

# 19**94**

## Publication 1407

## Federal Tax Forms Advance Proof Copies

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

Attached are advance proof copies of the following 1994 Federal tax forms and schedules for individual taxpayers:

- Form 1040EZ
- Form 1040A
- Schedules 1, 2, and 3 of Form 1040A
- Form 1040

**Note:** The self-employed health insurance deduction (Form 1040, line 26) does not apply to tax years beginning after 1993. Because pending legislation would extend the deduction, 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, and from the Form 1040A instructions: Questions to see if you can take the earned income credit; the Earned income credit worksheet—Line 28c; and the 1994 Earned Income Credit Table. (Similar questions, worksheet, and table will be in the Form 1040 and Form 1040EZ instructions.)

- 1994 Tax Table
- 1994 Tax Rate Schedules
- NEW Form 2106-EZ, Unreimbursed Employee Business Expenses
- Form 3903, Moving Expenses
- Form 4782, Employee Moving Expense Information

The new Form 2106-EZ is for use by employees who are deducting expenses attributable to their job but are not reimbursed for any of the expenses by their employer. Employees who claim vehicle expenses must own the vehicle and use the standard mileage rate for 1994 and for the year the vehicle was first placed in service.

We have circled major changes on each item in this package. Because of extensive revisions to Schedule EIC and page 1 of Form 3903, specific changes on these items are not circled. Schedules 1, 2, and 3 of Form 1040A, Schedule D, and Schedule R have no major changes.

If you have comments about these items, please let us know by August 19, 1994. 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, we will carefully consider each suggestion.

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.



	Department of the Treasury—Internal Revenue Service	
Form	Income Tax Return for Single and	
1040EZ	Joint Filers With No Dependents	1994

	ÍĀ	your name (first, initial, last)	C		$\overline{)}$	Your	social			io. 1545 <b>1mbe</b> i	
Use the IRS label	L	int return, print spouse's na	ame (first, initial,	last)		П	П	٦Г	T		
(See page 11.) Otherwise,	H E R E	address (number and street). If	you have a P.O. bo	x, see page 12. Apt. no.	┤┗━┻	Spouse	's soci:		rity	numł	her
please print.		own or post office, state and ZI	P code. If you have	a foreign address, see page 1	/			ТΓ			
	See instru	uctions on back an	d in Form :	1040EZ booklet.							
Presidential	Note: Check	ting "Yes" will not chan	ge your tax or i	reduce your refund.	– Yes						
Election Campaign	Do you wa	nt \$3 to go to this fu	ind?	O.	▶ ⊨	님			$\vdash$		
(See page 12.)	If a joint r	eturn, does your spo	use want \$3	to go to this fund?					•		
Income	1 Total	wages, salaries, and	tips. This		-		Dolla	rs	-	Cer	nts
Attach		d be shown in box 1			1						
Copy B of Form(s)		orm(s). Attach your	W-2 101111(S).		1						
W-2 here. Enclose, but		le interest income o 400, you cannot use			2						
do not attach, any payment	3 Add li	nes 1 and 2. This is	your <b>adjuste</b>	d gross income.	<u>~</u>						
with your return.		than \$9,000, see pag the earned income c			3						
Note: You		our parents (or someo					'_				
<b>must</b> check Yes or No.		<b>'es.</b> Do worksheet on back; enter		<b>le,</b> enter 6,250.00. <b>ried,</b> enter 11,250.00.							
105 01 100. j		amount from line G here.		explanation of these ts, see back of form.	4		, ┗		•		
		act line 4 from line 3 , enter 0. This is you			5		$, \Box$		].		
Payments and tax		your Federal incom N-2 form(s).	e tax withhe	d from box 2 of	6				].		
	7 Earn	ed income credit (s mount of nontaxable	see page 15). earned inco	Enter type me below							
	Туре		\$		7						
		nes 6 and 7. These			_ [		Г				
		our total payments		wave tou in the	8				<u> </u>		┛
	tax ta	Use the amount on <b>l</b> ble on pages 28–32 o om the table on this	of the bookle		9				].		
Refund									<b>,</b>		
or amount		8 is larger than line s your <b>refund.</b>	e 9, subtract		10	Ш	, L				
you		9 is larger than line s the <b>amount you</b>					Ē	ГГ			
owe		o pay and what to w			1		, L		<b>_</b> .		
Sign your	best of my k	this return. Under pen nowledge and belief, the unts and sources of inc	e return is true	, correct, and accurate			For IR do not	S Use ( write i	Only – n box	– Plea es be	ise Iow.
return	Your signate			gnature if joint return			F				
Keep a copy of this form		_							┛╽		
for your records.	Date	Your occupation	Date	Spouse's occupation			_				
					_		L				

1994	Instructions for Form 1040EZ								
Use this form if	<ul> <li>Your filing status is single or married filing jointly.</li> <li>You do not claim any dependents.</li> <li>You had only wages, salaries, tips, and taxable income (line 5) is less than \$50,000.</li> <li>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 13.</li> <li>You did not receive any advance earned income credit payments.</li> <li>Caution: If married and either you or your spouse had total wages of over \$60,600, you may not be able to use this form. See page 7.</li> <li>If you are not sure about your filing status, see page 7. If you have questions about dependents, call Tele-Tax (see page 26) and listen to topic 354. If you can't use this form, call Tele-Tax (see page 26) and listen to topic 352.</li> </ul>								
Filling in your return	le the boxes like this: ers. Do not use dollar signs. front. But you will have to ax-exempt interest income, form 1099-INT showing n't get a W-2 form from your ng interest from banks, -INT.								
Worksheet for dependents who checked "Yes" on line 4	<ul> <li>Use this worksheet to figure the amount to enter on line 4 if someon spouse if married) as a dependent, even if that person chooses not to someone can claim you as a dependent, call Tele-Tax (see page 26) a</li> <li>A. Enter the amount from line 1 on the front.</li> <li>B. Minimum standard deduction.</li> <li>C. Enter the LARGER of line A or line B here.</li> <li>D. Maximum standard deduction. If single, enter 3,800.00; if married, enter 6,350.00.</li> <li>E. Enter the SMALLER of line C or line D here. This is your standard deduction.</li> <li>F. Exemption amount.</li> <li>If single, enter 0.</li> <li>If married and both you and your spouse can be claimed as dependents, enter 0.</li> <li>If married and only one of you can be claimed as dependent, enter 2,450.00.</li> <li>G. Add lines E and F. Enter the total here and on line 4 on the front.</li> <li>If you checked "No" on line 4 because no one can claim you (or you dependent, enter on line 4 the amount shown below that applies to y</li> <li>Single, enter 6,250.00. This is the total of your standard deduction exemption (2,450.00).</li> </ul>	do so. To find out if         nd listen to topic 354.         A.         B.       600.00         C.         D.         E.         G.         ga         G.         Jurr spouse if married) as a rou.         (3,800.00) and personal							
Avoid mistakes	See page 21 of the Form 1040EZ booklet for a list of common mistak delay your refund.	es to avoid. Errors will							
Mailing your return	Mail your return by <b>April 17, 1995</b> . Use the envelope that came wit have that envelope, see page 33 for the address to use.	h your booklet. If you don't							

Form

Department of the Treasury-Internal Revenue Service

IRS Use Only—Do not write or	staple

1040A	U.S. Individual Income Tax Return	1994 IRS Use Only—[	Do not write or staple in this space.
Label			OMB No. 1545-0085
(See page 16.)	Your first name and initial Last name	)	Your social security number
L			
Use the IRS E	If a joint return, spouse's first name and initial Last name		Spouse's social security number
label.	Home address (number and street). If you have a P.O. box, see page 17.	Apt. no.	
Otherwise, please print		Арт. по.	For Privacy Act and
or type.	City, town or post office, state, and ZIP code. If you have a foreign address, see	page 17.	Paperwork Reduction Act
L		)	Notice, see page 4.
	Presidential Election Campaign Fund (See pa	age 17.) Yes No	Note: Checking "Yes" will
	Do you want \$3 to go to this fund?		not change your tax or
	If a joint return, does your spouse want \$3 to go t	o this fund?	reduce your refund.
Check the	1 🗌 Single		
box for	2 Married filing joint return (even if only one	-	
your filing	3 Arried filing separate return. Enter spour	se's social security numbe	er
status	above and full name here. ► 4  □ Head of household (with qualifying perso	n) (See name 18.) If the m	ualifying person is a child
(See page 17.)	but not your dependent, enter this child's r		lualitying person is a chilu
Check only one box.	5 Qualifying widow(er) with dependent child		). (See page 20.)
Figure	6a Vourself. If your parent (or someone else) can claim	you as a dependent on his or her	tax No. of boxes
your	return, <b>do not</b> check box 6a. But be sure to	o check the box on line 18b on pa	ge 2. checked on 6a and 6b
exemptions	b Spouse	older (1) Dependent/o (1) No	of months No. of your children on
(See page 20.)	C Dependents: (2) Check (3) If age 1 or dependent's	social relationship to lived	d in your 6c who:
	(1) Name (first, initial, and last name) age 1 security nun	nber you home	• lived with
lf more than seven			you
dependents,			<ul> <li>didn't live with you due</li> </ul>
see page 23.			to divorce or separation
			(see page 23)
			Donondonto
			Dependents on 6c not
	d If your child didn't live with you but is claimed	<b>J 1 1</b>	entered above Add numbers
	under a pre-1985 agreement, check here . e Total number of exemptions claimed.	🕨 🗌	entered on lines above
	<ul><li>7 Wages, salaries, tips, etc. This should be sho</li></ul>	wn in box 1 of your W-2	
Figure	form(s). Attach Form(s) W-2.		7
your total income	8a Taxable interest income (see page 26).	If over \$400, attach	
Income	Schedule 1.		8a
	<b>b</b> Tax-exempt interest. DO NOT include on line 8a.	8b	
Attach Copy B of	9 Dividends. If over \$400, attach Schedule 1.	401. Tarahla amarak	9
your Forms W-2 and 1099-R here.	10a Total IRA distributions. 10a	<b>10b</b> Taxable amount (see page 27).	10b
	Image: Transmission of the second s	<b>11b</b> Taxable amount	100
lf you didn't get a W-2, see page 25.	and annuities. 11a	(see page 27).	11b
Enclose, but	12 Unemployment compensation (see page 30).		12
do not attach,	13a Social security	13b Taxable amount	
any payment with your	benefits. 13a	(see page 31).	13b
return.			
	<b>14</b> Add lines 7 through 13b (far right column). This		14
Figure	<b>15a</b> Your IRA deduction (see page 34).	15a	
your	<b>b</b> Spouse's IRA deduction (see page 34).	15b	
adjusted	c Add lines 15a and 15b. These are your total		
gross	16 <u>Subtract line 15c from line 14. This is your adju</u>		
income	If less than \$25,296 and a child lived with you	(less than \$9,000 if a child	
	didn't live with you), see "Earned income credit	" on page 43.	16

1994	Form	1040A	page	2
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1994 Form 10	040A page	e 2								
Name(s) shown on	page 1				Your social security number					
Figure	17	Enter the amount from line 16.		I	17					
your standard deduction		Check If: You were 65 or older Blind If: Spouse was 65 or older Blind	Enter numb							
exemption	d I	If your parent (or someone else) can claim	· · · · ·	. 🕨 18b						
amount, and	с 	If you are married filing separately and you 1040 and itemizes deductions, see page 38								
taxable income	19	1040 and itemizes deductions, see page 38 and check here.       ► 18c         Enter the standard deduction shown below for your filing status. But if you checked any box on line 18a or b, go to page 38 to find your standard deduction. If you checked box 18c, enter -0         ● Single—\$3,800       ● Married filing jointly or Qualifying widow(er)—\$6,350								
	20	Head of household—\$5,600     Married			17					
	<u>20</u> 21	Subtract line 19 from line 17. If line 19 is Multiply \$2,450 by the total number of ex								
	22	Subtract line 21 from line 20. If line 21 is This is your <b>taxable income</b> .								
Figure	23	Find the tax on the amount on line 22. Ch	neck if from: n 8615 (see pag	ne 40)	23					
your tax, credits,	24a	Credit for child and dependent care exper Attach Schedule 2.			23					
and payments	b		24b							
If you want the IRS to figure	<u>с</u> 25	Add lines 24a and 24b. These are your to Subtract line 24c from line 23. If line 24c is	otal credits.	23. enter -0-	24c 25					
your tax, see the instructions	26	Advance earned income credit payments			26					
for line 22 on	27	Add lines 25 and 26. This is your total ta	х.		▶ 27					
page 39.	28a	Total Federal income tax withheld. If any tax is from Form(s) 1099, check here. ► □ 28a								
	b	1994 estimated tax payments and amou applied from 1993 return.	unt28b							
	С	Earned income credit. If required, atta Schedule EIC (see page 43). Nontaxal earned income: amount ►								
		and type >				1				
	d 29	Add lines 28a, 28b, and 28c. These are y If line 28d is more than line 27, subtract l			► 28d					
Figure	27	This is the amount you <b>overpaid</b> .		, 200.	29					
your refund or	30	Amount of line 29 you want refunded to	you.		30					
amount	31	Amount of line 29 you want applied to you 1995 estimated tax.	<b>our</b> 31							
you owe	32	If line 27 is more than line 28d, subtract line <b>amount you owe.</b> For details on how write on your payment, see page 50.	to pay, includi		is 32					
	33	Estimated tax penalty (see page 51).	33							
Sign your return	and belief, than the tax	Ities of perjury, I declare that I have examined this return and they are true, correct, and accurately list all amounts and so (payer) is based on all information of which the preparer has greature.	urces of income I rec	edules and stated ceived during the Your occupation	e tax year. Declaration of prepare	owledge er (other				
		gnature	Date	rour occupati						
Keep a copy of this return for your records.	,Spouse	s's signature. If joint return, BOTH must sign.	Date	Spouse's occu	upation					
Paid preparer's	Preparer's signature		Date	Check if self-employed	Preparer's social securit	ty no.				
use only	Firm's name if self-emple			E.I. No.						
	address			ZIP code						

Schedule 1 (Form 1040A)	Department of the Treasury—Internal Revenue Service Interest and Dividend Income for Form 1040A Filers 1994	OMB No. 1545-	085
Name(s) shown on For		Your social security numb	
Part I	<b>Note:</b> If you received a Form 1099–INT, Form 1099–OID, or substitute s brokerage firm, enter the firm's name and the total interest shown		
Interest income (See pages 26 and 67.)	<ol> <li>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 67 and list this interest first. Also, show that buyer's social security number and address.</li> </ol>	Amount	
	<ul> <li>Add the amounts on line 1.</li> <li>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.</li> <li>Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.</li> </ul>		
Part II Dividend income	<ul> <li>Note: If you received a Form 1099–DIV or substitute statement from a b firm's name and the total dividends shown on that form.</li> <li>5 List name of payer</li> </ul>	Amount	the
(See pages 26 and 68.)		5	
For Paperwork Re	6       Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.         duction Act Notice, see Form 1040A instructions.       Cat. No. 12075R       1994 Schemer 1094 Schemer	6 edule 1 (Form 1040A) pag	

Schedule 2 (Form 1040A)	Ch	Department of the Treasury—Internal Revenue Service         Child and Dependent Care         Expenses for Form 1040A Filers       1994         OMB No. 1545-0085								
Name(s) shown on Forr	m 104(	AC					Your social	security number		
		You need to un schedule: <b>Quali</b> Qualified expens page 69.	fying perso	on(s), Deper	ndent car	e benefits	5,			
Part I	1	<b>(a)</b> Care provider's name		s (number, stree state, and ZIP c		<b>(c)</b> Iden number (SS		<b>(d)</b> Amount (see page		
Persons or organizations who provided the care				2	. 0	<u> </u>				
You MUST complete this part.		(If you need more spa Add the amounts in co	<u>olumn (d) of</u>	line 1.	97	M	2			
	3	Enter the number of q Did you receive dependent care ben		NO	$\epsilon$	Complete on Complete Pa	-			
Part II	4	Enter the amount of q								
Credit for child and dependent care expenses		incurred and paid in 1 more than \$2,400 for \$4,800 for two or more completed Part III, ent line 25.	one qualifyin e persons. If	g person or you	4					
	5	Enter YOUR earned in	ncome.		5					
	6	If married filing a joint SPOUSE'S earned inc disabled, see the instr enter the amount from	come (if stud ructions); <b>all</b>	ent or	6					
	7	Enter the smallest of	line 4, 5, or	6.			7			
	8	Enter the amount from	n Form 1040	A, line 17.	8					
	9	amount on line 8.	cimal amoun Decimal	it shown belo If line 8		olies to the Decima	.1			
		But not	amount	Over	But not over	amount				
		10,000—12,000 12,000—14,000 14,000—16,000	.30 .29 .28 .27 .26	22,000- 24,000- 26,000-	—22,000 —24,000 —26,000 —28,000 —No limit	.24 .23 .22 .21 .20				
			.25	_3,000		.20	9	×	<	
	10	Multiply <b>line 7</b> by the Then, see page 72 for line 24a.					10	=		
_		ution: If you paid \$50 or me, you must file an emp					ed in your			

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

1994 Schedule 2 (Form 1040A) page 1

pendent re benefitsfor 1994. 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-2.11mplete this t only if you eived these121213Subtract line 12 from line 11.13	Name(s) shown on pag	ge 1		Your social security number
13       Subtract line 12 from line 11.       13         14       Enter the total amount of qualified expenses incurred in 1994 for the care of the qualifying person(s).       14         15       Enter the smaller of line 13 or 14.       15         16       Enter YOUR earned income.       16         17       If married filing a joint return, enter YOUR SPOUSE'S earned income (if sludent or disabled, see the line 6 instructions); (if married filing a separate return, see the instructions for the amount for enter; all others, enter the amount from line 16.       17         18       Enter the smallest of line 15, 16, or 17       18         19       Excluded benefits. Enter here the smaller of the following:       17         18       Enter the smallest of line 18, or 17       18         19       Excluded 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, write "DCB."       20         10       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, write "DCB."       20         12       Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19.       21         21       Enter the amount from line 19.       23         23       Enter the amount from line 19.       23         24       Subtra	Part III Dependent care benefits	11	for 1994. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as	11
to only if you even these netfly.       13       Subtract line 12 from line 11.       13         14       Enter the total amount of qualified expenses incurred in 1994 for the care of the qualifying person(s).       14       15         15       Enter the smaller of line 13 or 14.       15       16         16       Enter YOUR earned income.       16       16         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 to enter, all others, enter the amount from line 16.       17         18       Enter the smallest of line 15, 16, or 17       18         19       Excluded benefits. Enter here the smaller of the following:       19         • The amount form line 18, or       • 55,000 (82.500) (17 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, write 'DCB.''       20         10       Stabue do on this line any excluded benefits shown on line 19.       21         21       Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19.       21         22       23       24	Complete this	12	Enter the amount forfeited, if any. See page 73.	12
14       Enter the total amount of qualified expenses incurred in 1994 for the care of the qualifying person(s).       14         15       Enter the smaller of line 13 or 14.       15         16       Enter the smaller of line 13 or 14.       15         16       Enter YOUR earned income.       16         17       If married filing a joint return, enter YOUR SPOUSE'S earned income (If student or disabled, see the line of 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       18         19       Excluded benefits. Enter here the smaller of the following:       19         2       The amount from line 18, or       19         2       Subtract line 19 from line 13. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, write "DCB."       20         7       To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.       21         21       Enter the 32,400 (\$4,800 if two or more qualifying persons).       21         22       21       21         23       Enter the amount from line 19.       23         23       Enter the amount of mule 19.       23         24       Subtract line 23 from line 21 or 24 here and on line 4 on the fron	part only if you received these	13	Subtract line 12 from line 11.	13
16       Enter YOUR earned income.       16         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.         18       Enter the smallest of line 15, 16, or 17       18         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 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, write "DCB."       20         21       Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19.       21         22       Enter the amount from line 19.       23         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 1993 expenses in 1994, see the line 10 instructions.       24         25       Enter the smaller of line 21 or 24 here and on line 4 on the front of       24	benefits.	14	incurred in 1994 for the care of the qualifying	
<ul> <li>17 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line o instructions); if married filing a separate return, see the instructions for the amount to enter: all others, enter the amount from line 16.</li> <li>17</li> <li>18 Enter the smallest of line 15, 16, or 17</li> <li>18 Enter the smallest of line 15, 16, or 17</li> <li>18 Enter the smallest of line 15, 16, or 17</li> <li>19 Excluded benefits. Enter here the smaller of the following: <ul> <li>The amount from line 18, or</li> <li>\$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17).</li> <li>19</li> </ul> </li> <li>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, write "DCB."</li> <li>20 To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.</li> <li>21 Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19.</li> <li>21</li> <li>22 Enter \$2,400 (\$4,800 if two or more qualifying persons).</li> <li>23</li> <li>24 Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions.</li> <li>24</li> </ul>		<u>15</u>	Enter the smaller of line 13 or 14.	
18       Enter the smallest of line 15, 16, or 17       18         19       Excluded benefits. Enter here the smaller of the following:         • The amount from line 18, or       • \$\$5,000 (\$2,500 if martied jiling 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, 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 schedule.         21       Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19.       21         22       Enter the amount from line 19.       23         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 1993 expenses in 1994, see the line 10 instructions.       24		16	Enter YOUR earned income.	
<ul> <li>19 Excluded benefits. Enter here the smaller of the following: <ul> <li>The amount from line 18, or</li> <li>\$5,000 (\$2,500 if married filling a separate return and you were required to enter your spouse's earned income on line 17).</li> <li>19</li> </ul> </li> <li>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, write "DCB." 20 <ul> <li>To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.</li> </ul> </li> <li>21 Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19. 21</li> <li>22 Enter \$2,400 (\$4,800 if two or more qualifying persons). 21</li> <li>23 Enter the amount from line 19. 23</li> <li>24 Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions. 24</li> </ul>		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; <b>all others</b> , enter the amount from line 16.	e)
<ul> <li>The amount from line 18, or</li> <li>\$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</li> <li><b>20 Taxable benefits.</b> Subtract line 19 from line 13. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, write "DCB." 20</li> <li>To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.</li> <li><b>21</b> Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19. 21</li> <li><b>22</b> Enter \$2,400 (\$4,800 if two or more qualifying persons). 21</li> <li><b>23</b> Enter the amount from line 19. 23</li> <li><b>24</b> Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions. 24</li> </ul>		18	Enter the smallest of line 15, 16, or 17, 18	
amount on Form 1040A, line 7. In the space to the left of line 7, write       20         To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.       21         21       Enter the amount of qualified expenses you incurred and paid in 1994. 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.       23         24       Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions.       24         25       Enter the smaller of line 21 or 24 here and on line 4 on the front of       24		19	<ul> <li>The amount from line 18, or</li> <li>\$5,000 (\$2,500 if married filing a separate return and you were</li> </ul>	19
lines 21–25 below, and lines 4–10 on the front of this schedule.         21         21         21         21         21         21         21         21         21         21         21         21         22         21         21         22         23         23         23         23         24         24         24         24         24         24         24         24         24         24         24         24         24		20	amount on Form 1040A, line 7. In the space to the left of line 7, wri	
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.       23         24       Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions.       24         25       Enter the smaller of line 21 or 24 here and on line 4 on the front of       21				
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 1993 expenses in 1994, see the line 10 instructions.       24         25       Enter the smaller of line 21 or 24 here and on line 4 on the front of       24		21	DO NOT include on this line any excluded benefits shown on	
<ul> <li>24 Subtract line 23 from line 22. If zero or less, STOP. You cannot take the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions.</li> <li>24</li> <li>25 Enter the smaller of line 21 or 24 here and on line 4 on the front of</li> </ul>		22		
the credit. Exception. If you paid 1993 expenses in 1994, see the line 10 instructions.2425Enter the smaller of line 21 or 24 here and on line 4 on the front of		23	Enter the amount from line 19. 23	
25 Enter the smaller of line 21 or 24 here and on line 4 on the front of		24	the credit. Exception. If you paid 1993 expenses in 1994, see the	
		25	Enter the smaller of line 21 or 24 here and on line 4 on the front of	

1994 Schedule 2 (Form 1040A) page 2

Schedule 3 (Form 1040A)	Credit for the Elderly or for Form 1040A Filers		bled 1994	ON	/IB No. 1545-0085			
Name(s) shown on For	rm 1040A			Your social se	ecurity number			
	You may be able to take thi	s credit and	I reduce your tax if by the end	nd of 1994:				
	• You were age 65 or older,		ou were under age 65, you sability, and you received ta					
	But you must also meet oth	er tests. Se	e the separate instructions f	for Schedule 3.				
	Note: In most cases, the IRS	6 can figure	the credit for you. See page	39 of the Form 1040A	instructions.			
Part I	If your filing status is:	And by	the end of 1994:	Check on	y one box:			
Check the box for your filing status and age	Single, Head of household, or Qualifying widow(er) with dependent child	<b>2</b> You	were 65 or older.	ed on permanent and	1 🗌 2 🔲			
	Married filing a joint return	<ul> <li>4 Both retire</li> <li>5 Both pern</li> <li>6 One unde</li> <li>7 One unde</li> </ul>	spouse was 65 or older, and r 65 and retired on permanen spouse was 65 or older, and r 65 and <b>NOT</b> retired on	isability and both retired on the other spouse was t and total disability the other spouse was	3 🗌 4 🗍 5 🗍 6 🗍 7 🗍			
	Married filing a separate return	spou 9 You v	were under 65, you retired or bility, and you lived apart from	permanent and total m your spouse for all	8			
	If you checked box 1, 3, 7, or 8, skip Part II and complete Part III on the back. All others, complete Parts II and III.							
Part II Statement of permanent and total disability Complete this part only if	<ul> <li>IF: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed a statement for tax years after 1983 and your physician signed line B on the statement, AND</li> <li>2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 1994, check this box</li> <li>If you checked this box, you do not have to file another statement for 1994.</li> <li>If you did not check this box, have your physician complete the statement below.</li> </ul>							
you checked	Physici	an's staten	nent (See instructions at bot	tom of page 2.)				
box 2, 4, 5, 6, or 9 above.	I certify that was permanently and totally disa on the date he or she retired. If r Physician: Sign your name A The disability has lasted or last continuously for at leas B There is no reasonable p disabled condition will ever	etired after D on <b>either</b> li can be expe t a year probability th	Name of disabled person ary 1, 1976, or January 1, 1977, <b>(</b> ecember 31, 1976, enter the date ne A or B below. cted to  Physician		totally disabled			
		improve .	Physician	's signature	Date			
	Physician's name		Physician's address					

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 ➤ You must complete line 11. Yes -Did you check box 2, 4, 5, 6, Enter the amount from line 10 or 9 in Part I? No on line 12 and go to line 13. 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, enter the **smaller** of line 10 or line 11; 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 1994: a Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See instructions. 13a **b** Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions. 13b 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. 13c 14 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 16 Subtract line 15 from line 14. If zero or less, enter -0-. 16 17 Divide line 16 above by 2. 17 18 Add lines 13c and 17. 18 19 Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 21. 19 20 Decimal amount used to figure the credit. 20 × .15 21 Multiply line 19 above by the decimal amount (.15) on line 20. Enter the result here and on Form 1040A, line 24b. 21 Taxpayer.—If you retired after December 31, 1976, enter the date you retired in the Instructions space provided in Part II. for **Physician.**—A person is permanently and totally disabled if **both** of the following apply: physician's 1. He or she cannot engage in any substantial gainful activity because of a physical or mental statement condition, and

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.

## 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

•

artment	of	the	Treas	sury—	-Internal	Rever	iue Se	rvi
·	12.	- : - I -				Τ	D - 1-	



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

	For th	ne year Jan. 1–Dec. 31, 1994, or other tax year beginning , 1994, ending	,	19 OMB No. 1545-0074
Label	You	ur first name and initial Last name	Your	social security number
(See A A A A A A A A A A A A A A A A A A	16			· · · · · ·
on page 12.)	if a	joint return, spouse's first name and initial Last name	Spou	se's social security number
Use the IRS	Но	me address (number and street). If you have a P.O. box, see page 12. Apt. no.		
Iabel. H Otherwise, E		······································		Privacy Act and Derwork Reduction
please print R	City	y, town or post office, state, and ZIP code. If you have a foreign address, see page 12.		Notice, see page 4.
or type. Presidential			Yes	No Note: Checking "Yes"
Election Campaig	n	Do you want \$3 to go to this fund?		will not change your tax or reduce your
(See page 12.)		If a joint return, does your spouse want \$3 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	s a chil	d but not your dependent,
one box.	5	enter this child's name here. ► Qualifying widow(er) with dependent child (year spouse died ► 19 ). (See	nage '	13)
	6a	Vourself. If your parent (or someone else) can claim you as a dependent on his or her ta		No. of boxes
Exemptions	· · u	return, <b>do not</b> check box 6a. But be sure to check the box on line 33b on pag		checked on 6a
(See page 13.)	b	Spouse	]	and 6b
	с	Dependents: (2) Check (3) If age 1 or older, (4) Dependent's (5) No. o if under dependent's social security relationship to lived in		No. of your children on 6c
		(1) Name (first, initial, and last name) age 1 number you home in		who:
If more than six				<ul> <li>lived with you</li> <li>didn't live with</li> </ul>
dependents,				you due to divorce or
see page 14.				separation (see
				page 14)
				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
		Total number of exemptions claimed		entered on lines above ►
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
Income	8a	Taxable interest income (see page 15). Attach Schedule B if over \$400	8a	
Attach	b	Tax-exempt interest (see page 16). DON'T include on line 8a 8b	_	
Copy B of your Forms W-2,	9	Dividend income. Attach Schedule B if over \$400	9	
W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 16)	10	
1099-R here.	11	Alimony received	11	
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ	13	
get a W-2, see page 15.	13 14	Other prins on (leases). Attack Form 4707	14	
page 15.	15a	Total IRA distributions 15a b Taxable amount (see page 17)	15b	
Enclose, but	16a	Total pensions and annuities 16a b Taxable amount (see page 17)	16b	
do not attach, any payment	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
with your	18	Farm income or (loss). Attach Schedule F	18	
return.	19	Unemployment compensation (see page 18)	19	
	20a	Social security benefits       20a       b       Taxable amount (see page 18)	20b	
	21	Other income. List type and amount—see page 19	21	
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income Your IRA deduction (see page 19) 23a	22	
Adjustments	23a		-	
to Income	(24	Spouse's IRA deduction (see page 19)       23b         Moving expenses. Attach Form 3903 or 3903-F       24	1	
(See page 19.)	25	One-half of self-employment tax	4	
(Jee page 17.)	23 26	Self-employed health insurance deduction (see page 21)		
	27	Keogh retirement plan and self-employed SEP deduction 27		
	28	Penalty on early withdrawal of savings		
	29	Alimony paid. Recipient's SSN ► 29		
	30	Add lines 23a through 29. These are your total adjustments	30	<u> </u>
Adjusted Gross Income	<sup>31</sup>	<u>Subtract line 30 from line 22. This is your adjusted gross income</u> If less than \$25,296 and a child lived with you (less than \$9,000 if a child didn't live with you), see "Earned Income Credit" on page 27. ►		

Toy	32	Amount from line 31 (adjusted gross income)				32		
Tax	33a	Check if: You were 65 or older, Blind; Spor						
Compu-		Add the number of boxes checked above and enter the						
tation	b	If your parent (or someone else) can claim you as a dep						
(See page								
23.)	С	If you are married filing separately and your spouse iten you are a dual-status alien, see page 23 and check here	e		33c 🗌			
	34	Enter Standard deductions from Schedule A, line 2			)			
	34	the Standard deduction shown below for your fi any box on line 33a or b, go to page 23 t	ing status. <b>But if</b> o find your standa	you che ard dedua	cked ction			
		larger / If you checked box 33c, your standard ded						
		of your: • Single—\$3,800 • Head of house	old—\$5,600		(	34		+
		<ul> <li>Married filing jointly or Qualifying widow(er)-</li> </ul>	—\$6,350					
		<ul> <li>Married filing separately—\$3,175</li> </ul>			J			
	35	Subtract line 34 from line 32				35		
	36	If line 32 is \$83,850 or less, multiply \$2,450 by the total						
		line 6e. If line 32 is over \$83,850, see the worksheet on				36		<u> </u>
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36				37		
the IRS to	38	Tax. Check if from a Tax Table, b Tax Rate Sch			ax Work-			
figure your tax, see		sheet, or <b>d</b> Form 8615 (see page 24). Amount from I				38		<u> </u>
page 24.	39	Additional taxes. Check if from <b>a</b> Form 4970 <b>b</b>	Form 4972			39		
	40	Add lines 38 and 39	· · · · · ·		· · ►	40		_
Credits	41	Credit for child and dependent care expenses. Attach Form						
	42	Credit for the elderly or the disabled. Attach Schedule F						
(See page 25.)	43	Foreign tax credit. Attach Form 1116	. 43					
201	44	Other credits (see page 25). Check if from a Form 3						
		<b>b</b> Form 8396 <b>c</b> Form 8801 <b>d</b> Form (specify)	44			45		
	45 46	Add lines 41 through 44				45 46		+
					•	40		
Other	47				· · ·	47		+
Taxes	48	Alternative minimum tax. Attach Form 6251				49		+
	49 50	Recapture taxes. Check if from <b>a</b> Form 4255 <b>b</b> F				50		+
	50	Social security and Medicare tax on tip income not reporter	1 5			51		-
	51 52	Tax on qualified retirement plans, including IRAs. If requered Advance earned income credit payments from Form W-				52		-
	52	Add lines 46 through 52. This is your <b>total tax</b> .				53		+
	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶						+
Payments	54 55	1994 estimated tax payments and amount applied from 1993 re-						
		Earned income credit/If required, attach Schedule EIC (see						
	56	27). Nontaxable earned income: amount ►						
Attach Forms W-2,		and type ►						
W-2G, and	57	Amount paid with Form 4868 (extension request)	57					
1099-R on the front.	58	Excess social security and RRTA tax withheld (see page	- 32) <b>58</b>					
	59	Other payments. Check if from a Form 2439 b Form						
	60	Add lines 54 through 59. These are your total payment	s		►	60		
Defund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	s is the amount you	OVERPAII	D ►	61		
Refund or	62	Amount of line 61 you want <b>REFUNDED TO YOU</b> .			►	62		
Amount	63	Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED T	AX 🕨 63					
You Owe	64	If line 53 is more than line 60, subtract line 60 from line 5	3. This is the AMC		U OWE.			
		For details on how to pay, including what to write on yo	our payment, see p	bage 32		64		
		Estimated tax penalty (see page 33). Also include on lin	e 64 65					
	65							edge and
Sign	Unde	penalties of perjury, I declare that I have examined this return and	accompanying sched	lules and s	statements, ar	nd to the k	pest of my knowle	owlodge
Sign Here	Unde belief	they are true, correct, and complete. Declaration of preparer (other	than taxpayer) is bas	ed on all in	nformation of	id to the t which pre	pest of my knowl parer has any kn	owledge.
Here	Unde belief	penalties of perjury, I declare that I have examined this return and they are true, correct, and complete. Declaration of preparer (other Your signature	accompanying sched than taxpayer) is bas Date	ed on all in	statements, ar nformation of ccupation	nd to the k which pre	pest of my knowl parer has any kn	iowledge.
Here Keep a copy of this return	Unde belief	they are true, correct, and complete. Declaration of preparer (other Your signature	than taxpayer) is bas Date	ed on all in Your oc	nformation of cupation	which pre	pest of my knowl parer has any kn	iowledge.
Here Keep a copy of this return for your	Unde belief	they are true, correct, and complete. Declaration of preparer (other	than taxpayer) is bas	ed on all in Your oc	nformation of	which pre	est of my knowleparer has any kn	iowledge.
Here Keep a copy of this return for your records.	Unde belief	they are true, correct, and complete. Declaration of preparer (other Your signature Spouse's signature. If a joint return, BOTH must sign.	than taxpayer) is bas Date Date	ed on all in Your oc	nformation of cupation	which pre	parer has any kn	
Here Keep a copy of this return for your	Unde belief	they are true, correct, and complete. Declaration of preparer (other Your signature Spouse's signature. If a joint return, BOTH must sign.	than taxpayer) is bas Date	ed on all in Your oc Spouse Check i	nformation of ccupation 's occupation	which pre	parer has any knowle parer has any kn arer's social sec i i	
Here Keep a copy of this return for your records.	Unde belief Prepa signa	they are true, correct, and complete. Declaration of preparer (other Your signature Spouse's signature. If a joint return, BOTH must sign.	than taxpayer) is bas Date Date	ed on all in Your oc Spouse	nformation of ccupation 's occupation	which pre	parer has any kn	

## Section 6. 1994 Tax 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	4,106 4,120 4,134 4,148	3,784 3,791 (3,799) 3,806	4,593 4,607 4,621 4,635	3,784 3,791 3,799 3,806

Head of a house- hold
407 411 414
418 422 426 429
433 437 441
444 448
454 461 469 476
484 491 499
506 514 521 529
536 544 551 559
566 574 581 589
596
604 611 619 626
634 641 649
656 664
671 679 686 694
701 709 716 724
731 739 746 next page

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

t east 5,00	is— But less than	Single	Married filing jointly	ou are—	-	(taxab incom											
east	less than	Single	filing	Marriec	1		ie) is—		. ,	ou are-	-	(taxal incom	ne) is—		And ye	ou are—	
5.0	00		*	filing sepa- rately ax is—	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Marriec 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
0,0						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	11,050 11,100	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	1,234 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	11,250 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	11,400 11,450 11,500	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	1,294 1,301 1,309 1,316		11,650 11,700 11,750	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	1,324 1,331 1,339 1,346	1,324 1,331 1,339			11,800 11,850 11,900	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
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6,000 6,050 6,100 6,150	6,050 6,100 6,150 6,200	904 911 919 926	904 911 919 926	904 911 919 926	904 911 919 926	9,000 9,050 9,100 9,150		1,354 1,361 1,369 1,376	1,354 1,361 1,369 1,376	1,354 1,361 1,369 1,376	1,354 1,361 1,369 1,376	12,050 12,100	12,050 12,100 12,150 12,200	1,804 1,811 1,819 1,826	1,804 1,811 1,819 1,826	1,804 1,811 1,819 1,826	1,804 1,811 1,819 1,826
6,200 6,250 6,300 6,350	6,250 6,300 6,350 6,400	934 941 949 956	934 941 949 956	934 941 949 956	934 941 949 956	9,200 9,250 9,300 9,350	9,250 9,300 9,350 9,400	1,384 1,391 1,399 1,406	1,384 1,391 1,399 1,406	1,384 1,391 1,399 1,406	1,384 1,391 1,399 1,406	12,200 12,250 12,300	12,250 12,300 12,350 12,400	1,834 1,841 1,849 1,856	1,834 1,841 1,849 1,856	1,834 1,841 1,849 1,856	1,834 1,841 1,849 1,856
6,400 6,450 6,500 6,550	6,450 6,500 6,550 6,600	964 971 979 986	964 971 979 986	964 971 979 986	964 971 979 986	9,400 9,450 9,500 9,550	9,450 9,500 9,550 9,600	1,414 1,421 1,429 1,436	1,414 1,421 1,429 1,436	1,414 1,421 1,429 1,436	1,414 1,421 1,429 1,436	12,400 12,450 12,500	12,450 12,500 12,550 12,600	1,864 1,871 1,879 1,886	1,864 1,871 1,879 1,886	1,864 1,871 1,879 1,886	1,864 1,871 1,879 1,886
6,600 6,650 6,700 6,750	6,650 6,700 6,750 6,800	994 1,001 1,009 1,016	994 1,001 1,009 1,016	994 1,001 1,009 1,016	994 1,001 1,009 1,016	9,600 9,650 9,700 9,750	9,650 9,700 9,750 9,800	1,444 1,451 1,459 1,466	1,444 1,451 1,459 1,466	1,444 1,451 1,459 1,466	1,444 1,451 1,459 1,466	12,600 12,650	12,650 12,700 12,750	1,894 1,901 1,909 1,916	1,894 1,901 1,909 1,916	1,894 1,901 1,909 1,916	1,894 1,901 1,909 1,916
6,800 6,850 6,900 6,950	6,850 6,900 6,950 7,000	1,024 1,031 1,039 1,046	1,024 1,031 1,039 1,046	1,024 1,031 1,039 1,046	1,024 1,031 1,039 1,046	9,800 9,850 9,900	9,850 9,900 9,950 10,000	1,474 1,481 1,489 1,496	1,474 1,481 1,489 1,496	1,474 1,481 1,489 1,496	1,474 1,481 1,489 1,496	12,800 12,850 12,900	12,850 12,900 12,950 13,000	1,924 1,931 1,939 1,946	1,924 1,931 1,939 1,946	1,924 1,931 1,939 1,946	1,924 1,931 1,939 1,946
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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	10,050 10,100	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	13,050	13,050 13,100 13,150 13,200	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	10,250 10,300	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	13,250	13,350	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	10,450 10,500	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	13,450	13,450 13,500 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	7,650 7,700 7,750 7,800	1,144 1,151 1,159 1,166	1,144 1,151 1,159 1,166	1,144 1,151 1,159 1,166	1,144 1,151 1,159 1,166	10,650	10,650 10,700 10,750 10,800	1,594 1,601 1,609 1,616	1,594 1,601 1,609 1,616	1,594 1,601 1,609 1,616	1,594 1,601 1,609 1,616		13,700 13,750	2,044 2,051 2,059 2,066	2,044 2,051 2,059 2,066	2,044 2,051 2,059 2,066	2,044 2,051 2,059 2,066
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	10,850 10,900	10,850 10,900 10,950 11,000	1,624 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 mi	ust also	be used	d by a q	ualifying	widow(e	er).	I						I	Contin	ued on n	ext pag

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If line 3 (taxable income	e		And yo	ou are-	-	If line (taxab incom			And y	ou are-	-	If line (taxal incon			And yo	u are—	
At least	But less than	Single	Married filing jointly * Your t	Marriec filing sepa- rately <b>:ax is—</b>	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Marriec filing sepa- rately tax is—	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your f	Married filing sepa- rately tax is—	Head of a house- hold
14	,000					17,	000					20	,000				
14,050 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	17,050 17,100	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	20,050 20,100	20,050 20,100 20,150 20,200	3,004 3,011 3,019 3,026	3,004 3,011 3,019 3,026	3,137 3,151 3,165 3,179	3,004 3,011 3,019 3,026
14,250 14,300	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	17,250 17,300	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	20,250 20,300	20,250 20,300 20,350 20,400	3,034 3,041 3,049 3,056	3,034 3,041 3,049 3,056	3,193 3,207 3,221 3,235	3,034 3,041 3,049 3,056
14,450 14,500 14,550	14,450 14,500 14,550 14,600	2,164 2,171 2,179 2,186	2,164 2,171 2,179 2,186	2,164 2,171 2,179 2,186	2,164 2,171 2,179 2,186	17,450 17,500 17,550	17,450 17,500 17,550 17,600	2,629 2,636	2,614 2,621 2,629 2,636	2,614 2,621 2,629 2,636	2,614 2,621 2,629 2,636	20,450 20,500 20,550	20,450 20,500 20,550 20,600	3,064 3,071 3,079 3,086	3,064 3,071 3,079 3,086	3,249 3,263 3,277 3,291	3,064 3,071 3,079 3,086
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	2,216	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	20,650 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	3,305 3,319 3,333 3,347	3,094 3,101 3,109 3,116
14,850 14,900 14,950	14,850 14,900 14,950 15,000	2,224 2,231 2,239 2,246	2,224 2,231 2,239 2,246	2,224 2,231 2,239 2,246	2,224 2,231 2,239 2,246	17,850 17,900 17,950	17,850 17,900 17,950 18,000	2,674 2,681 2,689 2,696	2,674 2,681 2,689 2,696	2,674 2,681 2,689 2,696	2,674 2,681 2,689 2,696	20,850 20,900 20,950	20,850 20,900 20,950 21,000	3,124 3,131 3,139 3,146	3,124 3,131 3,139 3,146	3,361 3,375 3,389 3,403	3,124 3,131 3,139 3,146
15	,000						000		_			21	,000				
15,050 15,100	15,050 15,100 15,150 15,200	2,254 2,261 2,269 2,276	2,254 2,261 2,269 2,276	2,254 2,261 2,269 2,276	2,254 2,261 2,269 2,276	18,050 18,100	18,050 18,100 18,150 18,200	2,704 2,711 2,719 2,726	2,704 2,711 2,719 2,726	2,704 2,711 2,719 2,726	2,704 2,711 2,719 2,726	21,050 21,100	21,050 21,100 21,150 21,200	3,154 3,161 3,169 3,176	3,154 3,161 3,169 3,176	3,417 3,431 3,445 3,459	3,154 3,161 3,169 3,176
15,250 15,300	15,250 15,300 15,350 15,400	2,284 2,291 2,299 2,306	2,284 2,291 2,299 2,306	2,284 2,291 2,299 2,306	2,284 2,291 2,299 2,306	18,250 18,300 18,350	18,250 18,300 18,350 18,400	2,734 2,741 2,749 2,756	2,734 2,741 2,749 2,756	2,734 2,741 2,749 2,756	2,734 2,741 2,749 2,756	21,250 21,300 21,350	21,250 21,300 21,350 21,400	3,184 3,191 3,199 3,206	3,184 3,191 3,199 3,206	3,473 3,487 3,501 3,515	3,184 3,191 3,199 3,206
15,450 15,500 15,550	15,450 15,500 15,550 15,600	2,314 2,321 2,329 2,336	2,314 2,321 2,329 2,336	2,314 2,321 2,329 2,336	2,314 2,321 2,329 2,336	18,450 18,500 18,550	18,450 18,500 18,550 18,600	2,764 2,771 2,779 2,786	2,764 2,771 2,779 2,786	2,764 2,771 2,779 2,786	2,764 2,771 2,779 2,786	21,450 21,500 21,550	21,450 21,500 21,550 21,600	3,214 3,221 3,229 3,236	3,214 3,221 3,229 3,236	3,529 3,543 3,557 3,571	3,214 3,221 3,229 3,236
15,650 15,700 15,750	15,650 15,700 15,750 15,800	2,344 2,351 2,359 2,366	2,344 2,351 2,359 2,366	2,344 2,351 2,359 2,366	2,344 2,351 2,359 2,366	18,650 18,700 18,750	18,650 18,700 18,750 18,800	2,794 2,801 2,809 2,816	2,794 2,801 2,809 2,816	2,794 2,801 2,809 2,816	2,794 2,801 2,809 2,816	21,650 21,700 21,750	21,650 21,700 21,750 21,800	3,244 3,251 3,259 3,266	3,244 3,251 3,259 3,266	3,585 3,599 3,613 3,627	3,244 3,251 3,259 3,266
15,850 15,900 15,950	15,850 15,900 15,950 16,000	2,374 2,381 2,389 2,396	2,374 2,381 2,389 2,396	2,374 2,381 2,389 2,396	2,374 2,381 2,389 2,396	18,850 18,900 18,950	18,850 18,900 18,950 19,000	2,824 2,831 2,839 2,846	2,824 2,831 2,839 2,846	2,824 2,831 2,839 2,846	2,824 2,831 2,839 2,846	21,850 21,900 21,950	21,850 21,900 21,950 22,000	3,274 3,281 3,289 3,296	3,274 3,281 3,289 3,296	3,641 3,655 3,669 3,683	3,274 3,281 3,289 3,296
16	,000						000						,000				
16,050 16,100 16,150	16,050 16,100 16,150 16,200	2,404 2,411 2,419 2,426	2,404 2,411 2,419 2,426	2,404 2,411 2,419 2,426	2,404 2,411 2,419 2,426	19,050 19,100 19,150	19,050 19,100 19,150 19,200	2,854 2,861 2,869 2,876	2,854 2,861 2,869 2,876	2,857 2,871 2,885 2,899	2,854 2,861 2,869 2,876	22,050 22,100 22,150	22,050 22,100 22,150 22,200	3,304 3,311 3,319 3,326	3,304 3,311 3,319 3,326	3,697 3,711 3,725 3,739	3,304 3,311 3,319 3,326
16,250 16,300 16,350	16,250 16,300 16,350 16,400	2,434 2,441 2,449 2,456	2,434 2,441 2,449 2,456	2,434 2,441 2,449 2,456	2,434 2,441 2,449 2,456	19,250 19,300 19,350	19,250 19,300 19,350 19,400	2,884 2,891 2,899 2,906	2,884 2,891 2,899 2,906	2,913 2,927 2,941 2,955	2,884 2,891 2,899 2,906	22,250 22,300 22,350	22,250 22,300 22,350 22,400	3,334 3,341 3,349 3,356	3,334 3,341 3,349 3,356	3,753 3,767 3,781 3,795	3,334 3,341 3,349 3,356
16,450 16,500 16,550	16,450 16,500 16,550 16,600	2,464 2,471 2,479 2,486	2,464 2,471 2,479 2,486	2,464 2,471 2,479 2,486	2,464 2,471 2,479 2,486	19,450 19,500 19,550	19,450 19,500 19,550 19,600	2,914 2,921 2,929 2,936	2,914 2,921 2,929 2,936	2,969 2,983 2,997 3,011	2,914 2,921 2,929 2,936	22,450 22,500 22,550	22,450 22,500 22,550 22,600	3,364 3,371 3,379 3,386	3,364 3,371 3,379 3,386	3,809 3,823 3,837 3,851	3,364 3,371 3,379 3,386
16,650 16,700 16,750	16,650 16,700 16,750 16,800	2,494 2,501 2,509 2,516	2,494 2,501 2,509 2,516	2,494 2,501 2,509 2,516	2,494 2,501 2,509 2,516	19,650 19,700 19,750	19,650 19,700 19,750 19,800	2,944 2,951 2,959 2,966	2,944 2,951 2,959 2,966	3,025 3,039 3,053 3,067	2,944 2,951 2,959 2,966	22,650 22,700 22,750	22,650 22,700 22,750 22,800	3,394 3,401 3,409 3,420	3,394 3,401 3,409 3,416	3,865 3,879 3,893 3,907	3,394 3,401 3,409 3,416
16,850 16,900	16,850 16,900 16,950 17,000	2,524 2,531 2,539 2,546	2,524 2,531 2,539 2,546	2,524 2,531 2,539 2,546	2,524 2,531 2,539 2,546	19,850 19,900	19,850 19,900 19,950 20,000	2,974 2,981 2,989 2,996	2,974 2,981 2,989 2,996	3,081 3,095 3,109 3,123	2,974 2,981 2,989 2,996	22,850 22,900	22,850 22,900 22,950 23,000	3,434 3,448 3,462 3,476	3,424 3,431 3,439 3,446	3,921 3,935 3,949 3,963	3,424 3,431 3,439 3,446
* This c	olumn m	ust also	be used	l by a q	ualifying	widow(e	er).								Contin	ued on n	ext page

	Tax Tab	ole—C	ontinue	ed		If line	27					If line	27				
If line ( (taxabl income	e		And y	ou are—	-	If line (taxab incom			And yo	ou are—		If line (taxal incon			And yo	ou are—	
At least	But less than	Single	Married filing jointly * Your 1	Marriec filing sepa- rately t <b>ax is—</b>	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately cax 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
23	,000					26,	,000					29	,000				
23,050 23,100	23,050 23,100 23,150 23,200	3,490 3,504 3,518 3,532	3,454 3,461 3,469 3,476	3,977 3,991 4,005 4,019	3,454 3,461 3,469 3,476	26,050 26,100	26,050 26,100 26,150 26,200	4,330 4,344 4,358 4,372	3,904 3,911 3,919 3,926	4,817 4,831 4,845 4,859	3,904 3,911 3,919 3,926	29,050 29,100	29,050 29,100 29,150 29,200	5,170 5,184 5,198 5,212	4,354 4,361 4,369 4,376	5,657 5,671 5,685 5,699	4,354 4,361 4,369 4,376
23,200 23,250 23,300	23,250 23,300 23,350 23,400	3,546 3,560 3,574 3,588	3,484 3,491 3,499 3,506	4,033 4,047 4,061 4,075	3,484 3,491 3,499 3,506	26,250 26,300	26,250 26,300 26,350 26,400	4,386 4,400 4,414 4,428	3,934 3,941 3,949 3,956	4,873 4,887 4,901 4,915	3,934 3,941 3,949 3,956	29,250 29,300	29,250 29,300 29,350 29,400	5,226 5,240 5,254 5,268	4,384 4,391 4,399 4,406	5,713 5,727 5,741 5,755	4,384 4,391 4,399 4,406
23,450 23,500	23,450 23,500 23,550 23,600	3,602 3,616 3,630 3,644	3,514 3,521 3,529 3,536	4,089 4,103 4,117 4,131	3,514 3,521 3,529 3,536	26,450 26,500	26,450 26,500 26,550 26,600	4,442 4,456 4,470 4,484	3,964 3,971 3,979 3,986	4,929 4,943 4,957 4,971	3,964 3,971 3,979 3,986	29,450 29,500	29,450 29,500 29,550 29,600	5,282 5,296 5,310 5,324	4,414 4,421 4,429 4,436	5,769 5,783 5,797 5,811	4,414 4,421 4,429 4,436
23,650 23,700	23,650 23,700 23,750 23,800	3,658 3,672 3,686 3,700	3,544 3,551 3,559 3,566	4,145 4,159 4,173 4,187	3,544 3,551 3,559 3,566	26,650 26,700	26,650 26,700 26,750 26,800	4,498 4,512 4,526 4,540	3,994 4,001 4,009 4,016	4,985 4,999 5,013 5,027	3,994 4,001 4,009 4,016	29,650 29,700	29,650 29,700 29,750 29,800	5,338 5,352 5,366 5,380	4,444 4,451 4,459 4,466	5,825 5,839 5,853 5,867	4,444 4,451 4,459 4,466
23,850 23,900	23,850 23,900 23,950 24,000	3,714 3,728 3,742 3,756	3,574 3,581 3,589 3,596	4,201 4,215 4,229 4,243	3,574 3,581 3,589 3,596	26,850	26,850 26,900 26,950 27,000	4,554 4,568 4,582 4,596	4,024 4,031 4,039 4,046	5,041 5,055 5,069 5,083	4,024 4,031 4,039 4,046	29,850 29,900	29,850 29,900 29,950 30,000	5,394 5,408 5,422 5,436	4,474 4,481 4,489 4,496	5,881 5,895 5,909 5,923	4,474 4,481 4,489 4,496
24	,000					27	,000	*				30	,000				
24,050 24,100	24,050 24,100 24,150 24,200	3,770 3,784 3,798 3,812	3,604 3,611 3,619 3,626	4,257 4,271 4,285 4,299	3,604 3,611 3,619 3,626	27,050 27,100	27,050 27,100 27,150 27,200	4,610 4,624 4,638 4,652	4,054 4,061 4,069 4,076	5,097 5,111 5,125 5,139	4,054 4,061 4,069 4,076	30,050 30,100	30,050 30,100 30,150 30,200	5,450 5,464 5,478 5,492	4,504 4,511 4,519 4,526	5,937 5,951 5,965 5,979	4,504 4,511 4,519 4,526
24,250 24,300	24,250 24,300 24,350 24,400	3,826 3,840 3,854 3,868	3,634 3,641 3,649 3,656	4,313 4,327 4,341 4,355	3,634 3,641 3,649 3,656	27,250 27,300	27,250 27,300 27,350 27,400	4,666 4,680 4,694 4,708	4,084 4,091 4,099 4,106	5,153 5,167 5,181 5,195	4,084 4,091 4,099 4,106	30,250 30,300		5,506 5,520 5,534 5,548	4,534 4,541 4,549 4,556	5,993 6,007 6,021 6,035	4,534 4,541 4,549 4,556
24,450 24,500	24,450 24,500 24,550 24,600	3,882 3,896 3,910 3,924	3,664 3,671 3,679 3,686	4,369 4,383 4,397 4,411	3,664 3,671 3,679 3,686	27,450 27,500	27,450 27,500 27,550 27,600	4,722 4,736 4,750 4,764	4,114 4,121 4,129 4,136	5,209 5,223 5,237 5,251	4,114 4,121 4,129 4,136	30,450 30,500		5,562 5,576 5,590 5,604	4,564 4,571 4,579 4,586	6,049 6,063 6,077 6,091	4,564 4,571 4,582 4,596
24,650 24,700	24,650 24,700 24,750 24,800	3,938 3,952 3,966 3,980	3,694 3,701 3,709 3,716	4,425 4,439 4,453 4,467	3,694 3,701 3,709 3,716	27,650	27,650 27,700 27,750 27,800	4,778 4,792 4,806 4,820	4,144 4,151 4,159 4,166	5,265 5,279 5,293 5,307	4,144 4,151 4,159 4,166	30,650 30,700	30,650 30,700 30,750 30,800	5,618 5,632 5,646 5,660	4,594 4,601 4,609 4,616	6,105 6,119 6,133 6,147	4,610 4,624 4,638 4,652
24,850 24,900	24,850 24,900 24,950 25,000	3,994 4,008 4,022 4,036	3,724 3,731 3,739 3,746	4,481 4,495 4,509 4,523	3,724 3,731 3,739 3,746	27,850 27,900	27,850 27,900 27,950 28,000	4,834 4,848 4,862 4,876	4,174 4,181 4,189 4,196	5,321 5,335 5,349 5,363	4,174 4,181 4,189 4,196	30,850 30,900	30,850 30,900 30,950 31,000	5,674 5,688 5,702 5,716	4,624 4,631 4,639 4,646	6,161 6,175 6,189 6,203	4,666 4,680 4,694 4,708
25	,000,					28,	,000					31	,000				
25,050 25,100	25,050 25,100 25,150 25,200	4,050 4,064 4,078 4,092	3,754 3,761 3,769 3,776	4,537 4,551 4,565 4,579	3,754 3,761 3,769 3,776	28,050 28,100	28,050 28,100 28,150 28,200	4,890 4,904 4,918 4,932	4,204 4,211 4,219 4,226	5,377 5,391 5,405 5,419	4,204 4,211 4,219 4,226	31,050 31,100	31,050 31,100 31,150 31,200	5,730 5,744 5,758 5,772	4,654 4,661 4,669 4,676	6,217 6,231 6,245 6,259	4,722 4,736 4,750 4,764
25,250 25,300	25,250 25,300 25,350 25,400	4,106 4,120 4,134 4,148	3,784 3,791 3,799 3,806	4,593 4,607 4,621 4,635	3,784 3,791 3,799 3,806	28,250 28,300 28,350	28,250 28,300 28,350 28,400	4,946 4,960 4,974 4,988	4,234 4,241 4,249 4,256	5,433 5,447 5,461 5,475	4,234 4,241 4,249 4,256	31,250 31,300	31,250 31,300 31,350 31,400	5,786 5,800 5,814 5,828	4,684 4,691 4,699 4,706	6,273 6,287 6,301 6,315	4,778 4,792 4,806 4,820
25,450 25,500 25,550	25,450 25,500 25,550 25,600	4,162 4,176 4,190 4,204	3,814 3,821 3,829 3,836	4,649 4,663 4,677 4,691	3,814 3,821 3,829 3,836	28,450 28,500	28,450 28,500 28,550 28,600	5,002 5,016 5,030 5,044	4,264 4,271 4,279 4,286	5,489 5,503 5,517 5,531	4,264 4,271 4,279 4,286	31,450 31,500	31,450 31,500 31,550 31,600	5,842 5,856 5,870 5,884	4,714 4,721 4,729 4,736	6,329 6,343 6,357 6,371	4,834 4,848 4,862 4,876
25,650 25,700 25,750	25,650 25,700 25,750 25,800	4,218 4,232 4,246 4,260	3,844 3,851 3,859 3,866	4,705 4,719 4,733 4,747	3,844 3,851 3,859 3,866	28,650 28,700 28,750	28,650 28,700 28,750 28,800	5,058 5,072 5,086 5,100	4,294 4,301 4,309 4,316	5,545 5,559 5,573 5,587	4,294 4,301 4,309 4,316	31,650 31,700 31,750	31,650 31,700 31,750 31,800	5,898 5,912 5,926 5,940	4,744 4,751 4,759 4,766	6,385 6,399 6,413 6,427	4,890 4,904 4,918 4,932
25,850 25,900	25,850 25,900 25,950 26,000	4,274 4,288 4,302 4,316	3,874 3,881 3,889 3,896	4,761 4,775 4,789 4,803	3,874 3,881 3,889 3,896	28,850 28,900	28,850 28,900 28,950 29,000	5,114 5,128 5,142 5,156	4,324 4,331 4,339 4,346	5,601 5,615 5,629 5,643	4,324 4,331 4,339 4,346	31,850 31,900	31,850 31,900 31,950 32,000	5,954 5,968 5,982 5,996	4,774 4,781 4,789 4,796	6,441 6,455 6,469 6,483	4,946 4,960 4,974 4,988
* This c	column mi	ust also	be used	d by a q	ualifying	widow(e	er).	I						1	Contin	ued on n	ext page

If line 3 (taxable income	e			ou are-	-	If line (taxab incom			And y	ou are—	-	If line (taxat incom			And yo	u are—	
At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your 1	Married filing sepa- rately tax is—	Head of a house- hold
32,	,000					35,	000					38,	000				
32,050 32,100	32,050 32,100 32,150 32,200	6,010 6,024 6,038 6,052	4,804 4,811 4,819 4,826	6,497 6,511 6,525 6,539	5,002 5,016 5,030 5,044	35,000 35,050 35,100 35,150	35,150	6,850 6,864 6,878 6,892	5,254 5,261 5,269 5,276	7,337 7,351 7,365 7,379	5,842 5,856 5,870 5,884	38,050 38,100	38,050 38,100 38,150 38,200	7,690 7,704 7,718 7,732	5,707 5,721 5,735 5,749	8,177 8,191 8,205 8,219	6,682 6,696 6,710 6,724
32,300	32,300	6,066 6,080 6,094 6,108	4,834 4,841 4,849 4,856	6,553 6,567 6,581 6,595	5,058 5,072 5,086 5,100	35,200 35,250 35,300 35,350	35,300 35,350	6,906 6,920 6,934 6,948	5,284 5,291 5,299 5,306	7,393 7,407 7,421 7,435	5,898 5,912 5,926 5,940	38,250 38,300	38,250 38,300 38,350 38,400	7,746 7,760 7,774 7,788	5,763 5,777 5,791 5,805	8,233 8,247 8,261 8,275	6,738 6,752 6,766 6,780
32,450 32,500	32,450 32,500 32,550 32,600	6,122 6,136 6,150 6,164	4,864 4,871 4,879 4,886	6,609 6,623 6,637 6,651	5,114 5,128 5,142 5,156	35,450	35,450 35,500 35,550 35,600	6,962 6,976 6,990 7,004	5,314 5,321 5,329 5,336	7,449 7,463 7,477 7,491	5,954 5,968 5,982 5,996	38,450 38,500	38,450 38,500 38,550 38,600	7,802 7,816 7,830 7,844	5,819 5,833 5,847 5,861	8,289 8,303 8,317 8,331	6,794 6,808 6,822 6,836
32,600 32,650 32,700 32,750	32,700 32,750	6,178 6,192 6,206 6,220	4,894 4,901 4,909 4,916	6,665 6,679 6,693 6,707	5,170 5,184 5,198 5,212		35,650 35,700 35,750 35,800	7,018 7,032 7,046 7,060	5,344 5,351 5,359 5,366	7,505 7,519 7,533 7,547	6,010 6,024 6,038 6,052	38,650	38,650 38,700 38,750 38,800	7,858 7,872 7,886 7,900	5,875 5,889 5,903 5,917	8,345 8,359 8,373 8,387	6,850 6,864 6,878 6,892
32,900	32,850 32,900 32,950 33,000	6,234 6,248 6,262 6,276	4,924 4,931 4,939 4,946	6,721 6,735 6,749 6,763	5,226 5,240 5,254 5,268	35,800 35,850 35,900 35,950	35,900	7,074 7,088 7,102 7,116	5,374 5,381 5,389 5,396	7,561 7,575 7,589 7,603	6,066 6,080 6,094 6,108	38,850 38,900	38,850 38,900 38,950 39,000	7,914 7,928 7,942 7,956	5,931 5,945 5,959 5,973	8,401 8,415 8,429 8,443	6,906 6,920 6,934 6,948
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33,050 33,100	33,050 33,100 33,150 33,200	6,290 6,304 6,318 6,332	4,954 4,961 4,969 4,976	6,777 6,791 6,805 6,819	5,282 5,296 5,310 5,324	36,050 36,100	36,050 36,100 36,150 36,200	7,130 7,144 7,158 7,172	5,404 5,411 5,419 5,426	7,617 7,631 7,645 7,659	6,122 6,136 6,150 6,164			7,970 7,984 7,998 8,012	5,987 6,001 6,015 6,029	8,457 8,471 8,485 8,499	6,962 6,976 6,990 7,004
33,250	33,350	6,346 6,360 6,374 6,388	4,984 4,991 4,999 5,006	6,833 6,847 6,861 6,875	5,338 5,352 5,366 5,380	36,200 36,250 36,300 36,350	36,300 36,350	7,186 7,200 7,214 7,228	5,434 5,441 5,449 5,456	7,673 7,687 7,701 7,715	6,178 6,192 6,206 6,220	39,250	39,250 39,300 39,350 39,400	8,026 8,040 8,054 8,068	6,043 6,057 6,071 6,085	8,513 8,527 8,541 8,555	7,018 7,032 7,046 7,060
33,400 33,450 33,500 33,550	33,500 33,550	6,402 6,416 6,430 6,444	5,014 5,021 5,029 5,036	6,889 6,903 6,917 6,931	5,394 5,408 5,422 5,436			7,242 7,256 7,270 7,284	5,464 5,471 5,479 5,486	7,729 7,743 7,757 7,771	6,234 6,248 6,262 6,276	39,450 39,500	39,450 39,500 39,550 39,600	8,082 8,096 8,110 8,124	6,099 6,113 6,127 6,141	8,569 8,583 8,597 8,611	7,074 7,088 7,102 7,116
33,650 33,700	33,650 33,700 33,750 33,800	6,458 6,472 6,486 6,500	5,044 5,051 5,059 5,066	6,945 6,959 6,973 6,987	5,450 5,464 5,478 5,492	36,650 36,700	36,650 36,700 36,750 36,800	7,298 7,312 7,326 7,340	5,494 5,501 5,509 5,516	7,785 7,799 7,813 7,827	6,290 6,304 6,318 6,332	39,650 39,700	39,650 39,700 39,750 39,800	8,138 8,152 8,166 8,180	6,155 6,169 6,183 6,197	8,625 8,639 8,653 8,667	7,130 7,144 7,158 7,172
33,850 33,900	33,850 33,900 33,950 34,000	6,514 6,528 6,542 6,556	5,074 5,081 5,089 5,096	7,001 7,015 7,029 7,043	5,506 5,520 5,534 5,548	36,850 36,900		7,354 7,368 7,382 7,396	5,524 5,531 5,539 5,546	7,841 7,855 7,869 7,883	6,346 6,360 6,374 6,388	39,850 39,900	39,850 39,900 39,950 40,000	8,194 8,208 8,222 8,236	6,211 6,225 6,239 6,253	8,681 8,695 8,709 8,723	7,186 7,200 7,214 7,228
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34,050 34,100	34,050 34,100 34,150 34,200	6,570 6,584 6,598 6,612	5,104 5,111 5,119 5,126	7,057 7,071 7,085 7,099	5,562 5,576 5,590 5,604	37,000 37,050 37,100 37,150	37,100 37,150 37,200	7,410 7,424 7,438 7,452	5,554 5,561 5,569 5,576	7,897 7,911 7,925 7,939	6,402 6,416 6,430 6,444	40,100 40,150	40,100 40,150 40,200	8,250 8,264 8,278 8,292	6,267 6,281 6,295 6,309	8,737 8,751 8,765 8,779	7,242 7,256 7,270 7,284
34,250 34,300 34,350		6,626 6,640 6,654 6,668	5,134 5,141 5,149 5,156	7,113 7,127 7,141 7,155	5,618 5,632 5,646 5,660	37,200 37,250 37,300 37,350	37,300 37,350 37,400	7,466 7,480 7,494 7,508	5,584 5,591 5,599 5,606	7,953 7,967 7,981 7,995	6,458 6,472 6,486 6,500	40,250 40,300 40,350		8,306 8,320 8,334 8,348	6,323 6,337 6,351 6,365	8,793 8,807 8,821 8,835	7,298 7,312 7,326 7,340
34,450 34,500 34,550		6,682 6,696 6,710 6,724	5,164 5,171 5,179 5,186	7,169 7,183 7,197 7,211	5,674 5,688 5,702 5,716	37,400 37,450 37,500 37,550	37,500 37,550 37,600	7,522 7,536 7,550 7,564	5,614 5,621 5,629 5,636	8,009 8,023 8,037 8,051	6,514 6,528 6,542 6,556	40,500 40,550	40,500 40,550 40,600	8,362 8,376 8,390 8,404	6,379 6,393 6,407 6,421	8,849 8,863 8,877 8,891	7,354 7,368 7,382 7,396
34,650 34,700 34,750	34,650 34,700 34,750 34,800	6,738 6,752 6,766 6,780	5,194 5,201 5,209 5,216	7,225 7,239 7,253 7,267	5,730 5,744 5,758 5,772		37,700 37,750 37,800	7,578 7,592 7,606 7,620	5,644 5,651 5,659 5,666	8,065 8,079 8,093 8,107	6,570 6,584 6,598 6,612	40,650 40,700 40,750	40,800	8,418 8,432 8,446 8,460	6,435 6,449 6,463 6,477	8,905 8,919 8,933 8,947	7,410 7,424 7,438 7,452
34,850 34,900	34,850 34,900 34,950 35,000	6,794 6,808 6,822 6,836	5,224 5,231 5,239 5,246	7,281 7,295 7,309 7,323	5,786 5,800 5,814 5,828	37,800 37,850 37,900 37,950	37,900 37,950	7,634 7,648 7,662 7,676	5,674 5,681 5,689 5,696	8,121 8,135 8,149 8,163	6,626 6,640 6,654 6,668	40,900	40,900	8,474 8,488 8,502 8,516	6,491 6,505 6,519 6,533	8,961 8,975 8,989 9,003	7,466 7,480 7,494 7,508
* This c	olumn m	ust also	be used	d by a q	ualifying	widow(e	er).								Continu	ued on ne	ext page

If line 3 (taxable income)	•			ou are-	_	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 t	Married filing sepa- rately tax is—	l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Marriec 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
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41,000 41,050 41,100 41,150	41,100 41,150	8,530 8,544 8,558 8,572	6,547 6,561 6,575 6,589	9,017 9,031 9,045 9,059	7,522 7,536 7,550 7,564	44,050 44,100	44,050 44,100 44,150 44,200	9,370 9,384 9,398 9,412	7,387 7,401 7,415 7,429	9,857 9,871 9,885 9,899	8,362 8,376 8,390 8,404	47,050 47,100	47,050 47,100 47,150 47,200	10,210 10,224 10,238 10,252	8,227 8,241 8,255 8,269	10,730 10,746 10,761 10,777	9,202 9,216 9,230 9,244
41,200 41,250 41,300 41,350	41,300 41,350	8,586 8,600 8,614 8,628	6,603 6,617 6,631 6,645	9,073 9,087 9,101 9,115	7,578 7,592 7,606 7,620	44,250 44,300	44,250 44,300 44,350 44,400	9,426 9,440 9,454 9,468	7,443 7,457 7,471 7,485	9,913 9,927 9,941 9,955	8,418 8,432 8,446 8,460	47,250 47,300	47,250 47,300 47,350 47,400	10,266 10,280 10,294 10,308	8,283 8,297 8,311 8,325	10,792 10,808 10,823 10,839	9,258 9,272 9,286 9,300
41,400 41,450 41,500 41,550	41,500 41,550 41,600	8,642 8,656 8,670 8,684	6,659 6,673 6,687 6,701	9,129 9,143 9,157 9,171	7,634 7,648 7,662 7,676	44,450 44,500 44,550	44,450 44,500 44,550 44,600	9,482 9,496 9,510 9,524	7,541	9,969 9,983 9,997 10,011	8,474 8,488 8,502 8,516	47,450 47,500 47,550	47,450 47,500 47,550 47,600	10,322 10,336 10,350 10,364	8,339 8,353 8,367 8,381	10,854 10,870 10,885 10,901	9,314 9,328 9,342 9,356
41,600 41,650 41,700 41,750	41,700 41,750 41,800	8,698 8,712 8,726 8,740	6,715 6,729 6,743 6,757	9,185 9,199 9,213 9,227	7,690 7,704 7,718 7,732	44,650 44,700 44,750	44,650 44,700 44,750 44,800	9,538 9,552 9,566 9,580	7,555 7,569 7,583 7,597	10,025 10,039 10,053 10,067	8,530 8,544 8,558 8,572	47,650 47,700 47,750	-	10,378 10,392 10,406 10,420	8,395 8,409 8,423 8,437	10,916 10,932 10,947 10,963	9,370 9,384 9,398 9,412
41,800 41,850 41,900 41,950	41,900 41,950	8,754 8,768 8,782 8,796	6,771 6,785 6,799 6,813	9,241 9,255 9,269 9,283	7,746 7,760 7,774 7,788	44,850 44,900	44,850 44,900 44,950 45,000	9,594 9,608 9,622 9,636	7,611 7,625 7,639 7,653	10,081 10,095 10,109 10,123	8,586 8,600 8,614 8,628	47,850 47,900	47,850 47,900 47,950 48,000	10,434 10,448 10,462 10,476	8,451 8,465 8,479 8,493	10,978 10,994 11,009 11,025	9,426 9,440 9,454 9,468
42,	000					45,	,000					48	,000				
42,000 42,050 42,100 42,150	42,100 42,150	8,810 8,824 8,838 8,852	6,827 6,841 6,855 6,869	9,297 9,311 9,325 9,339	7,802 7,816 7,830 7,844	45,050 45,100	45,050 45,100 45,150 45,200	9,650 9,664 9,678 9,692	7,681	10,137 10,151 10,165 10,179	8,642 8,656 8,670 8,684	48,050 48,100	48,050 48,100 48,150 48,200	10,490 10,504 10,518 10,532	8,507 8,521 8,535 8,549	11,040 11,056 11,071 11,087	9,482 9,496 9,510 9,524
42,200 42,250 42,300 42,350	42,300 42,350 42,400	8,866 8,880 8,894 8,908	6,883 6,897 6,911 6,925	9,353 9,367 9,381 9,395	7,858 7,872 7,886 7,900	45,250 45,300	45,250 45,300 45,350 45,400	9,706 9,720 9,734 9,748	7,723 7,737 7,751 7,765	10,193 10,207 10,221 10,235	8,698 8,712 8,726 8,740	48,250 48,300	48,250 48,300 48,350 48,400	10,546 10,560 10,574 10,588	8,563 8,577 8,591 8,605	11,102 11,118 11,133 11,149	9,538 9,552 9,566 9,580
42,400 42,450 42,500 42,550	42,500 42,550 42,600	8,922 8,936 8,950 8,964	6,939 6,953 6,967 6,981	9,409 9,423 9,437 9,451	7,914 7,928 7,942 7,956	45,450 45,500 45,550	45,450 45,500 45,550 45,600	9,762 9,776 9,790 9,804	7,821	10,249 10,263 10,277 10,291	8,754 8,768 8,782 8,796	48,450 48,500 48,550	48,450 48,500 48,550 48,600	10,602 10,616 10,630 10,644	8,661	11,164 11,180 11,195 11,211	9,594 9,608 9,622 9,636
42,600 42,650 42,700 42,750	42,700 42,750 42,800	8,978 8,992 9,006 9,020	6,995 7,009 7,023 7,037	9,465 9,479 9,493 9,507	7,970 7,984 7,998 8,012	45,650 45,700 45,750	45,650 45,700 45,750 45,800	9,818 9,832 9,846 9,860	7,849 7,863 7,877	10,305 10,319 10,333 10,347	8,810 8,824 8,838 8,852	48,650 48,700 48,750	48,650 48,700 48,750 48,800	10,658 10,672 10,686 10,700	8,717	11,226 11,242 11,257 11,273	9,650 9,664 9,678 9,692
42,800 42,850 42,900 42,950	42,900 42,950	9,034 9,048 9,062 9,076	7,051 7,065 7,079 7,093	9,521 9,535 9,549 9,563	8,026 8,040 8,054 8,068	45,850 45,900	45,850 45,900 45,950 46,000	9,874 9,888 9,902 9,916	7,919	10,361 10,375 10,389 10,405	8,866 8,880 8,894 8,908	48,850 48,900	48,850 48,900 48,950 49,000	10,714 10,728 10,742 10,756		11,288 11,304 11,319 11,335	9,706 9,720 9,734 9,748
43,	000					46,	,000					49	,000				
43,000 43,050 43,100 43,150	43,100 43,150 43,200	9,090 9,104 9,118 9,132	7,107 7,121 7,135 7,149	9,577 9,591 9,605 9,619	8,082 8,096 8,110 8,124	46,050 46,100 46,150	46,050 46,100 46,150 46,200	9,930 9,944 9,958 9,972	7,961 7,975 7,989	10,420 10,436 10,451 10,467	8,922 8,936 8,950 8,964	49,050 49,100 49,150	49,050 49,100 49,150 49,200	10,770 10,784 10,798 10,812	8,801 8,815 8,829	11,350 11,366 11,381 11,397	9,762 9,776 9,790 9,804
43,200 43,250 43,300 43,350	43,300 43,350 43,400	9,146 9,160 9,174 9,188	7,163 7,177 7,191 7,205	9,633 9,647 9,661 9,675	8,138 8,152 8,166 8,180	46,250 46,300 46,350	46,250 46,300 46,350 46,400	9,986 10,000 10,014 10,028	8,017 8,031 8,045	10,482 10,498 10,513 10,529	8,978 8,992 9,006 9,020	49,250 49,300 49,350	49,250 49,300 49,350 49,400	10,826 10,840 10,854 10,868	8,871 8,885	11,412 11,428 11,443 11,459	9,818 9,832 9,846 9,860
43,400 43,450 43,500 43,550	43,500 43,550 43,600	9,202 9,216 9,230 9,244	7,219 7,233 7,247 7,261	9,689 9,703 9,717 9,731	8,194 8,208 8,222 8,236	46,450 46,500 46,550	46,450 46,500 46,550 46,600	10,042 10,056 10,070 10,084	8,073 8,087 8,101	10,544 10,560 10,575 10,591	9,034 9,048 9,062 9,076	49,450 49,500 49,550	49,450 49,500 49,550 49,600	10,882 10,896 10,910 10,924	8,913 8,927 8,941	11,474 11,490 11,505 11,521	9,874 9,888 9,902 9,916
43,600 43,650 43,700 43,750	43,700 43,750 43,800	9,258 9,272 9,286 9,300	7,275 7,289 7,303 7,317	9,745 9,759 9,773 9,787	8,250 8,264 8,278 8,292	46,650 46,700 46,750	46,650 46,700 46,750 46,800	10,098 10,112 10,126 10,140	8,129 8,143 8,157	10,606 10,622 10,637 10,653	9,090 9,104 9,118 9,132	49,650 49,700 49,750	49,650 49,700 49,750 49,800	10,938 10,952 10,966 10,980	8,969 8,983 8,997	11,536 11,552 11,567 11,583	9,930 9,944 9,958 9,972
43,800 43,850 43,900 43,950	43,900 43,950	9,314 9,328 9,342 9,356	7,331 7,345 7,359 7,373	9,801 9,815 9,829 9,843	8,306 8,320 8,334 8,348	46,850 46,900	46,850 46,900 46,950 47,000	10,154 10,168 10,182 10,196	8,185 8,199	10,668 10,684 10,699 10,715	9,146 9,160 9,174 9,188	49,850 49,900	49,850 49,900 49,950 50,000	10,994 11,008 11,022 11,036	9,025 9,039		9,986 10,000 10,014 10,028
* This co	olumn mi	ust also	be used	d by a q	ualifying	widow(e	er).								Contin	ued on n	ext page

1994 Tax Table—Continued

If line 3 (taxable income	e			ou are-	_	If line (taxab incom			And y	ou are-	_	If line (taxal incon			And yo	ou are—	
At least	But less than	Single	Marriec filing jointly * Your	I Married filing sepa- rately tax is—	d Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately	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
50,	000					53	,000					56	,000				
50,000 50,050 50,100 50,150	50,100 50,150	11,050 11,064 11,078 11,092	9,081 9,095	11,660 11,676 11,691 11,707	10,056 10,070	53,050 53,100	53,050 53,100 53,150 53,200	11,890 11,904 11,918 11,932	9,921 9,935	12,590 12,606 12,621 12,637	10,896 10,910	56,050 56,100	56,050 56,100 56,150 56,200	12,773 12,788	10,761 10,775	13,520 13,536 13,551 13,567	11,736 11,750
50,200 50,250 50,300 50,350	50,300 50,350	11,106 11,120 11,134 11,148	9,137 9,151	11,722 11,738 11,753 11,769	10,112 10,126	53,250 53,300 53,350	53,250 53,300 53,350 53,400		9,977 9,991 10,005		10,952 10,966 10,980	56,250 56,300	56,250 56,300 56,350 56,400	12,835 12,850	10,817 10,831	13,582 13,598 13,613 13,629	11,792 11,806
50,400 50,450 50,500 50,550	50,500 50,550 50,600	11,162 11,176 11,190 11,204	9,193 9,207 9,221	11,784 11,800 11,815 11,831	10,168 10,182 10,196	53,450 53,500 53,550	53,450 53,500 53,550 53,600	12,016 12,030 12,044	10,047 10,061	12,730 12,745 12,761	11,008 11,022 11,036	56,450 56,500 56,550	56,450 56,500 56,550 56,600	12,897 12,912 12,928	10,873 10,887 10,901	13,644 13,660 13,675 13,691	11,848 11,862 11,876
50,600 50,650 50,700 50,750	50,700 50,750 50,800	11,218 11,232 11,246 11,260	9,249 9,263 9,277	11,846 11,862 11,877 11,893	10,224 10,238 10,252	53,650 53,700 53,750	53,650 53,700 53,750 53,800	12,072 12,086 12,100	10,075 10,089 10,103 10,117	12,792 12,807 12,823	11,064 11,078 11,092	56,650 56,700 56,750	56,650 56,700 56,750 56,800	12,959 12,974 12,990	10,929 10,943 10,957		11,904 11,918 11,932
50,800 50,850 50,900 50,950	50,900 50,950	11,274 11,288 11,302 11,316	9,305 9,319	11,908 11,924 11,939 11,955	10,280 10,294	53,850 53,900	53,850 53,900 53,950 54,000	12,114 12,128 12,142 12,156	10,145	12,838 12,854 12,869 12,885	11,120 11,134	56,850 56,900	56,850 56,900 56,950 57,000	13,021 13,036	10,985 10,999	13,768 13,784 13,799 13,815	11,960 11,974
51,	000					54,	,000					57	,000				
51,000 51,050 51,100 51,150	51,100 51,150	11,330 11,344 11,358 11,372	9,361 9,375	11,970 11,986 12,001 12,017	10,336 10,350	54,050 54,100	54,050 54,100 54,150 54,200				11,176 11,190	57,050 57,100	57,050 57,100 57,150 57,200	13,083 13,098	11,041 11,055	13,830 13,846 13,861 13,877	12,016 12,030
51,200 51,250 51,300 51,350	51,300 51,350	11,386 11,400 11,414 11,428	9,417 9,431	12,032 12,048 12,063 12,079	10,392 10,406	54,250 54,300	54,250 54,300 54,350 54,400				11,232 11,246	57,250 57,300	57,250 57,300 57,350 57,400	13,145 13,160	11,097 11,111	13,892 13,908 13,923 13,939	12,072 12,086
51,400 51,450 51,500 51,550	51,500 51,550 51,600	11,442 11,456 11,470 11,484	9,473 9,487 9,501	12,094 12,110 12,125 12,141	10,448 10,462 10,476	54,450 54,500 54,550	54,450 54,500 54,550 54,600	12,296 12,310 12,324	10,299 10,313 10,327 10,341	13,040 13,055 13,071	11,288 11,302 11,316	57,450 57,500 57,550	57,450 57,500 57,550 57,600	13,207 13,222 13,238	11,153 11,167 11,181	13,954 13,970 13,985 14,001	12,128 12,142 12,156
51,600 51,650 51,700 51,750	51,700 51,750 51,800	11,498 11,512 11,526 11,540	9,529 9,543 9,557	12,156 12,172 12,187 12,203	10,504 10,518 10,532	54,650 54,700 54,750	54,650 54,700 54,750 54,800	12,366 12,380	10,369 10,383 10,397	13,117 13,133	11,344 11,358 11,372	57,650 57,700 57,750	57,650 57,700 57,750 57,800	13,269 13,284 13,300	11,209 11,223 11,237	14,047 14,063	12,184 12,198 12,212
51,900	51,850 51,900 51,950 52,000	11,554 11,568 11,582 11,596	9,599	12,218 12,234 12,249 12,265	10,560 10,574	54,850 54,900	54,850 54,900 54,950 55,000	12,408 12,422	10,411 10,425 10,439 10,453	13,164 13,179	11,400 11,414	57,850 57,900	57,850 57,900 57,950 58,000	13,331 13,346	11,265 11,279	14,078 14,094 14,109 14,125	12,240 12,254
52,	000					55,	,000					58	,000				
	52,200 52,250 52,300	11,610 11,624 11,638 11,652 11,666 11,680 11,694	9,641 9,655 9,669 9,683 9,697	12,280 12,296 12,311 12,327 12,342 12,358 12,373	10,616 10,630 10,644 10,658 10,672	55,050 55,100 55,150 55,200 55,250	55,050 55,100 55,150 55,200 55,250 55,300 55,350	12,464 12,478 12,494 12,509 12,525	10,467 10,481 10,495 10,509 10,523 10,537 10,551	13,226 13,241 13,257 13,272 13,288	11,456 11,470 11,484 11,498 11,512	58,050 58,100 58,150 58,200 58,250	58,050 58,100 58,150 58,200 58,250 58,300 58,350	13,393 13,408 13,424 13,439 13,455	11,321 11,335 11,349 11,363 11,377	14,140 14,156 14,171 14,187 14,202 14,218 14,233	12,296 12,310 12,324 12,338 12,352
52,350 52,400 52,450 52,500 52,550	52,400 52,450 52,500 52,550	11,708 11,722 11,736 11,750 11,764	9,725 9,739 9,753 9,767	12,389 12,404 12,420 12,435 12,451	10,700 10,714 10,728 10,742	55,350 55,400 55,450 55,500	55,400 55,450 55,500 55,550 55,600	12,556 12,571 12,587 12,602		13,319 13,334 13,350 13,365	11,540 11,554 11,568 11,582	58,350 58,400 58,450 58,500	58,400 58,450 58,500 58,550 58,600	13,486 13,501 13,517 13,532	11,405 11,419 11,433 11,447	14,249 14,264 14,280 14,295 14,311	12,380 12,394 12,408 12,422
52,600 52,650 52,700 52,750	52,650 52,700 52,750 52,800	11,778 11,792 11,806 11,820	9,795 9,809 9,823 9,837	12,466 12,482 12,497 12,513	10,770 10,784 10,798 10,812	55,600 55,650 55,700 55,750	55,650 55,700 55,750 55,800	12,633 12,649 12,664 12,680	10,635 10,649 10,663 10,677	13,396 13,412 13,427 13,443	11,610 11,624 11,638 11,652	58,600 58,650 58,700 58,750	58,650 58,700 58,750 58,800	13,563 13,579 13,594 13,610	11,475 11,489 11,503 11,517	14,326 14,342 14,357 14,373	12,450 12,464 12,478 12,492
52,800 52,850 52,900 52,950	52,900	11,834 11,848 11,862 11,876	9,865 9,879	12,528 12,544 12,559 12,575	10,840 10,854	55,850 55,900	55,850 55,900 55,950 56,000	12,726	10,691 10,705 10,719 10,733	13,489	11,680 11,694	58,850 58,900	58,850 58,900 58,950 59,000	13,641 13,656	11,545 11,559	14,388 14,404 14,419 14,435	12,520 12,534
* This co	olumn m	ust also	be use	d by a q	ualifying	widow(e	er).	1						1	Contin	ued on n	ext page

If line 37 (taxable income) is-		ou are—	If line 37 (taxable income) is—	And you are—	If line 37 (taxable income) is—	And you are—
At But least less that	n   filing jointly	d Married Head filing of a sepa- house- rately hold tax is—	At But least less than	Single Married Married Hea filing filing of a jointly sepa- rately hole Your tax is—	ieast less than	Single Married Married Head filing filing sepa- * rately Your tax is—
59,000	)		62,000		65,000	
59,000 59,0 59,050 59,1 59,100 59,1 59,150 59,2	<b>00</b> 13,703 11,601 <b>50</b> 13,718 11,615	14,450 12,562 14,466 12,576 14,481 12,590 14,497 12,604	62,000 62,050 62,050 62,100 62,100 62,150 62,150 62,200	14,617 12,427 15,380 13,40 14,633 12,441 15,396 13,41 14,648 12,455 15,411 13,43 14,664 12,469 15,427 13,44	65,050 65,100 65,100 65,150	15,547 13,267 16,310 14,242 15,563 13,281 16,326 14,256 15,578 13,295 16,341 14,270 15,594 13,309 16,357 14,284
59,200 59,2 59,250 59,3 59,300 59,3 59,350 59,4	<b>00</b> 13,765 11,657 <b>50</b> 13,780 11,671	14,512 12,618 14,528 12,632 14,543 12,646 14,559 12,660	62,200 62,250 62,250 62,300 62,300 62,350 62,350 62,400	14,679 12,483 15,442 13,45 14,695 12,497 15,458 13,47 14,710 12,511 15,473 13,48 14,726 12,525 15,489 13,50	2 65,250 65,300 65,300 65,350 65,350 65,400	$\begin{bmatrix} 15,609 & 13,323 & 16,372 & 14,298 \\ 15,625 & 13,337 & 16,388 & 14,312 \\ 15,640 & 13,351 & 16,403 & 14,326 \\ 15,656 & 13,365 & 16,419 & 14,340 \end{bmatrix}$
59,400 59,4 59,450 59,5 59,500 59,5 59,550 59,6	00 13,827 11,713 50 13,842 11,727 00 13,858 11,741	14,574 12,674 14,590 12,688 14,605 12,702 14,621 12,716	62,400 62,450 62,450 62,500 62,500 62,550 62,550 62,600	14,741 12,539 15,504 13,51 14,757 12,553 15,520 13,52 14,772 12,567 15,535 13,54 14,788 12,581 15,551 13,55	3         65,450         65,500           2         65,500         65,550           5         65,550         65,600	15,671 13,379 16,434 14,354 15,687 13,393 16,450 14,368 15,702 13,407 16,465 14,382 15,718 13,421 16,481 14,396
59,600 59,6 59,650 59,7 59,700 59,7 59,750 59,8	0013,88911,7695013,90411,7830013,92011,797	14,636 12,730 14,652 12,744 14,667 12,758 14,683 12,772	62,600 62,650 62,650 62,700 62,700 62,750 62,750 62,800	14,803 12,595 15 566 13,57 14,819 12,609 15,582 13,58 14,834 12,623 15,597 13,59 14,850 12,637 15,613 13,61	4 65,650 65,700 65,700 65,750 65,750 65,800	15,733 13,435 16,496 14,410 15,749 13,449 16,512 14,424 15,764 13,463 16,527 14,438 15,780 13,477 16,543 14,452
59,800 59,8 59,850 59,9 59,900 59,9 59,950 60,0	<b>00</b> 13,951 11,825 <b>50</b> 13,966 11,839	14,698 12,786 14,714 12,800 14,729 12,814 14,745 12,828	62,800 62,850 62,850 62,900 62,900 62,950 62,950 63,000	14,865 12,651 15,628 13,62 14,881 12,665 15,644 13,64 14,896 12,679 15,659 13,65 14,912 12,693 15,675 13,66	65,850 65,900 65,900 65,950	15,795 13,491 16,558 14,466 15,811 13,505 16,574 14,480 15,826 13,519 16,589 14,494 15,842 13,533 16,605 14,508
60,000	)		63,000		66,000	1
60,000 60,0 60,050 60,1 60,100 60,1 60,150 60,2	<b>00</b> 14,013 11,881 <b>50</b> 14,028 11,895	14,760 12,842 14,776 12,856 14,791 12,870 14,807 12,884	63,000 63,050 63,050 63,100 63,100 63,150 63,150 63,200	14,927 12,707 15,690 13,68 14,943 12,721 15,706 13,69 14,958 12,735 15,721 13,71 14,974 12,749 15,737 13,72	66,050 66,100 66,100 66,150	15,857 13,547 16,620 14,522 15,873 13,561 16,636 14,536 15,888 13,575 16,651 14,550 15,904 13,589 16,667 14,564
60,200 60,2 60,250 60,3 60,300 60,3 60,350 60,4	<b>00</b> 14,075 11,937 <b>50</b> 14,090 11,951	14,822 12,898 14,838 12,912 14,853 12,926 14,869 12,940	63,200 63,250 63,250 63,300 63,300 63,350 63,350 63,400	14,989 12,763 15,752 13,73 15,005 12,777 15,768 13,75 15,020 12,791 15,783 13,76 15,036 12,805 15,799 13,78	66,250 66,300 66,300 66,350	15,919 13,603 16,682 14,578 15,935 13,617 16,698 14,592 15,950 13,631 16,713 14,606 15,966 13,645 16,729 14,620
60,400 60,4 60,450 60,5 60,500 60,5 60,550 60,6	0014,13711,9935014,15212,0070014,16812,021	14,884 12,954 14,900 12,968 14,915 12,982 14,931 12,996	63,400 63,450 63,450 63,500 63,500 63,550 63,550 63,600	15,051 12,819 15,814 13,79 15,067 12,833 15,830 13,80 15,082 12,847 15,845 13,82 15,098 12,861 15,861 13,83	3         66,450         66,500           2         66,500         66,550           5         66,550         66,600	15,981         13,659         16,744         14,634           15,997         13,673         16,760         14,648           16,012         13,687         16,775         14,662           16,028         13,701         16,791         14,676
60,600 60,6 60,650 60,7 60,700 60,7 60,750 60,8	0014,19912,0495014,21412,0630014,23012,077	14,946 13,010 14,962 13,024 14,977 13,038 14,993 13,052	63,600 63,650 63,650 63,700 63,700 63,750 63,750 63,800	15,113 12,875 15,876 13,85 15,129 12,889 15,892 13,86 15,144 12,903 15,907 13,87 15,160 12,917 15,923 13,89	4         66,650         66,700           3         66,700         66,750           4         66,700         66,750           5         66,750         66,800	16,043         13,715         16,806         14,690           16,059         13,729         16,822         14,704           16,074         13,743         16,837         14,718           16,090         13,757         16,853         14,722
60,800 60,8 60,850 60,9 60,900 60,9 60,950 61,0	<b>00</b> 14,261 12,105 <b>50</b> 14,276 12,119	15,008 13,066 15,024 13,080 15,039 13,094 15,055 13,108	63,800 63,850 63,850 63,900 63,900 63,950 63,950 64,000	15,175 12,931 15,938 13,90 15,191 12,945 15,954 13,92 15,206 12,959 15,969 13,93 15,222 12,973 15,985 13,94	66,850 66,900 66,900 66,950	16,136 13,799 16,899 14,774
61,000	)		64,000		67,000	1
61,000 61,0 61,050 61,1 61,100 61,1 61,150 61,2 61,200 61,2 61,250 61,3	00         14,323         12,161           50         14,338         12,175           00         14,354         12,189           50         14,369         12,203           00         14,385         12,217	15,070 13,122 15,086 13,136 15,101 13,150 15,117 13,164 15,132 13,178 15,148 13,192	64,000 64,050 64,050 64,100 64,100 64,150 64,150 64,200 64,200 64,250 64,250 64,300	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	67,050         67,100           67,100         67,150           67,150         67,200           8         67,200         67,250           2         67,250         67,300	16,183         13,841         16,946         14,816           16,198         13,855         16,961         14,830           16,214         13,869         16,977         14,844           16,229         13,883         16,992         14,858           16,245         13,897         17,008         14,872
61,300 61,3 61,350 61,4 61,400 61,4 61,450 61,5 61,500 61,5	0014,41612,2455014,43112,2590014,44712,2735014,46212,287	15,163 13,206 15,179 13,220 15,194 13,234 15,210 13,248 15,225 13,262	64,300 64,350 64,350 64,400 64,400 64,450 64,450 64,500 64,500 64,550	15,33013,07116,09314,0415,34613,08516,10914,0615,36113,09916,12414,0715,37713,11316,14014,0815,39213,12716,15514,10	67,350         67,400           4         67,400         67,450           3         67,450         67,500           4         67,500         67,550	16,26013,91117,02314,88616,27613,92517,03914,90016,29113,93917,05414,91416,30713,95317,07014,92816,32213,96717,08514,942
61,550 61,6 61,600 61,6 61,650 61,7 61,700 61,7 61,750 61,8	<b>50</b> 14,493 12,315 <b>00</b> 14,509 12,329 <b>50</b> 14,524 12,343	15,241 13,276 15,256 13,290 15,272 13,304 15,287 13,318 15,303 13,332	64,550 64,600 64,600 64,650 64,650 64,700 64,700 64,750 64,750 64,800	15,408 13,141 16,171 14,11 15,423 13,155 16,186 14,13 15,439 13,169 16,202 14,14 15,454 13,183 16,217 14,15 15,470 13,197 16,233 14,17	67,600 67,650 67,650 67,700 67,700 67,750	16,338         13,981         17,101         14,956           16,353         13,995         17,116         14,970           16,369         14,009         17,132         14,984           16,384         14,023         17,147         14,998           16,400         14,037         17,163         15,012
61,800 61,8 61,850 61,9 61,900 61,9 61,950 62,0	<b>50</b> 14,555 12,371 <b>00</b> 14,571 12,385 <b>50</b> 14,586 12,399	15,318 13,346 15,334 13,360 15,349 13,374 15,365 13,388	64,800 64,850 64,850 64,900 64,900 64,950 64,950 65,000	15,485 13,211 16,248 14,18 15,501 13,225 16,264 14,20 15,516 13,239 16,279 14,21 15,532 13,253 16,295 14,22	67,800 67,850 67,850 67,900 67,900 67,950	16,415 14,051 17,178 15,026 16,431 14,065 17,194 15,040 16,446 14,079 17,209 15,054
* This colum	n must also be use	d by a qualifying	widow(er).			Continued on next page

If line 37 (taxable income) is—	And yo	ou are—	If line 37 (taxable income) is—	And yo	ou are—	If line 37 (taxable income) is—	And yo	ou are—				
At But least less than	Single Married filing jointly * Your ta	Married Head filing of a sepa- house- rately hold ax is—	At But least less than	Single Married filing jointly * Your t	filing of a sepa- house- rately hold	At But least less than	filing jointly	Married Head filing of a sepa- house- rately hold tax is—				
68,000			71,000			74,000						
68,000 68,09 68,050 68,10 68,100 68,11 68,150 68,20	0 16,493 14,121 0 16,508 14,135	17,256 15,096 17,271 15,110	71,000 71,050 71,050 71,100 71,100 71,150 71,150 71,200		18,239 15,936 18,257 15,950	74,000 74,050 74,050 74,100 74,100 74,150 74,150 74,200	18,353 15,801 18,368 15,815	19,301 16,762 19,319 16,776 19,337 16,790 19,355 16,804				
68,200 68,29 68,250 68,30 68,300 68,39 68,350 68,40	0         16,555         14,177           i0         16,570         14,191           i0         16,586         14,205	17,318 15,152 17,333 15,166 17,349 15,180	71,200 71,250 71,250 71,300 71,300 71,350 71,350 71,400	17,485 15,017 17,500 15,031 17,516 15,045	18,329 16,006 18,347 16,020	74,200 74,250 74,250 74,300 74,300 74,350 74,350 74,400	18,415 15,857 18,430 15,871 18,446 15,885	19,391 16,832 19,409 16,846 19,427 16,860				
68,400 68,4 68,450 68,5 68,500 68,5 68,550 68,6 68,550 68,6	00         16,617         14,233           10         16,632         14,247           10         16,648         14,261	17,380 15,208 17,395 15,222 17,411 15,236	71,400 71,450 71,450 71,500 71,500 71,550 71,550 71,600	17,531 15,059 17,547 15,073 17,562 15,087 17,578 15,101	18,383 16,048 18,401 16,062 18,419 16,076	74,400 74,450 74,450 74,500 74,500 74,550 74,550 74,600	18,492 15,927 18,508 15,941	19,445 16,874 19,463 16,888 19,481 16,902 19,499 16,916				
68,600 68,6 68,650 68,7 68,700 68,7 68,750 68,8 68,800 68,8	0         16,679         14,289           16,694         14,303           16,710         14,317	17,442 15,264 17,457 15,278 17,473 15,292	71,600 71,650 71,650 71,700 71,700 71,750 71,750 71,800 71,800 71,850	17,609 15,129 17,624 15,143 17,640 15,157	18,437 16,090 18,455 16,104 18,473 16,118 18,491 16,132 18,509 16,146	74,600 74,650 74,650 74,700 74,700 74,750 74,750 74,800 74,800 74,850	18,539 15,969 18,554 15,983	19,517 16,930 19,535 16,944 19,553 16,958 19,571 16,972 19,589 16,986				
68,850 68,99 68,900 68,99 68,950 69,00	0 16,741 14,345 0 16,756 14,359	17,504 15,320 17,519 15,334	71,850 71,900 71,900 71,950 71,950 72,000	17,671 15,185 17,686 15,199	18,527 16,140 18,527 16,160 18,545 16,174 18,563 16,188	74,850 74,900 74,900 74,950 74,950 75,000	18,601 16,025 18,616 16,039	19,607 17,000 19,625 17,014 19,643 17,028				
69,000			72,000			75,000						
69,000 69,09 69,050 69,10 69,100 69,11 69,150 69,20 69,200 69,29	16,803         14,401           16,818         14,415           16,834         14,429	17,566 15,376 17,581 15,390 17,597 15,404	72,000 72,050 72,050 72,100 72,100 72,150 72,150 72,200 72,200 72,250	17,748 15,255 17,764 15,269	18,599 16,216 18,617 16,230	75,000 75,050 75,050 75,100 75,100 75,150 75,150 75,200 75,200 75,250	18,663 16,081 18,678 16,095 18,694 16,109	19,661 17,042 19,679 17,056 19,697 17,070 19,715 17,084 19,733 17,098				
69,200 69,2 69,250 69,3 69,300 69,3 69,350 69,4 69,400 69,4	00         16,865         14,457           i0         16,880         14,471           i0         16,896         14,485	17,628 15,432 17,643 15,446 17,659 15,460	72,250 72,300 72,300 72,300 72,350 72,400 72,400 72,450	17,795 15,297 17,810 15,311 17,826 15,325	18,671 16,272	75,250 75,300 75,250 75,300 75,300 75,350 75,350 75,400 75,400 75,450	18,725 16,137 18,740 16,151 18,756 16,165	19,751 17,112 19,769 17,126 19,787 17,140 19,805 17,154				
69,450 69,50 69,500 69,59 69,550 69,60 69,600 69,69	i0         16,942         14,527           i0         16,958         14,541           i0         16,973         14,555	17,705 15,502 17,721 15,516 17,736 15,530	72,450 72,500 72,500 72,550 72,550 72,600 72,600 72,650	17,903 15,395	18,761 16,342 18,779 16,356 18,797 16,370	75,450 75,500 75,500 75,550 75,550 75,600 75,600 75,650	18,802 16,207 18,818 16,221 18,833 16,235	19,823 17,168 19,841 17,182 19,859 17,196 19,877 17,210				
69,650 69,70 69,700 69,71 69,750 69,80 69,800 69,81 69,850 69,90	i0         17,004         14,583           i0         17,020         14,597           i0         17,035         14,611	17,767 15,558 17,783 15,572 17,798 15,586	72,650 72,700 72,700 72,750 72,750 72,800 72,800 72,850 72,850 72,900	17,934 15,423 17,950 15,437 17,965 15,451		75,650 75,700 75,700 75,750 75,750 75,800 75,800 75,850 75,850 75,900	18,864 16,263 18,880 16,277 18,895 16,291	19,895 17,224 19,913 17,238 19,931 17,252 19,949 17,266 19,967 17,280				
69,900 69,9 69,950 70,0	<b>0</b> 17,066 14,639	17,829 15,614	72,900 72,950 72,950 73,000	17,996 15,479 18,012 15,493	18,905 16,454	75,900 75,950 75,950 76,000	18,926 16,319	19,985 17,294 20,003 17,308				
70,000			73,000			76,000						
70,000 70,0 70,050 70,1 70,100 70,1 70,150 70,2	0 17,113 14,681 0 17,128 14,695	17,879 15,656 17,897 15,670	73,000 73,050 73,050 73,100 73,100 73,150 73,150 73,200			76,000 76,050 76,050 76,100 76,100 76,150 76,150 76,200		20,021 17,322 20,039 17,336 20,057 17,350 20,075 17,364				
70,200 70,22 70,250 70,30 70,300 70,32 70,350 70,40 70,400 70,40	0 17,175 14,737 0 17,190 14,751 0 17,206 14,765	17,951 15,712 17,969 15,726 17,987 15,740	73,200 73,250 73,250 73,300 73,300 73,350 73,350 73,400 73,400 73 450	18,136 15,605	19,031 16,552 19,049 16,566 19,067 16,580	76,200 76,250 76,250 76,300 76,300 76,350 76,350 76,400	19,019 16,403 19,035 16,417 19,050 16,431 19,066 16,445	20,093 17,378 20,111 17,392 20,129 17,406 20,147 17,420				
70,400 70,49 70,450 70,50 70,500 70,59 70,550 70,60 70,600 70,61	00         17,237         14,793           i0         17,252         14,807           i0         17,268         14,821	18,023 15,768 18,041 15,782 18,059 15,796	73,400 73,450 73,450 73,500 73,500 73,550 73,550 73,600 73 600 73 650	18,167 15,633 18,182 15,647 18,198 15,661	19,121 16,622 19,139 16,636	76,400 76,450 76,450 76,500 76,500 76,550 76,550 76,600 76,600 76,650	19,081 16,459 19,097 16,473 19,112 16,487 19,128 16,501	20,219 17,476				
70,600 70,69 70,650 70,70 70,700 70,79 70,750 70,80 70,800 70,89	00         17,299         14,849           i0         17,314         14,863           i0         17,330         14,877	18,095 15,824 18,113 15,838 18,131 15,852	73,600 73,650 73,650 73,700 73,700 73,750 73,750 73,800 73,800 73,850	18,213 15,675 18,229 15,689 18,244 15,703 18,260 15,717 18,275 15,731	19,193 16,678 19,211 16,692	76,600 76,650 76,650 76,700 76,700 76,750 76,750 76,800 76,800 76,850		20,237 17,490 20,255 17,504 20,273 17,518 20,291 17,532 20,309 17,546				
70,800 70,8 70,850 70,9 70,900 70,9 70,950 71,0	0 17,361 14,905 0 17,376 14,919	18,167 15,880 18,185 15,894	73,800 73,800 73,850 73,900 73,900 73,950 73,950 74,000		19,247 16,720 19,265 16,734	76,800 76,800 76,850 76,900 76,900 76,950 76,950 77,000	19,221 16,585 19,236 16,599	20,307 17,540 20,327 17,560 20,345 17,574 20,363 17,588				
* This column	* This column must also be used by a qualifying widow(er). Continued on next page											

If line (taxab incom	le			ou are-	_	If line (taxat incom			And y	ou are-	_	If line (taxal incon			And yo	ou are—	
At least	But less than	Ŭ	Married filing jointly * Your	I Married filing sepa- rately tax is—	d Head of a house- hold	At But least less than Single Married Married Head filing filing of a sepa- house- rately hold <b>Your tax is—</b>			At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold			
77	,000	-				80,000					83	,000					
77,050 77,100 77,150	77,050 77,100 77,150 77,200 77,250	19,267 1 19,283 1 19,298 1 19,314 1 19,329 1	16,641 16,655 16,669	20,399 20,417 20,435	17,616 17,630 17,644	80,050 80,100 80,150	80,050 80,100 80,150 80,200 80,250	20,213 20,228	17,481 17,495 17,509	21,461 21,479 21,497 21,515 21,533	18,497 18,513 18,528	83,050 83,100 83,150	83,050 83,100 83,150 83,200 83,250	21,143 21,158 21,174	18,321 18,335 18,349	22,541 22,559 22,577 22,595 22,613	19,427 19,443 19,458
77,300 77,350 77,400 77,450	77,300 77,350 77,400 77,450 77,500	19,345 1 19,360 1 19,376 1 19,391 1 19,407 1	16,711 16,725 16,739 16,753	20,489 20,507 20,525 20,543	17,686 17,700 17,714 17,728	80,300 80,350 80,400 80,450	80,300 80,350 80,400 80,450 80,500	20,290 20,306 20,321 20,337	17,551 17,565 17,579 17,593	21,551 21,569 21,587 21,605 21,623	18,575 18,590 18,606 18,621	83,300 83,350 83,400 83,450	83,300 83,350 83,400 83,450 83,500	21,220 21,236 21,251 21,267	18,391 18,405 18,419 18,433	22,631 22,649 22,667 22,685 22,703	19,505 19,520 19,536 19,551
77,550 77,600 77,650 77,700	<ul> <li>77,550</li> <li>77,600</li> <li>77,650</li> <li>77,700</li> <li>77,750</li> <li>77,800</li> </ul>	19,422 1 19,438 1 19,453 1 19,469 1 19,484 1 19,500 1	16,781 16,795 16,809 16,823	20,579 20,597 20,615 20,633	17,756 17,770 17,784 17,798	80,550 80,600 80,650 80,700	80,550 80,600 80,650 80,700 80,750 80,800	20,368 20,383 20,399	17,621 17,635 17,649 17,663	21,641 21,659 21,677 21,695 21,713 21,731	18,652 18,668 18,683 18,699	83,550 83,600 83,650 83,700	83,550 83,600 83,650 83,700 83,750 83,800	21,298 21,313 21,329 21,344	18,461 18,475 18,489 18,503	22,721 22,739 22,757 22,775 22,793 22,811	19,582 19,598 19,613 19,629
77,850 77,900 77,950	77,850 77,900 77,950 78,000	19,515 1 19,531 1 19,546 1 19,562 1	16,865 16,879	20,669 20,687 20,705 20,723	17,840 17,854	80,850 80,900 80,950	80,850 80,900 80,950 81,000	20,445 20,461 20,476 20,492	17,705 17,719	21,749 21,767 21,785 21,803	18,730 18,745 18,761	83,850 83,900 83,950	83,850 83,900 83,950 84,000	21,391 21,406	18,545 18,559	22,829 22,847 22,865 22,883	19,675 19,691
	,000 70.050	10 577 1	1 ( 007	00 741	17.000		,000	20 507	17 7 47	01.001	10 700		,000	01 407	10 507	00.001	10 700
78,050 78,100 78,150	78,050 78,100 78,150 78,200	19,577 1 19,593 1 19,608 1 19,624 1	16,921 16,935 16,949	20,759 20,777 20,795	17,896 17,910 17,924	81,050 81,100 81,150	81,050 81,100 81,150 81,200	20,523 20,538 20,554	17,761 17,775 17,789	21,821 21,839 21,857 21,875	18,807 18,823 18,838	84,050 84,100 84,150	84,050 84,100 84,150 84,200	21,453 21,468 21,484	18,601 18,615 18,629	22,901 22,919 22,937 22,955	19,737 19,753 19,768
78,250 78,300 78,350	78,250 78,300 78,350 78,400 78,450	19,639 1 19,655 1 19,670 1 19,686 1 19,701 1	16,977 16,991 17,005	20,831 20,849 20,867	17,952 17,966 17,980	81,250 81,300 81,350	81,250 81,300 81,350 81,400 81,450	20,569 20,585 20,600 20,616 20,631	17,817 17,831 17,845	21,893 21,911 21,929 21,947 21,965	18,869 18,885 18,900	84,250 84,300 84,350	84,250 84,300 84,350 84,400 84,450	21,515 21,530 21,546	18,657 18,671 18,685	22,973 22,991 23,009 23,027 23,045	19,799 19,815 19,830
78,450 78,500 78,550 78,600	78,500 78,550 78,600 78,650	19,717 1 19,732 1 19,748 1 19,763 1	17,033 17,047 17,061 17,075	20,903 20,921 20,939 20,957	18,008 18,022 18,036 18,050	81,450 81,500 81,550 81,600	81,500 81,550 81,600 81,650	20,647 20,662 20,678 20,693	17,873 17,887 17,901 17,915	21,983 22,001 22,019 22,037	18,931 18,947 18,962 18,978	84,450 84,500 84,550 84,600	84,500 84,550 84,600 84,650	21,577 21,592 21,608 21,623	18,713 18,727 18,741 18,755	23,063 23,081 23,099 23,117	19,861 19,877 19,892 19,908
78,700 78,750 78,800	78,700 78,750 78,800 78,850 78,850 78,900	19,779 1 19,794 1 19,810 1 19,825 1 19,841 1	17,103 17,117 17,131	20,993 21,011 21,029	18,079 18,094 18,110	81,700 81,750 81,800	81,700 81,750 81,800 81,850 81,900	20,740 20,755	17,943 17,957 17,971	22,055 22,073 22,091 22,109 22,127	19,009 19,024 19,040	84,700 84,750 84,800	84,700 84,750 84,800 84,850 84,900	21,654 21,670 21,685	18,797 18,811	23,135 23,153 23,171 23,189 23,207	19,954 19,970
78,900	78,950 79,000	19,856 1 19,872 1	17,159	21,065	18,141	81,900	81,950 82,000	20,786	17,999	22,145 22,163	19,071	84,900	84,950 85,000	21,716	18,839	23,225 23,225 23,243	20,001
79	,000,	1				82	,000	1				85	,000	1			
79,050 79,100 79,150 79,200 79,250 79,300	79,050 79,100 79,150 79,200 79,250 79,300 79,350 79,400	19,887 1 19,903 1 19,918 1 19,934 1 19,949 1 19,965 1 19,980 1 19,980 1	17,201 17,215 17,229 17,243 17,257 17,271	21,119 21,137 21,155 21,173 21,191 21,209	18,187 18,203 18,218 18,234 18,249 18,265	82,050 82,100 82,150 82,200 82,250 82,300	82,050 82,100 82,150 82,200 82,250 82,300 82,350 82,400	20,833 20,848 20,864 20,879 20,895 20,910	18,041 18,055 18,069 18,083 18,097 18,111	22,181 22,199 22,217 22,235 22,253 22,271 22,289 22,307	19,117 19,133 19,148 19,164 19,179 19,195	85,050 85,100 85,150 85,200 85,250 85,300	85,050 85,100 85,150 85,200 85,250 85,300 85,350 85,400	21,763 21,778 21,794 21,809 21,825 21,840	18,881 18,895 18,909 18,923 18,937 18,951	23,261 23,279 23,297 23,315 23,333 23,351 23,369 23,387	20,047 20,063 20,078 20,094 20,109 20,125
79,450 79,500 79,550	79,450 79,500 79,550 79,600	20,011 1 20,027 1 20,042 1 20,058 1	17,313 17,327 17,341	21,263 21,281 21,299	18,311 18,327 18,342	82,450 82,500 82,550	82,450 82,500 82,550 82,600	20,957 20,972 20,988	18,153 18,167 18,181	22,325 22,343 22,361 22,379	19,241 19,257 19,272	85,450 85,500 85,550	85,450 85,500 85,550 85,600	21,887 21,902 21,918	18,993 19,007 19,021	23,405 23,423 23,441 23,459	20,171 20,187 20,202
79,650 79,700 79,750 79,800	79,650 79,700 79,750 79,800 79,850 79,850	20,073 1 20,089 1 20,104 1 20,120 1 20,135 1 20,135 1	17,369 17,383 17,397 17,411	21,335 21,353 21,371 21,389	18,373 18,389 18,404 18,420	82,650 82,700 82,750 82,800	82,650 82,700 82,750 82,800 82,850 82,900	21,019 21,034 21,050 21,065	18,209 18,223 18,237 18,251	22,397 22,415 22,433 22,451 22,469 22,487	19,303 19,319 19,334 19,350	85,650 85,700 85,750 85,800	85,650 85,700 85,750 85,800 85,850 85,900	21,949 21,964 21,980 21,995	19,049 19,063 19,077 19,091	23,477 23,495 23,513 23,531 23,549 23,567	20,233 20,249 20,264 20,280
79,900 79,950	79,900 79,950 80,000	20,166 1 20,182 1	17,439 17,453	21,425 21,443	18,451 18,466	82,900 82,950	82,950 83,000	21,096	18,279	22,487 22,505 22,523	19,381	85,900	85,900 85,950 86,000	22,026	19,119 19,133	23,587 23,585 23,603 ued on n	20,311 20,326
		ast 4150 k		, u q	iaan yn ig							L			- 5110		- page

1994	994 Tax Table—Continued															
If line 3 (taxable income	e	And	you are—	-	If line (taxat incom			And y	ou are-	-	If line (taxal incon			And yo	ou are—	
At least	But less than	Single Marri filing jointly * You	filing	Head of a house- hold	At least	But less than	Single	Marriec filing jointly * Your	I Marrie filing sepa- rately tax is—	of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
86	,000				89	,000					92	,000				
86,000 86,050 86,100	86,050 86,100 86,150 86,200	22,057 19,14 22,073 19,16 22,088 19,17 22,104 19,18	1 23,639 5 23,657	20,357 20,373	89,000 89,050 89,100	89,050 89,100 89,150 89,200	23,003	20,001 20,015	24,701 24,719 24,737 24,755	21,287 21,303	92,000 92,050 92,100	92,050 92,100 92,150 92,200	23,933 23,948	20,848	25,781 25,799 25,817 25,835	22,217 22,233
86,200 86,250 86,300	86,250 86,300 86,350 86,400	22,104 19,10 22,119 19,20 22,135 19,21 22,150 19,23 22,166 19,24	3 23,693 7 23,711 1 23,729	20,404 20,419 20,435	89,200 89,250 89,300	89,250 89,300 89,350 89,400	23,049 23,065 23,080	20,043 20,057 20,071	24,733 24,773 24,791 24,809 24,827	21,334 21,349 21,365	92,200 92,250 92,300	92,250 92,300 92,350 92,400	23,979 23,995 24,010	20,894 20,910	25,853 25,853 25,871 25,889 25,907	22,264 22,279 22,295
86,400 86,450 86,500	86,450 86,500 86,550 86,600	22,181 19,25 22,197 19,27 22,212 19,28 22,228 19,30	9 23,765 3 23,783 7 23,801	20,466 20,481 20,497	89,400 89,450 89,500	89,450 89,500 89,550 89,600	23,111 23,127 23,142	20,099 20,113 20,127	24,845 24,863 24,881 24,899	21,396 21,411 21,427	92,400 92,450 92,500	92,450 92,500 92,550 92,600	24,041 24,057 24,072	20,956 20,972 20,987	25,925 25,943	22,326 22,341 22,357
86,650 86,700	86,650 86,700 86,750 86,800	22,243 19,31 22,259 19,32 22,274 19,34 22,290 19,35	9 23,855 3 23,873	20,543 20,559	89,650 89,700	89,650 89,700 89,750 89,800		20,169 20,183	24,917 24,935 24,953 24,971	21,489	92,650 92,700	92,650 92,700 92,750 92,800	24,119 24,134	21,018 21,034 21,049 21,065	25,997 26,015 26,033 26,051	22,403 22,419
86,850 86,900	86,850 86,900 86,950 87,000	22,305 19,37 22,321 19,38 22,336 19,39 22,352 19,41	5 23,927 9 23,945	20,605 20,621	89,850 89,900	89,850 89,900 89,950 90,000	23,235 23,251 23,266 23,282	20,225 20,239	25,007 25,025	21,520 21,535 21,551 21,566	92,850 92,900	92,850 92,900 92,950 93,000	24,181 24,196	21,096 21,111	26,069 26,087 26,105 26,123	22,465 22,481
87,	,000	1		4	90,000					93,000						
87,050 87,100 87,150 87,250 87,250 87,300 87,350 87,400 87,450 87,450 87,550 87,600 87,650 87,700	87,050 87,100 87,150 87,250 87,250 87,300 87,350 87,450 87,450 87,550 87,500 87,550 87,600 87,550 87,600 87,750 87,750 87,750	22,367 19,42 22,383 19,44 22,398 19,45 22,414 19,46 22,429 19,48 22,445 19,49 22,460 19,51 22,476 19,52 22,477 19,55 22,522 19,56 22,538 19,58 22,553 19,59 22,569 19,60 22,584 19,62 22,600 19,63	1         23,999           5         24,017           9         24,035           3         24,053           7         24,071           1         24,089           5         24,107           9         24,125           3         24,143           7         24,161           1         24,179           5         24,179           5         24,197           9         24,215           3         24,233	20,667 20,683 20,698 20,714 20,729 20,745 20,760 20,776 20,776 20,827 20,807 20,822 20,838 20,853 20,869	90,050 90,100 90,150 90,200 90,250 90,350 90,400 90,450 90,550 90,550 90,600 90,600 90,700	90,050 90,100 90,150 90,200 90,250 90,300 90,350 90,400 90,450 90,550 90,600 90,650 90,700 90,800	23,313 23,328 23,344 23,359 23,375 23,390 23,406 23,421 23,437 23,452 23,468 23,468 23,483 23,499 23,514	20,281 20,295 20,309 20,323 20,337 20,351 20,365 20,379 20,393 20,407 20,421 20,435 20,449 20,463	25,097 25,115 25,133 25,151 25,169 25,187 25,205 25,223 25,241 25,259	21,597 21,613 21,628 21,644 21,659 21,675 21,690 21,706 21,721 21,737 21,752 21,768 21,783 21,799	93,050 93,100 93,150 93,250 93,300 93,350 93,400 93,400 93,550 93,550 93,600 93,600 93,700	93,050 93,100 93,150 93,200 93,250 93,300 93,350 93,450 93,550 93,550 93,500 93,550 93,600 93,550 93,600 93,750 93,800	24,243 24,258 24,274 24,289 24,305 24,320 24,336 24,351 24,367 24,382 24,398 24,413 24,429 24,444	21,158 21,173 21,189 21,204 21,220 21,255 21,251 21,266 21,282 21,297 21,313 21,328 21,344 21,359	26,141 26,159 26,179 26,213 26,249 26,267 26,285 26,303 26,321 26,339 26,357 26,375 26,375 26,375 26,373	22,527 22,543 22,558 22,574 22,589 22,605 22,605 22,651 22,667 22,667 22,682 22,698 22,713 22,729
87,800 87,850 87,900	87,850 87,900 87,950 88,000	22,615 19,65 22,631 19,65 22,646 19,67 22,662 19,69	1 24,269 5 24,287 9 24,305	20,900 20,915 20,931	90,800 90,850 90,900	90,850 90,900 90,950 91,000	23,545 23,561	20,491 20,505 20,519	25,349 25,367 25,385	21,830 21,845 21,861	93,800 93,850 93,900	93,850 93,900 93,950 94,000	24,475 24,491 24,506	21,390 21,406 21,421	26,429 26,447	22,760 22,775 22,791
88	,000	1			91,	,000	1				94	,000	1			
88,050 88,100 88,150 88,200 88,250 88,300	88,050 88,100 88,150 88,200 88,250 88,300 88,350 88,400	22,677 19,70 22,693 19,72 22,708 19,73 22,724 19,74 22,739 19,76 22,755 19,77 22,770 19,79 22,786 19,80	1 24,359 5 24,377 9 24,395 3 24,413 7 24,431 1 24,449	20,977 20,993 21,008 21,024 21,039 21,055	91,050 91,100 91,150 91,200 91,250 91,300	91,050 91,100 91,150 91,200 91,250 91,300 91,350 91,400	23,623 23,638 23,654 23,669 23,685 23,700	20,561 20,575 20,589 20,603 20,617 20,631	25,421 25,439 25,457 25,475 25,475 25,511 25,529 25,547	21,907 21,923 21,938 21,954 21,969 21,985	94,050 94,100 94,150 94,200 94,250 94,300	94,050 94,100 94,150 94,200 94,250 94,300 94,350 94,400	24,553 24,568 24,584 24,599 24,615	21,468 21,483 21,499 21,514 21,530 21,545	26,501 26,519 26,537 26,555 26,573 26,591 26,609 26,627	22,837 22,853 22,868 22,884 22,899 22,915
88,400 88,450 88,500 88,550	88,450 88,500 88,550 88,600	22,801 19,81 22,817 19,83 22,832 19,84 22,848 19,86	9 24,485 3 24,503 7 24,521 1 24,539	21,086 21,101 21,117 21,132	91,400 91,450 91,500 91,550	91,450 91,500 91,550 91,600	23,731 23,747 23,762 23,778	20,659 20,673 20,687 20,701	25,565 25,583 25,601 25,619	22,016 22,031 22,047 22,062	94,400 94,450 94,500 94,550	94,450 94,500 94,550 94,600	24,661 24,677 24,692 24,708	21,576 21,592 21,607 21,623	26,645 26,663 26,681 26,699	22,946 22,961 22,977 22,992
88,650 88,700 88,750 88,800 88,850 88,900	88,650 88,700 88,750 88,800 88,850 88,900 88,950 89,000	22,863 19,87 22,879 19,88 22,894 19,90 22,910 19,91 22,925 19,93 22,941 19,94 22,956 19,95 22,972 19,97	9 24,575 3 24,593 7 24,611 1 24,629 5 24,647 9 24,665	21,163 21,179 21,194 21,210 21,225 21,241	91,650 91,700 91,750 91,800 91,850 91,900	91,650 91,700 91,750 91,800 91,850 91,900 91,950 92,000	23,840 23,855 23,871	20,729 20,743 20,757 20,771 20,786 20,801	25,727 25,745	22,093 22,109 22,124 22,140 22,155 22,171	94,650 94,700 94,750 94,800 94,850 94,900	94,650 94,700 94,750 94,800 94,850 94,900 94,950 95,000	24,739 24,754 24,770 24,785 24,801 24,816	21,716 21,731	26,717 26,735 26,753 26,771 26,789 26,807 26,825 26,843	23,023 23,039 23,054 23,070 23,085 23,101
* This c	olumn m	ust also be us	ed by a qu	ualifying	l widow(e	er).								Contin	ued on n	ext page

If line 3 (taxable income	e			ou are-	-	If line (taxab incom			And yo	ou 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	Marriec filing sepa- rately ax is—	l Head of a house- hold
95,	000					98,	000				
	95,050 95,100	24,847 24,863			23,132 23,147	98,000 98,050	98,050 98,100	25,777 25,793		27,941 27,959	24,062 24,077
95,100	95,150 95,200	24,878 24,894	21,793		23,163	98,100 98,150	98,150 98,200	25,808 25,824	22,723	27,977	24,093 24,108
95,200 95,250 95,300	95,250 95,300 95,350	24,909 24,925 24,940	21,840	26,951	23,194 23,209 23,225	98,200 98,250 98,300	98,250 98,300 98,350	25,839 25,855 25,870	22,770	28,013 28,031 28,049	24,124 24,139 24,155
	95,400 95,450	24,956 24,971	21,871	26,987	23,240 23,256	98,350 98,400		25,886 25,901	22,801	28,067 28,085	24,170 24,186
95,450 95,500 95,550	95,500 95,550 95,600	24,987 25,002 25,018	21,917	27,041	23,271 23,287 23,302	98,450 98,500 98,550	98,500 98,550 98,600	25,917 25,932 25,948	22,847	28,103 28,121 28,139	24,201 24,217 24,232
95,600 95,650	95,650 95,700	25,033 25,049	21,948 21,964	27,077 27,095	23,318 23,333	98,600 98,650	98,650 98,700	25,963	22,878 22,894	28,157	24,248 24,263
95,700 95,750 95,800	95,750 95,800 95,850	25,064 25,080 25,095		27,131	23,349 23,364 23,380	98,700 98,750 98,800	98,750 98,800 98,850	26,010		28,193 28,211 28,229	24,279 24,294 24,310
95,850 95,900	95,900 95,950 96,000	25,111 25,126 25,142	22,026 22,041	27,167	23,395 23,411	98,850 98,900 98,950	98,900 98,950 99,000	26,041 26,056 26,072	22,956 22,971	28,247 28,265 28,283	24,325 24,341
96,	000		<u> </u>		~	99,	000				
96,050 96,100	96,050 96,100 96,150	25,173 25,188	22,072 22,088 22,103	27,239 27,257	23,457 23,473	99,000 99,050 99,100	99,050 99,100 99,150	26,087 26,103 26,118	23,018 23,033	28,319 28,337	24,372 24,387 24,403
96,200	96,200 96,250 96,300	25,204 25,219 25,235		27,293	23,488 23,504 23,519	99,150 99,200 99,250	99,200 99,250 99,300	26,134 26,149 26,165	23,064	28,355 28,373 28,391	24,418 24,434 24,449
	96,350 96,400	25,250 25,250 25,266	22,165	27,329	23,535 23,550	99,300 99,350	99,350 99,400	26,180 26,196	23,095	28,409 28,427	24,465 24,480
96,400 96,450 96,500 96,550	96,450 96,500 96,550 96,600	25,281 25,297 25,312 25,328	22,212 22,227	27,383 27,401	23,566 23,581 23,597 23,612	99,400 99,450 99,500 99,550	99,450 99,500 99,550 99,600	26,211 26,227 26,242 26,258	23,142 23,157	28,445 28,463 28,481 28,499	24,496 24,511 24,527 24,542
96,600 96,650	96,650 96,700 96,750	25,343 25,359 25,374	22,258 22,274	27,437 27,455	23,628 23,643 23,659	99,600 99,650 99,700	99,650 99,700 99,750	26,273 26,289 26,304	23,188 23,204	28,517 28,535 28,553	24,558 24,573 24,589
96,800	96,800 96,850	25,405	22,305 22,320	27,509	23,690	99,750 99,800	99,800 99,850	26,335	23,235 23,250	28,589	24,620
96,900	96,900 96,950 97,000	25,436	22,336 22,351 22,367	27,545	23,721		99,900 99,950 100,000	26,366	23,266 23,281 23,297	28,625	24,651
97,	000										
97,050 97,100	97,050 97,100 97,150 97,200	25,483	22,398 22,413	27,599							
97,200 97,250 97,300	97,250 97,300 97,350	25,529 25,545 25,560	22,444 22,460 22,475	27,653 27,671 27,689	23,814 23,829 23,845		(	\$100 or ov	),000 /er —		
97,400 97,450	97,400 97,450 97,500 97,550	25,576 25,591 25,607 25,622	22,506 22,522	27,707 27,725 27,743 27,761	23,876 23,891			use	the Rate		
97,550 97,600	97,600 97,650	25,638 25,653	22,553 22,568	27,779 27,797	23,922 23,938	<sup>2</sup> Schedules <sup>8</sup> On page 53					
97,700	97,700 97,750 97,800	25,669 25,684 25,700	22,599	27,815 27,833 27,851	23,969						
97,850 97,900	97,850 97,900 97,950 98,000	25,731 25,746		27,887 27,905	24,015 24,031	15 31					
* This c	olumn m	ust also	be used	by a q	ualifying	widow(e	er).				

1994 Tax Table—Continued

## 1994 Tax Rate Schedules

**Caution:** Use **only** if your taxable income (Form 1040, line 37) is \$100,000 or more. If less, use the **Tax Table.** Even though you cannot use the tax rate schedules below if your taxable income is less than \$100,000, all levels of taxable income are shown so taxpayers can see the tax rate that applies to each level.

Schedule X—Use if your filing status is Single

If the amount on Form 1040, line 37, is: <i>Over—</i>	But not over—	Enter on Form 1040, line 38	of the amount over—
\$0	\$22,750		\$0
22,750	55,100	\$3,412.50 + 28%	22,750
55,100	115,000	12,470.50 + 31%	55,100
115,000	250,000	31,039.50 + 36%	115,000
250,000		79,639.50 + 39.6%	250,000

Schedule Y-1—Use if your filing status is Married filing jointly or Qualifying widow(er)

If the amount on Form 1040, line 37, is: Over—	But not over—	Enter on Form 1040, line 38	of the amount over—
\$0	\$38,000	15%	\$0
38,000	91,850	\$5,700.00 + 28%	38,000
91,850	140,000	20,778.00 + 31%	91,850
140,000	250,000	35,704.50 + 36%	140,000
250,000		75,304.50 + 39.6%	250,000

#### Schedule Y-2—Use if your filing status is Married filing separately

If the amount on Form 1040, line 37, is: Over—	But not over—	Enter on Form 1040, line 38	of the amount over—
\$0	\$19,000	15%	\$0
19,000	45,925	\$2,850.00 + 28%	19,000
45,925	70,000	10,389.00 + 31%	45,925
70,000	125,000	17,852.25 + 36%	70,000
125,000		37,652.25 + 39.6%	125,000

#### Schedule Z—Use if your filing status is Head of household

If the amount on Form 1040, line 37, is: Over—	But not over—	Enter on Form 1040, line 38	of the amount over—		
\$0	\$30,500	15%	\$0		
30,500	78,700	\$4,575.00 + 28%	30,500		
78,700	127,500	18,071.00 + 31%	78,700		
127,500	250,000	33,199.00 + 36%	127,500		
250,000		77,299.00 + 39.6%	250,000		

## SCHEDULES A&B

## Schedule A—Itemized Deductions

OMB No. 1545-0074

(Form 1040)

(Schedule B is on back)

Department of the Treasury Internal Revenue Service 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		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see page A-1)	1				
Dental	2	Enter amount from Form 1040, line 32					
Expenses	3	Multiply line 2 above by 7.5% (.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, er	nter -0	. 4		 	
Taxes You	5	State and local income taxes	5	_			
Paid	6	Real estate taxes (see page A-2)	6				
(See	(7	Personal property taxes	7	Ц			
page A-1.)	8	Other taxes—List type and amount ▶					
			8	_			
	9	Add lines 5 through 8		. 9	_	 	
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	_			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid					
(See		to the person from whom you bought the home, see page A-3					
page A-2.)		and show that person's name, identifying no., and address $\blacktriangleright$					
<b>.</b>		101 ×0	11				
Note: Personal	40						
interest is	12	Points not reported to you on Form 1098. See page A-3 for special rules	12				
not deductible.	13	Investment interest. If required, attach Form 4952. (See					
deductible.	13	page A-3.)	13				
	14	Add lines 10 through 12		. 14	1		
Gifts to	15	<u>Gifts by cash or check</u> (If any gift of \$250 or more, see				 	
Charity	15	(page A-3).	15				
If you made a	16	Other than by cash or check. If any gift of \$250 or more,					
gift and got a		see page A-3 If over \$500, you <b>MUST</b> attach Form 8283	16				
benefit for it, see page A-3.	17	Carryover from prior year	17				
	18	Add lines 15 through 17		. 18	3	 	
Casualty and	40						
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A	A-4.)	. 19	<u>}</u>	 	
Job Expenses	20	Unreimbursed employee expenses—job travel, union					
and Most		dues, job education, etc. If required, you MUST attach					
Other		Form 2106 or 2106-EZ (See page A-4.) ►					
Miscellaneous	5		20				
Deductions			20				
10	(21	Tax preparation fees	21	시			
(See page A-5 for	22	Other expenses—investment, safe deposit box, etc. List type and amount ►					
expenses to			22				
deduct here.)	23	Add lines 20 through 22	23				
	23 24	Enter amount from Form 1040, line 32.         24					
	25	Multiply line 24 above by 2% (.02)	25				
	26	Subtract line 25 from line 23. If line 25 is more than line 2		. 26	5		
Other	(27	Moving expenses incurred before 1994. Attach Form 3903 or 39	03-E (See page A-5)	27	,		
Miscellaneous	28	Other—from list on page A-5. List type and amount ▶					
Deductions	-			28	3		
Total	29	Is Form 1040, line 32, over \$111,800 (over \$55,900 if mar	ried filing separately)?				
Itemized		NO. Your deduction is not limited. Add the amounts in the	-				
Deductions		for lines 4 through 28. Also, enter on Form 1040, line	34, the larger of	29	)		
		this amount or your standard deduction.					
		YES. Your deduction may be limited. See page A-5 for the	amount to enter. J				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number ł

Attachment Sequence No. 08

		Schedule B—Interest and Dividend Income		Sequence No	o. <b>08</b>
Part I	Not	e: If you had over \$400 in taxable interest income, you must also complete Part III.	T	0	
Interest Income (See pages 15	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 B-1 and list this interest first. Also show that buyer's social security number and address <b>&gt;</b>		Amount	
and B-1.)					
received a Form 1099-INT, Form 1099-OID, or substitute statement from		<u> </u>	1		
a brokerage firm, list the firm's name as the payer and enter the total interest					
shown on that form.		chans			
	2	Add the amounts on line 1	2		
	3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► e: If you had over \$400 in gross dividends and/or other distributions on stock, you mus	4	acmulate Dert III	
Part II Dividend				Amount	
Income (See	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 ►			
pages 16 and B-1.)					
Note: If you received a Form 1099-DIV or substitute			5		
statement from a brokerage firm, list the firm's name as					
the payer and enter the total dividends					
shown on that	6	Add the amounts on line 5	6		
form.	7	Capital gain distributions. Enter here and on Schedule D*			
	8	Nontaxable distributions. (See the inst. for Form 1040, line 9.)	1		
	9	Add lines 7 and 8	9		
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	10		
		*If you do not need Schedule D to report any other gains or losses, enter your of Form 1040, line 13. Write "CGD" on the dotted line next to line 13.	apital	l gain distributior	ns on
Part III Foreign		ou 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 t	transferor Yes	No
Accounts and Trusts	11a	At any time during 1994, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or account? See page B-2 for exceptions and filing requirements for Form TD F 90-	othe	r financial	
(See page B-2.)	b 12	If "Yes," enter the name of the foreign country ► Were you the grantor of, or transferor to, a foreign trust that existed during 1994, you have any beneficial interest in it? If "Yes." you may have to file Form 3520.3	whet	ther or not	

SCHEI	DULE	С
(Form	1040)	

## Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

		►	Pa	rtn	erships,	joint	vent	ures	, etc.	, must	file	Form	า 1	065.		
	_							-							-	

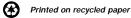
Attachment Department of the Treasury Sequence No. 09 Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040). Internal Revenue Service Name of proprietor Social security number (SSN) Α B Enter principal business code Principal business or profession, including product or service (see page C-1) (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 (1) Cash (3) Other (specify) F Accounting method: (2) Accrual G Method(s) used to Lower of cost Other (attach Does not apply (if Yes No (4) checked, skip line H) value closing inventory: (1) Cost (2) or market (3) explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach н . . . . . . . . . . . . . Did you "materially participate" in the operation of this business during 1994? If "No," see page C-2 for limit on losses. . . I If you started or acquired this business during 1994, 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 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 Cost of goods sold (from line 40 on page 2) 4 Gross profit. Subtract line 4 from line 3 . . . . U. 5 5 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) 6 7 Expenses. Enter expenses for business use of your home only on line 30. Part II 8 19 8 Advertising 19 Pension and profit-sharing plans 20 Rent or lease (see page C-4): q Bad debts from sales or 9 20a services (see page C-3) a Vehicles, machinery, and equipment . 20b 10 Car and truck expenses **b** Other business property 10 21 (see page C-3) 21 Repairs and maintenance . . 11 Commissions and fees. . 11 22 Supplies (not included in Part III) . 22 12 23 12 Depletion. . . . . . 23 Taxes and licenses . . . 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 (50%) of (other than on line 19) . . . line 24b subject 15 15 Insurance (other than health) . to limitations 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 Wages (less employment credits) 26 17 Legal and professional 26 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 . . Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, 31 see page C-5). Estates and trusts, 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). • If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 32a All investment is at risk. (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not • If you checked 32b, you MUST attach Form 6198. at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cost of Goods Sold (see page C-5)

Part III

33       Inventory at beginning of year. If different from last years closing inventory, attach explanation       33         34       9         35       25         36       35         37       36         38       36         39       36         30       37         36       37         37       38         38       37         39       38         39       Inventory at end of year         39       Inventory at end of year         30       10         39       Inventory at end of year         30       10         31       10         32       10         33       10         34       10         35       10         36       10         37       38         38       20         39       Inventory at end of year         30       10         31       When did you place your vehicle Complete. This business. See the instructions for line 13 on page C-3 to find out if you must file.         30       10         31       When did you place your vehicle to to to tho wait bo to to to to to you							
36       Cost of labor. Do not include salary paid to yourself       35         37       Materials and supplies       36         38       Add lines 33 through 37       38         39       Inventory at end of year       39         40       Cost of goods seld. Subtract line 39 from line 38. Ender the result here and on page 1, line 4       40         41       When did you place your which on the Set here the result here and on page 1, line 4       40         42       Of the total number of miles you drove your weiched units 1984. enter the number of miles you used your weiche for:         a       Business       b) Commuting         41       When did you place your vehicle in service to trust here sampless? (month, day, year)          42       Of the total number of miles you drove your vehicle/dufted 1984, enter the number of miles you used your vehicle for:         a       Business       b) Commuting         44       Was your vehicle available for use dufting 1984, enter the number of miles you used your vehicle for:         a       Business       b) Commuting         45       Do you (ar your spouse) have endiner vehicle available for personal use?       Cother         44       Was your vehicle available for use dufting 01984, enter the number of miles 8-26 or line 30.         45       Do you (ar your spouse) have endifeed unif 01904 hours?       Cother	33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation .	33				
26       Materials and supplies       36       37         37       Other costs       37       38         38       Add lines 33 through 37       38       39         39       inventory at end of year       39       40         40       Cost of goods sold. Subtract line 39 from line 48. Enfort the result hore and on page 1. line 4       40         41       Winformation on Your Vehicle. Complete this part ONLY if you are definding car or truck expenses on line 10 and are not required to file. Form 4562 for file business? See the instructions for line 13 on page C-3 to find out if you must file.         41       When did you place your vehicle during 1964, enter the number of miles you are whicle for:         a       Business       b Commuting         42       Of the total number of miles you drove your vehicle available for personal use?       C of ther         43       Do you (or your spouse) have another vehicle available for personal use?       C of ther         44       Was your vehicle available for use during off-duty hours?       Yes       No         45a       Do you (ary your spouse). List below business expenses not included on lines 8-26 or line 30.       Image: See No         Part V       Other Expenses. List below business expenses not included on lines 8-26 or line 30.       Image: See No         Image: See No       Image: See No       Imagee No       Imagee	34	Purchases less cost of items withdrawn for personal use	34				
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: thate the result here and an page 1, line 4       40         40       Cost of goods sold, subtract line 39 from line 38: thate the result here and an page 1, line 4       40         41       Information on Vour, Vehicle, Completed this part IONLify line up and leighting car or truck expenses on line 10 and are not required to file. Completed this part IONLify line up and leighting car or truck expenses on line 10 and are not required to file. Form 45.02 for this business, see the instructions for line 13 on page C-3 to find out if you must file.         41       Wrhen did you place your vehicle during 1944, enter the number of miles you used your vehicle for:         a Business       b Commuting         42       Of the total number of miles you drove your vehicle available for personal use?         43       Do you (ary your spouse) have another vehicle available for personal use?         44       Was your vehicle available for use during off-duty hours?         45a       Do you have evidence to support your deduction?         45a       Do you have evidence to support your deduction?         45a       Do you have evidence to support your deduction?         45a       Do you have evidence to support your deduction?         45a </td <td>35</td> <td>Cost of labor. Do not include salary paid to yourself</td> <td>35</td> <td></td> <td></td> <td></td> <td></td>	35	Cost of labor. Do not include salary paid to yourself	35				
38       Add lines 33 through 37       38       39         39       Inventory at end of year       39       30         40       Cost of goods sold. Subtract line 39 from Jine 32. Enter the result here and on page 1, line 4       30       40         10       Cost of goods sold. Subtract line 39 from Jine 32. Enter the result here and on page 1, line 4       40       40         11       When did you place your vehicle in service for business purposes? (mouth, day, year) >/	36	Materials and supplies	36				
39       Inventory at end of year       39       40         40       Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4       40       40         Part IV       Information on Your Vehicle. Complete this pair ONLY if you are defining car or truck expenses on line 10 and are not required to file. Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.         41       When did you place your vehicle in service to tueshass purposes? (month, day, year)       /	37	Other costs	37				
40       Cost of goods sold. Subtract line 39 from line 38. Either the result here and on page 1, line 4       40         Part IV       Information on Your, Vehicle, Complete this part ONLY if you are cleinning car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.         41       When did you place your vehicle in service to business purposes? (maph, day, year) ▶	38	Add lines 33 through 37	38				
Part IV       Information on Your Vehicle. Complete this part ONLY if you, are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.         41       When did you place your vehicle in service for business purposes? (month, day, year) ►	39	Inventory at end of year	39				
Part IV       Information on Your Vehicle. Complete this part ONLY if you, are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.         41       When did you place your vehicle in service for business purposes? (month, day, year) ►	40	<b>Cost of goods sold.</b> Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40				
42       Of the total number of miles you drove your vehicle during 1994, enter the number of miles you used your vehicle for:         a       Business       c Other         43       Do you (or your spouse) have another vehicle available for personal use?       c Other         44       Was your vehicle available for use during off-duty hours?       c Other         45a       Do you have evidence to support your deduction?       c No         b       ff "Yes," is the evidence written?       ves         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.	Pa	t IV Information on Your Vehicle. Complete this part ONLY if you are claimin line 10 and are not required to file Form 4562 for this business. See the ins	ng ca truct	ar or tru tions for	ick expe 1 line 13	enses on pa	on age
a Business       b commuting       c Other         43 Do you (or your spouse) have another vehicle available for personal use?        Yes       No         44 Was your vehicle available for use during off-duty hours?        Yes       No         45a Do you have evidence to support your deduction?        Yes       No         b if "Yes," is the evidence writter?        Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.	41	When did you place your vehicle in service for business purposes? (month, day, year)	/	·			
43 Do you (or your spouse) have another vehicle available for personal use?       Image: Constraint of the sponse in	42	Of the total number of miles you drove your vehicle during 1994, enter the number of miles you used yo	ur vel	nicle for:			
44       Was your vehicle available for use during off-duty hours?       Yes       No         45a       Do you have evidence to support your deduction?       Yes       No         b       If "Yes," is the evidence written?       Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.       Image: Comparison of the second of the secon	а	Business b Commuting c Other					
45a       Do you have evidence to support your deduction?       Yes       No         b       If "Yes," is the evidence written?       No       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.       Image: Comparison of the support your deduction of the support your deduction of the support your deduction of the support your deduction?         Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?         Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?         Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?         Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?       Image: Comparison of the support your deduction?         Image: Comparison of the support your deduction	43	Do you (or your spouse) have another vehicle available for personal use?	•	🗆	Yes		No
b       If "Yes," is the evidence written?       Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.         Image: Second Se	44	Was your vehicle available for use during off-duty hours?		🗆	Yes		No
Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.			•	· · □			
	Pa			ie 30.			
A Total other symposes. Enter here and an page 1. Mar 27							
		Table Management State have and the CZ					



## 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)

19

OMB No. 1545-0074

Par	t I General Information											
This	May Use Schedule - If You: May Use Did not have an inventory at any time during the year. Did not have a net loss from your business. Did not have a net loss from your business.	requir ition a ness. dule nd ou educ ave p ave p activi	red to fi and Am See th C, line at if you t expen of your prior yea	uring the yea le <b>Form 456</b> ortization, fo e instruction 13, on page must file. ses for home. ar unallowed s from this	<b>2,</b> or s							
Α	Principal business or profession, including product or service		-	principal bus	iness	code						
С	Business name. If no separate business name, leave blank.		e page Employ	C-6) ►   er ID number	(EIN),	if any						
	×0											
E 	E       Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.         City, town or post office, state, and ZIP code											
Par	t II Figure Your Net Profit											
1	I Gross receipts. If more than \$25,000, you must use Schedule C.         Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here											
2	Total expenses. If more than \$2,000, you must use Schedule C. See instructions	•	2									
3	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter <b>Form 1040, line 12,</b> and ALSO on <b>Schedule SE, line 2.</b> (Statutory employees <b>do not</b> report t amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	his	3									
Par	t III Information on Your Vehicle. Complete this part ONLY if you are claiming ca	ror	truck e	expenses (	on lir	ie 2.						
4 5	When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 1994, enter the number of miles				for							
		5	5		, 101.							
а	Business b Commuting c Other											
6	Do you (or your spouse) have another vehicle available for personal use?	•	• •	. 🗌 Yes		No						
7	Was your vehicle available for use during off-duty hours?			. 🗌 Yes		No						
8a	Do you have evidence to support your deduction?			. 🗌 Yes		No						
	If "Yes," is the evidence written?				1040	<u>No</u>						
FOL P	Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 14374D	Sch	ieaule (	C-EZ (Form	1040)	1994						

## 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, 50% of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-2 through C-5.

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



SCHE	DULE	D
(Form	1040)	

## **Capital Gains and Losses**

OMB 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

Pa	t Short-Term	Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less										
	(a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date so (Mo., day, y		d) Sales price see page D-3)	(e) Cost of other basis (see page D	5	(f) LOSS If (e) is more th subtract (d) fro		(g) GAIN If (d) is more tha subtract (e) fro		
1												
						ç						
						0/						
2	Enter your short-ter line 21	rm totals, if ar	-	2	25							
3	Total short-term sa Add column (d) of I			3	0	94						
4	Short-term gain from Forms 2119 and 6252, and short-term gain or (loss) from Forms 4684, 6781, and 8824											
5												
6	Short-term capital lo 1993 Capital Loss (			nount, i 	if any, from lin	e 9 of your	6					
7	Add lines 1, 2, and	4 through 6, ii	n columns	(f) and (	(g)		7	(	)			
8 Par	Net short-term ca	pital gain or (l Capital Gai						▶ Voar	8			
9 9	Long-term			5562-	-ASSEIS HE							
10	Enter your long-ter line 23.		-	10								
11	Total long-term sa Add column (d) of I	les price amo	ounts.	11								
12	Gain from Form 47 and long-term gain	97; long-term	gain from			and 6252;	12					
13	Net long-term gain trusts from Schedu	or (loss) from				states, and	13					
14	Capital gain distribu						14					
15												
16	Add lines 9, 10, and	d 12 through 1	5, in colum	ns (f) a	nd (g)		16	(	)			
17												
		of Parts I ar							1	[		
18	Combine lines 8 an								10			
19	Note: If both lines								18			
	The (loss) on line 18		i as a (1055)		111 TU40, IIIIe	io, uie sindle		11635 103353.				
	(\$3,000) or, if marrie		ately, (\$1,50	)0)					19	(	)	
	Note: See the Cap	ital Loss Cari	yover Wor	ksheet		if the loss o	n line	e 18 exceeds				
For I	the loss on line 19 Paperwork Reduction					Cat. No. 1	1338	4	Sched	ule D (Form 104	0) 1994	
						Gut. 110. 1		-			-,	

Sch	edule D (Form 1040) 1994				Attac	chment Sequence N	lo. <b>12</b>	Page <b>2</b>
Nam	ne(s) shown on Form 1040.	Do not enter name	and social securi	ty number if shown or				social security number
Pa	rt IV Short-Ter	m Capital Ga	ains and Los	ses—Assets H	eld One Year o	r Less (Conti	nuatio	n of Part I)
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than subtract (d) from		(g) GAIN If (d) is more than (e), subtract (e) from (d)
20		(1010), ady, yr.)			(See page 2 b)			
					C			
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			-00			(9)		
		Q			<u>50</u>	9		
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			30	at t				
				e				
			(SUV)					
21	Short torm totals Ad	d columns (d) (	f) and					
	Short-term totals. Ad (g) of line 20. Enter h	nere and on line	e 2 . <b>21</b>					
Pá 22	rt V Long-Teri	m Capital Ga	ins and Los	ses—Assets H	eld More Than	One year (Co	ontinua	ation of Part II)
23	Long-term totals. Ad	l d columns (d), (						
	(g) of line 22. Enter h	iere and on line	e 10 . <b>23</b>					

## SCHEDULE E (Form 1040)

## Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

40). Attachment Sequence No. 13 Your social security number

Pa	Income or Loss From Renta	al Rea	al Estate and	Roya	Ities Note:	Report i	ncome and expe	nses fr	om ya	: our busin	ess of r	rentind
	personal property on Schedule (	C or C	<b>C-EZ</b> (see page l	E-1). F	eport farm r	ental inco	ome or loss from	Form	4835			
1 A	Show the kind and location of each				<u> </u>	prope or yo	each rental real erty listed on lin our family use it pages for more t	ne 1, i for p	did y ersor		Yes	No
в	purposes for more that greater of 14 days or total days rented at fa								6 of 1	the B		
С	value during the tax year? (See											
nc	ome:		A	λ	Prope		С		(Ad	Tota d columns		nd C.)
3 4	Rents received	3 4	0		9	И			3 4			
5 6 7 8 9 0 11 12 13 14 15 16 17	Advertising	5 6 7 8 9 10 11 12 13 14 15 16 17 18							12			
	Add lines 5 through 18	19							19			
	Depreciation expense or depletion (see page E-2)	20							20			
	Total expenses. Add lines 19 and 20 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 if you must file <b>Form 6198</b> .	21 22										
23	Deductible rental real estate loss. <b>Caution:</b> Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file <b>Form 8582.</b> Real estate professionals must complete line	23	(		(		(	)				
24	42 on page 2		n line 22. <b>Do n</b>	ot inc	lude anv lo	sses .	<u></u>		24			
	Losses. Add royalty losses from line 22				-		he total losses he	ere .	25	(		)
26	Total rental real estate and royalty in If Parts II, III, IV, and line 39 on page line 17. Otherwise, include this amou	come e 2 do	e or (loss). Con o not apply to	nbine you, a	lines 24 and also enter tl	d 25. En his amo	ter the result h	ere.	26			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number ÷

	te: If you report amounts					st ei	nter your gr	oss income	from	those	activities	s on line
_	below. <u>Real estate profes</u> rt II Income or Los					Not	a. If you ropo	rt a laca fram	an at riv	ok ootiu	ity you Mu	ICT aboa
Pa	either column (e) c											
27					(b) Enter P fo	r	(c) Check if	<b>(d)</b> Err	nployer		Investment	At Risk?
27		(a) Name			partnership; S		foreign partnership		ication nber		(e) All is (f) at risk n	
A												
В											────	
C D						-						
E												
	Passive Incom	ne and Loss	;			Nor	passive Ir	come and	Loss		<u> </u>	
	(g) Passive loss allowed	(h) Pas	sive income		npassive loss			ion 179 expensi deduction	se	(k) N	lonpassive i	ncome
	(attach Form 8582 if required)	from S	chedule K-1	from :	Schedule K-1			n Form 4562		fro	om Schedul	e K-1
<u>A</u>										<u> </u>		
B			- AV		<b>Y</b>			6)		+		
C D							h			+		
E						n	0			+		
	a Totals											
	o Totals				<b>XO</b>							
29	Add columns (h) and (k)			· · ·					29	<u> </u>		<u> </u>
30	Add columns (g), (i), and			00		•			30	<u> </u>		)
31	Total partnership and S here and include in the				bine lines 29			the result	31			
Pa	art III Income or Lo			10°	<u></u>			<u></u>	1 31			
20			(a) Na							(b)	) Employer	
32			( <b>a</b> ) Na	inte						identifi	cation num	ber
A												
B	Dace	ive Income	and Loss				Non	naccivo In	como	and		
	(c) Passive deduction or loss			Passive incon	00		(e) Deduction			(f) Other income from		
	(attach Form 8582 if requ			m Schedule K			from Sched			.,	hedule K-1	UIII
A												
В									-			
	a Totals								_			_
	o Totals								24			
34	Add columns (d) and (f)					•			34 35	(		- )
35 36	Add columns (c) and (e) Total estate and trust inc			 lines 34 and	1 35 Enter th	ne re	 sult here ar	 nd include	33	<u>}</u>		- '
	in the total on line 40 be	elow .	·						36			
Pa	art IV Income or Lo	oss From I	Real Estate				Conduits	(REMICs)	Re	sidua	al Holde	r
37	(a) Name		nployer ion number	Schedule	ss inclusion from es <b>Q</b> , line 2c (se			icome (net loss) <b>ules Q</b> , line 1b	(e) I	ncome	from <b>Sched</b> line 3b	lules Q,
				F	bage E-4)		Join Joined					
38	Combine columns (d) ar	nd (e) only. E	Enter the resu	ult here and	d include in t	he t	total on line	40 below	38			
	art V Summary	···· (-) -···j· -										
39	Net farm rental income	or (loss) froi	m Form 483	5. Also, coi	mplete line 4	1 b	elow		39			
40	TOTAL income or (loss). Cor							), line 17 🕨	40			
41	Reconciliation of Farn	ning and Fi	sh <u>ing Inc</u> on	ne. Enter y	our gross							
	farming and fishing inco	ome reporte	d on Form 4	835, line 7	Schedule							
	K-1 (Form 1065), line 1 Schedule K-1 (Form 104					41						
					· · · · -							
42	Reconciliation for Real professional (see page E											
	anywhere on Form 1040	D from all re	ntal real esta	ate activitie	s in which							
	you materially participat	ed under the	e passive act	tivity loss ri	lles	42	1	1				

Department of the Treasury Internal Revenue Service

Name(s) shown on return

OMB No. 1545-0074

## Before You Begin . . .

- Answer the questions on page 43 (1040A) or page 28 (1040) to see if you can take this credit.
- If you can take the credit, fill in the worksheet on page 44 (1040A) or page 28 (1040) to figure your credit. But if you want the IRS to figure it for you, see page 39 (1040A) or page 24 (1040).

Then, complete and attach Schedule EIC only if you have a qualifying child.

## Information About Your Qualifying Child or Children

If you have more than two qualifying children, you only have to list two to get the maximum credit.

ution: If you don't fill in all the lines that apply, it will e us longer to process your return and issue your und.	(a) Child 1	(b) Child 2
Child's name	*0 chai	
Child's year of birth	19	19
If child was born before 1976 and		
was a student <b>under age 24</b> at the end of 1994, check the "Yes" box, <b>OR</b> .	Yes	Yes
was permanently and totally disabled (see back), check the "Yes" box	Yes	Yes
If child was born <b>before 1994</b> , enter the child's social security number		
Child's relationship to you (for example, son, grandchild, etc.)		
Number of months child lived with you in the U.S. in 1994	months	months
	e us longer to process your return and issue your und. Child's name (first, initial, and last name)	e us longer to process your return and issue your   und.   (first, initial, and last name) (first, initial, and last

TIP: Do you want the earned income credit added to your take-home pay in 1995? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions. Cat. No. 13339M Schedule EIC (Form 1040A or 1040) 1994

## Instructions Purpose of Schedule

If you can take the earned income credit and have a qualifying child, use Schedule EIC to give information about that child. To figure the amount of your credit, use the worksheet on page 44 of the Form 1040A instructions or page 28 of the Form 1040 instructions.

## Line 1

Enter each qualifying child's name.

### Line 3a

If your child was born **before 1976** but was under age 24 at the end of 1994 and a student, put a checkmark in the "Yes" box.

Your child was a student if he or she-

• Was enrolled as a full-time student at a school during any 5 months of 1994, or

• Took a full-time, on-farm training course during any 5 months of 1994. The course had to be given by a school or a state, county, or local government agency.

A **school** includes technical, trade, and mechanical schools. It does not include on-the-job training courses or correspondence schools.

## Line 3b

If your child was born **before 1976** and was permanently and totally disabled during any part of 1994, put a checkmark in the "Yes" box.

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.

**2.** A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death.

## Line 4

If your child was born **before 1994**, you must enter his or her social security number on line 4. If your child doesn't have a number, apply for one by filing **Form SS-5** with your local Social Security Administration (SSA) office. It usually takes about 2 weeks to get a number.

## Line 6

Enter the number of months your child lived with you in your home in the United States during 1994. Do not enter more than 12. Count temporary absences, such as for school, vacation, or medical care, as time lived in your home.

If your child, including a foster child, was born or died in 1994 and your home was the child's home for the entire time he or she was alive, enter "12" on line 6. If the child lived with you for more than half of 1994 but less than 7 months, enter "7" on this line.



**Line 28c Earned income credit (EIC).** To see if you can take this credit, answer the questions below. If you can take the credit, use the worksheet on page 44 to figure the amount to enter on line 28c. The credit can be as much as \$306 if you don't have a qualifying child; \$2,038 if you have one qualifying child; \$2,528 if you have more than one qualifying child. For the definition of qualifying child, see page 45.

	Questions to see if you can take the earned income credit
1.	Is your filing status Married filing a separate return?
	<ul> <li>Yes. Stop. You cannot take the credit.</li> <li>No. Go to question 2.</li> </ul>
2.	Do you have at least one qualifying child (see page 45)?
	<ul> <li>No. Skip to question 6.</li> <li>Yes. Go to question 3.</li> </ul>
3.	Were you a qualifying child of another person in 1994?
	<ul> <li>Yes. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>No. Go to question 4.</li> </ul>
4.	Is the total of your <b>taxable and nontaxable</b> earned income (see page 46) less than \$23,755 (less than \$25,296 if you have more than one qualifying child)?
	<ul> <li>No. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>Yes. Go to question 5.</li> </ul>
5.	Is the amount on Form 1040A, line 16, less than \$23,755 (less than \$25,296 if you have more than one qualifying child)?
	<ul> <li>No. Stop. You cannot take the credit.</li> <li>Yes. You can take the credit. If you want the IRS to figure it for you, see the line 22 instructions on page 39. If you want to figure the credit yourself, complete the worksheet on page 44.</li> </ul>
6.	Were you a qualifying child of another person in 1994?
	<ul> <li>Yes. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>No. Go to question 7.</li> </ul>
7.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 1994?
	<ul> <li>No. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>Yes. Go to question 8.</li> </ul>
8.	Can your parents (or someone else) claim you as a dependent on their 1994 tax return?
	<ul> <li>Yes. Stop. You cannot take the credit.</li> <li>No. Go to question 9.</li> </ul>
9.	Was your home in the United States for more than half of 1994?
	<ul> <li>No. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>Yes. Go to question 10.</li> </ul>
10.	Is the total of your taxable and nontaxable earned income (see page 46) less than \$9,000?
	<ul> <li>No. Stop. You cannot take the credit. Enter "No" next to line 28c.</li> <li>Yes. Go to question 11.</li> </ul>
11.	Is the amount on Form 1040A, line 16, less than \$9,000?
	<ul> <li>No. Stop. You cannot take the credit.</li> <li>Yes. You can take the credit. If you want the IRS to figure it for you, see the line 22 instructions on page 39. If you want to figure the credit yourself, complete the worksheet on page 44.</li> </ul>

Earned income credit worksheet		Earned income credit worksheet—Line 28c (keep	for your records)
	<u>1.</u>	Enter the amount from Form 1040A, line 7.	1.
	2.	If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here.	2.
	3.	Subtract line 2 from line 1.	3.
	4.	Enter any <b>nontaxable earned income</b> (see page 46) such as military housing and subsistence, or contributions to a 401(k) plan.	4.
	5.	Add lines 3 and 4.	5.
		<ul> <li>Is line 5 less than—</li> <li>\$9,000 if you don't have a qualifying child?</li> <li>\$23,755 if you have only one qualifying child?</li> <li>\$25,296 if you have more than one qualifying child?</li> <li>NO. Stop, you cannot take the credit. Enter "No" next to line 28 of Form 1040A.</li> <li>YES. Go to line 6.</li> </ul>	c c
	6.	Look up the amount on <b>line 5</b> above in the <b>EIC Table</b> on pages <b>48–49</b> to find your credit. Enter the credit here. 6.	
	7.	Enter the amount from Form 1040A, line 16.	7.
	8.	Is line 7 less than—  • \$5,000 if you don't have a qualifying child?  • \$11,000 if you have at least one qualifying child?  YES. Go to line 9 now. NO. Look up the amount on line 7 above in the EIC Table on pages 48–49 to find your credit. Enter the credit here. 8.	
	9.	Earned income credit.	
		<ul> <li>If you answered "YES" to line 8, enter the amount from line 6.</li> <li>If you answered "NO" to line 8, enter the smaller of line or line 8.</li> <li>Next:</li> <li>Enter the amount from line 9 on Form 1040A, line 28c.</li> <li>If you entered an amount on line 4 above, list the type and</li> </ul>	6 <sub>9.</sub>

- If you entered an amount on line 4 above, list the type and amount of your nontaxable earned income in the spaces provided on Form 1040A, line 28c.
   Then:
  - If you have a qualifying child, complete Schedule EIC and attach it to your return. Don't use Schedule EIC if you don't have a qualifying child.

If you owe the alternative minimum tax, subtract it from the amount on line 9 of the worksheet. Enter the result (if more than zero) on Form 1040A, line 28c. Also, replace the amount on line 9 of the worksheet with the amount entered on Form 1040A, line 28c.

## 1994 Earned Income Credit (EIC) Table

Caution: This is not a tax table.

**To find your credit:** First, read down the "At least — But less than" columns and find the line that includes the amount you entered on line 5 or line 7 of the **Earned income credit worksheet** on page 44. Next, read across to the column that includes the number of qualifying children you have. Then, enter the credit from that column on line 6 or line 8 of the worksheet, whichever applies.

If the a on line line 7 o	5 or f the	No	l you ha	Two	If the ar on line line 7 of	5 or fthe	No	d you h	Two	If the a on line line 7 c	5 or f the	No	d you ha	Two	If the an on line 5 line 7 of	or the	No	d you ha	Two
At	But less	children Your	child credit	children	At loost	But less	children You	child credit	children	At least	But less	children You	child r credit	children is—	At	But less	children Your	child	children
least \$1 50 100 150	\$50 100 150 200	\$2 6 10 13	\$7 20 33 46	\$8 23 38 53	least 3,000 3,050 3,100 3,150	3,050 3,100 3,150 3,200	231 235 239 243	796 809 822 835	908 923 938 953	6,000 6,050 6,100 6,150	6,050 6,100 6,150 6,200	224 220	1,585 1,598 1,611 1,624	1,823 1,838	11,000 11,050	11,000 11,050 11,100 11,150	0 0	2,038 2,034 2,026 2,018	2,523 2,514
200 250 300 350	250 300 350 400	17 21 25 29	59 72 85 99	68 83 98 113	3,200 3,250 3,300 3,350	3,250 3,300 3,350 3,400	247 251 254 258	848 861 874 888	968 983 998 1,013	6,200 6,250 6,300 6,350	6,250 6,300 6,350 6,400	208 205	1,637 1,650 1,663 1,677	1,883 1,898	11,200 11,250	11,200 11,250 11,300 11,350	0 0	2,010 2,002 1,994 1,986	2,488 2,479
400 450 500 550	450 500 550 600	33 36 40 44	112 125 138 151	128 143 158 173	3,400 3,450 3,500 3,550	3,450 3,500 3,550 3,600	262 266 270 273	914 927	1,028 1,043 1,058 1,073	6,400 6,450 6,500 6,550	6,450 6,500 6,550 6,600	193 189	1,690 1,703 1,716 1,729	1,943 1,958	11,400 11,450	11,400 11,450 11,500 11,550	0 0	1,978 1,970 1,962 1,954	2,452 2,444
600 650 700 750	650 700 750 800	48 52 55 59	164 178 191 204	188 203 218 233	3,600 3,650 3,700 3,750	3,650 3,700 3,750 3,800	277 281 285 289		1,118 1,133	6,600 6,650 6,700 6,750	6,650 6,700 6,750 6,800	178 174	1,742 1,756 1,769 1,782	2,003 2,018	11,600 11,650	11,600 11,650 11,700 11,750	0 0	1,946 1,938 1,930 1,922	2,417 2,408
800 850 900 950	850 900 950 1,000	63 67 71 75	217 230 243 256	248 263 278 293	3,800 3,850 3,900 3,950	3,850 3,900 3,950 4,000	296 300	1,019 1,032	1,148 1,163 1,178 1,193	6,800 6,850 6,900 6,950	6,850 6,900 6,950 7,000	163 159	1,795 1,808 1,821 1,834	2,063 2,078	11,800 11,850	11,800 11,850 11,900 11,950	0 0		
1,000 1,050 1,100 1,150	1,050 1,100 1,150 1,200	78 82 86 90	270 283 296 309	308 323 338 353	4,000 4,050 4,100 4,150	4,050 4,100 4,150 4,200	306 306	1,072 1,085	1,208 1,223 1,238 1,253	7,000 7,050 7,100 7,150	7,050 7,100 7,150 7,200	147 143		2,123 2,138	12,000 12,050 12,100	12,000 12,050 12,100 12,150	0 0		
1,200 1,250 1,300 1,350	1,250 1,300 1,350 1,400	94 98 101 105	322 335 348 362	368 383 398 413	4,200 4,250 4,300 4,350	4,250 4,300 4,350 4,400	306 306	1,124 1,137	1,268 1,283 1,298 1,313	7,200 7,250 7,300 7,350	7,250 7,300 7,350 7,400	132 128	1,900 1,913 1,926 1,940	2,183 2,198	12,200 12,250	12,200 12,250 12,300 12,350	0 0	1,850 1,842 1,835 1,827	2,311 2,302
1,400 1,450 1,500 1,550	1,450 1,500 1,550 1,600	109 113 117 120	375 388 401 414	428 443 458 473	4,400 4,450 4,500 4,550	4,450 4,500 4,550 4,600	306 306	1,177 1,190	1,328 1,343 1,358 1,373	7,400 7,450 7,500 7,550	7,450 7,500 7,550 7,600	117 113 109	1,953 1,966 1,979 1,992	2,243 2,258 2,273	12,400 12,450	12,400 12,450 12,500 12,550	0 0		2,276 2,267
1,600 1,650 1,700 1,750	1,650 1,700 1,750 1,800	124 128 132 136	427 441 454 467	488 503 518 533	4,600 4,650 4,700 4,750	4,650 4,700 4,750 4,800	306 306	1,230 1,243	1,388 1,403 1,418 1,433	7,600 7,650 7,700 7,750	7,650 7,700 7,750 7,800	101 98	2,005 2,019 2,032 2,038	2,303 2,318	12,600 12,650	12,600 12,650 12,700 12,750	0 0	1,787 1,779 1,771 1,763	2,240 2,231
1,800 1,850 1,900 1,950	1,850 1,900 1,950 2,000	140 143 147 151	480 493 506 519	548 563 578 593	4,800 4,850 4,900 4,950	4,850 4,900 4,950 5,000	306 306	1,282 1,295	1,448 1,463 1,478 1,493	7,800 7,850 7,900 7,950	7,850 7,900 7,950 8,000	86 82	2,038 2,038 2,038 2,038 2,038	2,363 2,378	12,800 12,850	12,800 12,850 12,900 12,950	0 0		2,205 2,196
2,000 2,050 2,100 2,150	2,050 2,100 2,150 2,200	155 159 163 166	533 546 559 572	608 623 638 653	5,000 5,050 5,100 5,150	5,050 5,100 5,150 5,200	300 296	1,335 1,348	1,508 1,523 1,538 1,553	8,000 8,050 8,100 8,150	8,050 8,100 8,150 8,200	71 67	2,038 2,038 2,038 2,038 2,038	2,423 2,438	13,000 13,050	13,000 13,050 13,100 13,150	0 0	1,723 1,715 1,707 1,699	2,169 2,161
2,200 2,250 2,300 2,350	2,250 2,300 2,350 2,400	170 174 178 182	585 598 611 625	668 683 698 713	5,200 5,250 5,300 5,350	5,250 5,300 5,350 5,400	285 281	1,387 1,400	1,568 1,583 1,598 1,613	8,200 8,250 8,300 8,350	8,250 8,300 8,350 8,400	55 52 48	2,038 2,038 2,038 2,038 2,038	2,483 2,498 2,513	13,200 13,250	13,200 13,250 13,300 13,350	0 0	1,691 1,683 1,675 1,667	2,134 2,125
2,400 2,450 2,500 2,550	2,450 2,500 2,550 2,600	186 189 193 197	638 651 664 677	728 743 758 773	5,400 5,450 5,500 5,550	5,450 5,500 5,550 5,600	270 266	1,440 1,453	1,628 1,643 1,658 1,673	8,400 8,450 8,500 8,550	8,450 8,500 8,550 8,600	40 36	2,038 2,038 2,038 2,038 2,038	2,528 2,528	13,400 13,450	13,400 13,450 13,500 13,550	0 0	1,659 1,651 1,643 1,635	2,099 2,090
2,600 2,650 2,700 2,750	2,650 2,700 2,750 2,800	201 205 208 212	690 704 717 730	788 803 818 833	5,600 5,650 5,700 5,750	5,650 5,700 5,750 5,800	254 251	1,493 1,506	1,688 1,703 1,718 1,733	8,600 8,650 8,700 8,750	8,650 8,700 8,750 8,800	25 21	2,038 2,038 2,038 2,038 2,038	2,528 2,528	13,600 13,650	13,600 13,650 13,700 13,750	0 0	1,627 1,619 1,611 1,603	2,063 2,055
2,800 2,850 2,900 2,950	2,850 2,900 2,950 3,000	216 220 224 228	743 756 769 782	848 863 878 893	5,800 5,850 5,900 5,950	5,850 5,900 5,950 6,000	239 235	1,545 1,558	1,748 1,763 1,778 1,793	8,800 8,850 8,900 8,950	8,850 8,900 8,950 9,000	10 6	2,038 2,038 2,038 2,038 2,038	2,528 2,528	13,800 13,850	13,800 13,850 13,900 13,950	0 0	1,595 1,587 1,579 1,571	2,028 2,019

### 1994 Earned Income Credit (EIC) Table Continued

on line 5 or line 7 of the worksheet is—       No children       One children       Two children       on line 5 or line 7 of the worksheet is—       No children       One children       Two children       on line 5 or line 7 of the worksheet is—       No children       One children       Two children       No children       One children       Two children       on line 5 or line 7 of the worksheet is—       No children       One children       Two children       Two children       One children       Two children       One children       Two children       Two children       One children       Two children       Two		No children	One Child	<b>/e—</b> Two
least than least than least than least	t than	1		children
		Your	credit is	
<b>14,000 14,050</b> 0 1,555 1,993 <b>17,200 17,250</b> 0 1,043 1,427 <b>20,400 20,450</b> 0 532 861 <b>23,</b> <b>14,050 14,100</b> 0 1,547 1,984 <b>17,250 17,300</b> 0 1,036 1,418 <b>20,450 20,500</b> 0 524 852 <b>23,</b>	550 23,600 500 23,650 550 23,700 700 23,750	0	29 21 13 5	304 295 287 278
14,200         14,250         0         1,523         1,957         17,400         17,450         0         1,012         1,392         20,600         20,650         0         500         826         23,4           14,250         14,300         0         1,515         1,948         17,450         17,500         0         1,004         1,383         20,650         20,700         0         492         817         23,4	750 23,800 300 23,850 350 23,900 900 23,950	0	* 0 0 0	269 260 251 242
<b>14,400 14,450</b> 0 1,491 1,922 <b>17,600 17,650</b> 0 980 1,356 <b>20,800 20,850</b> 0 468 790 <b>24,</b> <b>14,450 14,500</b> 0 1,483 1,913 <b>17,650 17,700</b> 0 972 1,347 <b>20,850 20,900</b> 0 460 782 <b>24,</b>	950         24,000           000         24,050           050         24,100           100         24,150	0 0	0 0 0 0	234 225 216 207
14,600         14,650         0         1,459         1,887         17,800         17,850         0         9,48         1,321         21,000         21,050         0         436         755         24,333           14,650         14,700         0         1,451         1,878         17,850         17,900         0         948         1,321         21,050         0         436         755         24,333           14,650         14,700         0         1,451         1,878         17,850         17,900         0         940         1,312         21,050         21,100         0         428         746         24,333	150 24,200 200 24,250 250 24,300 300 24,350	0	0 0 0 0	198 189 180 172
14,800         14,850         0         1,427         1,851         18,000         18,050         0         916         1,285         21,200         21,250         0         404         720         24,4           14,850         14,900         0         1,419         1,842         18,050         18,100         0         908         1,277         21,250         21,300         0         396         711         24,4	350         24,400           400         24,450           450         24,500           500         24,550	0	0 0 0 0	163 154 145 136
15,000         15,050         0         1,395         1,816         18,200         18,250         0         884         1,250         21,400         21,450         0         372         684         24,4           15,050         15,100         0         1,387         1,807         18,250         18,300         0         876         1,241         21,450         0         364         676         24,4	550 24,600 600 24,650 650 24,700 700 24,750	0	0 0 0 0	127 119 110 101
15,200         15,250         0         1,363         1,781         18,400         18,450         0         852         1,215         21,600         21,650         0         340         649         24,650           15,250         15,300         0         1,355         1,772         18,450         18,500         0         844         1,206         21,650         21,700         0         332         640         24,650	750 24,800 300 24,850 350 24,900 900 24,950	0	0 0 0 0	92 83 74 66
15,400         15,450         0         1,331         1,745         18,600         18,650         0         820         1,179         21,800         21,850         0         308         614         25,600           15,450         15,500         0         1,323         1,736         18,650         18,700         0         812         1,171         21,850         21,900         0         300         605         25,600	950 25,000 200 25,050 250 25,100 100 25,150	0	0 0 0 0	57 48 39 30
15,600         15,650         0         1,299         1,710         18,800         18,850         0         788         1,144         22,000         22,050         0         276         578         25,335           15,650         15,700         0         1,291         1,701         18,850         18,900         0         780         1,135         22,050         22,100         0         268         569         25,335	150 25,200 200 25,250 250 25,296 296 or more	0	0 0 0 0	21 13 4 0
<b>15,900 15,950</b> 0 1,251 1,657 <b>19,100 19,150</b> 0 740 1,091 <b>22,300 22,350</b> 0 229 525 the	ne amount or worksheet is	less than	n \$23,755	
	r credit is \$1. not take the c		se, you	
16,15016,20001,2111,61319,35019,40007001,04722,55022,600018948116,20016,25001,2031,60419,40019,45006921,03822,60022,650018147216,25016,30001,1951,59519,45019,50006841,02922,65022,700017346316,30016,35001,1871,58619,50019,55006761,02022,70022,7500165455				
16,35016,40001,1791,57719,55019,60006681,01122,75022,800015744616,40016,45001,1711,56819,60019,65006601,00322,80022,850014943716,45016,50001,1631,56019,65019,700065299422,85022,900014142816,50016,55001,1551,55119,70019,750064498522,90022,9500133419				
16,55016,60001,1471,54219,75019,800063697622,95023,000012541016,60016,65001,1391,53319,80019,850062896723,00023,050011740116,65016,70001,1311,52419,85019,900062095823,05023,100010939316,70016,75001,1231,51519,90019,950061295023,10023,1500101384				
16,75016,80001,1151,50619,95020,000060494123,15023,20009337516,80016,85001,1071,49820,00020,050059693223,20023,25008536616,85016,90001,0991,48920,05020,100058892323,25023,30007735716,90016,95001,0911,48020,150058091423,30023,350069348				
16,950         17,000         0         1,083         1,471         20,150         20,200         0         572         905         23,350         23,400         0         61         340           17,000         17,050         0         1,075         1,462         20,200         20,250         0         564         897         23,400         23,450         0         53         331           17,050         17,100         0         1,057         1,453         20,250         20,300         0         556         888         23,450         23,500         0         45         322           17,100         17,150         0         1,059         1,445         20,300         20,350         0         548         879         23,500         23,550         0         37         313				

SCHEDULE F			Profit or L	oss Fi	rom I	Farming			0	MB No.	1545-	0074	
(Foi	rm 1040)		▶	Attach to Form <sup>2</sup>			•				19	94	•
	tment of the Treasury al Revenue Service			See Instruction	ns for Sch	edule F	(Form 1040).				Attachm Sequence		14
Name	e of proprietor	1					(		Social se				
									B Enter code (	principal (from pa		ural ac	ctivity
									D Emplo	oyer ID	number	(EIN)	, if any
<b>C</b> Ad	counting method:		(1) 🗌	Cash	(2)	Accrua	I						
											Γ.		Π
	5	•	· ·	on of this business of								Yes	
Pa				Complete Parts k held for draft, k				•					
					or eeuing,	sport	1		t these		01110		<u>                                      </u>
1 2	Sales of livestock		5	r items reported on	line 1	· · -	2		-				
2	Subtract line 2 fro						- N.		3				
4				other products you	raised				4				
5a	Total cooperative d						5b Taxable	amount	5b				
6a	Agricultural progra						6b Taxable	amount	6b				<u> </u>
7	Commodity Credit	t Corporation (C	CC) loa	ns (see page F-2):			2119						
	CCC loans reported					· · · •			7a				
-	CCC loans forfeite	•			14		<b>7c</b> Taxable	amount	7c				
8			tain disa	aster payments (see 8a	e page F	2):		amauni	8b				
	Amount received in If election to defer		 ched c		80		8b Taxable nt deferred from 19		8d				
9	Custom hire (mac				00	Aniou	nt deferred from 17	· · J	9				
10		-		gasoline or fuel tax c	credit or re	fund (see	e page F-3)		10				
11				column for lines 3 t				er, enter					
	the amount from			<u> </u>					11	l			
Par		enses—Cash ., on your hor		ccrual Method.	Do not i	nclude	personal or living	g exper	ises su	ch as	taxes,	insu	rance,
12	Car and truck expe	nses (see page			25	Pensi	on and profit-	sharing					
	F-3—also attach F	· -	12			plans	•		25				
13	Chemicals		13		26	Rent	or lease (see page	F-4):					
14	Conservation exp	enses. Attach	1.4				les, machinery, and	l equip-	2/-				
45			14 15			ment			26a 26b				
15	Custom hire (mac	,			27		(land, animals, etc irs and maintenance	,	200				
16	Depreciation and expense deductio				28		s and plants purcha		28				
	elsewhere (see pa		16		29		ge and warehousing		29				
17	Employee bene				30		lies purchased	-	30				
	other than on line		17		31	Taxes	5		31				
18	Feed purchased		18		32		es		32		-		
19	Fertilizers and lime		19		33		nary, breeding, and m		33				
20	Freight and trucking	-	20		34		expenses (specify)		240				
21	Gasoline, fuel, and		21 22						34a 34b				+
22 23	Insurance (other the Interest:	nan nealth)	22						34D				
	Mortgage (paid to	hanks etc.)	23a						34d				
	Other		23b						34e				
24	Labor hired (less emp		24			f			34f				
35	Total expenses.	Add lines 12 thr	ough 34	4f		• • •		🕨	35				
36	•			from line 11. If a pro					24				
			Ū	o on to line 37 (estat				· )	36	└ ┌ ┐ ѧ ┅ ᠂	pure et		ot alali
37	If you have a loss,	you MUST check	the box	x that describes you	r investme	nt in this	activity (see page F-	-5). }			nvestme		
	If you checked 37a, enter the loss on Form 1040, line 18, and ALSO on Schedule SE, line 1. 37b Some investment is not at risk. If you checked 37b, you MUST attach Form 6198.												

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule F (Form 1040) 1994	Page <b>2</b>
Part III Farm Income—Accrual Method (see page F-5) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report 4797 and do not include this livestock on line 46 below.	t these sales on Form
<b>38</b> Sales of livestock, produce, grains, and other products during the year	
39a    Total cooperative distributions (Form(s) 1099-PATR)    39a    39b    Taxable amount    39b	
40a    Agricultural program payments    40a    40b    40b    40b	
41 Commodity Credit Corporation (CCC) loans:	
a CCC loans reported under election	
b CCC loans forfeited or repaid with certificates 41b 41c Taxable amount 41c	
42 Crop insurance proceeds	
43 Custom hire (machine work) income	
44 Other income, including Federal and state gasoline or fuel tax credit or refund	
45 Add amounts in the right column for lines 38 through 44	
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.       47	
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*	
51 Gross income. Subtract line 50 from line 45. Enter the result here and on page 1, line 11	
*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is I 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.	arger than the amount on

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		OMB No. 1	545-0074
(Form 1040)	Credit for the Elderly or the Disabled	f1@	74
Department of the Treasury	·	Attachmen	
Internal Revenue Service	► Attach to Form 1040. ► See separate instructions for Schedule R.	Sequence	
Name(s) shown on Form 104		r social security	number
You may be able to ta	ke this credit and reduce your tax if by the end of 1994:		
• You were age 65 or	older, <b>OR</b> • You were under age 65, you retired on <b>permanent and total</b> disability, taxable disability income.	and you recei	ved
	et other tests. See the separate instructions for Schedule R. he IRS can figure the credit for you. See page 24 of the Form 1040 instructions.		
 	e Box for Your Filing Status and Age		
If your filing status is	And by the end of 1994:	Check only	one box
Single, Head of household, or Qualifying	1 You were 65 or older	1	
widow(er) with dependent child	2 You were under 65 and you retired on permanent and total disabili	ty2	
	<ul> <li>Both spouses were 65 or older</li></ul>	3 anent and 4	
Married filing a joint return	5 Both spouses were under 65, and both retired on permanent disability	5	
	6 One spouse was 65 or older, and the other spouse was under 65 a on permanent and total disability	nd retired	
	7 One spouse was 65 or older, and the other spouse was under 65 retired on permanent and total disability	and NOT	
	Q		
Married filing a	8 You were 65 or older and you lived apart from your spouse for all of	1994. <b>8</b>	
separate return	<b>9</b> You were under 65, you retired on permanent and total disability lived apart from your spouse for all of 1994.	, and you <b>9</b>	
If you checked box 1	, 3, 7, or 8, skip Part II and complete Part III on the back. All others, complete	Parts II and I	II.
Part II Stateme	nt of Permanent and Total Disability (Complete only if you checked box 2)	, 4, 5, 6, or 9	above.)
IF: 1 You filed a physi	cian's statement for this disability for 1983 or an earlier year, or you filed a statemen	t for tax years	

2 Due to your continued	d disabled condition,	, you were unable to engage in an	y substantial gainful activity in 1994,
check this box			

If you checked this box, you do not have to file another statement for 1994.
If you did not check this box, have your physician complete the statement below.

# Physician's Statement (See instructions at bottom of page 2.)

	I certify that	Name of disabled person	
da	as permanently and totally disabled on January 1, 1976, or step he or she retired. If retired after December 31, 1976, enter <b>hysician:</b> Sign your name on <b>either</b> line A or B below.	· · ·	5
Α	The disability has lasted or can be expected to last continuously for at least a year		
В	There is no reasonable probability that the disabled condition will ever improve	Physician's signature	Date
		Physician's signature	Date
Phy	vsician's name	Physician's address	
Fo	r Paperwork Reduction Act Notice, see Form 1040 instructions.	Cat. No. 11359K	Schedule R (Form 1040) 1994

. ...

Par	t III Figure Your Credit	
10	If you checked (in Part I):       Enter:         Box 1, 2, 4, or 7	
11	<ul> <li>If you checked:</li> <li>Box 6 in Part I, add \$5,000 to the taxable disability income of spouse who was under age 65. Enter the total.</li> </ul>	
	<ul> <li>Box 2, 4, or 9 in Part I, enter your taxable disability income.</li> <li>Box 5 in Part I, add your taxable disability income to your spoustaxable disability income. Enter the total.</li> <li>TIP: For more details on what to include on line 11, see the institution of the second se</li></ul>	ructions.
12	If you completed line 11, enter the <b>smaller</b> of line 10 or line 11 from line 10	• all others, enter the amount           · · · · · · · · · · · · · 12
13	Enter the following pensions, annuities, or disability income that (and your spouse if filing a joint return) received in 1994: Nontaxable part of social security benefits, and	you
	Nontaxable part of railroad retirement benefits treated as social security. See instructions.	. C 13a
b	Nontaxable veterans' pensions, and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions.	<mark>13b</mark>
с	Add lines 13a and 13b. (Even though these income items are taxable, they <b>must</b> be included here to figure your credit.) If you not receive any of the types of nontaxable income listed on line or 13b, enter -0- on line 13c	ı did
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 zero or less,     enter -0-     16	
17	Divide line 16 above by 2	17
18	Add lines 13c and 17	
19	Subtract line 18 from line 12. If zero or less, <b>stop</b> ; you <b>cannot</b> ta line 21	
20 21	Decimal amount used to figure the credit Multiply line 19 above by the decimal amount (.15) on line 20. En 1040, line 42. <b>Caution:</b> <i>If you file Schedule C, C-EZ, D, E, or F (</i> <i>limited. See the instructions for line 21 for the amount of credit</i>	Form 1040), your credit may be

### Instructions for Physician's Statement

### Taxpayer

### Physician

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

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.

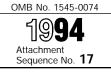


Printed on recycled paper

(Form 1040)

### Self-Employment Tax

See Instructions for Schedule SE (Form 1040).
 Attach to Form 1040.



Yes

Yes

Department of the Treasury Internal Revenue Service

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with <b>self-employment</b> income ►	

### Who Must File Schedule SE

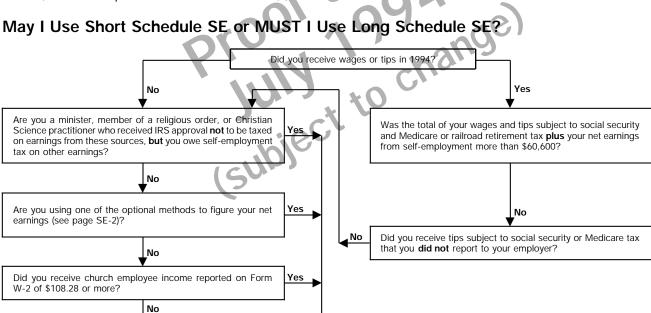
YOU MAY USE SHORT SCHEDULE SE BELOW

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$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-2.

**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.



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	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax	4	
5	Self-employment tax. If the amount on line 4 is:		
	• \$60,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47.	5	
	• More than \$60,600, multiply line 4 by 2.9% (.029). Then, add \$7,514.40 to the result. Enter the total here and on Form 1040, line 47.		
6	Deduction for one-half of self-employment tax. Multiply line 5 by         50% (.5). Enter the result here and on Form 1040, line 25 6		
-			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

YOU MUST USE LONG SCHEDULE SE ON THE BACK

13

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

1

<u>4a</u> 4b

4c

Page 2

00

#### Section B—Long Schedule SE

#### Part I Self-Employment Tax

**Note:** If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

- 1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. **Note:** *Skip this line if you use the farm optional method. See page SE-3*...

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
2	Combine lines 1 and 2	3

5	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3
b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here

с	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employmer
	tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue .
5a	Enter your church employee income from Form W-2. Caution: See

	page SE-1 for definition of church employee income		
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	 5b	
	Net earnings from self-employment. Add lines 4c and 5b	 6	
7	Maximum amount of combined wages and self-employment earnings subject to social s tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1994	7	60,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation		

b	Unreported tips subject to social security tax (from Form 4137, line 9)		
		8c	
	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ►	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	
11	Multiply line 6 by 2.9% (.029).	11	
	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 47	12	

13

**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040**, **line 25**....

#### Part II Optional Methods To Figure Net Earnings (See page SE-2.)

<ul> <li>Farm Optional Method. You may use this method only if:</li> <li>Your gross farm income<sup>1</sup> was not more than \$2,400, or</li> </ul>			
• Your gross farm income <sup>1</sup> was more than \$2,400 and your net farm profits <sup>2</sup> were less than		1,600	00
<ul> <li>Maximum income for optional methods</li> <li>Enter the smaller of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) or \$1,60</li> </ul>		1,000	00
include this amount on line 4b above	15		
Nonfarm Optional Method. You may use this method only if:			
• Your net nonfarm profits <sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and			
• 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.			
<b>16</b> Subtract line 15 from line 14	16		
17 Enter the smaller of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the	amount		
on line 16. Also, include this amount on line 4b above	17		

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



	21	<b>n</b>	<b>F7</b>
Form	ΖΙ	06-	

## Unreimbursed Employee Business Expenses

► See instructions on back.

Department of the Treasury Internal Revenue Service

Your name

Attach to Form 1040.

Sequence No. 54A

Attachment

OMB No. 1545-XXXX

Social security number	Occupation in which expenses were incu

#### Part I General Information

#### You May Use This Form ONLY if All of the Following Apply:

- You are an employee deducting expenses attributable to your job.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,

a You own your vehicle, and

b You are using the standard mileage rate for 1994 AND also used it for the year you first placed the vehicle in service.

### Part II Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 29¢ (.29)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5	Meals and entertainment expenses: \$ x 50% (.50)	5	
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and <b>on line 20 of Schedule A (Form 1040)</b> . (Qualified performing artists and individuals with disabilities, see the instructions for special		
	rules on where to enter this amount.)	6	

Part III Information on Your Vehicle. Complete this part ONLY if you are claiming vehicle expense on line 1.

7	When did you place your vehicle in service for business purposes? (month, d	day, year) 🕨	/	/

8 Of the total number of miles you drove your vehicle during 1994, enter the number of miles you used your vehicle for:

		2106-EZ (1994)
b	b If "Yes," is the evidence written?	🗆 Yes 🗌 No
11a	a Do you have evidence to support your deduction?	🗌 Yes 🗌 No
10	Was your vehicle available for use during off-duty hours?	🗌 Yes 🗌 No
9	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🗌 No
а	a Business b Commuting c Other	 

### 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 .			40 min.
Learning about			
the law or the form			4 min.
Preparing the form			28 min.
Copying, assembling and sending the form			

to the IRS									20	min.
lf you hav	e c	com	me	nts	00	nce	rnir	ng t	he	

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.

### **General Instructions**

#### **Purpose of Form**

You may use Form 2106-EZ instead of Form 2106 if you meet all the requirements listed in Part I of this form.

#### **Additional Information**

If you need more information about employee business expenses, you will find the following publications helpful:

**Pub. 463,** Travel, Entertainment, and Gift Expenses

Pub. 529, Miscellaneous Deductions

Pub. 534, Depreciation

Pub. 587, Business Use of Your Home Pub. 907, Information for Persons With Disabilities

Pub. 917, Business Use of a Car

**Pub. 946**, How To Begin Depreciating Your Property

### **Specific Instructions**

#### Part II—Figure Your Expenses

Line 2—Enter parking fees, etc., that did not involve overnight travel. Do not include transportation expenses for commuting to and from work. See the line 8b instructions on this page for the definition of commuting.

Line 3—Enter expenses for lodging and transportation connected with overnight travel away from your tax home. You cannot deduct expenses paid or incurred in connection with employment away from your tax home if that period of employment exceeds 1 year. Do not include expenses for meals and entertainment. For details, including limitations, see Pub. 463. Generally, your **tax home** is your main place of business or post of duty regardless of where you maintain your family home. If you do not have a regular or main place of business because of the nature of your work, then your tax home is the place where you regularly live. If you do not fit either of these categories, you are considered an itinerant and your tax home is wherever you work. As an itinerant, you are not away from home and cannot claim a travel expense deduction. For more details on tax home, see Pub. 463.

Line 4—Enter other job-related expenses not listed on any other line on this form. Include expenses for business gifts, education (tuition and books), home office, trade publications, etc. For details, including limitations, see Pub. 463 and Pub. 529. If you are deducting home office expenses, see Pub. 587 for special instructions on how to report your expenses. If you are deducting depreciation or claiming a section 179 deduction on a cellular

telephone or other similar telecommunications equipment, a home computer, etc., get **Form 4562**, Depreciation and Amortization, to figure the depreciation and section 179 deduction. Enter the depreciation and section 179 deduction on line 4.

Do not include expenses for meals and entertainment, taxes, or interest. Deductible taxes are entered on lines 5 through 9 of Schedule A.

**Note:** If line 4 is your only entry, do not complete Form 2106-EZ. Instead, enter your expenses directly on Schedule A, line 20.

Line 5—Enter your allowable meals and entertainment expense and multiply the total by 50%. Include meals while away from your tax home overnight and other business meals and entertainment. Instead of actual cost, you may be able to claim the "standard meal allowance" for your daily meals and incidental expenses while away from your tax home overnight. Under this method, you deduct a specified amount, depending on where you travel, instead of keeping records of your actual meal expenses. However, you must still keep records to prove the time, place, and business purpose of your travel. See Pub. 463 to figure your deduction using the standard meal allowance.

Line 6—If you are a qualified performing artist (defined below), include your performing-arts-related expenses in the total on Form 1040, line 30. Write "QPA" and the amount in the space to the left of line 30. Your performing-arts-related business expenses are deductible whether or not you itemize deductions on Schedule A. The expenses are not subject to the 2% limit that applies to most other employee business expenses.

A **qualified performing artist** is an individual who (1) performed services in the performing arts as an employee for at least two employers during the tax year, (2) received from at least two of those employers wages of \$200 or more per employer, (3) had allowable business expenses attributable to

the performing arts of more than 10% of gross income from the performing arts, and (4) had adjusted gross income of \$16,000 or less before deducting expenses as a performing artist. To be treated as a qualified performing artist, a married individual must also file a joint return, unless the individual and his or her spouse lived apart for all of 1994. On a joint return, requirements (1), (2), and (3) must be figured separately for each spouse. However, requirement (4) applies to the combined adjusted gross income of both spouses.

If you are an **individual with a disability** and are claiming impairment-related work expenses (defined below), enter the part of the line 6 amount attributable to those expenses on Schedule A, line 28, instead of on Schedule A, line 20. Your impairmentrelated work expenses are not subject to the 2% limit that applies to most other employee business expenses.

**Impairment-related work expenses** are the allowable expenses of an individual with physical or mental disabilities for attendant care at his or her place of employment. They also include other expenses in connection with the place of employment that enable the employee to work.

See Pub. 907 for more details.

# Part III—Information on Your Vehicle

If you claim vehicle expense, you must provide certain information on the use of your vehicle by completing Part III. If you used more than one vehicle for business during the year, attach your own schedule with the information requested in Part III for each additional vehicle.

Line 7—Date placed in service is generally the date you first start using your vehicle. However, if you first start using your vehicle for personal use and later convert it to business use, the vehicle is treated as placed in service on the date you started using it for business.

Line 8a—Do not include commuting miles on this line; commuting miles are not considered business miles. See the line 8b instructions for the definition of commuting.

Line 8b—If you do not know the total actual miles you used your vehicle for commuting during the year, figure the amount to enter on line 8b by multiplying the number of days during the year that you used your vehicle to drive to and from your regular place of business by the average daily round trip commuting distance in miles.

**Commuting** is travel between your home and any location at which you work or perform services on a regular basis even if you do not go to the same location each day. However, travel between your home and a location at which you perform services on an irregular or short-term basis (generally a matter of days or weeks) is not commuting.

Form	3903
FUIII	0/00

### **Moving Expenses**

Attach to Form 1040.

OMB No. 1545-0062

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

See separate instructions.

Your social security number

Caution: If you are a member of the armed forces, see the instructions before completing this part.       1       miles         1       Enter the number of miles from your old home to your new workplace .       1       miles         2       Enter the number of miles from your old home to your old workplace .       2       miles         3       Subtract line 2 from line 1. Enter the result but not less than zero .       3       miles         3       Is line 3 at least 50 miles?       Yes       Go to line 4. Also, see Time Test in the instructions.       No       You cannot deduct your moving expenses incurred moving expenses before 1994.       4         4       Transportation and storage of household goods and personal effects .       5       5         6       Add lines 4 and 5 .       6       6         7       Enter the total amount your employer paid for your move (including the value of services furnished in kind) that is not include in the wages box (box 1) of your W-2 form. This amount should be identified with code P in box 13 of your W-2 form .       7         1       Is line 6 more than line 7?       Yes       Go to line 8.       7         8       Subtract line 6 from line 6 Enter the result here and on Form 1040, line 24. This is your moving expenses incurred in 1994       1       1         8       Buttract line 6 from line 6. Enter the result here and on Form 1040, line 24. This is your moving expenses incurred in 1994	Pa	t Moving Expenses Incurred in 1994		
<ul> <li>2 Enter the number of miles from your old home to your old workplace</li></ul>	Cau			
<ul> <li>3 Subtract line 2 from line 1. Enter the result but not less than zero</li></ul>	1	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . 1 miles		
<ul> <li>Is line 3 at least 50 miles?</li> <li>Yes &gt; Go to line 4. Also, see Time Test in the instructions.</li> <li>No &gt; You cannot deduct your moving expenses incurred in 1994. Do not complete the rest of this part. See the Note below if you also incurred moving expenses before 1994.</li> <li>Transportation and storage of household goods and personal effects</li></ul>	2	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> 2 miles		
<ul> <li>Yes b Go to line 4. Also, see Time Test in the instructions.</li> <li>No b You cannot deduct your moving expenses incurred in 1994. Do not complete the rest of this part. See the Note below if you also incurred moving expenses before 1994.</li> <li>4 Transportation and storage of household goods and personal effects</li></ul>	3	Subtract line 2 from line 1. Enter the result but not less than zero 3 miles		
<ul> <li>No ► You cannot deduct your moving expenses incurred in 1994. Do not complete the rest of this part. See the Note below if you also incurred moving expenses before 1994.</li> <li>4 Transportation and storage of household goods and personal effects</li></ul>		Is line 3 at least 50 miles?		
of this part. See the Note below if you also incurred moving expenses before 1994.         4         5         7         6         6         7         7         6         7         8         8         9		Yes ► Go to line 4. Also, see <b>Time Test</b> in the instructions.		
<ul> <li>4 Transportation and storage of household goods and personal effects</li></ul>				
<ul> <li>5 Travel and lodging expenses of moving from your old home to your new home. Do not include meals</li> <li>6 Add lines 4 and 5</li></ul>	4		4	
<ul> <li>6 Add lines 4 and 5</li></ul>				
<ul> <li>7 Enter the total amount your employer paid for your move (including the value of services furnished in kind) that is not included in the wages box (box 1) of your W-2 form. This amount should be identified with code P in box 13 of your W-2 form.</li> <li>Is line 6 more than line 7?</li> <li>Yes ► Go to line 8.</li> <li>No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.</li> <li>8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving</li> </ul>	5	Travel and lodging expenses of moving from your old home to your new home. Do not include meals	5	
<ul> <li>in kind) that is not included in the wages box (box 1) of your W-2 form. This amount should be identified with code P in box 13 of your W-2 form.</li> <li>Is line 6 more than line 7?</li> <li>Yes ► Go to line 8.</li> <li>No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.</li> <li>8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving</li> </ul>	6	Add lines 4 and 5	6	
identified with code P in box 13 of your W-2 form       7         Is line 6 more than line 7?       Yes ► Go to line 8.         No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.         8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving	7	Enter the total amount your employer paid for your move (including the value of services furnished		
<ul> <li>Is line 6 more than line 7?</li> <li>Yes ► Go to line 8.</li> <li>No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.</li> <li>8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving</li> </ul>			7	
<ul> <li>Yes ► Go to line 8.</li> <li>No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.</li> <li>8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving</li> </ul>			,	
<ul> <li>No ► You cannot deduct your moving expenses incurred in 1994. If line 6 is less than line 7, subtract line 6 from line 7 and include the result in income on Form 1040, line 7.</li> <li>8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving</li> </ul>		Is line 6 more than line 7?		
subtract line 6 from line 7 and include the result in income on Form 1040, line 7.         8 Subtract line 7 from line 6. Enter the result here and on Form 1040, line 24. This is your moving		Yes ► Go to line 8.		
expense deduction for expenses incurred in 1994	8			
		expense deduction for expenses incurred in 1994	8	

**Note:** If you incurred moving expenses **before 1994** and you did not deduct those expenses on a prior year's tax return, complete Parts II and III on the back to figure the amount, if any, you may deduct on **Schedule A**, Itemized Deductions.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12490K

Form 3903 (1994)

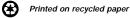
Form 3903 (1994)	Attachment Sequence No.	62	page <b>2</b>
Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.		Your social se	curity number
			1

Caution: If you are a member of the armed forces, see the instructions before completing Parts II and III.

## Part II (Moving Expenses Incurred Before 1994)

1	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> .		. L	1		miles
2	Enter the number of miles from your old home to your old workplace		. L	2		miles
3	Subtract line 2 from line 1. Enter the result but not less than zero			3		miles
	If line 3 is 35 or more miles, complete the rest of this part. Also, see <b>Time 1</b> miles, you <b>cannot</b> deduct your moving expenses incurred before 1994.	est in the instruct	ions. If	line	3 is less th	an 35
Not	e: Any payments your employer made for your moving expenses incurred be furnished in kind) should be included as wages on your W-2 form. Report the	fore 1994)(includii nat amount on <b>For</b>	ng the <b>m 1040</b>	valu D, lin	ie of any se <b>ne 7</b> .	rvices
Sec	tion A—Transportation of Household Goods					
4	Transportation and storage of household goods and personal effects. ${igcases}$ .			4		
Sec	tion B—Expenses of Moving From Old To New Home					
5	Travel and lodging <b>not</b> including meals	5				
6	Total meals					
7	Multiply line 6 by (50% (.50)	7 9 9				
8	Add lines 5 and 7			8		<u> </u>
Sec	tion C—Pre-move Househunting Expenses and Temporary Quarters (for any 30 days in a row after getting your job)					
9	Pre-move travel and lodging <b>not</b> including meals	9				
10	Temporary quarters expenses <b>not</b> including meals	10				
11	Total meal expenses for both pre-move househunting and temporary quarters					
12	Multiply line 11 by (50% (.50)).	12				
13	Add lines 9, 10, and 12	13				
Sec	tion D—Qualified Real Estate Expenses					
14	Expenses of (check one) <b>a</b> $\square$ selling or exchanging your old home, or <b>b</b> $\square$ if renting, settling an unexpired lease.	14				
15	Expenses of (check one) <b>a</b> buying your new home, or <b>b</b> if renting, getting a new lease.	15				
Pa	t III Dollar Limits and Moving Expense Deduction For Expenses I	ncurred Before	1994)			
Not	e: If you and your shouse moved to senarate homes, see the instructions					

	deduction for expenses incurred before 1994	19		
19	Add lines 4, 8, and 18. Enter the total here and on Schedule A, line 27. This is your <b>moving expense</b>			
	(return—see instructions)			
	• \$3,000 (\$1,500 for certain married individuals filing a separate)	18	<u> </u>	
	• The amount on line 17, or	10		
10				
18	Enter the <b>smaller</b> of:			
17	Add lines 14, 15, and 16			
	return—see instructions)			
	• \$1,500 (\$750 for certain married individuals filing a separate)			
	• The amount on line 13, or			
16	Enter the smaller of:			
Note	: If you and your spouse moved to separate homes, see the instructions.			



Form	4782
(Rev.	September 1994)

## **Employee Moving Expense Information**

OMB No. 1545-0182

Payments made during the calendar year 19 .....

Do not file. Keep for your records.

Department of the Treasury Internal Revenue Service Name of employee

► See instructions on back.

	Moving Expense Payments		<b>(a)</b> Amount pai to employee	b	(b) Amount paid to a party for employee's b and value of servic furnished in kind	enefit	<b>(c)</b> Total (Add columns <b>(a)</b> a	nd <b>(b)</b> .)
Pa	rt Expenses Incurred After 1993							
1	Transportation and storage of household goods and personal effects	1						
2	Travel and lodging payments for expenses of moving from old to new home. <b>Do not</b> include meals	2						
3	List all other payments (specify) <b>Note</b> : <i>These</i> amounts must be included in the employee's income ►	3						
4	Total payments for moving expenses incurred	l af	ter 1993. Add th	le am	iounts in column (c	) of		
Б	lines 1 through 3.					. ►	4	
-	rt II Expenses Incurred Before 1994		1				1	
Sec 1	tion A—Transportation of Household Goods Transportation and storage of household goods and personal effects	1			5. 			
Sec	tion B—Expenses of Moving From Old To	- ·						
2 3	New Home Travel and lodging payments not including meals Meal payments for travel	2	25		A			
Sec	tion C—Pre-move Househunting Expenses and Temporary Quarters for any 30 Days in a Row After Obtaining Employment (90 Days for a Foreign Move)		19	500	nange			
4	Pre-move travel and lodging payments not including meals	4						
5	Temporary quarters payments <b>not</b> including meals	5						
6	Total meal payments for both pre-move househunting and temporary quarters	6						
Sec	tion D—Qualified Real Estate Expenses							
7	Qualified expenses of selling, buying, or renting a home	7						
500	tion E—Miscellaneous Payments	-						
8 8	List all other payments (specify) <b>&gt;</b>							
		8						
9	Total payments for moving expenses incurred lines 1 through 8. Note: This amount must be in	bef	Fore 1994.)Add t	he an	nounts in column (c <i>income</i>	) of ▶	9	