

1040 Treasury--Internal Revenue Service
 Form U.S. Individual Income Tax Return

Dec. 31, 1991, or other tax year beginning , 1991, ending , 19

Label	name and initial		
(See instructions page 11.)	L		
	A		
	B	Spouse's first name and initial	
	E		
	L		
the IRS label.			
	H		
otherwise, please print type.	E		
	R		
	E	Home ZIP code. (Foreign address, see pg 11.)	

1 Campaign Do you want \$1 to go to this fund?

(See page 11.) If you are filing a joint return, does your spouse want \$1 to go to this fund?

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
4	###	Qualifying person). (See page 12.) If the qualifying person is your dependent, enter this child's name here.
5	###	Married (year spouse died 19
6a	[]	parent (or someone else) can claim you as a dependent

options tax return, do not check box 6a. But be sure to check the box on line

(See page 12.)

b Spouse

— —

c Dependents:

(1) Name

(first, initial, and last name)

— —

— —

— —

— —

— —

— —

— —

d Dependents claimed as your dependent under a pre-1985

e dependent

— — — — —

7 Attach Form(s) W-2)

come

8a Attach Schedule B if over \$400)

attach

b Attach (pg 16).DON'T include on line 8a

B of your

9 Attach Schedule B if over \$400)

ns W-2,

10 Attach local income taxes, from worksheet on page 16 .

AG, and

11

1099-R here.

12 Attach Schedule C)

13 Attach Schedule D)

u did not

14 Attach on line 13 (see page 17)

W-2, see	15	from 4797)	
page 10.			
	16a	distributions	
check or	17a	pensions and annuities	
order on	18	estates, trusts, etc. (attach Schedule E)	
of any	19	Schedule F)	
ons W-2,	20	income) (see page 18)	
2G, or	21a	priority benefits	
1099-R.	22	income--see page 19)	
— —	23	transfer right column for lines 7 through 22	—
— —	24a	applicable worksheet on pg 20 or 21	—
adjustments			
		b) from worksheet on page 20 or 21	
income	25	dependent tax (see page 21)	
	26	charitable deduction, from page 22 w/s	
(See page 19.)	27	self-employed SEP deduction	
	28	withdrawal of savings	
	29	individual. Recipient's SSN	—
— —	30	deductible your total adjustments	—
— —	31	deductible your adjusted gross income. If this amount is less than \$21,250 and a child lived with you, see page 4	—
with the "Earned Income Credit" on line 56			—
— —			—

040 (1991)

--

32 (and gross income)

Tax

33a Blind; Spouse was 65 or older, Blind.

mpu-

Add the number of boxes checked above and enter the total here

ation

b Claim you as a dependent, check here > 33b

ou want

c Only and your spouse itemizes deductions,

IRS to

or your are a dual-status alien, see page 23 and check here > 33c

re your

34 Enter itemized deductions (from Schedule A, line 26), (

see page

the deduction (Shown below for your filing status). Check if you checked any box on line 33a or b, go to page 23 to find your larger amount. If you checked box 33c, your standard deduct

24.

of Single--\$3,400 or Head of Household--\$5,000
or Married filing jointly or Qualifying widow(er)--\$4,000
or Married filing separately--\$2,850

35

36 \$2,150 by the number of exemptions claimed

on line 6e. If line 32 is over \$75,000, see page 24 for th

37 line 35. (If zero or less, enter -0-)

38 b Tax Rate Schedules, c Schedule D,

or d Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 e | .)

39 if from a Form 4970 b Form 4972

40

	41	dent care expenses (Form 2441)
Credits	42	ed (attach Schedule R)
(See page	43
25.)	44	5). Check if from a <input type="checkbox"/> Form 3800
		b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____
	45
	46	ne 45 is more than line 40, enter -0-.)
Other	47	chedule SE)
	48	Form 6251)
Taxes	49	1 a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828
	50	ported to employer (attach Form 4137)
	51	t plan (attach Form 5329)
	52	its from Form W-2
	53	our total tax
Payments	54	d (if any from Form 1099 check <input type="checkbox"/>)
	55	1991 estimated tax pmts and amount applied from 1990
h Forms	56	Schedule EIC)
W-2, W-2G,	57	58 (extension request)
W-2P to	58	re, and RRTA tax (see page 27)
	59	24). Check if from a <input type="checkbox"/> Form 2439

front.

b Form 4136

60 ; your total payments
— — — — — — —

61 than line 53, subtract line 53 from line 60

Refund or 62 ED TO YOU

Amount 63) YOUR 1991 ESTIMATED TAX >

64 ore than line 60, subtract line 60 from line 53.

You Owe

Attach check or money order for full amount payable to "IRS." Write your name,
address, social security number, daytime phone number, and "1991 Form 1040" on it

65 (page 25)
— — — — — — —

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

to a copy Your signature

is return — — — — —

for your Spouse's signature (if joint return BOTH must sign)

records. — — — — —

Preparer's

Paid signature

Preparer's — — — — —
Firm's name (or yours

Use if self-employed) and _____
address

— — — — — — —

2

11 1

3 1

4

5

27 1

in cell H244 (no dashes):

FILIN

atus in cell H247 (1-5):

2 M
3 Ma
4 He
5 Qua

l) in cell H250 (no dashes):

19 91

Last name

Last name

ge 11.) .) Apt. no.

Yes

Yes

social secu

Spouse's

ivacy Ac

ork Red

Notice,

struction

No

No

me)

e and full name here

security no. above and full name here

ng person is a child but not

).(See page 12.)

ndent on his or her

33b on page 2 . . .

F

2 Check (3) If age 1 or
 f under der | older, dependent's
 age 1 1 | social security #

4 Dependent's | 5 No. of Months
 ip | lived in your
 | | home in 1991

dependent under a pre-1985
 agreement, check here

rm(s) W-2)		7
chedule B if over \$400)		8a
'T include on line 8a	<input type="checkbox"/> 8b <input type="checkbox"/>	
B if over \$400)		9
d local income taxes, from worksheet on page 16 .		10
.		11
dule C)		12
e D)		13
d on line 13 (see page 17)		14

797)									15
16a						b e amt (see pg 17)			16a
17a						b e amt (see pg 17)			17b
s, trusts, etc. (attach Schedule E)									18
F)									19
(see page 18)									20
21a						b e amt (see pg 17)			21
e page 19)									22
ar right column for lines 7 through 22									23
Worksheet on pg 20 or 21						24a			
on page 20 or 21						24b			
age 21)						25			
on, from page 22 w/s						26			
d SEP deduction						27			
.						28			
.						29			
our total adjustments									30
your adjusted gross income. If this amount is 15 to find you, see page 45 to find out if you can ne 56									31

come)

32

Blind; Spouse was 65 or older, Blind.

and enter the total here

. . . 33a



claim you as a dependent, check here > 33b

ck here 33b

and your spouse itemizes deductions,

age 23 and check here > 33c

. . . 33c

OR

option: if you
use standard
deduction is zero.

34

100
5,700

.

35

by \$2,150 by the number of exemptions claimed

the amount, see page 24 for the amount to enter

36

line 35. (If zero or less, enter -0-)

37

Tax Rate Schedules, c Schedule D,

amount, if any, from Form(s) 8814 e | .)

38

if from a Form 4970 b Form 4972

39

.

40

penses (Form 2441)	41	
h Schedule R)	42	
.	43	
from a <input type="checkbox"/> Form 3800		
m (specify) _____	44	
.		45
e 45 is more than line 40, enter -0-.)		46
E)		47
251)		48
from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828 . . .		49
reported to employer (attach Form 4137)		50
t plan (attach Form 5329)		51
from Form W-2		52
total tax		53
om Form 1099 check <input type="checkbox"/>)	54	
) return lied from 1990 return	55	
EIC)	56	
request)	57	
RRTA tax (see page 27)	58	
from a <input type="checkbox"/> Form 2439		

.....	59			
.....				
r total payments			60	
.....				
an line 53, subtract line 53 from line 60			61	
.....				
U			62	
.....				
R 1991 ESTIMATED TAX >	63			0
.....				
n line 60, subtract line 60 from line 53.				
.....				
mount payable to "IRS." Write your name,				
.....				
me phone number, and "1991 Form 1040" on it			64	
.....				
.....	65			

I have examined this return and accompanying schedules and
and belief, they are true, correct, and complete.
er) is based on all information of which preparer has any knowledge.

.....	Date	Your occupation		
.....				
.....	Date	Spouse's occupation		
.....				
.....	Date	Check if		Preparer's S
.....		self-employed	<input type="checkbox"/>	
.....				
.....			IN	
.....				
.....			ZIP code	

4 1
G STATUSES:
1 Single
Married joint
Married Separate
Head/Household
Dying Widow

14 1 4 1 2 1 4 1

14 1 4 1 4 1

6a and 6b

0

*

—

*

No. of your
children on
6c who:

*

*

*

*

o lived with
you

*

*

—

*

o didn't live
with you due
to divorce or
separation
(see pg 14)

*

*

*

*

*

*

No. of other
dependents
on 6c

—

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Add numbers
entered on
lines above

0

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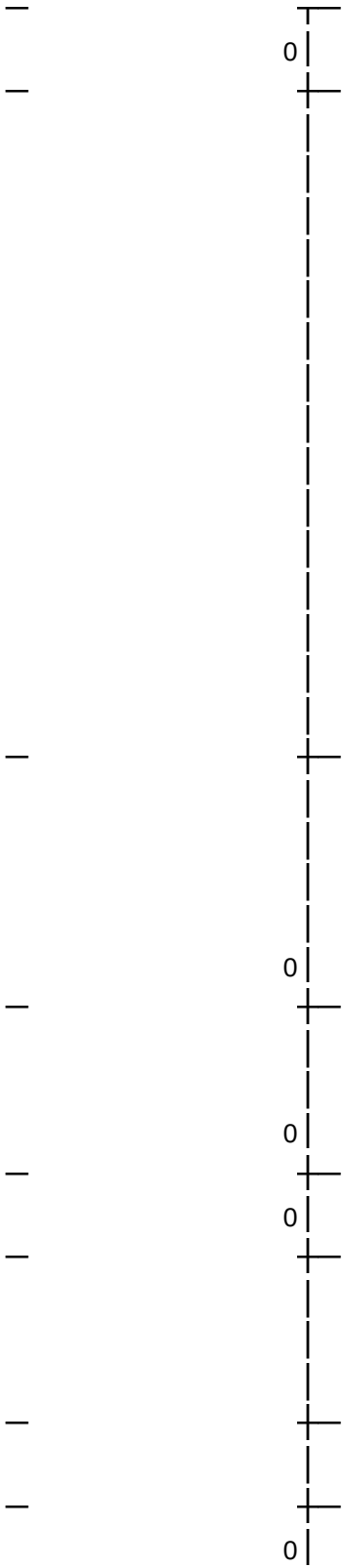
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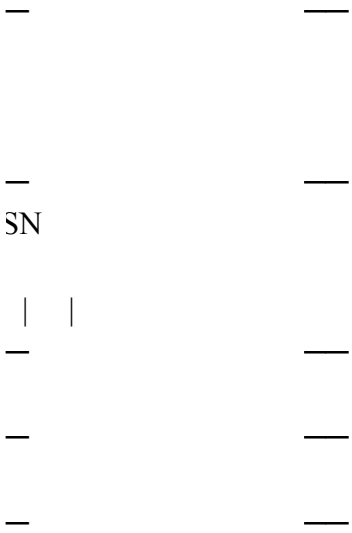
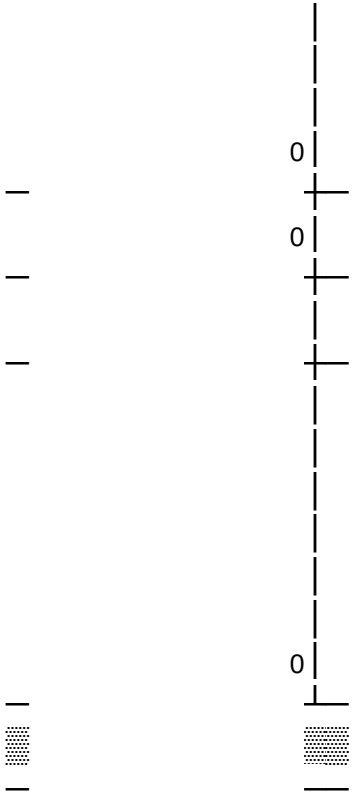
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14 1 4 1

/xi(fs>=1) and (fs<=5)~/XQ

{F2}A242~

/xi(ssn="000000000") or (ssn=" ")~/xlEnter your SSN (no dashes): ~h244~

/xiG8=" "~/xlEnter your first name and initial: ~G8~

/xiN8=" "~/xlEnter your last name: ~N8~

/xnEnter your Filing Status (1-5) See below: ~fs~

/xi((fs<>2) and (fs<>3))~{Home}/XQ

/xi((h250="000000000") or (h250=" "))~/xlEnter Spouse's SSN (no dashes): ~spousesn~

/xi(h6=3)~{Home}/XQ

/xiG12=" "~/xlEnter your spouses first name and initial: ~G12~

/xiN12=" "~/xlEnter your spouses last name: ~N12~

{Home}

and

Name

SSNlabel

| |

TT FS:

Link?

m (multiplier)

ExPhase

ExAmt

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{F4} {End} . . . ~

/lrp~

\P

/lru~{2x} {Down}

\U

\E

/lgp

{F9} {Del} bG8..G8~{F9} {Del} bN8..N8~

{F9} {Del} bG12..G12~{F9} {Del} bN12..N12~

{F9} {Del} bH244..H244~{F9} {Del} bH247..H247~{F9} {Del} bH250..H250~