

1993 Federal Tax Forms Advance Proof Copies

(Revised July 1993)

IMPORTANT NOTICE

Attached are advance proof copies of the following 1993 Federal tax forms and schedules for individual taxpayers:

- Form 1040EZ
- Form 1040A
- Schedules 1, 2, and 3 of Form 1040A
- Form 1040, including a new chart to appear in the Form 1040 instructions on reporting information return items (Similar charts will appear in the Form 1040A and Form 1040EZ instructions.)

Note: The self-employed health insurance deduction (Form 1040, line 25) does not apply to tax years beginning after June 30, 1992. Because pending legislation would extend the deduction through December 31, 1993, we have retained the line item for now.

- Schedules A, B, C, C-EZ, D, E, F, R, and SE of Form 1040 (Schedule EIC will be released at a later date.)
- The 1993 Tax Table (Pending legislation would affect the tax for married individuals filing separate returns with taxable incomes over \$70,000. We have omitted these tax amounts from the table.)
- Form 2119, Sale of Your Home
- Form 2441, Child and Dependent Care Expenses
- Form 5329, Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts
- Form 8606, Nondeductible IRAs (Contributions, Distributions, and Basis)

Please note these advance proofs are subject to change and OMB approval before they are released for printing later this year.

Because pending legislation would affect the 1993 Tax Rate Schedules, they are not included in this package.

We have circled major changes to the items in this package. However, because of extensive revisions to Schedule D, Form 2441, Schedule 2 of Form 1040A, and Form 5329, specific changes on these items are not circled.

If you have comments concerning any of these materials, please let us know by August 16, 1993. Write to: Tax Forms Committee, Early Release, Internal Revenue Service, Room 5577, 1111 Constitution Ave., NW, Washington, DC 20224. Although we may be unable to give detailed responses to your comments, each suggestion will be carefully considered.

If you need additional copies of this package, please write to: Internal Revenue Service, P.O. Box 25866, Richmond, VA 23289-5866. There will be a release of advance proofs of other major tax forms in August.

FormIncome Tax Return for Single and
Joint Filers With No Dependents 1993

			-									
	Pr	int your name (firs	, initial, last)					Voun	social se			1545-0675
Use the								Tours	ociai se	currey	num	iber
IRS label	A B E L	a joint return, print s	pouse's name (fi	rst, initial, last)								
(See page 11.) Otherwise,	Ho	ome address (number	and street). If y	ou have a P.O. box, s	see page 12.	Apt. no.						
please print.	H E R						S	pouse'	s social	securi	ty nu	mber
		ty, town or post office	, state, and ZIP	code. If you have a f	òreign address, s	see page 12.		П				
	\Box)						
-		tructions or					Yes	No				
Presidential Election		necking "Yes" w	-		reduce your							
Campaign	<u> </u>	want \$1 to go				\triangleright		╞╤┥	r			—
(See page 12.)	If a join	t return, doe			<u> </u>	nis fund? \triangleright			J		•	
Filing status	1	Single		ried filing joir					Dollar	P		Cents
				n if only one l			_			, 		
Report		al wages, sal 1 of your W										
your income			·~ 101111(5).	Attach your	VV-2 101111	<u>(</u> 3). <u></u>			,			
Attach	2 m				T O (1)							
Copy B of Form(s)		kable interest er \$400, you c				tal is 3						
W-2 here.		, , , , , , , , , , , , , , , , , , ,										
Attach any tax payment on												
top of Form(s) W-2.		d lines 2 and							, L		▏▖▐	
Note: You	5 Car	n your parents Yes. Do worl							·			
must check		on back				10,900.00.						
Yes or No.		amount			n explanatio				╷┗┻┻			
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	4, 6	enter 0. This	is your ta	xable incon	ne.	6			,			
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your				-00					/			
tax		x. Look at lin d your tax in										
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amount		is is your ref ine 8 is large		o 7 auhtuo at	line 7 from	9			╷┺━┻		╵╻┗	
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		ge 16.	T T 1	1	· ·				,			
Sign	that to t	read this ret the best of m	urn. Unde y knowlee	er penalties	of perjury ef, the ret	y, 1 declare urn is true,			For IRS do not w	Use On	ly — I boxes	Please
your return	correct,	, and comple									DOVES	Delow.
Keep a copy	Your sig	nature		Spouse's sig	gnature if jo	oint return						
of this form	Date	Your occ	upation	Date	Spouse's	occupation						
for your records.												лП
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<u>1993</u>	Instructions for Form 1040EZ							
Use this form if	 Your filing status is single or married filing jointly. You do not claim any dependents. You taxable income (line 6) is less than \$50,000. 							
	• You had only wages, salaries, tips, and taxable scholarship or fellowship grants, and your taxable interest income was \$400 or less. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See page 14.							
	• You did not receive any advance earned income credit payments.	677.000						
	Caution: If married and either you or your spouse had total wages of over be able to use this form. See page 6.	er \$57,600, you may not						
	If you are not sure about your filing status, see page 12. If you have ques dependents, call Tele-Tax (see page 22) and listen to topic 155. If you can Tele-Tax (see page 22) and listen to topic 152.							
Filling in	Because this form is read by a machine, please print your numbers inside th	e boxes like this:						
your return	9876543210 Do not type your numbers. I	Do not use dollar signs.						
	Most people can fill in the form by following the instructions on the front. But you will have to use the booklet if you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds. Also, use the booklet if you received a Form 1099-INT showing income tax withheld (backup withholding).							
	Remember, you must report all wages, salaries, and tips even if you don't g employer. You must also report all your taxable interest income, including in savings and loans, credit unions, etc., even if you don't get a Form 1099-INT. If you paid someone to prepare your return, see page 17.	iterest from banks,						
		n alaim wax (an waxn						
Worksheet for dependents	Use this worksheet to figure the amount to enter on line 5 if someone can spouse if married) as a dependent, even if that person chooses not to do s someone can claim you as a dependent, call Tele-Tax (see page 22) and li	so. To find out if						
who	A. Enter the amount from line 2 on the front.	A						
checked	B. Minimum standard deduction.	B. <u>600.00</u>						
"Yes" on line 5	C. Enter the LARGER of line A or line B here.	С						
	D. Maximum standard deduction. If single, enter 3,700.00; if married, enter 6,200.00.	D						
	E. Enter the SMALLER of line C or line D here This is your standard deduction.	E						
	F. Exemption amount.							
	• If single, enter 0.							
	• If married and both you and your spouse can be claimed as dependents, enter 0.							
	• If married and only one of you can be claimed as a dependent, enter 2,350.00.	F						
	G. Add lines E and F. Enter the total here and on line 5 on the front.	G						
C	If you checked "No" on line 5 because no one can claim you (or your s dependent, enter on line 5 the amount shown below that applies to you.	pouse if married) as a						
	• Single, enter 6,050.00. This is the total of your standard deduction (3,700.00) and personal exemption (2,350.00).							
	• Married, enter 10,900.00. This is the total of your standard deduction (for yourself (2,350.00), and exemption for your spouse (2,350.00).	(6,200.00), exemption						
Avoid mistakes	Please see page 17 of the Form 1040EZ booklet for a list of common mist help you make sure your form is filled in correctly.	akes to avoid that will						
Mailing your return	Mail your return by April 15, 1994 . Use the envelope that came with you have that envelope, see page 29 for the address to use.	ur booklet. If you don't						

Form 1040A Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Label		OMB No. 1545-0085
(See page 15.)	Your first name and initial Last name	Your social security number
L		
AB	If a joint return, spouse's first name and initial Last name	Spouse's social security number
Use the IRS E		
label. L Otherwise,	Home address (number and street). If you have a P.O. box, see page 16. Apt. no.	
please print H		For Privacy Act and Paperwork
or type.	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	Reduction Act
L.		Notice, see page 4.
	Presidential Election Campaign Fund (See page 16.) Yes No	Note: Checking "Yes" will
	Do you want \$1 to go to this fund?	not change your tax or
	If a joint return, does your spouse want \$1 to go to this fund?	reduce your refund.
Check the	1	
	 2 Married filing joint return (even if only one had income) 	
box for	 3 Married filing separate return. Enter spouse's social security number 	r
your filing	above and full name here. ►	1
status	4 Head of household (with qualifying person). (See page 17.) If the qu	ualifying person is a child
(See page 16.)	but not your dependent, enter this child's name here. ▶	
Check only one box.	5 Qualifying widow(er) with dependent child (year spouse died \blacktriangleright 19). (See page 18.)
	6a Vourself. If your parent (or someone else) can claim you as a dependent on his or her ta	ax) No. of boxes
Figure	return, do not check box 6a. But be sure to check the box on line 18b on page	un absalsadau
your	b 🗌 Spouse	J
exemptions	C Dependents: (2) Check (3) If age 1 or older, (4) Dependent's (5) No.	of months No. of your children on
(See page 19.)	if under dependent's social relationship to lived	in your 6c who:
If more than		Iived with you
seven		,
dependents, see page 22.		 didn't live with you due
see page zz.		to divorce or separation
		(see page 22)
		Dependents on 6c not
	d If your child didn't live with you but is claimed as your dependent	entered above
	under a pre-1985 agreement, check here	Add numbers
	e Total number of exemptions claimed.	entered on lines above
Figuro	7 Wages, salaries, tips, etc. This should be shown in box 1 of your W-2	
Figure	form(s). Attach Form(s) W-2.	7
your total	8a Taxable interest income (see page 25). If over \$400, also complete and	b
income	attach Schedule 1, Part I.	8a
	b Tax-exempt interest. DO NOT include on line 8a. 8b	
Attach Copy B of	9 Dividends. If over \$400, also complete and attach Schedule 1, Part II.	9
your Forms W-2	10a Total IRA 10b Taxable amount	
and 1099-R here.	distributions. 10a (see page 26).	10b
If you didn't get a	11a Total pensions 11b Taxable amount	
W-2, see page 23.	and annuities. 11a (see page 26).	11b
If you are	12 Unemployment compensation (see page 30).	12
attaching a check	13aSocial security13bTaxable amount	
or money order, put it on top of	benefits. 13a (see page 30).	13b
any Forms W-2 or		
1099-R.	14 Add lines 7 through 13b (far right column). This is your total income .	14
	15a Your IRA deduction (see page 32).15a	
Figure		
your	b Spouse's IRA deduction (see page 32). 15b	
adjusted	c Add lines 15a and 15b. These are your total adjustments.	
gross	16 Subtract line 15c from line 14. This is your adjusted gross income.	
income	If less than \$23,050 and a child lived with you, see page 63 to find out if	
		▶ 16
	Cat No 11327A	1993 Form 1040A page 1

1993	Form	1040A	page	1
1775		10400	Dauc	- 4

Name(s) shown on		yaye z			Your social secu	urity number
Figure	17	Enter the amount from line 16.			17	
your standard		Check if: You were 65 or older Blind if: Blind Bli				
deduction, exemption amount,	D	If your parent (or someone else) can claim yo check here.	· · · · ·	. 🕨 18b		
and taxable	с 	If you are married filing separately and your 1040 and itemizes deductions, see page 36				
income	19	Enter the standard deduction shown belo if you checked any box on line 18a or b , standard deduction. If you checked box 1	go to page 3 8c, enter -0			
		• Single—\$3,700 • Head of household	1—\$5,450			
		 Married filing jointly or Qualifying widow(er)—\$6,200			
		 Married filing separately—\$3,100 			19	
	20	Subtract line 19 from line 17. If line 19 is n	nore than line	17, enter -0) 20	
	21	Multiply \$2,350 by the total number of exe				
	22	Subtract line 21 from line 20. If line 21 is This is your taxable income .	more than line	e 20, enter	-0 ► 22	
Figure your tax,	23	Find the tax on the amount on line 22. Che ☐ Tax Table (pages 50–55) or ☐ Form	eck if from: 8615 (see pag	je 38).	23	
credits, and		Credit for child and dependent care expense Complete and attach Schedule 2.	ses. 24a			
payments		Credit for the elderly or the disabled. Complete and attach Schedule 3.	24b			
If you want the		Add lines 24a and 24b. These are your tot			24c	
IRS to figure your tax, see	25	Subtract line 24c from line 23. If line 24c is r				
the instructions	<u>26</u> 27	Advance earned income credit payments f		2.	<u>26</u> ▶ 27	
for line 22 on page 37.	27 28a	Add lines 25 and 26. This is your total tax Total Federal income tax withheld. If any ta			▶ 27	
1 3	204	is from Form(s) 1099, check here. \blacktriangleright	28a			
	b	1993 estimated tax payments and amoun applied from 1992 return.				
	С	Earned income credit. Complete and attac Schedule EIC.				
	d	Add lines 28a, 28b, and 28c. These are yo	ur total paym	ents.	▶ 28d	
Figure	29	If line 28d is more than line 27, subtract lin	ne 27 from line	28d.		
your		This is the amount you overpaid .			29	
refund or	30	Amount of line 29 you want refunded to y			30	
amount	31	Amount of line 29 you want applied to you 1994 estimated tax.	ur 31			
you owe	32	If line 27 is more than line 28d, subtract lin	-	e 27. This i	s	
	(the amount you owe . For details on how write on your payment, see page 42.	to pay, includi	ng what to	32	
	33	Estimated tax penalty (see page 42). Also, include on line 32.	33			
Sign your return	Under pena and belief, any knowle	Ities of perjury, I declare that I have examined this return and hey are true, correct, and complete. Declaration of preparer (o dge.	accompanying sche ther than the taxpay	dules and stater er) is based on	ments, and to the l all information of w	oest of my knowledg vhich the preparer ha
	Your si	gnature	Date	Your occupation	on	
Keep a copy of this return for your records.	Spouse	e's signature. If joint return, BOTH must sign.	Date	Spouse's occu	upation	
Paid preparer's	Preparer's signature		Date	Check if self-employed		s social security no.
use only	Firm's nam			E.I. No.		
	if self-emple address			ZIP code		

ZIP code

Schedule 1	Department of the Treasury—Internal Revenue Service Interest and Dividend Income					
(Form 1040A)	for Form 1040A Filers 1993					
Name(s) shown on Fo	m 1040A	Your social security number				
Part I Interest	Note: If you received a Form 1099–INT, Form 1099–OID, or substitute brokerage firm, enter the firm's name and the total interest show					
income (See pages 25 and 56.)	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page 56 and list this interest first. Also, show that buyer's social security number and address.	Amount				
	2 Add the amounts on line 1.	2				
	 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040A. 	3				
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4				
Part II	Note: If you received a Form 1099–DIV or substitute statement from a firm's name and the total dividends shown on that form.	brokerage firm, enter the				
Dividend	5 List name of payer	Amount				
income		5				
(See pages 25 and 57.)						
	6005					
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.	6				

For Paperwork Reduction Act Notice, see Form 1040A instructions.

Cat. No. 12075R

Schedule 2 (Form 1040A)	Department of the Treasury—Internal Revenue Service Child and Dependent Care Expenses for Form 1040A Filers 1993 OMB No. 1545-0085								
Name(s) shown on Forr	m 1040)A					Your social	security number	
		You need to unde Dependent care and Qualifying Also, if you had a less than \$23,050	benefits person(s a child bo	s, Earned inco). See Import rn in 1993 and	me, Qualifie ant terms line 17 of Fo	ed expenses on page 58 orm 1040A is	s, 8.		
Part I							itifying SN or EIN)	(d) Amount p (see page 6	
Persons or organizations who provided the care						-			
You MUST complete this	_2	(If you need more spa Add the amounts in c			bage 2.)		2	1	
part.	_3	Enter the number of q	jualifying	persons care	d for in 199	3	<u>► </u>		
		Did you receive dependent care ber		NO - YES -		Complete or Complete Pa			
Part II Credit for child and dependent care expenses	4	 4 Enter the amount of qualified expenses you incurred and paid in 1993. DO NOT enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 25. 5 Enter YOUR earned income. 							
	5	Enter YOUR earned in	ncome.	Ψ.	5),	0		
	6	If married filing a joint SPOUSE'S earned inc disabled, see page 61 amount from line 5.	come (if s	tudent or	60	ect			
	7	Enter the smallest of	line 4, 5,	or 6.	Sur		7		
	8	Enter the amount from	n Form 1	040A, line 17.	8				
	9	Enter on line 9 the de amount on line 8. If line 8 is—			elow that ap 8 is—				
		But not	Decimal amount is	Over	But not over	Decima amoun is			
		10,000—12,000 12,000—14,000 14,000—16,000	.30 .29 .28 .27 .26 .25	22,00 24,00 26,00	00—22,000 00—24,000 00—26,000 00—28,000 00—No limit	.24 .23 .22 .21 .20	9	×	
	10	Multiply line 7 by the Then, see page 62 for line 24a.						=	İ
		ution: If you paid \$50 or file an employment tax re				ır home, yoı		•	

For Paperwork Reduction Act Notice, see Form 1040A instructions.

	11 1040/	ny page 2		
Name(s) shown on pa	ge 1		Your social security number	
Part III Dependent care benefits	11	Enter the total amount of dependent care benefits you received for 1993. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2.	11	
Complete this	12	Enter the amount forfeited, if any. See page 62.	12	
Complete this part only if you received these		Subtract line 12 from line 11.	13	
benefits.		Enter the total amount of qualified expenses incurred in 1993 for the care of the qualifying person(s). 14	10_	
	15	Enter the smaller of line 13 or 14. 15	2 2	
	16	Enter YOUR earned income. 16		2
	17	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 16.	993 change	31
	18	Enter the smallest of line 15, 16, or 17.		
		 Excluded benefits. Enter here the smaller of the following: The amount from line 18, or \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17). 	19	
	20	Taxable benefits. Subtract line 19 from line 13. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, writ "DCB."	e 20	
		To claim the child and dependent care credit, or lines 21–25 below, and lines 4–10 on the front of t		
	21	Enter the amount of qualified expenses you incurred and paid in 199 DO NOT include on this line any excluded benefits shown on line 19.	23.	
	22	Enter \$2,400 (\$4,800 if two or more qualifying persons). 22		
	23	Enter the amount from line 19. 23		
	24	Subtract line 23 from line 22. If zero or less, STOP . You cannot take the credit. Exception . If you paid 1992 expenses in 1993, see the lir 10 instructions.	ne 24	
	25	Enter the smaller of line 21 or 24 here and on line 4 on the front of this form.	25	

1993 Schedule 2 (Form 1040A) page 2

Schedule 3 (Form 1040A)	Department of the Treasury—Internal Revenu Credit for the Elderly or th for Form 1040A Filers		bled 1993		OMB No. 1545-008
Name(s) shown on For	m 1040A			Your	social security number
	You may be able to use Schedu	ule 3 to	reduce your tax if by the	end of 1993:	
	• You were age 65 or older, O	R • Yo		you retired on per i	
	But you must also meet other t	ests. Se	e the separate instruction	ns for Schedule 3.	
	Note: In most cases, the IRS ca	n figure	the credit for you. See p	age 38 of the Form	1040A instructions
Part I	If your filing status is:	And by	the end of 1993:	Che	ck only one box:
Check the box for your filing status and age		2 You	were 65 or older . were under 65 and you r disability	etired on permaner	nt and
Prof Ju	Married filing a Channel Married filing a	 Both retire Both retire Both perm One unde disat You unde disat You unde disat Spou You unde disat Spou Spou Skip 	spouses were 65 or old spouses were under 6 d on permanent and tot spouses were under 6 anent and total disability spouse was 65 or older, a r 65 and retired on perma spouse was 65 or older, a r 65 and NOT retired bility	er 5, but only one sp al disability 55, and both retire and the other spous- nent and total disab and the other spous- on permanent and bu did not live with d on permanent and with your spouse a	3 3 pouse 4 pouse 5 ed on 5 e was 5 e was 6 e was 7 e was 7 o your 8 9 9
Part II Statement of permanent and total disability Complete this part only if	 IF: 1 You filed a physician's s you filed a statement for the statement, AND 2 Due to your continued substantial gainful activit If you checked this box, you If you did not check this box, I 	tax year disablec y in 199 do not h	rs after 1983 and your pl I condition, you were u 3, check this box have to file another state	nysician signed line nable to engage in 	Bon nany ►□
you checked box 2, 4, 5, 6,	Physician's	statem	ent (See instructions at	bottom of page 2.)	
or 9 above.	I certify that was permanently and totally disabled on the date he or she retired. If retire Physician: Sign your name on of A The disability has lasted or can last continuously for at least a y B There is no reasonable prob disabled condition will ever imp	d after Do either lin be expe vear ability th	ecember 31, 1976, enter the ne A or B below. cted to nat the Phy Phy	77, OR was permanen	tly and totally disabled Date Date
	Physician's name		Physician's address		

1993 Schedule 3 (Form 1040A) page 2 Name(s) shown on page 1 Your social security number 10 If you checked (in Part I): Enter: Part III Box 1, 2, 4, or 7 \$5,000 . . . Figure your Box 3, 5, or 6 \$7,500 credit Box 8 or 9 \$3,750 10 Caution: If you checked box 2, 4, 5, 6, or 9 in Part I, you MUST complete line 11 below. All others, skip line 11 and enter the amount from line 10 on line 12. 11 • If you checked box 6 in Part I, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. If you checked box 2, 4, or 9 in Part I, enter your taxable disability income. If you checked box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total. TIP: For more details on what to include on line 11, see the instructions. 11 12 • If you completed line 11, look at lines 10 and 11. Enter the smaller of the two amounts. • All others, enter the amount from line 10. 12 Enter the following pensions, annuities, or 13 disability income that you (and your spouse if filing a joint return) received in 1993 (see instructions): a Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. **b** Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. ,ct c Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c14 Enter the amount from Form 1040A, line 17. 14 15 If you checked (in Part I): Enter: Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 . . . \$5,000 15 Subtract line 15 from line 14. If line 15 is more 16

Taxpayer.—If you retired after December 31, 1976, enter the date you retired in the space provided in Part II.
Physician.—A person is permanently and totally disabled if both of the following apply:
1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition, and
2. A physician determines that the disability has lasted or can be expected to last

Subtract line 18 from line 12. If line 18 is more than line 12, stop here; you **cannot** take the credit. Otherwise, go to line 21.

Multiply line 19 above by the decimal amount (.15) on line 20. Enter

than line 14, enter -0-.

Add lines 13c and 17.

Divide line 16 above by 2.

Decimal amount used to figure the credit.

the result here and on Form 1040A, line 24b.

17

18

19

20

21

Instructions

physician's

statement

for

2. A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

16

17

× .15

18

19

20

21

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



IRS Use Only-Do not write or staple in this space.

	For th	ne year Jan. 1-Dec. 31, 1993, or other tax year beginning , 1993, ending	,	19 OMB No. 1545-0074
Label	Υοι	ur first name and initial Last name	Your	social security number
(See L instructions A	lf o	joint return, spouse's first name and initial Last name		use's social security number
on page 12.)	па	joint return, spouse's first name and initial Last name	Spor	
Use the IRS Label.	Ног	me address (number and street). If you have a P.O. box, see page 12. Apt. no.	For	r Privacy Act and
Otherwise, E				perwork Reduction
please print R or type. E	City	y, town or post office, state, and ZIP code. If you have a foreign address, see page 12.	Ac	t Notice, see page 4.
Presidential			Yes	No Note: Checking "Yes"
Election Campaign		Do you want \$1 to go to this fund?		will not change your tax or reduce your
(See page 12.)		If a joint return, does your spouse want \$1 to go to this fund?		refund.
	1	Single		
Filing Status	2	Married filing joint return (even if only one had income)		
(See page 12.)	3	Married filing separate return. Enter spouse's social security no. above and full name here.	▶ _	
Check only	4	Head of household (with qualifying person). (See page 13.) If the qualifying person i	is a chi	ld but not your dependent,
one box.		enter this child's name here. ►		
	5	Qualifying widow(er) with dependent child (year spouse died ► 19). (See	page	13.)
Exemptions	6a	Yourself. If your parent (or someone else) can claim you as a dependent on his or her ta return, do not check box 6a. But be sure to check the box on line 33b on pag		No. of boxes checked on 6a
(See page 13.)	b		02.	(and 6b
Jee paye 13.	c b	Spouse . <th>of months</th> <th>No. of your children on 6c</th>	of months	No. of your children on 6c
	U	(1) Name (first initial and last name) if under dependent's social security relationship to lived i	in your in 1993	who:
		age i number you nomen	11 1773	Iived with you
If more than six				 didn't live with you due to
dependents, see page 14.				divorce or
See page 14.				separation (see page 15)
				Dependents on 6c
				not entered above
	d	If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here		Add numbers entered on
	е	Total number of exemptions claimed	<u> </u>	lines above ►
I	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
Income	8a	Taxable interest income (see page 16). Attach Schedule B if over \$400	8a	
Attach	b	Tax-exempt interest (see page 17). DON'T include on line 8a 8b	_	
Copy B of your	9	Dividend income. Attach Schedule B if over \$400	9	
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 17)	10	
1099-R here.	11	Alimony received	11	
lf you did not	12	Business income or (loss). Attach Schedule C or C-EZ	12 13	
get a W-2, see	13	Capital gain or (loss). Attach Schedule D	13	
page 10.	14	Capital gain distributions not reported on line 13 (see page 17)	14	
If you are	15	Other gains or (losses). Attach Form 4797	16b	
attaching a	16a 17a	Total IRA distributions . 16a b Taxable amount (see page 18) Total pensions and annuities 17a b Taxable amount (see page 18)	17b	
check or money order, put it on	18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	18	
top of any	19	Farm income or (loss). Attach Schedule F	19	
Forms W-2,	20	Unemployment compensation (see page 19)	20	
W-2G, or 1099-R.	21a	Social security benefits 21a b Taxable amount (see page 19)	21b)
	22	Other income. List type and amount—see page 20	22	
	23	Add the amounts in the far right column for lines 7 through 22. This is your total income	23	
Adjustmonts	24a	Your IRA deduction (see page 21)	_	
Adjustments	b	Spouse's IRA deduction (see page 21)	_	
to Income	25	One-half of self-employment tax (see page 22) 25	_	
(See page 20.)	26	Self-employed health insurance deduction (see page 22) 26	-	
	27	Keogh retirement plan and self-employed SEP deduction 27	-	
	28	Penalty on early withdrawal of savings	-	
	29 30	Alimony paid. Recipient's SSN ▶ 29 Add lines 24a through 29. These are your total adjustments ▶	· 30	
Adjusted	31	Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than	7	
Gross Income		\$23,050 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56		

Тах	32	Amount from line 31 (adjusted gross income)	32
Tax	33a		
Compu-		Add the number of boxes checked above and enter the total here	
tation	b	If your parent (or someone else) can claim you as a dependent, check here . ► 33b	
(See page			-
(3000 page 24.)	С	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here	וו
	34	Enter Itemized deductions from Schedule A, line 26, OR Standard deduction shown below for your filing status. But if you checked)
	34	the Standard deduction shown below for your filing status. But if you checked any box on line 33a or b , go to page 24 to find your standard deduction.	
		larger / If you checked box 33c, your standard deduction is zero.	
		of your: • Single—\$3,700 • Head of household—\$5,450	
		 Married filing jointly or Qualifying widow(er)—\$6,200 	
		 Married filing separately—\$3,100)
	35	Subtract line 34 from line 32	. 35
	36	If line 32 is \$81,350 or less, multiply \$2,350 by the total number of exemptions claimed or	
		line 6e. If line 32 is over \$81,350, see the worksheet on page 25 for the amount to enter	. 36
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	. 37
the IRS to	38	Tax. Check if from a Tax Table, b Tax Rate Schedules, c Schedule D Tax Wor	
figure your tax, see		sheet, or d	38
page 25.	39	Additional taxes (see page 25). Check if from \mathbf{a} \Box Form 4970 \mathbf{b} \Box Form 4972	. 39
	40	Add lines 38 and 39	40
Credits	41	Credit for child and dependent care expenses. Attach Form 2441	
orcans	42	Credit for the elderly or the disabled. Attach Schedule R 42	
(See page 25.)	43	Foreign tax credit. Attach Form 1116	
20.)	44	Other credits (see page 26). Check if from a Form 3800	
		b Form 8396 c Form 8801 d Form (specify) 44	
	45	Add lines 41 through 44	. 45
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0	• 46
Other	47	Self-employment tax. Attach Schedule SE. Also, see line 25	. 47
Taxes	48	Alternative minimum tax. Attach Form 6251	. 48
lance	49	Recapture taxes (see page 27). Check if from a Form 4255 b Form 8611 c Form 882	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	. 50
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	
	52	Advance earned income credit payments from Form W-2	. 52
	53	Add lines 46 through 52. This is your total tax	► <u>53</u>
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ► □ 54	
- cje	55	1993 estimated tax payments and amount applied from 1992 return . 55	
Attach	56	Earned income credit. Attach Schedule EIC	
Forms W-2, W-2G, and	57	Amount paid with Form 4868 (extension request) 57	
1099-R on	58	Excess social security, Medicare, and RRTA tax withheld (see page 28) . 58	
the front.	59	Other payments (see page 28). Check if from a Form 2439	
	(0	b Form 4136	
	60		► 60
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID.	► 61
Amount	62	Amount of line 61 you want REFUNDED TO YOU	62
You Owe	63	Amount of line 61 you want APPLIED TO YOUR 1994	
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWI	E. 64
	65	For details on how to pay, including what to write on your payment, see page 29 Estimated tax penalty (see page 29). Also include on line 64 65	. 04
		r penalties of perjury, I declare that I have examined this return and accompanying schedules and statemen	ts and to the best of my knowledge and
Sign		; they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	
Here	N .	Your signature Date Your occupatio	n
Кеер а сору			
of this return for your	Ň.	Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occup	pation
records.			
Daid	Prens	arer's Date Check if	Preparer's social security no.
Paid	signa		
Preparer's		s name (or yours E.I. No	D.
Use Only	if self addre	f-employed) and ZIP cc	ode

Where To Report Certain Items From 1993 Forms W-2, 1098, and 1099

Report any Federal income tax withheld from these forms on Form 1040, line 54. If you itemize your deductions, report any state or local income tax withheld from these forms on Schedule A, line 5.

Form	Item and Box in Which It Should Appear	Where To Report if Filing Form 1040
W-2	Wages, salaries, tips, etc. (box 1) Allocated tips (box 8) Advance EIC payments (box 9) Dependent care benefits (box 10)	Form 1040, line 7 See the instructions for Form 1040, line 7, on page 16 Form 1040, line 52 Form 2441, line 11
W-2G	Gambling winnings (box 1)	Form 1040, line 22 (Schedule C or C-EZ for professional gamblers)
1098	Mortgage interest (box 1) Points (box 2) Refund of overpaid interest (box 3)	Schedule A, line 9a* Schedule A, line 9a* See the instructions for Form 1040, line 22, on page 20*
1099-A	Acquisition or abandonment of secured property	See Pub. 544
1099-B	Stocks, bonds, etc. (box 2) Bartering (box 3) Futures contracts (box 9)	Schedule D See Pub. 525 Form 6781
1099-DIV	Ordinary dividends (box 1b) Capital gain distributions (box 1c) Nontaxable distributions (box 1d) Investment expenses (box 1e) Foreign tax paid (box 3)	Form 1040, line 9 Form 1040, line 14 (or Schedule D) See the instructions for Form 1040, line 9, on page 17 Form 1040, line 9, and Schedule A, line 20 Schedule A, line 7 (or Form 1116)
1099-G	Unemployment compensation (box 1) State or local income tax refund (box 2) Discharge of indebtedness (box 5) Taxable grants (box 6) Agriculture payments (box 7)	Form 1040, line 20. But if you repaid any unemployment compensation in 1993, see the instructions for line 20 on page 19 See the instructions for Form 1040, line 10, on page 17* Form 1040, line 22, but first see Pub. 908* Form 1040, line 22* See the Schedule F instructions or Pub. 225
1099-INT	Interest income (box 1) Early withdrawal penalty (box 2) Interest on U.S. savings bonds and Treasury obligations (box 3) Foreign tax paid (box 5)	Form 1040, line 8a Form 1040, line 28 See the instructions for Form 1040, line 8a, on page 16 Schedule A, line 7 (or Form 1116)
1099-MISC	Rents (box 1) Royalties (box 2) Prizes, awards, etc. (box 3) Nonemployee compensation (box 7) Other income (boxes 5, 6, 8, 9, and 10)	See the instructions for Schedule E Schedule E, line 4 (timber, coal, iron ore royalties, see Pub. 544) Form 1040, line 22 Schedule C, C-EZ, or F (Form 1040, line 7, if you were not self-employed) See the instructions on Form 1099-MISC
1099-OID	Original issue discount (box 1) Other periodic interest (box 2) Early withdrawal penalty (box 3)	See the instructions for Form 1040, line 8a, on page 16 See the instructions on Form 1099-OID Form 1040, line 28
1099-PATR	Patronage dividends and other distributions from a cooperative (boxes 1, 2, 3, and 5) Credits (boxes 6, 7, and 8)	Schedule C, Schedule F, or Form 4835 Form 3468 or Form 5884
1099-R	Distributions from IRAs Distributions from pensions, annuities, etc. Capital gain (box 3)	See the instructions for Form 1040, lines 16a and 16b, on page 18 See the instructions for Form 1040, lines 17a and 17b, on page 18 See the instructions on Form 1099-R
1099-S	Gross proceeds from real estate transactions (box 2) Buyer's part of real estate tax (box 5)	Form 2119 (or Form 4797 or Schedule D if the property was not your home) See the instructions for Schedule A, line 6, on page A-2*

SCHEDULES A&B

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

(Form 1040)

Name(s) shown on Form 1040

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

Attachment Sequence No. 07 Your social security number

Medical and Dental Expenses	1 2 3 4	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-1) Enter amount from Form 1040, line 32. 2 Multiply line 2 above by 7.5% (.075) Subtract line 3 from line 1. If zero or less, enter -0	1 3	► 4		
Taxes You Paid (See page A-1.)	5 6 7	State and local income taxes	5 6 7 7			
	8	Add lines E through 7		▶ 8		
Interest You Paid (See page A-2.)		Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098 If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	9a			
Note: Personal interest is not deductible.	10 11	Points not reported to you on Form 1098. See page A-3 for special rules	9b 10 11			
	12	Add lines 9a through 11		▶ 12		
Gifts to Charity (See page A-3.)	13 14 15 16	Caution: If you made a charitable contribution and received a benefit in return, see page A-3. Contributions by cash or check	13 14 15	▶ 16		
Casualty and Theft Losses	17	Casualty or theft loss(es). Attach Form 4684. (See page A	-4.)	▶ 17		
Moving Expenses	18	Moving expenses. Attach Form 3903 or 3903-F. (See page	e A-4.)	18		
Job Expenses and Most Other Miscellaneous	19	Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you MUST attach Form 2106. (See page A-4.) ►	19			
Deductions (See page A-5 for expenses to	20	Other expenses—investment, tax preparation, safe deposit box, etc. List type and amount ▶	20			
deduct here.)	21 22 23 24	Add lines 19 and 20	21 23	24		
Other Miscellaneous Deductions	25	Other—from list on page A-5. List type and amount ►				
Total Itemized Deductions	26	 Is the amount on Form 1040, line 32, more than \$108,450 married filing separately)? NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 1 and enter the total here. Also enter on Form 1040, line 34, amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the 	7, 18, 24, and 25 the larger of this	▶ 26		

Your social security number

÷

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I	Note: If you had over \$400 in taxable interest income, you must also complete Part III.											
Interest		Interest Income		Am	ount							
(See pages 16 and B-1.)	1	buyer used the property as a personal residence, see page B-1 and list this interest first. Also show that buyer's social security number and address										
·		<u>c</u>										
Note: If you received a Form 1099-INT, Form		0										
1099-OID, or substitute statement from a brokerage firm,		5003	1									
list the firm's name as the payer and enter the total interest												
shown on that form.		Char										
	2	Add the amounts on line 1	2									
	2 3	Add the amounts on line 1	3									
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4									
Part II	Not	e: If you had over \$400 in gross dividends and/or other distributions on stock, you mus	<u>t also (</u>									
Dividend		Dividend Income		Amo	unt							
(See pages 17 and B-1.)	5	List name of payer Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8										
Note: If you received a Form 1099-DIV or substitute statement from			5									
a brokerage firm, list the firm's name as the payer and enter the total dividends												
shown on that	,		6									
form.	6 7 8	Add the amounts on line 5										
	9	Add lines 7 and 8	9									
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 . ► *If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.	10									
Part III Foreign		bu had over \$400 of interest or dividends OR had a foreign account or were a grantor of a foreign trust, you must complete this part.	, or a ti	ransferor	Yes	No						
Accounts and Trusts	11a At any time during 1993, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1											
(See page B-2.)	12	If "Yes," enter the name of the foreign country ► Were you the grantor of, or transferor to, a foreign trust that existed during 1993, you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3	, whetl	her or not								

SCHEI	DULE C	
(Form	1040)	

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 Attachment

Partnerships, joint version	ntures, etc., must file Form 1065.
ttach to Form 1040 or Form 1041	See Instructions for Schedule C (Form

Department of the Treasury Sequence No. 09 Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040). Internal Revenue Service Name of proprietor Social security number (SSN) Α Principal business or profession, including product or service (see page C-1) B Enter principal business code (see page C-6) С Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Business address (including suite or room no.) ► Е City, town or post office, state, and ZIP code (2) Accrual F Accounting method: (1) Cash (3) Other (specify) ► G Method(s) used to Lower of cost Other (attach Does not apply (if Yes No (3) explanation) (4) Checked, skip line H) value closing inventory: (1) Cost (2) or market Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach н I Did you "materially participate" in the operation of this business during 1993? If "No," see page C-2 for limitations on losses . If this is the first Schedule C filed for this business, check here ► Income Part I Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory 1 1 employee" box on that form was checked, see page C-2 and check here - **-**2 Returns and allowances 2 3 3 Subtract line 2 from line 1 4 4 Cost of goods sold (from line 40 on page 2) 5 Gross profit. Subtract line 4 from line 3 . . . 5 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) 6 Gross income. Add lines 5 and 6 . . . 7 7 Expenses. Caution: Do not enter expenses for business use of your home on lines 8-27. Instead, see line 30. Part II 8 19 Pension and profit-sharing plans 19 8 Advertising 20 Rent or lease (see page C-4): 9 Bad debts from sales or 20a a Vehicles, machinery, and equipment . services (see page C-3) 20b **b** Other business property 10 Car and truck expenses 10 21 (see page C-3) . . 21 Repairs and maintenance . Commissions and fees 11 22 Supplies (not included in Part III) . 22 11 12 23 23 Taxes and licenses . . . 12 Depletion. . . . 24 Travel, meals, and entertainment: 13 Depreciation and section 179 24a expense deduction (not included a Travel 13 in Part III) (see page C-3) b Meals and entertainment Employee benefit programs 14 14 c Enter 20% of (other than on line 19) . . . line 24b subject 15 Insurance (other than health) 15 limitations to 16 Interest: (see page C-4) . 16a 24d a Mortgage (paid to banks, etc.) . d Subtract line 24c from line 24b 25 16b **b** Other 25 Utilities 26 Legal and professional 26 Wages (less jobs credit) 17 17 27 Other expenses (from line 46 on services . . . Office expense page 2) 18 18 27 28 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns. 29 29 Tentative profit (loss). Subtract line 28 from line 7 30 30 Expenses for business use of your home. Attach Form 8829 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, 31 see page C-5). Fiduciaries, enter on Form 1041, line 3. If a loss, you MUST go on to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-5). 32a All investment is at risk. • If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Fiduciaries, enter on Form 1041, line 3. **32b** Some investment is not If you checked 32b, you MUST attach Form 6198. at risk.

	rt III Cost of Goods Sold (see page C-5)				
33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		33		
34	Purchases less cost of items withdrawn for personal use		34		
35	Cost of labor. Do not include salary paid to yourself		35		
36	Materials and supplies		36		
37	Other costs		37		
38	Add lines 33 through 37		38		
39	Inventory at end of year		39		
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4		40		
	Information on Your Vehicle. Complete this part ONLY if you are line 10 and are not required to file Form 4562 for this business.				oenses o
41	When did you place your vehicle in service for business purposes? (month, day, year)				
42	Of the total number of miles you drove your vehicle during 1993, enter the number of miles you	-			
а	Business b Commuting c	: Other			
13	Do you (or your spouse) have another vehicle available for personal use?			, 🗌 Yes	🗌 No
14	Was your vehicle available for use during off-duty hours?			. 🗌 Yes	🗌 No
45a b	Do you have evidence to support your deduction?				□ No □ No
	rt V Other Expenses. List below business expenses not included on lines				
	G				
	250				
	oro 19 nge				
	Prov change				
	Prote 19 change				
	Protect to change,				
	Protect to change, to change, to		·····		
	FULL to change, to cha		·····		
	Protect to change, to		·····		

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service

Name of proprietor

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions on back.

Attachment Sequence No. 09A Social security number (SSN)

OMB No. 1545-0074

Par	rt I Genera	al Information					
	May Use Form bu:	 Had gross receipts from your business of \$25,000 or less. Had business expenses of \$2,000 or less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as a sole proprietor. 	And You:	 Had no emplo Are not requir Depreciation this business. for Schedule C-3 to find ou Do not deduct business use Do not have p passive activit business. 	ed to file F and Amorti See the in C, line 13, ut if you mu t expenses of your ho prior year u	orm 4562, zation, for istructions on page ust file. a for me. nallowed	
Α	Principal busines	as or profession, including product or service		Ţ		principal busi	ness code
С	Business name.	If no separate business name, leave blank.	ç	U	(see page D Employ	yer ID numbe	EIN), if any
E	Business address	s (including suite or room no.). Address not requ	uired if same as on F	orm 1040, page 1.			
	City, town or pos	st office, state, and ZIP code	50				
Par		Your Net Profit	<u>~~</u> ~				
1	Gross receipts Caution: If this that form was of page C-2 and of	s. If more than \$25,000, you must use Sch income was reported to you on Form W-2 checked, see Statutory Employees in the	and the "Statutory? instructions for Sci	$\begin{array}{cccc} \text{hedule } C, \text{ line } 1, \\ \vdots & \vdots & \vdots & \vdots \\ \end{array}$	on 1		
3	SE, line 2. (Sta	otract line 2 from line 1. Enter on Form 10 <u>Intutory employ</u> ees do not report this amount 1041, line 3.)	nt on Schedule SE,				
Par	rt III Informa	ation on Your Vehicle. Complete this p	part ONLY if you a	are claiming car	or truck	expenses o	n line 2.
4	When did you p	place your vehicle in service for business p	ourposes? (month,	day, year) ►	. / /		
5	Of the total nur	mber of miles you drove your vehicle durin	ig 1993, enter the r	number of miles y	ou used	your vehicle	for:
а	Business	b Commuting	(c Other			
6	Do you (or you	r spouse) have another vehicle available fo	or personal use?.			. 🗌 Yes	🗌 No
7	Was your vehic	cle available for use during off-duty hours?				. 🗌 Yes	🗌 No
8a	Do you have ev	vidence to support your deduction?				. 🗌 Yes	🗌 No
		evidence written?				Yes	□ No
For F	Paperwork Reduc	ction Act Notice, see Form 1040 instructions.	Cat. No. 1	14374D	Schedule	C-EZ (Form 1	040) 1993

Instructions

You may use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship and you have met all the requirements listed in Part I of the form.

Line A.—Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B.—Enter on this line the four-digit code that identifies your principal business or professional activity. See page C-6 for the list of codes.

Line D.—You need an employer identification number (EIN) only if you had a Keogh plan or were required to file an employment, excise, fiduciary, or alcohol, tobacco, and firearms tax return If you need an EIN, file Form SS-4, Application for Employer Identification Number, If you don't have an EIN, leave line D blank. **Do not** enter your SSN.

Line E.— Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1—Gross Receipts.—Enter gross receipts from your trade or business. Be sure to include any amount you received in your trade or business that was reported on Form(s) 1099-MISC. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2—Total Expenses.—Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, 80% of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Part II, on pages C-3 through C-5.

If you claim car or truck expenses, be sure to complete Part III.

Proof as of as of as of a soar of a

SCHE	DULE D)
(Form	1040)	

Capital Gains and Losses

омв No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 ► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

Attachment Sequence No. 12 Your social security number

Par	t Short-Tern	n Capital Gai	ins and Lo	sses—Assets He	eld One Year or	Less		
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date solo (Mo., day, yr		(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than subtract (d) from		re than (e),
1								
2	Enter your short-te line 21			2				
3	Total Short-Term S Add column (d) of I	Sales Price An	nounts.	3				
4	Short-term gain fro from Forms 4684, 6			and short-term ga	in or (loss)			
5	Net short-term ga fiduciaries from Sch				tions, and 5			
6	Short-term capital	loss carryover	from 1992 S	Schedule D, line 38	6			
7	Add lines 1, 2, and	4 through 6, ii	n columns (f) and (g)		()	
8 Par	Net short-term ca			ine columns (f) and sses—Assets He		Voar	8	
9	Long-Term							
,					C C C			
			V	×0	U.			
				CL I				
10	Enter your long-ter line 23.			0				
11	Total Long-Term S Add column (d) of I	ales Price Am	nounts.	1				
12	Gain from Form 47 and long-term gain				and 6252;			
13	Net long-term gain (from Schedule(s) K		artnerships,	S corporations, and	fiduciaries 13			
14	Capital gain distribu	utions			14			
15	Long-term capital	oss carryover f	from 1992 S	chedule D, line 45	15			
16	Add lines 9, 10, and	d 12 through 1	5, in colum	ns (f) and (g)	16	()	
17	Net long-term cap	oital gain or (lo	oss). Comb	ine columns (f) and	(g) of line 16 .		17	
Par	t III Summary	of Parts I ar	nd II					
18	Combine lines 8 an Note: <i>If both lines</i>						18	
19	If line 18 is a (loss),		l as a (loss)	on Form 1040, line	13, the smaller of	these losses:		
a b	the (loss) on line 18 (\$3,000) or, if marrie		ately (\$1 501	ור			19 ()
D	Note: See the Cap				if the loss on lin			. ,
	the loss on line 19	or if Form 104	0, line 35, is	s a loss.				
For F	Paperwork Reduction	Act Notice, see	e Form 1040	instructions.	Cat. No. 11338	H Sc	hedule D (Form	1040) 1993

Schedu	le D (Form 1040) 1993				Attac	hment Sequence N	lo. 12	P	age 2
Name(s) shown on Form 1040.	Do not enter name	e and social securi	ty number if shown on				r social security nur	mber
Part			ains and Los	ses—Assets H	eld One Year or	Less (Conti	inuati	ion of Part I)	
p	(a) Description of roperty (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-2)	(e) Cost or other basis	(f) LOSS If (e) is more tha subtract (d) fror	n (d),	(g) GAIN If (d) is more than subtract (e) from	। (e),
20	TOU SR. XYZ CO.J	(IVIO., day, yr.)			(see page D-3)	Subtract (d) from	n (e)	Subtract (e) from	(a)
20									
					C				<u> </u>
									<u> </u>
					6 5				
						$\langle \mathcal{C} \rangle$			
						3			;
		K							
				60					<u> </u>
			10						
			(SV						
21 Sh	ort-term totals. Ac	ld columns (d), (
Part	of line 20. Enter h			sos Assots H	eld More Than (Den Voar (C	ontin	uation of Dart I	<u> </u>
22	Long-Ter			Ses—Assels In					<u>1)</u>
									<u> </u>
									<u>.</u>
<u>- 12 -</u>	na torm totala	d columns (d) (f) and						
23 L0	ng-term totals. Ad of line 22. Enter I	nere and on line	e 10 . 23						

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074 ര്

7

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 13 Attach to Form 1040 or Form 1041. See Instructions for Schedule E (Form 1040).

Your social security number ÷ ÷

R

Pa	rt I Income or Loss From Renta personal property on Schedule											
1	Show the kind and location of each	renta	al real estate	prope	erty:	2 For e	ach rental real	estat	e		Yes	No
Α							erty listed on li					
							ur family use it oses for more t					
В							er of 14 days of			the		
						total	days rented at	fair r	ental	B		
С							during the tax	k year	? (Se	e		
			[1 0	E-1.)			C		
Inc	ome:				Prope		0		(\\d	Tota d columns		nd C)
~	5	<u> </u>	A		В		С				ы А , D , а	
3 4	Rents received	3 4							3 4			
Exp	penses:											
	Advertising	5					1					
	Auto and travel (see page E-2)	6										
7	Cleaning and maintenance	7										
8	Commissions	8										
9	Insurance	9			07							
10	Legal and other professional fees	10			0		6					
11	Management fees	11										
12	Mortgage interest paid to banks,							2)				
	etc. (see page E-2)	12					- <u>0</u>		12			
	Other interest	13 14				-	h 0					
	Repairs	14										
	Supplies	16										
		17										
17 18	Utilities											
10	Other (list)			C								
		18)								
			150									
19	Add lines 5 through 18	19							19			
20	Depreciation expense or depletion											
	(see page E-2)	20							20			
21	Total expenses. Add lines 19 and 20	21										
22	Income or (loss) from rental real											
	estate or royalty properties. Subtract line 21 from line 3 (rents)											
	or line 4 (royalties). If the result is											
	a (loss), see page E-2 to find out	22										
	if you must file Form 6198											
23	Deductible rental real estate loss.											
	Caution: Your rental real estate											
	loss on line 22 may be limited. See											
	page E-3 to find out if you must file Form 8582	23	()	(()				
24	Income . Add positive amounts show		line 22. Do n	ot inc	lude anv lo	sses	1.	, ,	24			
2 7 25	· · · · · · ·				5		 23 Entor the t	 Ieto				
20	losses here								25	()
26	Total rental real estate and royalty in	come	or (loss). Com	nbine	lines 24 an	d 25. En	ter the result h	ere.				
	If Parts II, III, IV, and line 39 on page	e 2 do	not apply to	you, a	also enter tl	his amo						
	line 18. Otherwise, include this amo	unt in	the total on li	ne 40	on page 2				26			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Nam	ne(s) shown on return. Do not en	ter name and s	ocial security nu	mber if showr	n on other side.			Your	social securi	ty number		
Not	e: If you report amounts from	n farming or f	fishing on Sch	edule E, you	must enter your	gross income	from those a	ctivitie	s on line 41	below.		
	rt II Income or Lo											
lf y acti	ou report a loss from an a ivity. See page E-3. If you	at-risk activi i check colu	ty, you MUS ⁻ ımn (f) , you r	T check eit nust attach	her column (e) 1 Form 6198 .	or (f) of line	27 to descr	ibe yo	our investme	ent in the		
27		(a) Name			(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	identification (e)			ent At Risk? s (f) Some is not at risk		
A						-						
В												
C												
D												
E	Passive Incom	e and Loss			No	npassive In	come and	055				
	(g) Passive loss allowed		sive income	(i) No	npassive loss	(j) Secti	on 179 expense		(k) Nonnassi			
	(attach Form 8582 if required)		chedule K-1		Schedule K-1		deduction from Form 4562			(k) Nonpassive income from Schedule K–1		
Α												
B												
C												
D												
E	Tatala											
	Totals					C						
29	Add columns (h) and (k)	of line 28a						29				
30	Add columns (g), (i), and							30	()		
31	Total partnership and S				oine lines 29 a	nd 30. Enter	the result					
	here and include in the			<u> </u>				31				
Pa	rt III Income or Lo	oss From E	states and	I Irusts								
32			(a) Nar	me			-0	i	(b) Employ dentification n			
A				\mathbf{U}^{-}			-20-					
B						10	2					
С						C						
	Pass	ive Income	and Loss			Nonp	passive Inc	ome	and Loss			
	(c) Passive deduction or loss (attach Form 8582 if requ			Passive incon n Schedule K		(e) Deduction from Schedu		(1	f) Other incom Schedule K			
						nom Scheut			Schedule N			
A B												
C			10									
	Totals			7								
	o Totals											
34	Add columns (d) and (f)	of line 33a						34				
	Add columns (c) and (e)							35	()		
36	Total estate and trust inc		,					24				
Pa	in the total on line 40 be art IV Income or Lo		Real Estate	Mortgag	e Investmen	t Conduits	(REMICs)-	36 –Res	idual Hol	der		
			nployer	(c) Exces	ss inclusion from		come (net loss)	1	come from Scl			
37	(a) Name		ion number		es Q, line 2c (see bage E-4)		lles Q, line 1b		line 3b			
							I					
38	Combine columns (d) ar	nd (e) only. E	Enter the resu	It here and	I include in the	total on line	40 below	38				
Pa	art V Summary											
39	Net farm rental income	• •			•			39				
40	TOTAL income or (loss). 1040, line 18							40				
41	Reconciliation of Farm											
	farming and fishing inco (see page E-4)											

SCI	HEDULE F		Pr	ofit or L	.055	Fro	om Fa	rming		OMB No. 1	545-0074
(Foi	rm 1040)		► Att	ach to Form	1040, F	orm	1041, or	Form 1065.		19	93
	tment of the Treasury al Revenue Service		• •	ee Instructio	ns for S	Schor	lulo E (Er	orm 1040)		Attachme Sequence	
	e of proprietor		F 3			Jener		Jiii 1040).	Social s	ecurity number (
Δ Pr	incipal product. Descr	ibe in one or two y	words your pri	ncinal crop or a	activity fo	r the r	current tax	vear	B Enter	principal agricultu	ral activity
A	incipal product. Desci		vorus your pri		ictivity io			year.		(from page 2) ►	
									D Empl	oyer ID number	EIN), if any
C Ad	ccounting method:	((1) 🗌 Cas	h	(2)		Accrual				
E Di	d vou "materially p	articipate" in the	operation o	f this busines	s durinc	a 199	3? If "No.	" see page F-2 for lir	nitations o	n losses.	Yes 🗌 No
								hod taxpayers complete			
	Do not incl	ude sales of li	vestock he	ld for draft,	breediı	ng, s	port, or	dairy purposes; re	oort these	e sales on For	m 4797.
1	Sales of livestock								_		
2	Cost or other basi				n line 1	• •	. 2		3		
3 4	Subtract line 2 fro Sales of livestock,				 raised	• •	• • •		. 3		<u> </u>
5a		1 0		' I – Ĭ	Tuiseu			5b Taxable amo	unt 5b		
6a	Agricultural progra							6b Taxable amo	unt 6b		
7	Commodity Credit			ee page F-2):					-		
	CCC loans reporte			 7b	• •	• •	· · · ·		. <u>7a</u> unt 7c		
a 8	CCC loans forfeite Crop insurance pr	•			e nade	F-2).		7c Taxable amo			<u> </u>
	Amount received i			. 8a	c page	1 - Z).		8b Taxable amo	unt 8b		
с	If election to defen	r to 1994 is attac	ched, check	here 🕨 🗌		8d	Amount c	leferred from 1992.	-		
9	Custom hire (mac								. 9		
10	Other income, inclu								. 10		
11								method taxpayer, en			
Pa								rsonal or living exp		ich as taxes, i	nsurance,
	repairs, etc	., on your hon	ne.		<u> </u>					1	
12	Car and truck expe		10			25	Pension	and profit-shari			
12	F-3—also attach Fo		12 13			24	plans		. 25		
13 14	Chemicals Conservation exp		15					ease (see page F-4): machinery, and equi			
14	Form 8645.		14				ment		26a		
15	Custom hire (mac		15		C	b	Other (la	nd, animals, etc.)	. 26b		
16	Depreciation and			6				and maintenance	. 27		
	expense deductio elsewhere (see pa		16					nd plants purchased and warehousing .	28		
17	Employee benef							purchased	30		
.,	other than on line	1 0	17				Taxes		31		
18	Feed purchased		18				Utilities	. G	. 32		
19	Fertilizers and lime		19			-		, breeding, and medicin	e. 33		
20	Freight and trucking	-	20 21					penses (specify):	34a		
21 22	Gasoline, fuel, and Insurance (other the		22		101	b			246		
23	Interest:			11.	1	c			240		
а	Mortgage (paid to	banks, etc.) .	23a	(50"		d					
b 24			23b 24			e f					
24	Labor hired (less j		24			Г			34f		
35	Total expenses.	Add lines 12 thro	ough 34f						▶ 35		
36	•		U			er on	Form 104	0, line 19, and ALSO			
	Schedule SE, line								. 36	<u> </u>	
37	If you have a loss,	you MUST check	the box that	describes you	ur investi	ment	in this act	ivity (see page F-5).	}	All investmer	
	If you checked 37 If you checked 37				and ALS	su or	Schedu	ie Se, line 1.	J 37D	Some investmen	i is not at fisk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Sche	dule F (Form 1040) 1993		P	Page Z
Pa	rt III Farm Income—Accrual Method (see page F-5) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; 4797 and do not include this livestock on line 46 below.	repor	t these sales on	Form
38	Sales of livestock, produce, grains, and other products during the year	38		
39a	Total cooperative distributions (Form(s) 1099-PATR) 39a 39b Taxable amount	39b		
40a	Agricultural program payments	40b		
41	Commodity Credit Corporation (CCC) loans:			
а	CCC loans reported under election	41a		
b	CCC loans forfeited or repaid with certificates 41b 41c Taxable amount	41c		
42	Crop insurance proceeds	42		
43	Custom hire (machine work) income	43		
44	Other income, including Federal and state gasoline or fuel tax credit or refund	44		
45	Add amounts in the right column for lines 38 through 44	45		
46	Inventory of livestock, produce, grains, and other products at beginning of the year			
47	Cost of livestock, produce, grains, and other products purchased during the year	-		
48	Add lines 46 and 47	-		
49	Inventory of livestock, produce, grains, and other products at end of year 49			
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48^*	50		
51	Gross income. Subtract line 50 from line 45. Enter the result here and on page 1, line 11 · · · · ►	51		
*lf vo	by use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line	49 is l	larger than the amou	int on

line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51.

Part IV Principal Agricultural Activity Codes

Caution: File **Schedule C** (Form 1040), Profit or Loss From Business, or **Schedule C-EZ** (Form 1040), Net Profit From Business, instead of Schedule F if:

• Your principal source of income is from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or

• You are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

Select one of the following codes and write the 3-digit number on page 1, line B:

- 120 Field crop, including grains and nongrains such as cotton, peanuts, feed corn, wheat, tobacco, Irish potatoes, etc.
- 160 Vegetables and melons, garden-type vegetables and melons, such as sweet corn, tomatoes, squash, etc.
- 170 Fruit and tree nuts, including grapes, berries, olives, etc.
- 180 Ornamental floriculture and nursery products

- 185 Food crops grown under cover, including hydroponic crops
- 211 Beefcattle feedlots
- 212 Beefcattle, except feedlots
- 215 Hogs, sheep, and goats
- 240 Dairy
- 250 **Poultry and eggs,** including chickens, ducks, pigeons, quail, etc.
- 260 **General livestock**, not specializing in any one livestock category
- 270 **Animal specialty,** including bees, fur-bearing animals, horses, snakes, etc.
- 280 **Animal aquaculture,** including fish, shellfish, mollusks, frogs, etc., produced within confined space
- 290 **Forest products**, including forest nurseries and seed gathering, extraction of pine gum, and gathering of forest products
- 300 Agricultural production, not specified

Schedule R (Form 1040)	Credit for th	e Elderly or the Disabled	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	► Attach to Form 1040.	► See separate instructions for Schedule	R. Attachment Sequence No. 16
Name(s) shown on Form 1040			Your social security number
You may be able to use	Schedule R to reduce your tax	if by the end of 1993:	
0	taxable disability inc		lisability, and you received
	other tests. See the separate i e IRS can figure the credit for y	instructions for Schedule R. <i>Jou. See page 25 of the Form 1040 instruc</i>	tions.
Part I Check the	Box for Your Filing Status	and Age	
If your filing status is:	And by the end of	1993:	Check only one box:
Single, Head of household, or Qualifying widow(er) with dependent child	 You were 65 or You were under 	older	1
		to analysia retired on permanent and tota	
		vere 65 or older	
Married filing a joint return	disability .	were under 65, and both retired on per	5 📙
Y	on permanent a	s 65 or older, and the other spouse was un nd total disability	6 凵
		s 65 or older, and the other spouse was u anent and total disability	
Married filing a separate return	9 You were under	older and you did not live with your spou 65, you retired on permanent and total disa ur spouse at any time in 1993	8
		nplete Part III on the back. All others, co	
Part II Statement	of Permanent and Total D	isability (Complete only if you checked	d box 2, 4, 5, 6, or 9 above.)
	an's statement for this disability ur physician signed line B on th	y for 1983 or an earlier year, or you filed a s ne statement, AND	statement for tax years
check this boxIf you checked this box		vere unable to engage in any substantial g her statement for 1993.	
• If you did not check t		omplete the following statement. nt (See instructions at bottom of page	2.)
I certify that		Name of disabled person	
date he or she retired. If		976, or January 1, 1977, OR was permane 76, enter the date retired. ►	
•	sted or can be expected to		
B There is no reason	nable probability that the ill ever improve	Physician's signature	Date
Physician's name		Physician's signature Physician's address	Date
For Paperwork Reduction	Act Notice, see Form 1040 instr	uctions. Cat. No. 11359K	Schedule R (Form 1040) 1993

Sche	dule R (Form 1040) 1993		Pa	age 🖌
Pa	t III Figure Your Credit			
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 \$5,000 Box 3, 5, or 6 \$7,500 Box 8 or 9 \$3,750 Caution: If you checked box 2, 4, 5, 6, or 9 in Part I, you MUST complete line 11 below. All others, skip line 11 and enter the amount from line 10 on line 12.	10		
11	 If you checked: Box 6 in Part I, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9 in Part I, enter your taxable disability income. Box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total. TIP: For more details on what to include on line 11, see the instructions. If you completed line 11, look at lines 10 and 11. Enter the smaller 	11		
12	 All others, enter the amount from line 10. 	12		
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1993 (see instructions):			
	Nontaxable part of social security benefits, and 13a Nontaxable part of railroad retirement benefits treated as social security. 1 Nontaxable veterans' pensions, and 1 Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. 1			
с	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c			
14 15	Enter the amount from Form 1040, line 32 14 If you checked (in Part I): Enter: Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000			
16	Subtract line 15 from line 14. If line 15 is more than line 14, enter -0			
17	Divide line 16 above by 2			
18	Add lines 13c and 17	18		
19	Subtract line 18 from line 12. If line 18 is more than line 12, stop here; you cannot take the credit. Otherwise, go to line 21	19		
20 21	Decimal amount used to figure the credit	20	× .	15

1040, line 42. Caution: If you file Schedule C, C-EZ, D, E, or F (Form 1040), your credit may be limited. See the instructions for line 21 for the amount of credit you can claim

Instructions for Physician's Statement

Taxpayer

If you retired after December 31, 1976, enter the date you retired in the space provided in Part II.

Physician

A person is permanently and totally disabled if **both** of the following apply:

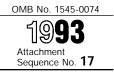
1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition, and

2. A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

21

Self-Employment Tax

See Instructions for Schedule SE (Form 1040).



Department of the Treasury Internal Revenue Service

Attach to Form 1040.

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with **self-employment** income ►

Who Must File Schedule SE

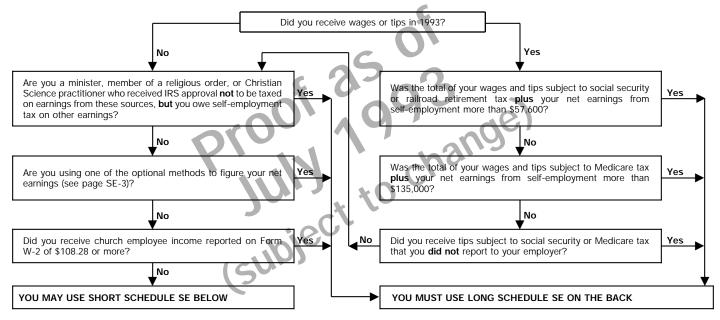
You must file Schedule SE if:

- Your wages (and tips) subject to social security AND Medicare tax (or railroad retirement tax) were less than \$135,000; AND
- Your net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were \$400 or more; **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **AND** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **DO NOT** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 47.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming) (Ministers and members of religious orders see page SE-1) for amounts to report on this line.) See page SE-2 for other income to report	2	
3	Combine lines 1 and 2	3	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	
5	Self-employment tax. If the amount on line 4 is:		
	• \$57,600 or less, multiply line 4 by 15.3% (.153) and enter the result.		
	• More than \$57,600 but less than \$135,000, multiply the amount in excess of \$57,600 by 2.9% (.029). Then, add \$8,812.80 to the result and enter the total.		
	• \$135,000 or more, enter \$11,057.40.		
	Also enter on Form 1040, line 47. (Important: You are allowed a deduction for one-half of this		
	amount. Multiply line 5 by 50% (.5) and enter the result on Form 1040, line 25.)	5	

Name of person with self-employment income (as shown on Form 1040)

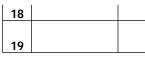
Section B—Long Schedule SE

Part I Self-Employment Tax

I UI				
	Note: If your only income subject to self-employment tax is church employee income, skip lines 1 on line 4c and go to line 5a Income from services you performed as a minister or a member of a	throu	gh 4b. Enter -0-	
ſ	church employee income. See page SE-1.	renyit)
A	If you are a minister, member of a religious order, or Christian Science practitioner AND you filed	l Form	1 4361, but you	
~	had \$400 or more of other net earnings from self-employment, check here and continue with Par			
4				
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form	1		
•	1065), line 15a. Note: <i>Skip this line if you use the farm optional method. See page SE-3</i>			
2	Net profit or (loss) from Schedule C. line 31: Schedule C-EZ. line 3: and Schedule K-1 (Form 1065), line 15a (other than farming) (Ministers and members of religious orders see page SE-1 for amounts)			
(to report on this line. See page SE-2 for other income to report. Note: Skip this line if you use the			
•	nonfarm optional method. See page SE-3	2		
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a		
b	If you elected one or both of the optional methods, enter the total of lines 17 and 19 here	4b		
с	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment			
	tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue .	4c		<u> </u>
5a	Enter your church employee income from Form W-2. Caution: See			
_	page SE-1 for definition of church employee income	6 b		
	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6		
7	Maximum amount of combined wages and self-employment earnings subject to social security	7	57,600	00
0-	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1993	,	377000	
88	Total social security wages and tips (from Form(s) W-2) and railroad retirement (tier 1) compensation			
b	Unreported tips subject to social security tax (from Form 4137, line 9)			
	Add lines 8a and 8b	8c		
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 12a	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10		
11	Maximum amount of combined wages and self-employment earnings subject to Medicare tax			
	or the 1.45% portion of the 7.65% railroad retirement (tier 1) tax for 1993	11	135,000	00
12a	Total Medicare wages and tips (from Form(s) W-2) and railroad			
_	retirement (tier 1) compensation			
	Unreported tips subject to Medicare tax (from Form 4137, line 14) . 12b	120		
	Add lines 12a and 12b	12c 13		<u> </u>
13 14	Subtract line 12c from line 11. If zero or less, enter -0- here and on line 14 and go to line 15. Multiply the smaller of line 6 or line 13 by 2.9% (.029)	14		
14 15	Self-employment tax. Add lines 10 and 14. Enter here and on Form 1040, line 47. (Important:			
	You are allowed a deduction for one-half of this amount. Multiply line 15 by 50% (.5) and enter			
	the result on Form 1040, line 25.)	15		
Par	t II Optional Methods To Figure Net Earnings (See page SE-3.)			
	n Optional Method. You may use this method only if (a) Your gross farm income ¹ was not more that	an \$2,	400 or (b) Your	gross
farm	income ¹ was more than \$2,400 and your net farm profits ² were less than \$1,733.			L .
16	Maximum income for optional methods	16	1,600	00
17	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$1,600. Also,	17		
	include this amount on line 4b above	17	\$4.700 · ·	L
Non	farm Optional Method. You may use this method only if (a) Your net nonfarm profits ³ were less	than	\$1,733 and also	DIESS

than 72.189% of your gross nonfarm income,⁴ and (b) You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

- **19** Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 18. Also, include this amount on line 4b above



¹From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b. ²From Schedule F, line 36, and Schedule K-1 (Form 1065), line 15a. ⁴From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a.

Section 7. 1993 Тах Table

Use if your taxable income is less than \$100,000. If \$100,000 or more, use the Tax Rate Schedules. **Example.** Mr. and Mrs. Brown are filing a joint return. Their taxable income on line 37 of Form 1040 is \$25,300. First, they find the \$25,300–25,350 income line. Next, they find the column for married filing jointly and read down the column. The amount shown where the income line and filing status column meet is \$3,799. This is the tax amount they must enter on line 38 of their Form 1040.

Sample Table

At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold
			Your ta	ax is—	
25,250 25,300) 25,250) 25,300) 25,350) 25,400	4,190 4,204 4,218 4,232	3,784 3,791 (3,799) 3,806	4,665 4,679 4,693 4,707	3,784 3,791 3,799 3,806

If line (taxab incom	le		And yo	ou are—		If line (taxabl incom	le		And yo	u are—	1	If line (taxab incom	le		And yo	u are—	
At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold
			Your t	ax is—	1				Your ta	ax is—				Y	our tax	is—	
0 5 15	5 15	0 2 3	0 2 3	0 2 3	0 2 3	1,300 1,325 1,350 1,375	1,325 1,350 1,375 1,400	197 201 204 208	197 201 204 208	197 201 204 208	197 201 204 208	2,700 2,725 2,750 2,775	2,725 2,750 2,775 2,800	407 411 414 418	407 411 414 418	407 411 414 418	407 411 414 418
25 50 75	5 50) 75	6 9 13	6 9 13	6 9 13	6 9 13	1,400 1,425 1,450	1,400 1,425 1,450 1,475	200 212 216 219	200 212 216 219	200 212 216 219	200 212 216 219	2,800 2,825 2,850	2,825 2,850 2,850 2,875	422 426 429	410 422 426 429	422 426 429	422 426 429
100 125 150 175	5 150) 175	17 21 24 28	17 21 24 28	17 21 24 28	17 21 24 28	1,475 1,500 1,525	1,500 1,525 1,550	223 227 231	223 227 231	223 227 231	223 227 231	2,875 2,900 2,925	2,900 2,925 2,950	433 437 441	433 437 441	433 437 441	433 437 441
200 225		32 36	32 36	32 36	32 36	1,550 1,575	1,575 1,600	234 238	234 238	234 238	234 238	2,950 2,975	2,975 3,000	444 448	444 448	444 448	444 448
250 275) 275	39 43	39 43	39 43	39 43	1,600 1,625	1,625 1,650	242 246	242 246	242 246	242 246 249	3,0	000				
300 325 350 375	5 350 375	47 51 54 58	47 51 54 58	47 51 54 58	47 51 54 58	1,650 1,675 1,700 1,725	1,675 1,700 1,725 1,750	249 253 257 261	249 253 257 261	249 253 257 261	253 257 261	3,000 3,050 3,100 3,150	3,050 3,100 3,150 3,200	454 461 469 476	454 461 469 476	454 461 469 476	454 461 469 476
400 425 450) 425 5 450) 475	62 66 69	62 66 69	62 66 69	62 66 69	1,750 1,775 1,800 1,825	1,775 1,800 1,825 1,850	264 268 272 276	264 268 272 276 279	264 268 272 276	264 268 272 276	3,200 3,250 3,300 3,350	3,250 3,300 3,350 3,400	484 491 499 506	484 491 499 506	484 491 499 506	484 491 499 506
475 500 525 550) 525 550 575	73 77 81 84	73 77 81 84	73 77 81 84	73 77 81 84	1,850 1,875 1,900 1,925	1,875 1,900 1,925 1,950	279 283 287 291	279 283 287 291	279 283 287 291	279 283 287 291	3,400 3,450 3,500 3,550	3,450 3,500 3,550 3,600	514 521 529 536	514 521 529 536	514 521 529 536	514 521 529 536
575 600 625 650	625 650	88 92 96 99	88 92 96 99	88 92 96 99	88 92 96 99	1,950 1,975 2,0	1,975 2,000	294 298	294 298	294 298	294 298	3,600 3,650 3,700	3,650 3,700 3,750	544 551 559	544 551 559	544 551 559	544 551 559
675 700	5 700	103 107	103 107	103 107	103 107	2,000	2,025	302	302	302	302	3,750 3,800 3,850	3,800 3,850 3,900	566 574 581	566 574 581	566 574 581	566 574 581
725 750 775	5 750) 775	111 114 118	111 114 118	111 114 118	111 114 118	2,025 2,050 2,075	2,050 2,075 2,100	306 309 313	306 309 313	306 309 313 317	306 309 313	3,900 3,950	3,950 4,000	589 596	589 596	589 596	589 596
800 825 850 875	5 850 9 875	122 126 129 133	122 126 129 133	122 126 129 133	122 126 129 133	2,100 2,125 2,150 2,175	2,125 2,150 2,175 2,200	317 321 324 328	317 321 324 328	317 321 324 328	317 321 324 328	4,000 4,050	4,050 4,100	604 611	604 611	604 611	604 611
900 925	925 950	137 141	137 141	137 141	137 141	2,200 2,225 2,250	2,225 2,250 2,275	332 336 339	332 336 339	332 336 339	332 336 339	4,100 4,150 4,200	4,150 4,200 4,250	619 626 634	619 626 634	619 626 634	619 626 634
950 975	5 1,000	144 148	144 148	144 148	144 148	2,275 2,300 2,325	2,300 2,325 2,350	343 347 351	343 347 351	343 347 351	343 347 351	4,250 4,300 4,350	4,300 4,350 4,400	641 649 656	641 649 656	641 649 656	641 649 656
	000					2,350 2,375	2,375 2,400	354 358	354 358	354 358	354 358	4,400 4,450	4,450 4,500	664 671	664 671	664 671	664 671
1,000 1,025 1,050 1,075	1.050	152 156 159 163	152 156 159 163	152 156 159 163	152 156 159 163	2,400 2,425 2,450 2,475	2,425 2,450 2,475 2,500	362 366 369 373	362 366 369 373	362 366 369 373	362 366 369 373	4,450 4,500 4,550 4,600	4,500 4,550 4,600 4,650	679 686 694	679 686 694	679 686 694	671 679 686 694
1,100 1,125 1,150 1,175		167 171 174	167 171 174	167 171 174	167 171 174	2,500 2,525 2,550	2,525 2,550 2,575	377 381 384	377 381 384	377 381 384	377 381 384	4,650 4,700 4,750	4,700 4,750 4,800	701 709 716	701 709 716	701 709 716	701 709 716
1,175 1,200 1,225 1,250 1,275		178 182 186 189	178 182 186 189	178 182 186 189	178 182 186 189	2,575 2,600 2,625 2,650	2,600 2,625 2,650 2,675	388 392 396 399	388 392 396 399	388 392 396 399	388 392 396 399	4,800 4,850 4,900 4,950	4,850 4,900 4,950 5,000	724 731 739 746	724 731 739 746	724 731 739 746	724 731 739 746
1,275	5 1,300	193	193	193	193	2,675	2,700	403	403	403	403				Contin	ued on i	next page

* This column must also be used by a qualifying widow(er).

If line 3 (taxable income)	;		And y	ou are—	-	If line (taxab incom	le		And ye	ou are—		If line (taxal incon			And yo	ou are—	
At least	But less than	Single	Married filing jointly * Your 1	Married filing sepa- rately tax is—	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately ax is—	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	Head of a house- hold
5,0	00					8,0	00					11,	000				
5,000 5,050 5,100 5,150	5,050 5,100 5,150 5,200	754 761 769 776	754 761 769 776	754 761 769 776	754 761 769 776	8,000 8,050 8,100 8,150	8,050 8,100 8,150 8,200	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	11,000 11,050 11,100 11,150	11,050 11,100 11,150 11,200	1,654 1,661 1,669 1,676	1,654 1,661 1,669 1,676	1,654 1,661 1,669 1,676	1,654 1,661 1,669 1,676
5,200 5,250 5,300 5,350	5,250 5,300 5,350 5,400	784 791 799 806	784 791 799 806	784 791 799 806	784 791 799 806	8,200 8,250 8,300 8,350	8,250 8,300 8,350 8,400	1,234 1,241 1,249 1,256	1,234 1,241 1,249 1,256	1,234 1,241 1,249 1,256	1,234 1,241 1,249 1,256	11,200 11,250 11,300 11,350	11,250 11,300 11,350 11,400	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706
5,400 5,450 5,500 5,550	5,450 5,500 5,550 5,600	814 821 829 836	814 821 829 836	814 821 829 836	814 821 829 836	8,400 8,450 8,500 8,550	8,450 8,500 8,550 8,600	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	11,400 11,450 11,500 11,550	11,450 11,500 11,550 11,600	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736
5,600 5,650 5,700 5,750	5,650 5,700 5,750 5,800	844 851 859 866	844 851 859 866	844 851 859 866	844 851 859 866	8,600 8,650 8,700 8,750	8,650 8,700 8,750 8,800	1,294 1,301 1,309 1,316	1,294 1,301 1,309 1,316	1,294 1,301 1,309 1,316	1,294 1,301 1,309 1,316	11,600 11,650 11,700 11,750	11,650 11,700 11,750 11,800	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766
5,800 5,850 5,900 5,950	5,850 5,900 5,950 6,000	874 881 889 896	874 881 889 896	874 881 889 896	874 881 889 896	8,800 8,850 8,900 8,950	8,850 8,900 8,950 9,000	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	11,800 11,850 11,900 11,950	11,850 11,900 11,950 12,000	1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796
6,0	00	1				9,0	00	2	7	2		12,	,000	1			
6,000 6,050 6,100 6,150 6,200	6,050 6,100 6,150 6,200 6,250	904 911 919 926 934	904 911 919 926 934	904 911 919 926 934	904 911 919 926 934	9,000 9,050 9,100 9,150 9,200	9,050 9,100 9,150 9,200 9,250	1,354 1,361 1,369 1,376 1,384	1,354 1,361 1,369 1,376 1,384	1,354 1,361 1,369 1,376 1,384	1,354 1,361 1,369 1,376 1,384	12,050 12,100 12,150 12,200	12,200 12,250	1,804 1,811 1,819 1,826 1,834	1,804 1,811 1,819 1,826 1,834	1,804 1,811 1,819 1,826 1,834	1,804 1,811 1,819 1,826 1,834
6,250 6,300 6,350 6,400	6,300 6,350 6,400 6,450	941 949 956 964	941 949 956 964	941 949 956 964	941 949 956 964	9,250 9,300 9,350 9,400	9,300 9,350 9,400 9,450	1,391 1,399 1,406 1,414	1,391 1,399 1,406 1,414	1,391 1,399 1,406 1,414	1,391 1,399 1,406 1,414	12,250 12,300 12,350 12,400	12,300 12,350 12,400 12,450	1,841 1,849 1,856 1,864	1,841 1,849 1,856 1,864	1,841 1,849 1,856 1,864	1,841 1,849 1,856 1,864
6,450 6,500 6,550 6,600 6,650	6,500 6,550 6,600 6,650 6,700	971 979 986 994 1,001	971 979 986 994 1,001	971 979 986 994 1,001	971 979 986 994 1,001	9,450 9,500 9,550 9,600 9,650	9,500 9,550 9,600 9,650 9,700	1,421 1,429 1,436 1,444 1,451	1,421 1,429 1,436 1,444 1,451	1,421 1,429 1,436 1,444 1,451	1,421 1,429 1,436 1,444 1,451	12,450 12,500 12,550 12,600 12,650	12,500 12,550 12,600 12,650 12,700	1,871 1,879 1,886 1,894 1,901	1,871 1,879 1,886 1,894 1,901	1,871 1,879 1,886 1,894 1,901	1,871 1,879 1,886 1,894 1,901
6,700 6,750 6,800 6,850	6,750 6,800 6,850 6,900	1,001 1,009 1,016 1,024 1,031	1,007 1,009 1,016 1,024 1,031	1,007 1,009 1,016 1,024 1,031	1,001 1,009 1,016 1,024 1,031	9,700	9,750 9,800 9,850 9,900	1,431 1,459 1,466 1,474 1,481	1,451 1,459 1,466 1,474 1,481	1,451 1,459 1,466 1,474 1,481	1,459 1,466 1,474 1,481	12,700 12,750 12,800	12,750 12,800 12,850	1,901 1,909 1,916 1,924 1,931	1,909 1,916 1,924 1,931	1,909 1,916 1,924 1,931	1,909 1,916 1,924 1,931
6,900 6,950	6,950 7,000	1,039 1,046	1,039 1,046	1,039 1,046	1,039 1,046	9,900 9,950	9,950 10,000	1,489 1,496	1,489 1,496	1,489 1,496	1,489 1,496	12,900	12,950 13,000	1,939 1,946	1,939 1,946	1,939 1,946	1,939 1,946
7,0	00					10,	000					13,	,000				
7,000 7,050 7,100 7,150	7,050 7,100 7,150 7,200	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	10,000 10,050 10,100 10,150	10,050 10,100 10,150 10,200	1,504 1,511 1,519 1,526	1,504 1,511 1,519 1,526	1,504 1,511 1,519 1,526	1,504 1,511 1,519 1,526			1,954 1,961 1,969 1,976	1,954 1,961 1,969 1,976	1,954 1,961 1,969 1,976	1,954 1,961 1,969 1,976
7,200 7,250 7,300 7,350	7,250 7,300 7,350 7,400	1,084 1,091 1,099 1,106	1,084 1,091 1,099 1,106	1,084 1,091 1,099 1,106	1,084 1,091 1,099 1,106	10,200 10,250 10,300 10,350	10,250 10,300 10,350 10,400	1,534 1,541 1,549 1,556	1,534 1,541 1,549 1,556	1,534 1,541 1,549 1,556	1,534 1,541 1,549 1,556	13,200 13,250 13,300 13,350	13,300 13,350 13,400	1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006
7,400 7,450 7,500 7,550	7,450 7,500 7,550 7,600	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	10,400 10,450 10,500 10,550	10,450 10,500 10,550 10,600	1,564 1,571 1,579 1,586	1,564 1,571 1,579 1,586	1,564 1,571 1,579 1,586	1,564 1,571 1,579 1,586	13,400 13,450 13,500 13,550	13,550 13,600	2,014 2,021 2,029 2,036	2,014 2,021 2,029 2,036	2,014 2,021 2,029 2,036	2,014 2,021 2,029 2,036
7,600 7,650 7,700 7,750 7,800	7,650 7,700 7,750 7,800 7,850	1,144 1,151 1,159 1,166 1,174	1,144 1,151 1,159 1,166 1,174	1,144 1,151 1,159 1,166 1,174	1,144 1,151 1,159 1,166 1,174	10,600 10,650 10,700 10,750 10,800	10,650 10,700 10,750 10,800 10,850	1,594 1,601 1,609 1,616 1,624	1,594 1,601 1,609 1,616 1,624	1,594 1,601 1,609 1,616 1,624	1,594 1,601 1,609 1,616 1,624	13,600 13,650 13,700 13,750 13,800	13,800	2,044 2,051 2,059 2,066 2,074	2,044 2,051 2,059 2,066 2,074	2,044 2,051 2,059 2,066 2,074	2,044 2,051 2,059 2,066 2,074
7,800 7,850 7,900 7,950	7,850 7,900 7,950 8,000	1,174 1,181 1,189 1,196	1,174 1,181 1,189 1,196	1,174 1,181 1,189 1,196	1,174 1,181 1,189 1,196	10,800 10,850 10,900 10,950	10,900 10,950	1,631 1,639 1,646	1,624 1,631 1,639 1,646	1,624 1,631 1,639 1,646	1,624 1,631 1,639 1,646	13,850 13,900	13,850 13,900 13,950 14,000	2,074 2,081 2,089 2,096	2,074 2,081 2,089 2,096	2,074 2,081 2,089 2,096	2,074 2,081 2,089 2,096
* This co	olumn m	ust also	be used	d by a q	ualifying	widow(e	r).								Contir	nued on n	ext page

(taxable	If line 37 (taxable income) is— Image: Comparison of the second		And yo	ou are-	-	If line (taxab incom			And yo	ou are—	_	If line (taxat incom			And yo	u are—	
	less	Single	Married filing jointly * Your t	Married filing sepa- rately	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately ax is—	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	filing sepa-	Head of a house- hold
14,	000					17,	000					20,	000				
14,100	14,050 14,100 14,150 14,200	2,104 2,111 2,119 2,126	2,104 2,111 2,119 2,126	2,104 2,111 2,119 2,126	2,104 2,111 2,119 2,126	17,000 17,050 17,100 17,150	17,050 17,100 17,150 17,200	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	20,000 20,050 20,100 20,150	20,050 20,100 20,150 20,200	3,004 3,011 3,019 3,026	3,004 3,011 3,019 3,026	3,209 3,223 3,237 3,251	3,004 3,011 3,019 3,026
14,250	14,250 14,300 14,350 14,400	2,134 2,141 2,149 2,156	2,134 2,141 2,149 2,156	2,134 2,141 2,149 2,156	2,134 2,141 2,149 2,156	17,200 17,250 17,300 17,350	17,250 17,300 17,350 17,400	2,584 2,591 2,599 2,606	2,584 2,591 2,599 2,606	2,584 2,591 2,599 2,606	2,584 2,591 2,599 2,606	20,200 20,250 20,300 20,350	20,250 20,300 20,350 20,400	3,034 3,041 3,049 3,056	3,034 3,041 3,049 3,056	3,265 3,279 3,293 3,307	3,034 3,041 3,049 3,056
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14,650 14,700 14,750	14,650 14,700 14,750 14,800	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	17,600 17,650 17,700 17,750	17,650 17,700 17,750 17,800	2,644 2,651 2,659 2,666	2,644 2,651 2,659 2,666	2,644 2,651 2,659 2,666	2,644 2,651 2,659 2,666	20,600 20,650 20,700 20,750	20,650 20,700 20,750 20,800	3,094 3,101 3,109 3,116	3,094 3,101 3,109 3,116	3,377 3,391 3,405 3,419	3,094 3,101 3,109 3,116
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15,450 15,500 15,550	15,450 15,500 15,550 15,600 15,650	2,314 2,321 2,329 2,336 2,344	2,314 2,321 2,329 2,336 2,344	2,314 2,321 2,329 2,336 2,344	2,314 2,321 2,329 2,336 2,344	18,400 18,450 18,500 18,550 18,600	18,450 18,500 18,550 18,600 18,650	2,704 2,771 2,779 2,786 2,794	2,704 2,771 2,779 2,786 2,794	2,704 2,775 2,789 2,803 2,817	2,704 2,771 2,779 2,786 2,794	21,400 21,450 21,500 21,550 21,600	21,430 21,500 21,550 21,600 21,650	3,221 3,221 3,229 3,236 3,244	3,221 3,221 3,229 3,236 3,244	3,601 3,615 3,629 3,643 3,657	3,221 3,229 3,236 3,244
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41,200 41,250 41,300 41,350	41,250 41,300 41,350 41,400	8,670 8,684 8,698 8,712	6,746 6,760 6,774 6,788	9,145 9,159 9,173 9,187	7,695 7,709 7,723 7,737	44,200 44,250 44,300 44,350	44,250 44,300 44,350 44,400	9,510 9,524 9,538 9,552	7,586 7,600 7,614 7,628	9,985 9,999 10,013 10,027	8,535 8,549 8,563 8,577	47,200 47,250 47,300 47,350	47,250 47,300 47,350 47,400	10,350 10,364 10,378 10,392	8,426 8,440 8,454 8,468	10,904 10,920 10,935 10,951	9,375 9,389 9,403 9,417
41,400 41,450 41,500 41,550	41,450 41,500 41,550 41,600	8,726 8,740 8,754 8,768	6,802 6,816 6,830 6,844	9,201 9,215 9,229 9,243	7,751 7,765 7,779 7,793	44,400 44,450 44,500 44,550	44,450 44,500 44,550 44,600	9,566 9,580 9,594 9,608	7,656 7,670	10,041 10,055 10,069 10,083	8,591 8,605 8,619 8,633	47,400 47,450 47,500 47,550	47,450 47,500 47,550 47,600	10,406 10,420 10,434 10,448	8,496	10,966 10,982 10,997 11,013	9,431 9,445 9,459 9,473
41,600 41,650 41,700 41,750	41,650 41,700 41,750 41,800	8,782 8,796 8,810 8,824	6,858 6,872 6,886 6,900	9,257 9,271 9,285 9,299	7,807 7,821 7,835 7,849	44,600 44,650 44,700 44,750	44,650 44,700 44,750 44,800	9,622 9,636 9,650 9,664	7,712 7,726 7,740	10,098 10,114 10,129 10,145	8,647 8,661 8,675 8,689	47,600 47,650 47,700 47,750	47,650 47,700 47,750 47,800	10,462 10,476 10,490 10,504	8,552 8,566 8,580	11,028 11,044 11,059 11,075	9,487 9,501 9,515 9,529
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42,400 42,450 42,500 42,550	42,450 42,500 42,550 42,600	9,006 9,020 9,034 9,048	7,082 7,096 7,110 7,124	9,481 9,495 9,509 9,523	8,031 8,045 8,059 8,073	45,400 45,450 45,500 45,550	45,450 45,500 45,550 45,600	9,874 9,888	7,936 7,950 7,964	10,346 10,362 10,377 10,393	8,871 8,885 8,899 8,913	48,400 48,450 48,500 48,550	48,450 48,500 48,550 48,600	10,686 10,700 10,714 10,728	8,776 8,790 8,804	11,276 11,292 11,307 11,323	9,711 9,725 9,739 9,753
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43,250 43,300 43,350		9,230 9,244 9,258 9,272	7,306 7,320 7,334 7,348	9,705 9,719 9,733 9,747	8,255 8,269 8,283 8,297	46,200 46,250 46,300 46,350	46,250 46,300 46,350 46,400	10,070 10,084 10,098 10,112	8,174 8,188	10,610 10,625 10,641	9,095 9,109 9,123 9,137	49,200 49,250 49,300 49,350	49,250 49,300 49,350 49,400	10,910 10,924 10,938 10,952	9,000 9,014 9,028	11,524 11,540 11,555 11,571	9,935 9,949 9,963 9,977
43,500 43,550		9,286 9,300 9,314 9,328	7,362 7,376 7,390 7,404	9,761 9,775 9,789 9,803	8,311 8,325 8,339 8,353	46,400 46,450 46,500 46,550	46,450 46,500 46,550 46,600	10,126 10,140 10,154 10,168	8,216 8,230 8,244	10,656 10,672 10,687 10,703	9,151 9,165 9,179 9,193	49,400 49,450 49,500 49,550	49,450 49,500 49,550 49,600	10,966 10,980 10,994 11,008	9,056 9,070 9,084	11,586 11,602 11,617 11,633	10,019 10,033
43,600 43,650 43,700 43,750	43,750 43,800	9,342 9,356 9,370 9,384	7,418 7,432 7,446 7,460	9,817 9,831 9,845 9,859	8,367 8,381 8,395 8,409	46,600 46,650 46,700 46,750	46,650 46,700 46,750 46,800	10,182 10,196 10,210 10,224	8,272 8,286 8,300	10,718 10,734 10,749 10,765	9,207 9,221 9,235 9,249	49,600 49,650 49,700 49,750	49,650 49,700 49,750 49,800	11,022 11,036 11,050 11,064	9,112 9,126 9,140	11,648 11,664 11,679 11,695	10,061 10,075 10,089
43,850 43,900	43,850 43,900 43,950 44,000	9,398 9,412 9,426 9,440	7,474 7,488 7,502 7,516	9,873 9,887 9,901 9,915	8,423 8,437 8,451 8,465		46,850 46,900 46,950 47,000	10,238 10,252 10,266 10,280	8,328 8,342	10,780 10,796 10,811 10,827	9,263 9,277 9,291 9,305	49,800 49,850 49,900 49,950	49,850 49,900 49,950 50,000	11,078 11,092 11,106 11,120	9,168 9,182	11,710 11,726 11,741 11,757	10,117 10,131
* This co	olumn mi	ust also	be used	l by a q	ualifying	i widow(e	er).								Contin	ued on n	ext page

(taxable	If line 37 (taxable And you are— income) is—			_	If line (taxab incom			And y	ou are-	_	If line (taxat incon			And yo	ou are—		
At least	But less than	Single	Married filing jointly * Your	d Married filing sepa- rately tax is—	of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	d Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	Head of a house- hold
50,	,000					53,	000					56	,000	1			
50,050 50,100	50,050 50,100 50,150 50,200	11,134 11,148 11,162 11,176	9,224 9,238	11,772 11,788 11,803 11,819	10,173 10,187	53,050 53,100	53,050 53,100 53,150 53,200	11,988 12,002	10,050 10,064 10,078 10,092	12,718 12,733	11,013 11,027			12,905 12,921	10,890 10,904 10,918 10,932	13,648 13,663	11,853 11,867
50,200 50,250 50,300 50,350	50,300 50,350	11,190 11,204 11,218 11,232	9,280 9,294	11,834 11,850 11,865 11,881	10,229 10,243	53,300 53,350	53,250 53,300 53,350 53,400	12,044 12,058	10,106 10,120 10,134 10,148	12,780 12,795	11,069 11,083	56,200 56,250 56,300 56,350	56,250 56,300 56,350 56,400	12,967 12,983	10,946 10,960 10,974 10,988	13,710 13,725	11,909 11,923
50,400 50,450 50,500 50,550	50,500 50,550 50,600	11,246 11,260 11,274 11,288	9,336 9,350 9,364	11,896 11,912 11,927 11,943	10,285 10,299 10,313	53,400 53,450 53,500 53,550	53,450 53,500 53,550 53,600	12,100 12,115 12,130	10,162 10,176 10,190 10,204	12,842 12,857 12,873	11,125 11,139 11,153	56,400 56,450 56,500 56,550	56,450 56,500 56,550 56,600	13,029 13,045 13,060	11,002 11,016 11,030 11,044	13,772 13,787 13,803	11,965 11,979 11,993
50,600 50,650 50,700 50,750 50,800	50,700 50,750 50,800	11,302 11,316 11,330 11,344 11,358	9,392 9,406 9,420	11,958 11,974 11,989 12,005 12,020	10,341 10,355 10,369	53,600 53,650 53,700 53,750 53,800	53,800	12,161 12,177 12,192	10,218 10,232 10,246 10,260 10,274	12,904 12,919 12,935	11,181 11,195 11,209	56,600 56,650 56,700 56,750 56,800	56,650 56,700 56,750 56,800 56,850	13,091 13,107 13,122	11,058 11,072 11,086 11,100 11,114	13,834 13,849 13,865	12,021 12,035 12,049
50,850 50,900	50,850 50,900 11,372 9,448 12,036 10,3 50,900 50,950 11,386 9,462 12,051 10,4 50,950 51,000 11,400 9,476 12,067 10,4 51<000 1 <td< th=""><th>10,397 10,411</th><th colspan="4">53,900 53,950 12,239 10,302 12,981 11,251 56 53,950 54,000 12,254 10,316 12,997 11,265 56</th><th>56,800 56,850 56,900 56,950</th><th>56,900 56,950</th><th>13,153 13,169</th><th>11,128 11,142 11,156</th><th>13,896 13,911</th><th>12,077 12,091</th></td<>				10,397 10,411	53,900 53,950 12,239 10,302 12,981 11,251 56 53,950 54,000 12,254 10,316 12,997 11,265 56				56,800 56,850 56,900 56,950	56,900 56,950	13,153 13,169	11,128 11,142 11,156	13,896 13,911	12,077 12,091		
51,000						54,	000	0			_	57	,000	1			
51,050 51,100	51,050 51,100 51,150 51,200	11,414 11,428 11,442 11,456	9,504 9,518	12,082 12,098 12,113 12,129	10,453 10,467	54,050 54,100	54,150	12,285 12,301	10,330 10,344 10,358 10,372	13,028 13,043	11,293 11,307	57,050	57,050 57,100 57,150 57,200	13,215 13,231	11,170 11,184 11,198 11,212	13,958 13,973	12,133 12,147
51,250 51,300 51,350	51,250 51,300 51,350 51,400	11,470 11,484 11,498 11,512	9,560 9,574 9,588	12,144 12,160 12,175 12,191	10,509 10,523 10,537	54,250 54,300 54,350	54,350 54,400	12,347 12,363 12,378	10,414 10,428	13,090 13,105 13,121	11,349 11,363 11,377	57,200 57,250 57,300 57,350	57,250 57,300 57,350 57,400	13,277 13,293 13,308		14,020 14,035 14,051	12,189 12,203 12,217
51,500 51,550	51,450 51,500 51,550 51,600	11,526 11,540 11,554 11,568	9,616 9,630 9,644	12,206 12,222 12,237 12,253 12,268	10,565 10,579 10,593	54,450 54,500 54,550	54,450 54,500 54,550 54,600	12,409 12,425 12,440	10,484	13,152 13,167 13,183	11,405 11,419 11,433	57,400 57,450 57,500 57,550	57,450 57,500 57,550 57,600 57,650	13,339 13,355 13,370	11,282 11,296 11,310 11,324	14,082 14,097 14,113	12,245 12,259 12,273
51,750	51,650 51,700 51,750 51,800 51,850	11,582 11,596 11,610 11,624 11 638	9,672 9,686 9,700	12,284 12,299 12,315	10,621	54,650 54,700 54,750	54,650 54,700 54,750 54,800 54,850	12,471 12,487 12,502		13,214 13,229 13,245	11,461 11,475 11,489		57,850 57,700 57,750 57,800 57,850	13,401 13,417 13,432	11,338 11,352 11,366 11,380 11,394	14,144 14,159 14,175	12,301 12,315 12,329
51,850 51,900	51,830 51,900 51,950 52,000	11,652 11,666 11,680	9,728 9,742	12,330 12,346 12,361 12,377	10,677 10,691	54,850 54,900	54,900 54,950	12,533	10,568 10,582	13,276 13,291	11,517 11,531	57,850 57,900	57,830 57,900 57,950 58,000	13,463 13,479	11,408 11,422 11,436	14,206 14,221	12,357 12,371
52,	,000					55,	000					58,	,000	1			
52,050 52,100 52,150	52,050 52,100 52,150 52,200	11,694 11,708 11,722 11,736	9,784 9,798	12,392 12,408 12,423 12,439	10,733 10,747	55,050	55,050 55,100 55,150 55,200	12,595 12,611	10,610 10,624 10,638 10,652	13,338 13,353	11,573 11,587	58,000 58,050 58,100 58,150	58,050 58,100 58,150 58,200	13,525 13,541	11,450 11,464 11,478 11,492	14,268 14,283	12,413 12,427
52,250 52,300 52,350	52,250 52,300 52,350 52,400	11,750 11,764 11,778 11,792	9,840 9,854 9,868	12,454 12,470 12,485 12,501	10,789 10,803 10,817	55,250 55,300 55,350	55,400	12,657 12,673 12,688	10,666 10,680 10,694 10,708	13,400 13,415 13,431	11,629 11,643 11,657	58,200 58,250 58,300 58,350	58,250 58,300 58,350 58,400	13,587 13,603 13,618	11,506 11,520 11,534 11,548	14,330 14,345 14,361	12,469 12,483 12,497
52,450 52,500 52,550	52,450 52,500 52,550 52,600	11,806 11,820 11,834 11,848	9,896 9,910 9,924	12,516 12,532 12,547 12,563	10,845 10,859 10,873	55,500 55,550	55,450 55,500 55,550 55,600	12,719 12,735 12,750	10,722 10,736 10,750 10,764	13,462 13,477 13,493	11,685 11,699 11,713	58,400 58,450 58,500 58,550	58,450 58,500 58,550 58,600	13,649 13,665 13,680	11,562 11,576 11,590 11,604	14,392 14,407 14,423	12,525 12,539 12,553
52,650 52,700 52,750	52,650 52,700 52,750 52,800	11,862 11,876 11,890 11,904	9,952 9,966 9,980	12,578 12,594 12,609 12,625	10,901 10,915 10,929	55,700 55,750	55,650 55,700 55,750 55,800	12,781 12,797 12,812	10,778 10,792 10,806 10,820	13,524 13,539 13,555	11,741 11,755 11,769	58,600 58,650 58,700 58,750	58,800	13,711 13,727 13,742	11,618 11,632 11,646 11,660	14,454 14,469 14,485	12,581 12,595 12,609
52,850 52,900	52,850 52,900 52,950 53,000	11,946	10,008 10,022	12,640 12,656 12,671 12,687	10,957 10,971	55,850 55,900	55,850 55,900 55,950 56,000	12,843 12,859	10,834 10,848 10,862 10,876	13,586 13,601	11,797 11,811	58,800 58,850 58,900 58,950	58,900	13,773 13,789	11,674 11,688 11,702 11,716	14,516 14,531	12,637 12,651
* This column must also be used by a qualifying							er).							1	Contin	ued on n	ext page

If line 3 (taxable income	37 e	An	l you are-	_	If line (taxab incom			And y	ou are-	_	If line (taxat incom			And yo	ou are—	
At least	But less than	Single Mar filing join * Yo	filing	of a house- hold	At least	But less than	Single	Married filing jointly * Your 1	Married filing sepa- rately tax is—	d Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
59,	,000				62,	000	1				65,	,000	1			
59,050 59,100	59,050 59,100 59,150 59,200	13,820 11,7 13,835 11,7 13,851 11,7 13,866 11,7	4 14,578 58 14,593	12,693 12,707	62,050 62,100	62,050 62,100 62,150 62,200	14,765 14,781	12,570 12,584 12,598 12,612	15,508 15,523	13,533 13,547			15,695 15,711	13,410 13,424 13,438 13,452	16,438 16,453	14,373 14,387
59,250 59,300 59,350	59,250 59,300 59,350 59,400	13,882 11,7 13,897 11,8 13,913 11,8 13,928 11,8	0 14,640 4 14,655	12,749 12,763	62,250 62,300	62,250 62,300 62,350 62,400	14,827 14,843	12,626 12,640 12,654 12,668	15,570	13,589 13,603	65,200 65,250 65,300 65,350	65,300	15,757 15,773	13,466 13,480 13,494 13,508	16,500 16,515	14,429 14,443
59,450 59,500 59,550	59,550 59,600	13,944 11,8 13,959 11,8 13,975 11,8 13,990 11,8	6 14,702 70 14,717 84 14,733	12,805 12,819 12,833	62,450 62,500 62,550	62,600	14,889 14,905 14,920	12,682 12,696 12,710 12,724	15,632 15,647 15,663	13,645 13,659 13,673	65,400 65,450 65,500 65,550	65,500 65,550 65,600	15,819 15,835 15,850	13,522 13,536 13,550 13,564	16,562 16,577 16,593	14,485 14,499 14,513
59,650 59,700 59,750	59,650 59,700 59,750 59,800	14,006 11,8 14,021 11,9 14,037 11,9 14,052 11,9	2 14,764 26 14,779 10 14,795	12,861 12,875 12,889	62,650 62,700 62,750	-	14,951 14,967 14,982	12,780	15,694 15,709 15,725	13,701 13,715 13,729	65,600 65,650 65,700 65,750	65,750 65,800	15,881 15,897 15,912	13,578 13,592 13,606 13,620	16,624 16,639 16,655	14,541 14,555 14,569
59,900	9,850 59,900 14,083 11,968 14,826 12,917 9,900 59,950 14,099 11,982 14,841 12,931 9,950 60,000 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 11,996 14,857 12,945 14,114 14,114 14,114 11,996 14,857 12,945 14,114 <th colspan="5">62,850 62,900 15,013 12,808 15,756 13,757 6 62,900 62,950 15,029 12,822 15,771 13,771 6 62,950 63,000 15,044 12,836 15,787 13,785 6</th> <th></th> <th></th> <th>15,943 15,959</th> <th>13,634 13,648 13,662 13,676</th> <th>16,686 16,701</th> <th>14,597 14,611</th>					62,850 62,900 15,013 12,808 15,756 13,757 6 62,900 62,950 15,029 12,822 15,771 13,771 6 62,950 63,000 15,044 12,836 15,787 13,785 6							15,943 15,959	13,634 13,648 13,662 13,676	16,686 16,701	14,597 14,611
60,000					63,	000	~				66,	,000				
60,050 60,100	60,050 60,100 60,150 60,200	14,130 12,0 14,145 12,0 14,161 12,0 14,176 12,0	24 14,888 88 14,903	12,973 12,987	63,050	63,050 63,100 63,150 63,200	15,075	12,850 12,864 12,878 12,892	15,818	13,813 13,827	66,050	66,050 66,100 66,150 66,200	16,005 16,021	13,690 13,704 13,718 13,732	16,748 16,763	14,653 14,667
	60,250 60,300 60,350 60,400	14,192 12,0 14,207 12,0 14,223 12,0 14,238 12,1	30 14,950 94 14,965	13,029 13,043	63,250 63,300	63,250 63,300 63,350 63,400	15,137			13,869 13,883	66,200 66,250 66,300 66,350	66,250 66,300 66,350 66,400	16,067 16,083	13,746 13,760 13,774 13,788	16,810	14,709 14,723
60,450 60,500 60,550	60,450 60,500 60,550 60,600	14,254 12,1 14,269 12,1 14,285 12,1 14,300 12,1	86 15,012 50 15,027 54 15,043	13,085 13,099 13,113	63,500 63,550	63,500 63,550 63,600	15,199 15,215 15,230	12,990 13,004	15,942 15,957 15,973	13,925 13,939 13,953	66,450 66,500 66,550	66,550 66,600	16,129 16,145 16,160	13,802 13,816 13,830 13,844	16,872 16,887 16,903	14,765 14,779 14,793
60,650 60,700 60,750	60,650 60,700 60,750 60,800	14,316 12,1 14,331 12,1 14,347 12,2 14,362 12,2	2 15,074 6 15,089 20 15,105	13,141 13,155 13,169	63,650 63,700 63,750	63,650 63,700 63,750 63,800	15,261 15,277 15,292	13,046 13,060	16,004 16,019 16,035	13,981 13,995 14,009		66,700 66,750 66,800	16,191 16,207 16,222	13,858 13,872 13,886 13,900	16,934 16,949 16,965	14,821 14,835 14,849
60,850 60,900	60,850 60,900 60,950 61,000	14,378 12,2 14,393 12,2 14,409 12,2 14,424 12,2	8 15,136 2 15,151	13,197 13,211	63,850 63,900	63,900	15,323 15,339	13,074 13,088 13,102 13,116	16,066 16,081	14,037 14,051	66,850 66,900	66,850 66,900 66,950 67,000	16,253 16,269	13,914 13,928 13,942 13,956	16,996 17,011	14,877 14,891
61,	,000				64,	000					67,	,000	1			
61,050 61,100	61,050 61,100 61,150 61,200	14,440 12,2 14,455 12,3 14,471 12,3 14,486 12,3	04 15,198 8 15,213	13,253 13,267	64,050	64,050 64,100 64,150 64,200	15,385	13,130 13,144 13,158 13,172	16,128 16,143	14,093 14,107	67,050 67,100	67,050 67,100 67,150 67,200	16,315 16,331	13,970 13,984 13,998 14,012	17,058 17,073	14,933 14,947
61,250 61,300	61,250 61,300 61,350 61,400	14,502 12,3 14,517 12,3 14,533 12,3 14,548 12,3	0 15,260 4 15,275	13,309 13,323	64,200 64,250 64,300 64,350	64,350	15,447 15,463	13,186 13,200 13,214 13,228	16,190 16,205	14,149 14,163	67,250	67,250 67,300 67,350 67,400	16,377 16,393	14,026 14,040 14,054 14,068	17,120 17,135	14,989 15,003
61,450 61,500 61,550	61,450 61,500 61,550 61,600	14,564 12,4 14,579 12,4 14,595 12,4 14,610 12,4	6 15,322 30 15,337 44 15,353	13,365 13,379 13,393	64,500 64,550	64,500 64,550 64,600	15,509 15,525 15,540	13,242 13,256 13,270 13,284	16,252 16,267 16,283	14,205 14,219 14,233	67,450 67,500 67,550	67,450 67,500 67,550 67,600	16,439 16,455 16,470	14,082 14,096 14,110 14,124	17,182 17,197 17,213	15,045 15,059 15,073
61,650 61,700 61,750	61,650 61,700 61,750 61,800	14,626 12,4 14,641 12,4 14,657 12,4 14,672 12,5	2 15,384 6 15,399 0 15,415	13,421 13,435 13,449	64,750	64,700 64,750 64,800	15,571 15,587 15,602	13,298 13,312 13,326 13,340	16,314 16,329 16,345	14,261 14,275 14,289	67,650 67,700 67,750	67,750 67,800	16,501 16,517 16,532	14,138 14,152 14,166 14,180	17,244 17,259 17,275	15,101 15,115 15,129
61,850 61,900	61,850 61,900 61,950 62,000	14,688 12,5 14,703 12,5 14,719 12,5 14,734 12,5	28 15,446 12 15,461	13,477 13,491	64,850 64,900	64,850 64,900 64,950 65,000	15,633 15,649	13,354 13,368 13,382 13,396	16,376 16,391	14,317 14,331	67,850 67,900	67,850 67,900 67,950 68,000	16,563 16,579	14,194 14,208 14,222 14,236	17,306 17,321	15,157 15,171
* This co	olumn m	ust also be ι	sed by a o	qualifying	widow(e	er).	I							Contin	ued on n	ext page

If line 3 (taxable income	87 e	And y	ou are—	If line (taxab incom			And ye	ou are—	_	If line (taxat incom			And yo	ou are—	
At least	But less than	Single Married filing jointly * Your	Married Head filing of a sepa- rately hold tax is—	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately cax is—	l Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
68,	000			71,	000					74,	000	1			
68,050 68,100	68,050 68,100 68,150 68,200	16,625 14,264 16,641 14,278	17,352 15,199 17,368 15,213 17,383 15,227 17,399 15,241	71,000 71,050 71,100 71,150	71,100 71,150	17,540 17,555 17,571 17,586	15,104 15,118		16,039 16,053 16,067 16,081	74,050 74,100	74,050 74,100 74,150 74,200	18,485 18,501			16,879 16,893 16,907 16,921
		16,687 14,320 16,703 14,334	17,414 15,255 17,430 15,269 17,445 15,283 17,461 15,297	71,200 71,250 71,300 71,350	71,300 71,350	17,602 17,617 17,633 17,648	15,160 15,174		16,095 16,109 16,123 16,137	74,200 74,250 74,300 74,350	74,250 74,300 74,350 74,400	18,547 18,563	15,986 16,000 16,014 16,028		16,935 16,949 16,963 16,977
68,450 68,500 68,550	68,450 68,500 68,550 68,600	16,749 14,376 16,765 14,390 16,780 14,404	17,476 15,311 17,492 15,325 17,507 15,339 17,523 15,353	71,500 71,550	71,500 71,550 71,600	17,664 17,679 17,695 17,710	15,216 15,230 15,244		16,151 16,165 16,179 16,193	74,400 74,450 74,500 74,550	74,450 74,500 74,550 74,600	18,625	16,042 16,056 16,070 16,084		16,991 17,005 17,019 17,033
68,650 68,700 68,750	68,650 68,700 68,750 68,800	16,811 14,432 16,827 14,446 16,842 14,460	17,538 15,367 17,554 15,381 17,569 15,395 17,585 15,409	71,600 71,650 71,700 71,750	71,700 71,750 71,800	17,726 17,741 17,757 17,772	15,272 15,286 15,300	C	16,207 16,221 16,235 16,249	74,600 74,650 74,700 74,750	74,650 74,700 74,750 74,800	18,671 18,687 18,702	16,126 16,140		17,047 17,061 17,075 17,089
68,850 68,900	68,850 68,900 68,950 69,000	16,873 14,488 16,889 14,502	17,600 15,423 17,616 15,437 17,631 15,451 17,647 15,465	71,800 71,850 71,900 71,950	71,900 71,950	17,788 17,803 17,819 17,834	15,328 15,342		16,263 16,277 16,291 16,305	74,850 74,900	74,850 74,900 74,950 75,000	18,749	16,154 16,168 16,182 16,196		17,103 17,117 17,131 17,145
69,	000			72,	000	2		2		75,	000				
69,050 69,100	69,050 69,100 69,150 69,200	16,935 14,544	17,662 15,479 17,678 15,493 17,693 15,507 17,709 15,521	72,000 72,050 72,100 72,150	72,100 72,150	17,850 17,865 17,881 17,896	15,384 15,398		16,319 16,333 16,347 16,361	75,050	75,050 75,100 75,150 75,200	18,780 18,795 18,811 18,826	16,238		17,159 17,173 17,187 17,201
69,200 69,250 69,300 69,350	69,250 69,300 69,350 69,400	16,997 14,600 17,013 14,614	17,724 15,535 17,740 15,549 17,755 15,563 17,771 15,577	72,200 72,250 72,300 72,350	72,300 72,350	17,912 17,927 17,943 17,958	15,440 15,454	cN	16,375 16,389 16,403 16,417	75,200 75,250 75,300 75,350	75,250 75,300 75,350 75,400	18,857	16,294		17,215 17,229 17,243 17,257
69,450 69,500 69,550	69,450 69,500 69,550 69,600	17,059 14,656 17,075 14,670 17,090 14,684	17,786 15,591 17,802 15,605 17,817 15,619 17,833 15,633	72,450 72,500 72,550	72,450 72,500 72,550 72,600	18,020	15,496 15,510 15,524		16,431 16,445 16,459 16,473	75,400 75,450 75,500 75,550	75,450 75,500 75,550 75,600		16,336 16,350 16,364		17,271 17,285 17,299 17,313
69,650 69,700 69,750	69,650 69,700 69,750 69,800	17,121 14,712 17,137 14,726 17,152 14,740	17,848 15,647 17,864 15,661 17,879 15,675 17,895 15,689	. · ·	72,700 72,750 72,800	18,036 18,051 18,067 18,082	15,552 15,566 15,580		16,487 16,501 16,515 16,529		75,650 75,700 75,750 75,800	18,981 18,997 19,012	16,420		17,327 17,341 17,355 17,369
69,850 69,900	69,850 69,900 69,950 70,000		17,910 15,703 17,926 15,717 17,941 15,731 17,957 15,745	72,800 72,850 72,900 72,950	72,900 72,950	18,098 18,113 18,129 18,144	15,608 15,622		16,543 16,557 16,571 16,585	75,850	75,850 75,900 75,950 76,000	19,028 19,043 19,059 19,074	16,448 16,462		17,383 17,397 17,411 17,425
70,	000			73,	000					76,	000	1			
70,050 70,100	70,050 70,100 70,150 70,200	17,230 14,810 17,245 14,824 17,261 14,838 17,276 14,852	15,759 15,773 15,787 15,801	73,000 73,050 73,100 73,150	73,100 73,150	18,160 18,175 18,191 18,206	15,664 15,678		16,599 16,613 16,627 16,641	76,000 76,050 76,100 76,150	76,050 76,100 76,150 76,200	19,090 19,105 19,121 19,136	16,504 16,518		17,439 17,453 17,467 17,481
70,250 70,300 70,350	70,250 70,300 70,350 70,400	17,292 14,866 17,307 14,880 17,323 14,894 17,338 14,908	15,815 15,829 15,843 15,857	73,200 73,250 73,300 73,350	73,300 73,350 73,400	18,222 18,237 18,253 18,268	15,720 15,734 15,748		16,655 16,669 16,683 16,697	76,200 76,250 76,300 76,350	76,250 76,300 76,350 76,400	19,152 19,167 19,183 19,198	16,560 16,574 16,588		17,495 17,509 17,523 17,537
70,450 70,500 70,550	70,450 70,500 70,550 70,600	17,354 14,922 17,369 14,936 17,385 14,950 17,400 14,964	15,871 15,885 15,899 15,913	73,450 73,500 73,550	73,500 73,550 73,600	18,284 18,299 18,315 18,330	15,776 15,790 15,804		16,711 16,725 16,739 16,753	76,400 76,450 76,500 76,550	76,450 76,500 76,550 76,600	19,214 19,229 19,245 19,260	16,616 16,630 16,644		17,552 17,567 17,583 17,598
70,650 70,700 70,750	70,650 70,700 70,750 70,800	17,416 14,978 17,431 14,992 17,447 15,006 17,462 15,020	15,927 15,941 15,955 15,969	73,600 73,650 73,700 73,750	73,700 73,750 73,800	18,346 18,361 18,377 18,392	15,832 15,846 15,860		16,767 16,781 16,795 16,809	76,600 76,650 76,700 76,750	76,650 76,700 76,750 76,800	19,291 19,307 19,322	16,686 16,700		17,614 17,629 17,645 17,660
70,850 70,900	70,850 70,900 70,950 71,000	17,478 15,034 17,493 15,048 17,509 15,062 17,524 15,076	15,983 15,997 16,011 16,025	73,800 73,850 73,900 73,950	73,900 73,950	18,408 18,423 18,439 18,454	15,888 15,902		16,823 16,837 16,851 16,865	76,800 76,850 76,900 76,950	76,850 76,900 76,950 77,000	19,338 19,353 19,369 19,384	16,728 16,742		17,676 17,691 17,707 17,722
* This co	olumn m	ust also be use	d by a qualifying	widow(e	r).							I	Contin	ued on ne	ext page

(taxable	If line 37 (taxable And you are— income) is—			If line (taxab incom			And yo	ou are–	_	If line (taxat incom			And yo	ou are—		
At least	But less than	Single	Married filing jointly * Your 1	Married Head filing of a sepa- house- rately hold cax is—	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately ax is—	Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
77,	000	1			80,	000					83,	,000	1			
77,050 77,100	77,050 77,100 77,150 77,200	19,400 19,415 19,431 19,446	16,784 16,798	17,738 17,753 17,769 17,784	80,000 80,050 80,100 80,150	80,050 80,100 80,150 80,200	20,330 20,345 20,361 20,376	17,624 17,638		18,668 18,683 18,699 18,714	83,000 83,050 83,100 83,150	83,150	21,260 21,275 21,291 21,306	18,464 18,478		19,598 19,613 19,629 19,644
77,250 77,300 77,350	77,250 77,300 77,350 77,400	19,477 19,493 19,508	16,826 16,840 16,854 16,868	17,800 17,815 17,831 17,846	80,200 80,250 80,300 80,350	80,250 80,300 80,350 80,400	20,392 20,407 20,423 20,438	17,680 17,694 17,708		18,730 18,745 18,761 18,776	83,200 83,250 83,300 83,350	83,300 83,350 83,400	21,322 21,337 21,353 21,368	18,520 18,534 18,548		19,660 19,675 19,691 19,706
77,500 77,550	77,450 77,500 77,550 77,600	19,555 19,570	16,896 16,910 16,924	17,862 17,877 17,893 17,908	80,400 80,450 80,500 80,550	80,450 80,500 80,550 80,600	20,454 20,469 20,485 20,500	17,736 17,750 17,764		18,792 18,807 18,823 18,838	83,400 83,450 83,500 83,550	83,550 83,600	21,384 21,399 21,415 21,430	18,576 18,590 18,604		19,722 19,737 19,753 19,768
77,650 77,700 77,750	77,650 77,700 77,750 77,800 77,850	19,601 19,617 19,632	16,938 16,952 16,966 16,980 16,994	17,924 17,939 17,955 17,970	80,600 80,650 80,700 80,750 80,800	80,650 80,700 80,750 80,800 80,850	20,516 20,531 20,547 20,562 20,578	17,792 17,806 17,820	C	18,854 18,869 18,885 18,900 18,916	83,600 83,650 83,700 83,750 83,750	83,700	21,446 21,461 21,477 21,492	18,632 18,646		19,784 19,799 19,815 19,830 19,846
77,850 77,900	77,830 77,900 77,950 78,000	19,663 19,679	17,008	17,986 18,001 18,017 18,032	80,850 80,900	80,830 80,900 80,950 81,000	20,578 20,593 20,609 20,624	17,848 17,862		18,910 18,931 18,947 18,962	83,850 83,900	83,850 83,900 83,950 84,000	21,523 21,539	18.688		19,840 19,861 19,877 19,892
78,	000	1			81,	000	0			_	84,	,000	1			
78,050	78,050 78,100 78,150 78,200	19,710 19,725 19,741 19,756	17,064 17,078	18,048 18,063 18,079 18,094	81,050 81,100	81,050 81,100 81,150 81,200	20,640 20,655 20,671 20,686	17,904 17,918		18,978 18,993 19,009 19,024	84,050 84,100	84,050 84,100 84,150 84,200	21,570 21,585 21,601 21,616	18,744 18,758		19,908 19,923 19,939 19,954
78,250 78,300	78,250 78,300 78,350 78,400	19,803	17,120	18,110 18,125 18,141 18,156	81,250 81,300 81,350	81,350 81,400	20,702 20,717 20,733 20,748	17,960 17,974 17,988	CN	19,040 19,055 19,071 19,086	84,200 84,250 84,300 84,350		21,632 21,647 21,663 21,678	18,800 18,814		19,970 19,985 20,001 20,016
78,550	78,450 78,500 78,550 78,600	19,849 19,865 19,880	17,190 17,204	18,172 18,187 18,203 18,218	81,450 81,500 81,550		20,810	18,016 18,030 18,044		19,102 19,117 19,133 19,148	84,400 84,450 84,500 84,550	84,500 84,550 84,600	21,694 21,709 21,725 21,740	18,856 18,870 18,884		20,032 20,047 20,063 20,078
78,650 78,700 78,750	78,650 78,700 78,750 78,800 78,850	19,911		18,234 18,249 18,265 18,280 18,296	81,650 81,700		20,826 20,841 20,857 20,872 20,888	18,072 18,086 18,100		19,164 19,179 19,195 19,210 19,226	-	84,700	21,756 21,771 21,787 21,802 21,818	18,926 18,940		20,094 20,109 20,125 20,140 20,156
78,850 78,900 78,950	78,900 78,950 79,000		17,288 17,302	18,296 18,311 18,327 18,342	81,850 81,900 81,950	81,900 81,950 82,000	20,888 20,903 20,919 20,934	18,128 18,142		19,228 19,241 19,257 19,272	84,850 84,900	84,850 84,900 84,950 85,000	21,833 21,849	18,968 18,982		20,156 20,171 20,187 20,202
79,	000				82,	000					85,	,000				
79,050 79,100	79,050 79,100 79,150 79,200	20,020 20,035 20,051 20,066	17,344 17,358	18,358 18,373 18,389 18,404	82,050 82,100	82,050 82,100 82,150 82,200	20,950 20,965 20,981 20,996	18,184 18,198		19,288 19,303 19,319 19,334	85,000 85,050 85,100 85,150		21,880 21,895 21,911 21,926	19,024 19,038		20,218 20,233 20,249 20,264
79,250 79,300 79,350	79,250 79,300 79,350 79,400	20,097 20,113 20,128	17,414 17,428	18,420 18,435 18,451 18,466	82,250 82,300 82,350	82,250 82,300 82,350 82,400	21,012 21,027 21,043 21,058	18,240 18,254 18,268		19,350 19,365 19,381 19,396	85,200 85,250 85,300 85,350	85,300 85,350 85,400	21,942 21,957 21,973 21,988	19,080 19,094 19,108		20,280 20,295 20,311 20,326
79,450 79,500 79,550	79,450 79,500 79,550 79,600	20,144 20,159 20,175 20,190	17,456 17,470 17,484	18,482 18,497 18,513 18,528	82,450 82,500 82,550		21,074 21,089 21,105 21,120	18,296 18,310 18,324		19,412 19,427 19,443 19,458	85,400 85,450 85,500 85,550	85,500 85,550 85,600	22,004 22,019 22,035 22,050	19,136 19,150 19,164		20,342 20,357 20,373 20,388
79,650 79,700 79,750	79,750 79,800	20,221 20,237 20,252	17,526 17,540	18,544 18,559 18,575 18,590	82,750	82,650 82,700 82,750 82,800	21,136 21,151 21,167 21,182	18,352 18,366 18,380		19,474 19,489 19,505 19,520	85,600 85,650 85,700 85,750	85,650 85,700 85,750 85,800	22,066 22,081 22,097 22,112	19,192 19,206 19,220		20,404 20,419 20,435 20,450
79,850 79,900	79,850 79,900 79,950 80,000	20,268 20,283 20,299 20,314	17,568 17,582	18,606 18,621 18,637 18,652			21,198 21,213 21,229 21,244	18,408 18,422		19,536 19,551 19,567 19,582	85,800 85,850 85,900 85,950	85,850 85,900 85,950 86,000	22,128 22,143 22,159 22,174	19,248 19,262		20,466 20,481 20,497 20,512
* This co	l by a qualifying	widow(e	er).								Contin	ued on ne	ext page			

(taxable	If line 37 (taxable And yo income) is—			ou are—	lf line (taxab incom			And yo	ou are—	-	If line (taxat incom		And you are—			
At least	But less than	Single	Married filing jointly * Your t	Married Head filing of a sepa- house- rately hold tax is—	At least	But less than	j	Married filing jointly * Your t a	Married filing sepa- rately ax is—	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	Head of a house- hold
86,	000				89,	000					92,	000	1			
86,050 86,100	86,050 86,100 86,150 86,200	22,190 22,205 22,221 22,236	19,304 19,318	20,528 20,543 20,559 20,574	89,000 89,050 89,100 89,150	89,050 89,100 89,150 89,200	23,120 2 23,135 2 23,151 2 23,166 2	0,144 0,158		21,458 21,473 21,489 21,504	92,000 92,050 92,100 92,150	92,050 92,100 92,150 92,200	24,065	21,056 21,072 21,087 21,103		22,388 22,403 22,419 22,434
86,250 86,300 86,350	86,250 86,300 86,350 86,400	22,252 22,267 22,283 22,298	19,360 19,374 19,388	20,590 20,605 20,621 20,636	89,200 89,250 89,300 89,350	89,250 89,300 89,350 89,400	23,182 2 23,197 2 23,213 2 23,228 2	0,204 0,219 0,235		21,520 21,535 21,551 21,566	92,200 92,250 92,300 92,350	92,250 92,300 92,350 92,400	24,127 24,143 24,158	21,149 21,165		22,450 22,465 22,481 22,496
86,450 86,500 86,550	86,450 86,500 86,550 86,600	22,314 22,329 22,345 22,360	19,416 19,430 19,444	20,652 20,667 20,683 20,698	89,400 89,450 89,500 89,550	89,450 89,500 89,550 89,600	23,244 2 23,259 2 23,275 2 23,290 2	0,266 0,281 0,297		21,582 21,597 21,613 21,628	92,400 92,450 92,500 92,550	92,450 92,500 92,550 92,600	24,189 24,205 24,220	21,180 21,196 21,211 21,227		22,512 22,527 22,543 22,558
86,650 86,700 86,750	86,650 86,700 86,750 86,800 86,850	22,376 22,391 22,407 22,422 22,438	19,472 19,486 19,500	20,714 20,729 20,745 20,760 20,776	89,600 89,650 89,700 89,750 89,800	89,650 89,700 89,750 89,800 89,850	23,306 2 23,321 2 23,337 2 23,352 2 23,368 2	0,328 0,343 0,359	C	21,644 21,659 21,675 21,690 21,706	92,600 92,650 92,700 92,750 92,800	92,650 92,700 92,750 92,800 92,850	24,236 24,251 24,267 24,282 24,298	21,258 21,273 21,289		22,574 22,589 22,605 22,620 22,636
86,850 86,900	86,900 86,950 87,000	22,438 22,453 22,469 22,484	19,528 19,542	20,7791 20,807 20,822	89,800 89,850 89,900 89,950	89,900 89,950	23,383 2 23,399 2 23,414 2	0,390 0,405		21,721 21,721 21,737 21,752	92,800 92,850 92,900 92,950	92,900 92,900 92,950 93,000	24,290 24,313 24,329 24,344	21,320 21,335		22,650 22,651 22,667 22,682
87,	000				90,	000	0-		2		93,	000	1			
87,050 87,100	87,050 87,100 87,150 87,200	22,500 22,515 22,531 22,546	19,584 19,598	20,838 20,853 20,869 20,884	90,000 90,050 90,100 90,150	90,050 90,100 90,150 90,200	23,430 2 23,445 2 23,461 2 23,476 2	0,452 0,467		21,768 21,783 21,799 21,814	93,050	93,050 93,100 93,150 93,200	24,360 24,375 24,391 24,406	21,397		22,698 22,713 22,729 22,744
87,250 87,300 87,350	87,250 87,300 87,350 87,400	22,562 22,577 22,593 22,608	19,640 19,654 19,668	20,900 20,915 20,931 20,946	90,200 90,250 90,300 90,350	90,300 90,350 90,400	23,492 2 23,507 2 23,523 2 23,538 2	0,514 0,529 0,545	C	21,830 21,845 21,861 21,876	93,200 93,250 93,300 93,350	93,250 93,300 93,350 93,400	24,453 24,468	21,444 21,459 21,475		22,760 22,775 22,791 22,806
87,450 87,500 87,550	87,450 87,500 87,550 87,600	22,624 22,639 22,655 22,670	19,696 19,710 19,724	20,962 20,977 20,993 21,008	90,450 90,500 90,550	90,600	23,554 2 23,569 2 23,585 2 23,600 2	0,576 0,591 0,607		21,892 21,907 21,923 21,938	93,400 93,450 93,500 93,550	93,450 93,500 93,550 93,600	24,499 24,515 24,530	21,521 21,537		22,822 22,837 22,853 22,868
87,650 87,700 87,750	87,800	22,686 22,701 22,717 22,732	19,752 19,766 19,780	21,024 21,039 21,055 21,070	90,650 90,700 90,750		23,616 2 23,631 2 23,647 2 23,662 2	0,638 0,653 0,669	-	21,954 21,969 21,985 22,000	· ·	93,650 93,700 93,750 93,800	24,561 24,577 24,592			22,884 22,899 22,915 22,930
87,850 87,900	87,850 87,900 87,950 88,000	22,748 22,763 22,779 22,794	19,808 19,822	21,086 21,101 21,117 21,132	90,900	90,900 90,950	23,678 2 23,693 2 23,709 2 23,724 2	0,700 0,715		22,016 22,031 22,047 22,062	93,850 93,900	93,850 93,900 93,950 94,000	24,608 24,623 24,639 24,654	21,630 21,645		22,946 22,961 22,977 22,992
88,	000				91,	000					94,	000				
88,050 88,100	88,050 88,100 88,150 88,200	22,810 22,825 22,841 22,856	19,864 19,878	21,148 21,163 21,179 21,194	91,050 91,100	91,050 91,100 91,150 91,200	23,740 2 23,755 2 23,771 2 23,786 2	0,762 0,777		22,078 22,093 22,109 22,124	94,000 94,050 94,100 94,150	94,050 94,100 94,150 94,200	24,670 24,685 24,701 24,716	21,707		23,008 23,023 23,039 23,054
88,250 88,300 88,350	88,250 88,300 88,350 88,400	22,872 22,887 22,903 22,918	19,920 19,934 19,948	21,210 21,225 21,241 21,256	91,250 91,300 91,350	91,400	23,802 2 23,817 2 23,833 2 23,848 2	0,824 0,839 0,855		22,140 22,155 22,171 22,186	94,200 94,250 94,300 94,350	94,250 94,300 94,350 94,400	24,747 24,763 24,778	21,738 21,754 21,769 21,785		23,070 23,085 23,101 23,116
88,500 88,550	88,500 88,550 88,600	22,934 22,949 22,965 22,980	19,976 19,990 20,004	21,272 21,287 21,303 21,318	91,550	91,550 91,600	23,864 2 23,879 2 23,895 2 23,910 2	0,886 0,901 0,917		22,202 22,217 22,233 22,248	94,400 94,450 94,500 94,550	94,450 94,500 94,550 94,600	24,809 24,825 24,840			23,132 23,147 23,163 23,178
88,650 88,700 88,750	88,650 88,700 88,750 88,800	22,996 23,011 23,027 23,042	20,032 20,046 20,060	21,334 21,349 21,365 21,380	91,750	91,650 91,700 91,750 91,800	23,926 2 23,941 2 23,957 2 23,972 2	0,948 0,963 0,979		22,264 22,279 22,295 22,310	94,600 94,650 94,700 94,750	94,650 94,700 94,750 94,800	24,871 24,887 24,902	21,909		23,194 23,209 23,225 23,240
88,850 88,900	88,850 88,900 88,950 89,000	23,058 23,073 23,089 23,104	20,088 20,102	21,396 21,411 21,427 21,442	91,850 91,900	91,850 91,900 91,950 92,000	23,988 2 24,003 2 24,019 2 24,034 2	1,010 1,025		22,326 22,341 22,357 22,372	94,800 94,850 94,900 94,950	94,850 94,900 94,950 95,000		21,940 21,955		23,256 23,271 23,287 23,302
* This c	olumn m	ust also	be used	d by a qualifying	widow(e	er).							1	Contin	ued on n	ext page

If line 3 (taxable income	9		And yo	ou are—		lf line (taxab incom		And you are—					
At least	But less than	Single	Married filing jointly * Your ta	Married filing sepa- rately ax is—	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately ax is—	Head of a house- hold		
95,	000					98,	000						
95,000 95,050 95,100 95,150	95,050 95,100 95,150 95,200	24,980 24,995 25,011 25,026	22,002 22,017	2	23,318 23,333 23,349 23,364	98,000 98,050 98,100 98,150	98,050 98,100 98,150 98,200	25,925 25,941	22,916 22,932 22,947 22,963	2	24,248 24,263 24,279 24,294		
95,200 95,250 95,300 95,350	95,250 95,300 95,350 95,400	25,042 25,057 25,073 25,088	22,064 22,079	2	23,380 23,395 23,411 23,426	98,200 98,250 98,300 98,350	98,250 98,300 98,350 98,400	25,987 26,003	22,978 22,994 23,009 23,025	2	24,310 24,325 24,341 24,356		
95,400 95,450 95,500 95,550	95,450 95,500 95,550 95,600	25,104 25,119 25,135 25,150	22,141	2	23,442 23,457 23,473 23,488	98,400 98,450 98,500 98,550	98,450 98,500 98,550 98,600	26,049 26,065	23,040 23,056 23,071 23,087	2	24,372 24,387 24,403 24,418		
95,600 95,650 95,700 95,750	95,650 95,700 95,750 95,800	25,166 25,181 25,197 25,212	22,188 22,203 22,219	2 2 2	23,504 23,519 23,535 23,550	98,600 98,650 98,700 98,750	98,650 98,700 98,750 98,800	26,111 26,127 26,142	23,102 23,118 23,133 23,149	2 2 2	4,434 4,449 4,465 4,480		
95,800 95,850 95,900 95,950	95,850 95,900 95,950 96,000	25,228 25,243 25,259 25,274	22,250 22,265	2	23,566 23,581 23,597 23,612	98,800 98,850 98,900 98,950	98,850 98,900 98,950 99,000	26,173 26,189	23,164 23,180 23,195 23,211	2	24,496 24,511 24,527 24,542		
96,	000	1		6	0	99,	000						
96,000 96,050 96,100 96,150	96,050 96,100 96,150 96,200	25,290 25,305 25,321 25,336	22,312 22,327 22,343		3,628 3,643 3,659 3,674	99,050 99,100 99,150	99,050 99,100 99,150 99,200	26,235 26,251 26,266	23,226 23,242 23,257 23,273		24,558 24,573 24,589 24,604		
96,200 96,250 96,300 96,350	96,250 96,300 96,350 96,400	25,367 25,383 25,398	22,389	2 2 2	23,690 23,705 23,721 23,736	99,200 99,250 99,300 99,350 99,400	99,250 99,300 99,350 99,400	26,297 26,313 26,328	23,288 23,304 23,319 23,335	2 2 2	24,620 24,635 24,651 24,666		
96,400 96,450 96,500 96,550	96,450 96,500 96,550 96,600	25,429 25,445 25,460	22,436 22,451 22,467		23,752 23,767 23,783 23,798	99,450 99,500 99,550	99,450 99,500 99,550 99,600	26,359 26,375 26,390	23,350 23,366 23,381 23,397	2 2 2	24,682 24,697 24,713 24,728		
96,600 96,650 96,700 96,750	96,650 96,700 96,750 96,800	25,491 25,507 25,522	22,513 22,529	222	23,814 23,829 23,845 23,860	99,600 99,650 99,700 99,750	99,650 99,700 99,750 99,800	26,421 26,437 26,452	23,412 23,428 23,443 23,459	2 2 2	24,744 24,759 24,775 24,790		
96,800 96,850 96,900 96,950	96,850 96,900 96,950 97,000	25,538 25,553 25,569 25,584	22,560 22,575	2	23,876 23,891 23,907 23,922	99,900	99,850 99,900 99,950 100,000	26,483 26,499	23,474 23,490 23,505 23,521	2	24,806 24,821 24,837 24,852		
97,	000												
97,000 97,050 97,100 97,150	97,050 97,100 97,150 97,200	25,600 25,615 25,631 25,646	22,622 22,637	2	23,938 23,953 23,969 23,984								
97,200 97,250 97,300 97,350	97,250 97,300 97,350 97,400	25,662 25,677 25,693 25,708	22,684 22,699 22,715	2 2 2	24,000 24,015 24,031 24,046			\$10 or o	0,000 ver —				
97,400 97,450 97,500 97,550	97,450 97,500 97,550 97,600	25,724 25,739 25,755 25,770	22,746 22,761 22,777	2 2 2	4,062 4,077 4,093 4,108			use R	e Tax ate edules				
97,600 97,650 97,700 97,750	97,650 97,700 97,750 97,800	25,786 25,801 25,817 25,832	22,808 22,823 22,839	2 2 2	24,124 24,139 24,155 24,170		Ň	JUIE		/			
97,800 97,850 97,900 97,950	97,850 97,900 97,950 98,000	25,848 25,863 25,879 25,894	22,870 22,885	2	24,186 24,201 24,217 24,232								
* This co	olumn m	ust also	be used	by a qu	alifying	widow(e	er).						

	2119	Sale of Your Home	OMB No. 1545-0072
FOITT	/	Attach to Form 1040 for year of sale.	1993
	t of the Treasur	-	Attachment Sequence No. 20
		I. If a joint return, also give spouse's name and initial. Last name	Your social security number
		S	
	Your Addre		Spouse's social security number
	You Are Fil Form by Itse		
and N	lot With Yo		
Part	ax Return Genera	al Information	
			1 / /
2 H	ave you bo	ught or built a new main home?	🗌 Yes 🗌 No
		y part of either main home rented out or used for business? If "Yes," see instructions	🗌 Yes 🗌 No
Part I		n Sale—Do not include amounts you deduct as moving expenses.	<u> </u>
	• •	of home. Do not include personal property items you sold with your nome	5
	•		6
			7
<u> </u>			8
		Yes If line 2 is "Yes," you must go to Part III or Part IV, which	shover applies. All others
	Is line 8 more than	ao to lino 0	chevel applies. All others,
	zero?	No — Stop and attach this form to your return.	
ڀ			
		t replaced your home, do you plan to do so within the replacement period (see instru- "Yes," stop here, attach this form to your return, and see Additional Filing Requirem	
•	If line 9 is	"No," you must go to Part III or Part IV, whichever applies	
Part I	One-Ti	me Exclusion of Gain for People Age 55 or Older-By completing this part,	you are electing to take
	the one	e-time exclusion (see instructions). If you are not electing to take the exclusion	, go to Part IV now.
	0	e 55 or older on the date of sale?	, ,
		on who was age 55 or older own and use the property as his or her main home for a to	
		(except for short absences) of the 5-year period before the sale? If "No," go to Part IV no of sale, who owned the home?	
		ty number of spouse at the time of sale if you had a different spouse from the	
			13
		nter the smaller of line 8 or \$125,000 (\$62,500 if married filing separate return).	
	nen, go to		4
		ed Sales Price, Taxable Gain, and Adjusted Basis of New Home	15
		lank, enter the amount from line 8. Otherwise, subtract line 14 from line 8 1 s zero, stop and attach this form to your return.	
		s more than zero and line 2 is "Yes," go to line 16 now.	
<u> </u>		reporting this sale on the installment method, stop and see the instructions.	
	•	stop and enter the amount from line 15 on Schedule D, col. (g), line 4 or line 12.	
			6
			7
	-		9b
	5		20
			21
	-	s zero, go to line 22 and attach this form to your return.	
		porting this sale on the installment method, see the line 15 instructions and go to line 22.	
		nter the amount from line 21 on Schedule D, col. (g), line 4 or line 12, and go to line 22.	
			22
23 A Sign		sis of new home. Subtract line 22 from line 19b	23 knowledge and belief, it is true.
Only I	f You co	Your signature Date Spouse's signature	Date
This Fo	Filing orm by	roar signature Date Spouse's signature	
	nd Not our Tax		
	urn	If a joint return, both must sign.	

For Paperwork Reduction Act Notice, see separate instructions.

Form	2441	

Child and Dependent Care Expenses

Attach to Form 1040.

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040

See separate instructions.

Sequence No. 21 Your social security number

Attachment

OMB No. 1545-0068

You need to understand the following terms to complete this form: **Dependent Care Benefits, Earned Income, Qualified Expenses,** and **Qualifying Person(s).** See **Important Terms** on page 1 of the Form 2441 instructions. Also, if you had a child born in 1993 and line 32 of Form 1040 is less than \$23,050, see **A Change To Note** on page 2 of the instructions.

Part I Persons or Organizations Who Provided the Care—You must complete this part. (If you need more space, use the bottom of page 2.)

		h	Address	(c) Identifying number	(d) Amount paid
1	(a) Care provider's name		o., city, state, and ZIP code)	(SSN or EIN)	(see instructions)
2	Add the amounts in col	lumn (d) of line 1			
3	Enter the number of qu	alifying persons cared fo	r in 1993		
			NO	Complete only Par	t II bolow
		Did you receive			
		dependent care benefits	? YES	Complete Part III of	on the back now.
Pa	rt II Credit for Child	d and Dependent Care	Expenses		
		-			
4		ualified expenses you incu			
		nore than \$2,400 for one c			
		ore persons. If you comple	ted Part III, enter		
	the amount from line 2	25			
				<u>(9</u>)	
5	Enter YOUR earned in	ncome	5		
6	If married filing a join	t return, enter YOUR SP	OUSE'S earned		
	income (if student or d	isabled, see instructions);	all others, enter		
	the amount from line 5				
7	Enter the smallest of I	ine 4, 5, or 6 🚽		7	
8	Enter the amount from	Form 1040, line 32	8		
		ICUP			
9	Enter on line 9 the dec	cimal amount shown below	v that applies to the amount o	on line 8	
	If line 8 is—	Decimal	If line 8 is—	Decimal	
	But not Over over	amount is		amount is	
			Over over	<u></u>	
	\$0—10,000	.30	\$20,000—22,000	.24	
	10,000—12,000	.29	22,000—24,000	.23	Χ.
	12,000—14,000	.28	24,000—26,000	.22 9	<u> </u>
	14,000—16,000	.27	26,000—28,000	.21	
	16,000—18,000	.26	28,000—No limit	.20	
	18,000—20,000	.25			
10			Enter the result. Then, see the		
	the amount of credit to	o enter on Form 1040, line	41	10	

Caution: If you paid \$50 or more to a person who worked in your home, you may have to file an employment tax return. Get **Form 942** for details.

Pa	rt III Dependent Care Benefits—Complete this part only if you received these benefit	ts.	
11	Enter the total amount of dependent care benefits you received for 1993. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2	11	
12	Enter the amount forfeited, if any. See the instructions	12	
13	Subtract line 12 from line 11	13	
14	Enter the total amount of qualified expenses incurred in 1993 for the care of the qualifying person(s)	_	
15	Enter the smaller of line 13 or 14	_	
16	Enter YOUR earned income	_	
17	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 16 17	-	
18	Enter the smallest of line 15, 16, or 17	-	
19	 Excluded benefits. Enter here the smaller of the following: The amount from line 18, or 		
	 \$5,000 (\$2,500 if married filing a separate return (19	
	and you were required to enter your spouse's earned income on line 17).		
20	Taxable benefits. Subtract line 19 from line 13. Also, include this amount on Form 1040,		
	line 7. On the dotted line next to line 7, write "DCB"	20	

To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this form.

21	Enter the amount of qualified expenses you incurred and paid in 1993. DO NOT include on this line any excluded benefits shown on line 19	21	
22	Enter \$2,400 (\$4,800 if two or more qualifying persons) 22		
23	Enter the amount from line 19		
24	Subtract line 23 from line 22. If zero or less, STOP . You cannot take the credit. Exception . If you paid 1992 expenses in 1993, see the line 10 instructions	24	
25	Enter the smaller of line 21 or 24 here and on line 4 on the front of this form	25	

Form **5329**

Department of the Treasury Internal Revenue Service

Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts

(Under Sections 72, 4973, 4974 and 4980A of the Internal Revenue Code) ► Attach to Form 1040. See separate instructions. OMB No. 1545-0203

Attachment Sequence No. 29

Your social security number

1

2

3

4

Name of individual subject to additional tax. (If married, see instructions.)

Fill in Your Address Only 📐	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. No.	
If You Are Filing This			
Form by Itself and Not With Your Tax Return	City, town or post office, state, and ZIP code	If this is an Amended Return, check here ►	

If you are subject to the 10% tax on early distributions **only**, see **Who Must File** in the instructions before continuing. You may be able to report this amount directly on Form 1040 without filing Form 5329.

Part I Tax on Early Distributions

Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA), annuity contract, or modified endowment contract before you reached age 59½. **Note:** You must enter the amount of the distribution on line 16b or 17b of Form 1040 or on the appropriate line of Form 4972.

1	Early distributions included in gross income. See instructions	
2	Exceptions to distributions subject to additional taxes. See instructions. (Enter appropriate No.	Γ
	for exception from instructions	

3 Amount subject to additional tax (subtract line 2 from 1)

4 Tax due (multiply line 3 by 10% (.10)). Enter here and on Form 1040, line 51. . . . Part II Tax on Excess Contributions to Individual Retirement Arrangements

Part II Tax on Excess Contributions to Individual Retirement Arrangements Complete this part if, either in this year or in earlier years, you contributed more to your IRA than is or was allowable and you have an excess contribution subject to tax.

5	Excess contributions for 1993 (see instructions). Do not include this amount 24a or 24b	5			
6	Earlier year excess contributions not previously eliminated (see instructions)	6			
7	Contribution credit. (If your actual contribution for 1993 is less than your maximum allowable contribution, see instructions; otherwise, enter -0)	7			
8	1993 distributions from your IRA account that are includible in taxable income	8			
9	1992 tax year excess contributions (if any) withdrawn after the due date (including extensions) of your 1992 income tax return, and 1991 and earlier tax year excess contributions withdrawn in 1993	9	-		
10	Add lines 7, 8, and 9	10			
11	Adjusted earlier year excess contributions. (Subtract line 10 from line 6. less than zero.)	11			
12	Total excess contributions (add lines 5 and 11).		12		
13	Tax due. (Enter the smaller of 6% of line 12 or 6% of the value of you 1993.) Also enter this amount on Form 1040, line 51.	13			
For	Paperwork Reduction Act Notice, see page 1 of separate instructions.	Cat. No. 13329Q		Form 5329	(1993)

Form	1 5329 (19	993)					P	age 2	
Pa	rt III	Tax on Excess Accumulation in Qualified Retirem	ent Plans (Incl	uding IRAs)				
14	Minim	num required distribution (see instructions)				14			
15	Amou	Int actually distributed to you				15			
16	Subtr	act line 15 from line 14. If line 15 is more than line 14, enter	r-0			16			
17		ue (multiply line 16 by 50% (.50)). Enter here and on Form				17			
Pa	rt IV	Tax on Excess Distributions From Qualified Retire	ement Plan	s (li	ncluding IRAs	;)			
Corr	Complete Column A for regular distributions. Complete Column B for lump-sum distributions. Column A Regular Distributions				Column B Lump-Sum Distributions				
18	Total	amount of regular retirement or lump-sum distributions .	. -	18					
19		int excluded from additional tax. (Enter appropriate No. for e instructions ▶)		19					
20	Subtra	act line 19 from line 18	92	20					
21		the greater of the threshold amount or the 1993 recover father amount (from Worksheet 1 or 2). See instructions		21	307				
22		ss distributions. (Subtract line 21 from line 20. If less th		22					
23	Tenta	tive tax. (Multiply line 22 by 15% (.15))	-	23					
24	Section	on 72(t) offset. See instructions	-	24					
25	Subtr	act line 24 from line 23	L	25					
26	Tax d	ue. (Combine columns (a) and (b) of line 25.) Enter here and	d on Form 10	040,	line 51	26			
Acc		tion Elections (see the instructions for Part IV)							
1	under	elected the discretionary method in 1987 or 1988 and wish Temp. Regs. section 54.4981A-1T b-12, check here ►].			on beg	jinning in 1993		
2	If you	previously made an acceleration election and wish to revol				<u> </u>			
Only You	Are	Under penalties of perjury, I declare that I have examined this form, including and belief, it is true, correct, and complete. Declaration of preparer (other that							
Filin This					Date				
Forr Itsel	n by If and	Preparer's signature	Date		Check if self- employed ►	Pre	parer's social securi	ty no.	
	With r Tax	Firm's name (or yours, if self-employed) and			E.I. No. ►	- 1			
Return		address		ZIP code ►					

	8606	Nondeductible IRAs	F	OMB No.	1545-1007
Form	0000	(Contributions, Distributions, and Basis)		1g	93
	tment of the Treasury	Please see What Records Must I Keep? below.		Attachm	
	al Revenue Service	Attach to Form 1040, Form 1040A, or Form 1040NR. Form 8606 for each spouse. See instructions.	Your soci		te No. 47
Nume					
lf Yo Forr	n Your Address On ou Are Filing This n by Itself and Not n Your Tax Return	W Home address (number and street, or P.O. box if mail is not delivered to your home) City, town or post office, state, and ZIP code		А	pt. no.
		Contributions, Nontaxable Distributions, and Basis			
1 2 3	1/1/94-4/15/94 that Enter your total IRA Add lines 1 and 2 Did you receive any IRA distributions	butions for 1993 that you choose to be nondeductible. Include those made during were for 1993. See instructions	1 2 3		
4		Yes Go to line 4. tributions included on line 1 that were made during 1/1/94–4/15/94. This amount line 1 if all of your nondeductible contributions for 1993 were made in 1994 by			
_	4/15/94. See instruc		4		
5 6		of ALL your IRAs as of 12/31/93 plus any outstanding	5		
7	rollovers. See instruct Enter the total IRA amounts rolled over	ctions			
8	Add lines 6 and 7 .				
9	places). Do not ente	8 and enter the result as a decimal (to at least two 9 × .			
10		e 9. This is the amount of your nontaxable distributions for 1993	10		
11		n line 5. This is the basis in your IRA(s) as of 12/31/93	11 12		
12	Add lines 4 and 11.	This is your total IRA basis for 1993 and earlier years			
	6	Taxable Distributions for 1993			
13		n line 7. Enter the result here and on Form 1040, line 16b, Form 1040A, line 10b, e 17b, whichever applies	13		
Are by It	n Here Only If You Filing This Form tself and Not With r Tax Return	Under penalties of perjury, I declare that I have examined this form, including accompanying a knowledge and belief, it is true, correct, and complete.	ttachments	, and to t	he best of m
Ge	neral Instructio	, , ,	asis beca	ause it is	s used to

Paperwork Reduction Act Notice.—We

ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 26 minutes; **Learning about the law or the form**, 7 minutes; **Preparing the form**, 22 minutes; and **Copying**, **assembling**, **and sending the form to the IRS**, 20 minutes.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more

simple, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the Instructions for Form 1040, Form 1040A, or Form 1040NR.

Purpose of Form

Use Form 8606 to report your IRA contributions that you choose to be nondeductible. You may wish to make nondeductible contributions, for example, if you cannot deduct all of your contributions because of the income limits for IRAs.

Also use Form 8606 to figure the basis in your IRA(s) and the taxable part of any IRA distibutions you receive if you have ever made nondeductible contributions.

Your **basis** is the total of all your nondeductible IRA contributions minus the total of all nontaxable IRA distributions received. It is to your advantage to keep track of your basis because it is used to figure the nontaxable part of future distributions.

Note: To figure your deductible IRA contributions, use the instructions for Form 1040 or Form 1040A, whichever applies.

Who Must File

You must file Form 8606 for 1993 if:

• You made nondeductible contributions to your IRA for 1993, **or**

• You received IRA distributions in 1993 and you have ever made nondeductible contributions to any of your IRAs.

What Records Must I Keep?

To verify the nontaxable part of distributions from your IRA, keep a copy of this form together with copies of the following forms and records until all