$1500 if married & filing a separate return)
- c) Taxable income, as adjusted.....25

- - - - -

**PART IV - COMPUTATION OF POST-1969 CAPITAL LOSS CARRYOVER FROM 1984 TO 1985 (Complete this part if the loss on Line 24 is more than the loss on line 25):**

- 26 Enter loss shown on line 8; if none, enter 0 and skip lines 27 through 30, then go to line 31.....26
- 27 Enter gain shown on line 19. If 19 is blank or shows a loss enter zero.....27
- 28 Reduce any loss on line 26 to the extent of any gain on line 27.....28
- 29 Enter smaller of line 25 or line 28.....29
- 30 Subtract line 29 from line 28.....30
- 31 Subtract line 29 from line 25.....31
- 32 Enter loss from line 19. If none enter 0.....32
- 33 Enter gain from line 8. If a loss or 0, enter 0.....33
- 34 Reduce any loss on line 32 by line 33.....34
- 35 Multiply amount on line 31 by 2.....35
- 36 Subtract line 35 from line 34. This is your long-term carryover from 1984 to 1985.....36

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**FORM SCHEDULE W - MARRIED E**

- - - - -

**STEP 1 - FIGURE YOUR EOD**

- 1 Wages, salaries, tips, and other compensation (including the amount on line 7 (exclude monies paid for health insurance and other deductions)....1
- 2 Net Profit or (Loss) from self-employment and any other taxable earned income.....2
- 3 Add lines 1 and 2.....3

- - - - -

STEP 2: FIGURE YOUR QUALIFIED EARNED INCOME

4 Adjustments from Form 1040, lines 25, 26a, 27, and any repayment of sub-pay included on line 31.....4

5 Subtract line 4 from line 3. This is your qualified income. If the amount in column (a) or (b) is zero or less, stop here

- - - - -

STEP 3: FIGURE YOUR DEDUCTION

6 Compare the amounts in Columns (a) and (b) of Line 5. Enter smaller amount, NOT TO EXCEED \$30,000. (If higher than \$30,000, enter \$30,000)

7 Percentage used to figure the deduction

8 Multiply line 6 by line 7. The result is your deduction

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FORM 2441 CREDIT FOR CHILD & DEPENDENT CARE EXPENSES

- - - - -

1 Write the number of qualifying persons who were cared for in 1984. (see instructions for definitions).....

2 If payments listed on line 3 were made to an individual, complete the following:

a If you paid \$50 or more in a calendar quarter to an individual, were the services performed in your home? 2a

b If "Yes" have you filed appropriate wage tax returns on wages for services in your home? (see instruct.).....

c If 2b is "Yes" write your employer I.D. Number.....

- - - - -

3 Write the amount of expenses you incurred and actually paid in 1984, but NOT MORE than \$2,400 (\$4,800 if you paid for the care of two or more persons).....

4 Write your Earned Income on line 4. If you were un-married at the end of 1984, write your income on line 4, OR:

IF YOU WERE MARRIED, FILING A JOINT RETURN:

a) write your earned income here

b) write your spouse's earned income....ome.....

c) compare amounts on (a) & (b). Enter the smaller

5 Compare amounts on Lines 3 & 4. Enter the smaller.

6 Percentage from Table that applies to adjusted gross income on Form 1040, Line 33.....

7 Multiply the amount on line 5 by line 6.....

8 Multiply any child care costs for 1983 paid in 1984

by the percent that applies to the adjusted gross income  
on Form 1040, line 33, for 1983 (see instruct.)...

9 Add amounts on lines 7 and 8. Enter total here.....

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FORM 1040 SCHEDULE E - SUPPLEMENTAL INCOME SCHEDULE

- - - - -

PART I - RENT AND ROYALTY INCOME OR LOSS:

1 Did you or a member of your family occupy any rental property listed  
below for more than the greater of 14 days or 10% of the total  
days rented at fair rental value during the tax year?

2 Description of Properties (Show kind & location for each):

(a)	.	.	.	.
(b)	.	.	.	.
(c)	.	.	.	.

- - - - -

RENT/ROYALTY INCOME: 2(a) 2(b)

3a Rents Received..... 0.00 0.00

b Royalties Received..... 0.00 0.00

c Total Income..... . 0.00 0.00

4 Advertising..... . 0.00 0.00

5 Auto and Travel..... . 0.00 0.00

6 Cleaning/maintenance..... nce..... 0.00 0.00

7 Commissions..... . 0.00 0.00

8 Insurance..... . 0.00 0.00

9 Interest Expense..... . 0.00 0.00

10 Legal/Professional Fees.. l Fees... 0.00 0.00

11 Repairs..... . 0.00 0.00

12 Supplies..... . 0.00 0.00

13 Taxes (exclude WINDFALINDFALL).. 0.00 0.00

14 Utilities..... . 0.00 0.00

15 Wages and salaries..... s..... 0.00 0.00

16 Other: 0.00 0.00

- - - 0.00 0.00

- - - 0.00 0.00

- - - 0.00 0.00

- - - 0.00 0.00

17	Total Expensp	h		
	depreciation/depletion..	etion...	0.00	0.00
18	Depreciation/Depletion...		0.00	0.00
19	Add lines 17 & 18....	.	0.00	0.00
20	Income (Loss)....	.	0.00	0.00
21	Add properties w/profits on line 20. Enter Total here..			
22	Add properties w/losses on line 20. Enter Total.....22			
23	Combine amounts on lines 21 and 22.....			

-	-	-	-	-
24	Net farm rental profit (loss) from Form 4835.....			
25	Total rental income or (loss).....			

PART II - INCOME OR LOSSES FROM PARTNERSHIPS, ESTATES OR  
OR S CORPORATIONS:

26/27	Net Income or (Loss) from Partnerships.....			
28	Deduction for section 179 property (Form 1065,Sch.K-1).			
29	Total Partnership Income or (Loss).....			
30/ 31	Total Estate or Trust Income or (Loss).....			
32/ 33	Net Income or (Loss) from S Corporation.....			
34	Deduction for section 179 property (Form 1120S,K-1)..			
35	Total S Corporation Income or (Loss).....			
36	Windfall profit tax credit or refund received in 1984..			
37	Windfall profit tax withheld in 1984.....			
38	Combine lines 36 and 37.....			
39	TOTAL Income or (Loss) from lines 25,29,31 and 38...			

=	=	=	=	=	=
=	=	=	=	=	=

FORM

-	-	-	-	-	-
	STEP 1: ADD YOUR INCOME FROM 1981 - 1983				
1	Fill in the amount from your 1981 Form 1040, Line 34. If you filed a Form 1040A, o				
2	Fill in the amount from your 1982 Form 1040, Line 37. (Form 1040A, Line 16; Fom r				
3	Fill in the amount from your 1983 Form 1040, Line 37. (Form 1040.1 n r Line 7)...				
4	Fill in all income less deductions earned oud U.S. and excluded for 1981 thru 1983. (include housing exclusion in 1982 and 19838				
5	Add Lines 1 through 4.....g .				

STEP 2: FIGURE YOUR AVERAGEABLE INCOME

- 6 Multiply the amount on line n e
- 7 Multiply the amount on line n e
- 8 Fill in you 1984 taxable incct n
- 9 If you received a premature r  
subject to a penalty under sn
- 10 Subtract line 9 from line 8...r 8
- 11 If you live in a community property state and are  
filing a separate return entet
- 12 Subtract line 11 from 10. If lf I
- 13 Write in the amount from lim i
- 14 Subtract line 13 from 12. Thf T

STEP 3: FIGURE YOUR TAX (STOP IF LINE 14 UNDER \$3000)

- 15 Multiply the amount on line n e
- 16 Write in the amount from lim i
- 17 Add lines 15 and 16.....l .
- 18 Write in the amount from lim i
- 19 Add lines 17 and 18.....l .
- 20 Tax on amoum l .....20
- 21 Tax on amount on line 17....l .....21
- 22 Tax on amount on line 16....l .....22
- 23 Subtract line 22 from line 21f .....23
- 24 Multiply the amount on line n
- 25 Tax on amount on line 8.....l .....25
- 26 Tax on amount on line 10....l .....26
- 27 Subtract line 26 from line 25f
- 28 Add lines 20, 24 and 27. Ya

=	=	=	=	=	=	
			0	0		0
			0	0		0
			0	0		0
			0	0		0
			0	0		0
			0	0		0
	0		0	0	0	0
	2300.01	11	0	11		2300
	3400.01	12	121	12		3400
	4400.01	14	241	14		4400

6500.01	15	535	15	6500
8500.01	16	835	16	8500
10800.01	18	1203	18	10800
12900.01	20	1581	20	12900
15000.01	23	2001	23	15000
18200.01	26	2737	26	18200
23500.01	30	4115	30	23500
28800.01	34	5705	34	28800
34100.01	38	7507	38	34100
41500.01	42	10319	42	41500
55300.01	48	16115	48	55300
81800.01	50	28835	50	81800
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
0	0	0	0	0
3400.01	11		11	3400
5500.01	12	231	12	5500
7600.01	14	483	14	7600
11900.01	16	1085	16	11900
16000.01	18	1741	18	16000
20200.01	22	2497	22	20200
24600.01	25	3465	25	24600
29900.01	28	4790	28	29900
35200.01	33	6274	33	35200
45800.01	38	9772	38	45800
60000.01	42	15168	42	60000
85600.01	45	25920	45	85600
109400.01	49	36630	49	109400
162400.01	50	62600	50	162400
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
0	0	0	0	0

1700.01	11	0	11	1700
2750.01	12	115.5	12	2750
3800.01	14	241.5	14	3800
5950.01	16	542.5	16	5950
8000.01	18	870.5	18	8000
10100.01	22	1248.5	22	10100
12300.01	25	1732.5	25	12300
14950.01	28	2395	28	14950
17600.01	33	3137	33	17600
22900.01	38	4886	38	22900
30000.01	42	7584	42	30000
42800.01	45	12960	45	42800
54700.01	49	18315	49	54700
81200.01	50	31800	50	81200
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
	0	0		0
0	0	0	0	0
2300.01	11	0	11	2300
4400.01	12	231	12	4400
6500.01	14	483	14	6500
8700.01	17	791	17	8700
11800.01	18	1318	18	11800
15000.01	20	1894	20	15000
18200.01	24	2534	24	18200
23500.01	28	3806	28	23500
28800.01	32	5290	32	28800
34100.01	35	6986	35	34100
44700.01	42	10696	42	44700
60600.01	45	17374	45	60600
81800.01	48	26914	48	81800
108300.01	50	39634	50	108300
0	0.3	0		
10000.01	0.29	10000		
12000.01	0.28	12000		0
14000.01	0.27	14000		0
16000.01	0.26	16000		0



18000.01	0.25	18000	0
20000.01	0.24	20000	-3000
22000.01	0.23	22000	
24000.01	0.22	24000	
26000.01	0.21	26000	
28000.01	0.2	28000	

- - - - -  
1984 TAX ASSISTANT I N S T R U C T I O N S:

1 This worksheet is designed only to assist the taxpayer in calculating their 1984 U. S. Individual Income Tax Return. This Worksheet does not take the place of a tax consultant, or reading the IRS instructions carefully.

2 The Global Protection is ON and can be disabled if you prefer to avoid the INPUT Section, or wish to make adjustments to the printing macro. The printer margins can be adjusted by removing global protection and changing the cells in the range [J16..Q19] of the Macro. For example in cell J16 the left margin is set at 10 [oml10~]. To change the left margin to 8 in this Print Macro ( 1040-1 ) you would place the cursor over cell J16 and input [OML8~]. To adjust the top margin in cell J18 from 0 to 2, you would enter mt2~ replacing mt0~.

3 Remember that all Forms and Schedules have manual input cells. These cells are not protected. Make sure you have evaluated all unprotected cells, to determine if your response is required.

4 This worksheet is a first draft. If you have any comments please send them to my attention (K.King, P.O.Box 720966, Houston, Tx. 77272).

- - - - -

=	=	\T	/xmj2~
T			1040_1 1040_2
*****			Page 1 of FormPage 2 of Form
			{goto}a41~ {goto}a99~
			SCHED_D1 SCHED_D2
			Page 1 of SchePage 2 of Sche
			{goto}a294~ {goto}a349~
	and		
			PRINT_1 PRINT_2
			Print Form 104Print Page 2 of
			{goto}a41~ {goto}a99~
			/ppcara41..h97/ppcara99..h15
	ended		oml10~ oml10~
	this		mr90~ mr90~
			mt0~ mt0~
	1.1		mb0~ mb0~
=	=		p66~ p66~
			qagpq~ qagpq~
*	Enter		/xmj12~ /xmj12~
	Here V		
=====>>		2	PRINT_D1 PRINT_D2
r 2)=====>>		1	Print SchedulePrint Schedule
Form=====>>		0.00	{GOTO}A294{goto}a349~
for 1984=>>		0.00	/ppcara294..h3/ppcara349..h3
rom W-2)=>>		0.00	oml10~ oml10~
m W-2)=====>>		0.00	mr90~ mr90~
			mt0~ mt2~
X=====>		\$0.00	mb0~ mb0~
' CHECK			p66~ p66~
]=====>		0.00	qagpq~ qagpq~
	INPUT		/xmj24~ /xmj24~
SCHEDULE G:	V		
ine 34)=====>>		0.00	
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NUMBER OF BOXES CHECKED:

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.....6b 0  
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.....7 0.00  
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tract...10 0.00  
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rest....14		0.00
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.....3		0.00

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_____4a		0.00
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Service:

[ ] Other

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home?....G	Yes or No	
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.....1b		0.00
.....1c		0.00
, ln.8)..2		0.00
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n 1984..4a		0.00
.....4b		0.00
.....5		0.00
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s.....\$		0.00
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taxes...\$		0.00
/enter...\$		0.00
Phone...\$		0.00
.....\$		0.00
Credit...\$		0.00
ce.....\$		0.00
Tax W.H..\$		0.00
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uctions.31		0.00
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ct.)...2b Yes/No?  
er.....2c  
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TRUSTS,		
.....26/27		0.00
Sch.K-1)28		0.00
.....29		0.00
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,K-1)...34		0.00
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in `84..36		0.00
.....37		0.00
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38.....39		0.00
=	=	
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		1984
-	-	
.....1		0.00
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SCHED\_A SCHED\_B SCHED\_C INPUT MORE\_MENU QUIT\_MENU  
Schedule A - I Schedule B - I Schedule C - P Important INP Schedules D, E, Return to REA  
{goto}a155~ {goto}a206~ {goto}a236~ {goto}a21~ /xmj7~ {goto}a1~  
/xq~

SCHED\_E SCHED\_G SCHED\_W FORM\_2441 HELP PRINT\_MENU  
Schedule E - S Schedule G - I Schedule W - I Deduction for (Instructions/re) Print menu for  
{goto}a448~ {GOTO}A507 {GOTO}A390 {GOTO}A415 {GOTO}A648 {goto}a1~  
/xmj12~

PRINT\_A PRINT\_B PRINT\_C PRINT\_E PRINT\_CONT MAIN\_MENU  
Print Schedule Print Schedule Print Schedule Print Schedule Print Menu Co Return to the M  
{goto}a155~ {goto}a206~ {goto}a236~ {goto}a448~ {goto}a1~ {goto}a1~  
/ppcara155..h2/ppcara206..h2/ppcara236..h2/ppcara448..h5/xmj24~ /xmj2~  
oml10~ oml10~ oml10~ oml10~  
mr90~ mr90~ mr90~ mr90~  
MT0~ MT5~ MT0~ MT0~  
mb0~ mb0~ mb0~ mb0~  
p66~ p66~ p66~ p66~  
qagpq~ qagpq~ qagpq~ qagpq~  
/xmj12~ /xmj12~ /xmj12~ /xmj12~

PRINT\_G PRINT\_W PRINT\_2441 PRINT\_MENU MAIN\_MENU QUIT  
Print Schedule Print Schedule Print Form 244 Return to first I Includes Form Return to ready  
{goto}a507~ {goto}a390~ {goto}a415~ {goto}a1~ {goto}a1~ {goto}a1~  
/ppcara507..h5/ppcara390..h4/ppcara415..h4/xmj12~ /xmj2~ /xq~  
oml10~ oml10~ oml10~  
mr90~ mr90~ mr90~  
mt3~ mt8~ mt6~  
mb0~ mb0~ mb0~  
p66~ p66~ p66~  
qagpq~ qagpq~ qagpq~  
/xmj24~ /xmj24~ /xmj24~

DY mode. If exiting, do not forget to save your Worksheet!

J  
printing Forms and Schedules

[  
Main Command Menu for the 1984 TAX ASSISTANT

/ mode. If exiting 1-2-3, please remember to save worksheet.