

# 19**95**

## 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 1995 Federal tax forms and schedules for individual taxpayers:

- Form 1040EZ
- Form 1040A
- Schedules 1, 2, and 3 of Form 1040A
- Form 1040
- Schedules A, B, C, C-EZ, D, E, EIC, F, R, and SE of Form 1040
- NEW Schedule H, Household Employment Taxes
- 1995 Tax Table
- 1995 Tax Rate Schedules
- 1995 Earned Income Credit (EIC) Table

New Schedule H (Form 1040) will be used by taxpayers to report employment taxes on wages paid in 1995 to their household employees. Prior to 1995, some of the household employment taxes were reported and paid quarterly using Form 942, which is now obsolete.

We have circled major changes on each item in this package. Schedules B, C, C-EZ, D, E, F, and SE have no major changes.

If you have comments about these items, please let us know by August 31, 1995. 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 (99) 1995

	ſ	Your fir	st name and initial		Last name				No. 1545-0675
Use the IRS label	A B E L		t return, spouse's first na	me and initial	Last name		ur social se		lumber
(See page 12.) Otherwise,	H E R	Home a	ddress (number and street). If	you have a P.O. box	x, see page 12. Apt. no				
please print.	Ē		n or post office, state, and ZII	code If you have a	foreign address, see page		1se's social	security	<sup>7</sup> number
					noioign addiooo, ooo page				
			ctions on back an			— Yes N	lo		
Presidential Election Campaign	Do	you wan	ng "Yes" will not chang t \$3 to go to this fu	ind?			3	⊢	
(See page 12.)	If a		turn, does your spo		to go to this fund	?► Ц L	Dol	lars	Cents
Income Attach Copy B of	1	should	vages, salaries, and be shown in box 1 rm(s). Attach your V	of your	کم		],□		
Form(s) W-2 here. Enclose, but do not attach,	2		e interest income of 00, you cannot use			2			
any payment with your return.	3		loyment compensat	1 0		3	],[]		
	4	incom	es 1, 2, and 3. This e. If less than \$9,23 im the earned incon	0, see page 1	5 to find out if you	u _4	], []		
Note: You must check Yes or No.	5	•	ur parents (or someon s. Do worksheet on back; enter amount from line G here.	No. If sing If mari For an		00. se	」, □		. 🔲
	6		ct line 5 from line 4 enter 0. This is you	I. If line 5 is	larger than	▶ 6	],□		
Payments and tax	7	your W	your Federal incom -2 form(s).			7	],[]		
	8	Earne and an Type	<b>d income credit</b> (s nount of nontaxable	see page 15). earned incor	Enter type ne below.	8	ĹП		
	9		nes 7 and 8 (don't ir ). These are your <b>t</b> a			9	], 🗖		
	10	tax tab	se the amount on <b>l</b> le on pages 28–32 o m the table on this	of the booklet		10			
Refund or	11		9 is larger than lind is your <b>refund.</b>	e 10, subtract	line 10 from line	e 11	] []	$\square$	
amount you owe	12	If line 10. Thi	10 is larger than lin s is the <b>amount yo</b> to pay and what to	<b>u owe.</b> See p	age 20 for details	12	<u>]</u> П		
I have read this ret		nder penalt	ies of perjury, I declare th y lists all amounts and sou	at to the best of n	y knowledge and belie		Eor IPS	lleo Only	— Please
Sign		r signatu			nature if joint retur				xes below.
your return	Dat	e	Your occupation	Date	Spouse's occupation	on			4 5
Keep a copy of this form for your records.									
							6 7	8	9 10

1995	Instructions for Form 1040EZ							
Use this form if	<ul> <li>Your filing status is single or married filing jointly.</li> <li>You (and your spouse if married) were under 65 on January 1, 1996, and not blind at the end of 1995.</li> </ul>							
	• You do not claim any dependents. • Your taxable income (line 6)	) is less than \$50,000.						
	• You had <b>only</b> wages, salaries, tips, taxable scholarship or fellowship compensation, and your taxable interest income was \$400 or less. <b>Bu</b> including allocated tips, that are not included in box 5 and box 7 of y able to use Form 1040EZ. See page 14.	<b>t</b> if you earned tips,						
	• You did not receive any advance earned income credit payments. <b>Caution:</b> <i>If married and either you or your spouse had total wages of</i>	over \$61,200, you may not						
	<i>be able to use this form. See page 7.</i> If you are not sure about your filing status, see page 7. If you have quicall Tele-Tax (see page 26) and listen to topic 354. If you <b>can't use th</b>	lestions about dependents, <b>iis form,</b> call Tele-Tax						
	(see page 26) and listen to topic 352.	the hoves like this						
Filling in your return	Because this form is read by a machine, please print your numbers inside	the boxes like this.						
Jour return	9876543210 Do not type your number	rs. Do not use dollar signs.						
	If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing income tax withheld.							
	<b>Remember</b> , you must report all wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income, including interest from banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.							
	If you paid someone to prepare your return, see page 21.							
Worksheet for dependents	Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, call Tele-Tax (see page 26) and listen to topic 354.							
who	A. Enter the amount from line 1 on the front.	A						
checked	<b>B.</b> Minimum standard deduction.	<b>B.</b> 650.00						
"Yes" on	<b>C.</b> Enter the LARGER of line A or line B here.	С						
line 5	<b>D.</b> Maximum standard deduction. If single, enter 3,900.00; if married, enter 6,550.00.	D						
	E. Enter the SMALLER of line C or line D here. This is your standard deduction.	E						
	<b>F.</b> Exemption amount.							
	• If single, enter 0.							
	<ul> <li>If married and both you and your spouse can be claimed as dependents, enter 0.</li> </ul>							
	• If married and only one of you can be claimed as a dependent, enter 2,500.00.	F						
	<b>G.</b> Add lines E and F. Enter the total here and on line 5 on the front.	G						
	<b>If you checked "No" on line 5</b> because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.							
	• Single, enter 6,400.00. This is the total of your standard deduction (3,900.00) and personal exemption (2,500.00).							
	• Married, enter 11,550.00. This is the total of your standard deduction (6,550.00), exemption for yourself (2,500.00), and exemption for your spouse (2,500.00).							
Avoid mistakes	See page 21 of the Form 1040EZ booklet for a list of common mistakes delay your refund.	s to avoid. Errors will						
Mailing your return	Mail your return by <b>April 15, 1996</b> . Use the envelope that came with have that envelope, see page 33 for the address to use.	your booklet. If you don't						

Form <b>1040A</b> (99)	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 1995 IRS Use Only—I	Do not write or staple in this space.
. ,		OMB No. 1545-0085
Label	Your first name and initial	Your social security number
(See page 19.)		
А	If a joint return, spouse's first name and initial Last name	Spouse's social security number
Use the IRS E		
label. L Otherwise,	Home address (number and street). If you have a P.O. box, see page 19. Apt. no.	
please print H		For Privacy Act and Paperwork
or type.	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	Reduction Act
	)	Notice, see page 8.
	Presidential Election Campaign Fund (See page 19.) 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 to this fund?	reduce your refund.
Check the	1 🗌 Single	
box for	2	
your filing	3 Arried filing separate return. Enter spouse's social security number	er
status	above and full name here. ►	
(See page 20.)	4 Head of household (with qualifying person). (See page 21.) If the q	ualifying person is a child
Check only one box.	<ul> <li>but not your dependent, enter this child's name here. ▶</li> <li>5 □ Qualifying widow(er) with dependent child (year spouse died ▶ 19</li> </ul>	). (See page 22.)
	6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her	
Figure	return, <b>do not</b> check box 6a. But be sure to check the box on line 18b on pa	age 2. { checked on 6a and 6b
your	b 🗌 Spouse	
exemptions (See page 22.)		No. of your children on
(See page 22.)	security number. If born relationship to	is lived in <b>6c who:</b> home in
If more than	I DEFISI NAME LAST NAME LAN 1995 SEE NAME 75 17 VOU - 1 9	995 • lived with you
seven dependents,		
see page 25.		didn't live     with you due
		to divorce or separation
		(see page 26)
		Dependents
		on 6c not entered above
	d If your child didn't live with you but is claimed as your dependent	
	under a pre-1985 agreement, check here	Add numbers entered on
	e Total number of exemptions claimed.	lines above
Figure your	7 Wages, salaries, tips, etc. This should be shown in box 1 of your W-2	
adjusted	form(s). Attach Form(s) W-2.	7
gross income	<b>8a Taxable</b> interest income (see page 28). If over \$400, attach Schedule 1.	8a
Attach Copy B of your Forms W-2	b Tax-exempt interest. DO NOT include on line 8a. 8b	
and 1099-R here. If you didn't get a	9 Dividends. If over \$400, attach Schedule 1.	9
W-2, see page 27. Enclose, but do not	10a   Total IRA     10b   Taxable amount	
attach, any payment	distributions. 10a (see page 29).	10b
	<b>11a</b> Total pensions <b>11b</b> Taxable amount	
	and annuities. 11a (see page 29).	11b
	12 Unemployment compensation (see page 32).	12
	<b>13a</b> Social security <b>13b</b> Taxable amount	126
Bar Code	benefits. 13a (see page 33).	<u>13b</u>
li	14 Add lines 7 through 13b (far right column). This is your total income.	▶ 14
(size and	<b>15a</b> Your IRA deduction (see page 36). 15a	17
format to		
be I	b Spouse's IRA deduction (see page 36). 15b	
determined)	c Add lines 15a and 15b. These are your total adjustments.	
	<b>16</b> Subtract line 15c from line 14. This is your <b>adjusted gross income</b> .	
	If less than \$26,673 and a child lived with you (less than \$9,230 if a child	
l' i	didn't live with you), see "Earned income credit" on page 47.	• 16
└ <u> </u>	Cat. No. 11327A	1995 Form 1040A page 1

1995 Form 1040A page 2

		_		
Figure	<u>17</u>	Enter t	e amount from line 16.	17
your	100	Chock	☐ You were 65 or older ☐ Blind  Enter number of	<u> </u>
standard	Toa	if:	□ Spouse was 65 or older □ Blind ↓ boxes checked ► 18a	
deduction,	b	If your	parent (or someone else) can claim you as a dependent,	
exemption	~		nere▶ 18b	
amount,	С	If you	are married filing separately and your spouse itemizes	
and		deduct	ons, see page 40 and check here	
taxable	19	Enter t	e standard deduction shown below for your filing status.	3ut
income			hecked any box on line 18a or b, go to page 40 to find yo	
		standa	d deduction. If you checked box 18c, enter -0	
		<ul> <li>Sing</li> </ul>	e-\$3,900 • Married filing jointly or Qualifying widow(er)-	\$6,550 I
		<ul> <li>Head</li> </ul>	of household—\$5,750 • Married filing separately—\$3,275	<sup>5</sup> 19
	20	Subtra	t line 19 from line 17. If line 19 is more than line 17, enter -	
	21	Multipl	\$2,500 by the total number of exemptions claimed on line	6e. 21
	22		t line 21 from line 20. If line 21 is more than line 20, enter	
			your taxable income.	▶ 22
Figure	23		e tax on the amount on line 22. Check if from:	22
your tax,	212		Table (pages 65–70) or       Image: Form 8615 (see page 41).         or child and dependent care expenses.	23
credits,	240		Schedule 2. 24a	
and	b		or the elderly or the disabled.	
payments		Attach	Schedule 3. 24b	
If you want the	C		es 24a and 24b. These are your total credits.	24c
IRS to figure your tax, see	25		t line 24c from line 23. If line 24c is more than line 23, enter -0	
the instructions	$\frac{26}{27}$		e earned income credit payments from Form W-2. old employment taxes. Attach Schedule H.	26
for line 22 on page 41.	27 28		es 25, 26, and 27. This is your <b>total tax.</b>	<u>27</u> ▶ 28
1 3	29a		ederal income tax withheld. If any is	
			rrm(s) 1099, check here. ► □ 29a	
	b	<b>1995</b> €	stimated tax payments and amount	
			from 1994 return. 29b	
	С		income credit. Attach	
			le EIC if you have a qualifying child. 29c	
		amoun		
	d	Add lin	es 29a, 29b, and 29c (don't include nontaxable earned inco	me).
			re your total payments.	▶ 29d
Figure	30		9d is more than line 28, subtract line 28 from line 29d.	20
your	31		the amount you <b>overpaid</b> . To f line 30 you want <b>refunded to you</b> .	30 31
refund or	32		of line 30 you want <b>applied to your</b>	
amount	52		stimated tax. 32	
you_owe	33	If line 2	8 is more than line 29d, subtract line 29d from line 28. This	is
			punt you owe. For details on how to pay, including what to	
i I			n your payment, see page 55.	33
1	34		ed tax penalty (see page 55). clude on line 33. 34	
	<b>C</b> :		Under penalties of perjury, I declare that I have examined this return and accompany	I ing schedules and statements, and to the
Bar Code	1 U	your	best of my knowledge and belief, they are true, correct, and accurately list all amounts the tax year. Declaration of preparer (other than the taxpayer) is based on all information	s and sources of income I received during
(size and	retur	rn		r occupation
format to	Keep a	a copy of		
be	his ret	turn for	Spouse's signature. If joint return, BOTH must sign. Date Spore	use's occupation
determined)	your re		Data	Dropororio CON
	Paid	arer's	Preparer's Date Check Self.	ck if employed
	use of		Firm's name (or yours	
		,	if self-employed) and address	ZIP code
L	)		Printed on recycled paper	1995 Form 1040A page 2

Schedule 1		rtment of the Treasury—Internal Revenue Service				
(Form 1040A)		Form 1040A Filers (99) 1995		OMB No. 1545-008		
Name(s) shown on For	m 1040	A	Your	social security nur	mber	
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 show.				
Interest income (See pages 28 and 71.)	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 71 and list this interest first. Also, show that buyer's social security number and address.	Amount			
			1		<u> </u>	
		<u> </u>				
		Proust change				
	2 3	Add the amounts on line 1. Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You <b>must</b> attach Form 8815 to Form 1040A.	2			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4			
Part II		<b>Note:</b> If you received a Form 1099–DIV or substitute statement from a l firm's name and the total dividends shown on that form.	brokera	age firm, ente	r the	
Dividend income	5	List name of payer	5	Amount		
(See pages 28 and 72.)						
	)					
Bar Code						
i i (size and						
format to be						
determined)						
   \	6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.	6			
For Paperwork Re	ductior	Act Notice, see Form 1040A instructions. Cat. No. 12075R 1995 Sch	edule 1	l (Form 1040A) p	age 1	

Printed on recycled paper

Schedule 2 (Form 1040A)	Ch	artment of the Treasury—Internal hild and Dependen penses for Form 7	t Care		995			OMB No. 1545-008
Name(s) shown on Forr	n 104(	AC					Your social	security number
		You need to un schedule: Qual Qualified expension page 73.	ifying pers	son(s), Deper	ndent ca	re benefits	<b>,</b>	
Part I	1	(a) Care provider's name		ess (number, stree , state, and ZIP c		<b>(c)</b> Ident number (SS		(d) Amount paid (see page 75)
Persons or organizations who provided the care								
You MUST complete this part.		(If you need more spa Add the amounts in c	olumn (d) of	f line 1.			2	
	3	Enter the number of c Did you receive dependent care ber	e	NO YES	<b>H</b>	5 . Complete on Complete Pa	-	
Part II	4	Enter the amount of c			hg,			
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, en line 25.	one qualifyi e persons.	ng person or If you	4			
	5	Enter YOUR earned i	ncome.		5			
	6	If married filing a joint SPOUSE'S earned in disabled, see page 76 amount from line 5.	come (if stu	dent or	6			
	7	Enter the smallest of	line 4, 5, or	6.			7	
	8	Enter the amount from	n Form 104	0A, line 17.	8			
	9	Enter on line 9 the de amount on line 8. If line 8 is—		nt shown belo If line 8				
Bar Code		But not Over over	Decimal amount is	Over	But not over	Decima amount is		
(size and )		\$0—10,000 10,000—12,000 12,000—14,000 14,000—16,000 16,000—18,000	.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	-	
be l	<u> </u>	18,000—20,000	.25				9	×.
determined)	10	Then, see page 76 fo line 24a.	r the amoun	it of credit to e	enter on F	orm 1040A,	10	=
		ution: If you paid a pers ployment taxes. See the						

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

1995 Schedule 2 (Form 1040A) page 1

Part III	11	Enter the total amount of <b>dependent care benefits</b> you received for 1995. This amount should be shown in box 10 of your W-2	
Dependent care benefits		form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2.	11
Complete this	12	Enter the amount forfeited, if any. See page 77.	12
part <b>only</b> if you received these	13	Subtract line 12 from line 11.	13
benefits.	14	Enter the total amount of <b>qualified expenses</b> incurred in 1995 for the care of the qualifying person(s).	
	15	Enter the <b>smaller</b> of line 13 or 14.	
	16	Enter YOUR earned income.	
	18	Enter the smallest of line 15, 16, or 17. 18	
	19	<ul> <li>Excluded benefits. Enter here the smaller of the following:</li> <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> </ul>	19
(	20	<b>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, writ "DCB."	e 20
		To claim the child and dependent care credit, or lines 21–25 below, and lines 4–10 on the front of this s	
Bar Code	21	Enter the amount of qualified expenses you incurred and paid in 199 DO NOT include on this line any excluded benefits shown on line 19.	21
(size and	22	Enter \$2,400 (\$4,800 if two or more qualifying persons). 22	
format to	23	Enter the amount from line 19. 23	
determined)	24	Subtract line 23 from line 22. If zero or less, <b>STOP.</b> You cannot take the credit. <b>Exception.</b> If you paid 1994 expenses in 1995, see the line 10 instructions.	24
	25	Enter the <b>smaller</b> of line 21 or 24 here <b>and</b> on line 4 on the front of this schedule.	25
$\sim$			

1995 Schedule 2 (Form 1040A) page 2

Schedule 3 (Form 1040A)	Credit for the Elderly o for Form 1040A Filers		led (99) 1995		OMB No. 1545-0				
Name(s) shown on For	m 1040A				Your social security numbe				
	You may be able to take th	is credit and r	educe your tax if by	the end of 1995:					
	• You were age 65 or older		were under age 69 ability, and you recei						
	But you must also meet oth	ner tests. See	the separate instruct	tions for Schedule	e 3.				
	Note: In most cases, the IR	S can figure th	ne credit for you. See	e page 40 of the Fo	rm 1040A instructio				
Part I	If your filing status is:	And by t	he end of 1995:	(	Check only one boy				
Check the box for your filing status and age	Single, Head of household, or Qualifying widow(er) with dependent child	2 You w	ere 65 or older ere under 65 and yo isability						
and age	Married filing a joint return	<ul> <li>4 Both s retired</li> <li>5 Both perma</li> <li>6 One sp under</li> <li>7 One sp</li> </ul>	spouses were 65 or spouses were under on permanent and spouses were under nent and total disab bouse was 65 or olde 65 and retired on per bouse was 65 or olde 65 and <b>NOT</b> retire ity	r 65, but only one total disability . r 65, and both re ility r, and the other sp manent and total d r, and the other sp	etired on 5 ouse was isability 6 ouse was and total				
	Married filing a separate return	spous 9 You w	ere under 65, you ret ity, and you lived ap	ired on permanent	and total use for all				
	Did you check box 1, 3, 7, or 8?	Yes	Skip Part	•	Part III on the back				
Part II Statement of permanent and total disability	part <b>only</b> if filed you checked stat box 2, 4, 5, 6, or 9 above. <b>2</b> Due gair	d a statement ement, <b>AND</b> to your continu <u>activity in 1</u> 1995. If you <b>di</b>	an's statement for this for tax years after 19 ued disabled condition <u>995, check</u> here ► d not check this box,	<ul> <li>33 and your physic</li> <li>you were unable to</li> <li>J. You do not have</li> </ul>	an signed line B on engage in any substan to file another statem				
			t (See instructions at	oottom of page 2.)					
Bar Code	I certify that	I certify that							
   (size and   format to   be	<ul> <li>was permanently and totally</li> <li>disabled on the date he or sh</li> <li>Physician: Sign your name of</li> <li>A The disability has lasted of</li> <li>last continuously for at least</li> </ul>	ne retired. If retion on <b>either</b> line A or can be exped	red after 1976, enter t or B below. cted to	•	s permanently and tot				
determined)	B There is no reasonable disabled condition will even	probability th	at the	Physician's signature	Date				
	Physician's name		Physician's address	Physician's signature	Date				
			,						

.

Figure your       Box 3, c or A         Box 8 or 9       Box 3, c or A         Box 8 or 9       Box 3, c or A         Box 8 or 9       Box 3, c or A         Box 4 or 9       Box 4 or 9       Part 1       Box 3, c or A       Box 3, c or A       Box 3, c or A         Box 4 or 9       If you checked box 6 in Part 1, add 50.000 to the taxable disability income.       If you checked box 5 in Part 1, add your taxable disability income to your spouses taxable disability income. Entor the total.       If you completed line 11, enter the smaller of line 10 or line 11: all others, enter the amount from line 10.       If you completed line 11, enter the smaller of line 10 or line 11: all others, enter the amount from line 10.         12       If you completed line 11, enter the smaller of line 10 or line 11: all others you (and your spouse if filing a joint return) receives an type.       If add there disability income that you (and your spouse if line 10 or line 12: all others you (and your spouse) if add there disability income that you (and your spouse) if add there disability income that you (and your spouse) if add there disability income that you (and your spouse) if add there disability income that you (and your spouse) if add there disability income that you (and your spouse) if add there dine 11.         13       Enter th	Part III	10	If you checked (in Part I):         Enter:           Box 1, 2, 4, or 7         \$5,000		
box 2, 4, 5, 6, for 9 in Part 17       No       Enter the amount from 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.       If the text bit disability income.       If you checked box 5 in Part I, add your taxable disability income to your spouses taxable disability income the total.         TIP: For more details on what to include on line 11, see the instructions       11       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, annutits, or disability income that you (and your spouse) if filling a joint return) received in 1995:       10       11         14       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, annutits, or disability horenellis: and as social security See instructions       136         14       Nontaxable part of radined retirement benefits the 1s security benefits the 1s secure and there 1s form line 14 secure any other provision			Box 3, 5, or 6		
or 9 in Part 17       No       The the addition that in the 13.         11       • If you checked box 6 in Part I, add 55,000 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, add your taxable disability income.       • If you checked box 5 in Part I, add your taxable disability income to your spouses taxable disability income. Enter the total.         • If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10.       12         12       If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the following pensions, annuties, or disability income that you (and your spouse if filing a joint return) received in 1995;       a         13       Enter the following pensions, annuties, or disability income tay out disability income tay you did your spouse if filing a joint return) received in 1995;       a         a Nontaxable part of acida security See instructions.       136         b       Nontaxable veterans; pensions and any othef pensions, annut, or disability benefits is excluded from income under any other is provision of laws See instructions.       136         c       Add lines 133 and 13b. (Even though these income listed on line 13 or 13b. (Even though these income listed on line 13 or 13b. (Even though these income listed on line 13 or 13b. (Even or less, stop; you cannot take the credit. Otherwise, go to line 20.       136         14       Enter the amount from Form 1040A, line 17.       14         15       <					
income of the spouse who was under age 65. Enter the total. <ul> <li>If you checked box 2, 4, or 9 in Part I, enter your taxable disability income.</li> <li>If you checked box 5 in Part I, add your taxable disability income to your spouses it taxable disability income. Enter the total.</li> <li>TIP: For more details on what to include on line 11. see the instructions. 11</li> <li>If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10.</li> <li>Enter the following pensions, annuities, or disability income. Entry of disability income. Entry of disability income. Entry of disability income. Entry of disability income that you (and your spouse If filing a joint return) received in 1995;</li> <li>Nontaxable part of social security See instructions.</li> <li>Nontaxable veterans' pensions and any other pension, annuity &amp; disability benefit that is excluded from income under any other pension, annuity &amp; disability benefit that is excluded from income under any other provision of law. See instructions.</li> <li>Add lines 13a and 13b, dever though these included here to figure your credit) If you did not receive any of he types of nontaxable 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.</li> <li>If enter the amount from Form 1040A, line 17.</li> <li>If you checked (in Part I): Enter: Box for 2</li></ul>			or 9 in Part 12 No Enter the amount norm line to		
<ul> <li>income.</li> <li>If you checked box 5 in Part I, add your taxable disability income to your spouses taxable disability income. Enter the total.</li> <li>TIP: For more details on what to include on line 11, see the instructions.</li> <li>11</li> <li>12 if you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10.</li> <li>13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1995:</li> <li>a Nontaxable part of social security benefits; and Nontaxable part of social security benefits; treated as social security See instructions.</li> <li>b Nontaxable veterans: pensions and any other pension. annuity, or disability benefit their is excluded from income under any other; provision of law. See instructions.</li> <li>c Add lines 13a and 13b. Even though these income liters are on taxable voir credit. Jf you did not receive any of the types of nontaxable income liters are not taxable.</li> <li>c Add lines 13a and 13b. Even though these income liters are not avable.</li> <li>income liters are not avable.</li> <li>income liters are not avable.</li> <li>income liter are no</li></ul>		11			
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.         13       Enter the following pensions, anuities, or disability income that you (and your spouse) if filing a join return) received in 1995.         a       Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits tradied as social security. See instructions.         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.         13.6       C         Add lines 13a and 13b. (Even though these income listed on line 13a or 13b, enter 0- on line 13c.         14       Enter the amount from Form 1040A, line 17.         14       Enter the amount from Form 1040A, line 17.         14       Enter the amount from Form 1040A, line 17.         15       If you checked (in Part I):       Enter: Box 1 or 2.         Bar Code       [36 Jubract line 16 Jine 16.       17         18       Add lines 13a and 17.       18         19       Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.       19         20       Muttiply line 19 by 15% (15). Enter the re					
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, annulties, or disability income that you (and your spouse if filling a joint return) received in 1995;       a       Nontaxable part of social security benefits, and Nontaxable part of rairoad retirement benefits treated as social security benefits, and       nontaxable part of rairoad retirement benefits, treated as social security benefits, and         b       Nontaxable veterans; pensions and any other pension, annuity, or disability benefits, they must be included from lineome under any other provision of law. See instructions.       13b         c       Add lines 13a and 130, (Even though these lincluded here to figure your credit.) If you did not receive any, or the types of nontaxable included here to figure your credit.) If you did not receive any, or its types of nontaxable included here to figure your credit.) If you did not receive any, or its types of nontaxable included here to figure your spouse is spongered to a statement in 13c.         14       Enter the amount from Form 1040A, line 17.       14         15       If you checked (in Part I):       Enter: Box 1 or 2			your spouse's taxable disability income. Enter the total.		
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 1995:     a       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.       14     Enter the amount from Form 1040A, line 17.     14       15     If you checked (in Part ):     Enter: Box 1 or 2.       Box 3 or 9.      \$10,000 Box 8 or 9.       16     Subtract line 15 from line 14. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.     19       17     Enter one-half of line 16.     17       18     Add lines 13a cand 17.     18       19     Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.     19       20     Multiply line 19 by 15% (.15) Enter the result here and on Form     20       1040A, Ime 24b.     20     19       20     Multiply line 19 by 15% (.15) Enter the date yo			<b>TIP:</b> For more details on what to include on line 11, see the instructions.	11	
disability income that you (and your spouse if filing a joint return) received in 1995: a Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See instructions 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. 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. 14 Enter the amount from Form 1040A, line 17. 15 If you checked (in Part I): Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000 Box 8 or 9 \$10,000 Box 8 or 9		12			
Pension, annuity, or disability benefit that is excluded from income under any othe 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.         14       Enter the amount from Form 1040A, line 17.       14         15       If you checked (in Part I):       Enter: Box 1 or 2			disability income that you (and your spouse if		
<ul> <li>pension, annuity, or disability benefit that is excluded from income under any othe provision of law. See instructions. 13b</li> <li>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</li> <li>14 Enter the amount from Form 1040A, line 17. 14</li> <li>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 \$5000 15</li> <li>16 Subtract line 15 from line 14. If zero or less, enter -0 16</li> <li>17 Enter one-half of line 16. 17</li> <li>18 Add lines 13c and 17. 18</li> <li>19 Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20. 19</li> <li>20 Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, time 24b. 20</li> <li>Instructions Taxaper.—If you retired after 1976, enter the date you retired in the space provide in Part II. Physician's statement Physician.—A person is permanently and totally disabled if both of the following apply:</li> <li>1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and</li> <li>2. A physician determines that the disability has lasted or can be expected to last</li> </ul>		а	Nontaxable part of social security benefits, and Nontaxable part of railroad retirement		
<ul> <li>pension, annuity, or disability benefit that is excluded from income under any othe provision of law. See instructions. 13b</li> <li>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</li> <li>14 Enter the amount from Form 1040A, line 17. 14</li> <li>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 \$5000 15</li> <li>16 Subtract line 15 from line 14. If zero or less, enter -0 16</li> <li>17 Enter one-half of line 16. 17</li> <li>18 Add lines 13c and 17. 18</li> <li>19 Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20. 19</li> <li>20 Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, time 24b. 20</li> <li>Instructions Taxaper.—If you retired after 1976, enter the date you retired in the space provide in Part II. Physician's statement Physician.—A person is permanently and totally disabled if both of the following apply:</li> <li>1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and</li> <li>2. A physician determines that the disability has lasted or can be expected to last</li> </ul>			benefits treated as social security. See instructions.		
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income items are not taxable, they <b>must</b> 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       Enter one-half of line 16. 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 20. 19         20       Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b. 20         (size and for mat to       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         physician's statement       Physician.—A person is permanently and totally disabled if both of the following apply: 1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and 2. A physician determines that the disability has lasted or can be expected to last		с			
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       \$10,000         Box 1 or 2       \$10,000         Bar Code       16         17       Enter one-half of line 16.         18       19       Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.         19       20       Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b.         1040A, line 24b.       20         1040A, line 24b.       20         Instructions statement       Physician.—A person is permanently and totally disabled i			included here to figure your credit.) If you did not receive any of the types of nontaxable	1	
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       \$15         16       Subtract line 15 from line 14. If zero or less, enter -0         16       Subtract line 15 from line 14. If zero or less, enter -0         17       Enter one-half of line 16.         17       Enter one-half of line 16.         18       Add lines 13c and 17.         19       Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.         19       Subtract line 19 by 15% (.15). Enter the result here and on Form         1040A, line 24b.       20         Instructions for       In Part II.         physician's statement       Physician.—A person is permanently and totally disabled if both of the following apply:         1.       He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         2.       A physician determines that the disability has lasted or can be expected to last					
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       Enter one-half of line 16.       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 20.       19         20       Multiply line 19 by 15% (.15). Enter the result here and on Form       20         1040A, line 24b.       20         Instructions       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Physician's statement         be       1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         2. A physician determines that the disability has lasted or can be expected to last		14	Enter the amount from Form 1040A, line 17. 14		
16       Subtract line 15 from line 14. If zero or less, enter -0       16         17       Enter one-half of line 16.       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 20.       19         20       Multiply line 19 by 15% (.15). Enter the result here and on Form       20         1040A, line 24b.       20         Instructions for physician's statement       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         Physician.—A person is permanently and totally disabled if both of the following apply:       1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         20       A physician determines that the disability has lasted or can be expected to last		15	Box 1 or 2 \$7,500		
enter -0       16         17       Enter one-half of line 16.         18       Add lines 13c and 17.         18       Add lines 13c and 17.         19       Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.         20       Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b.         20       Instructions for physician's statement         format to be       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         Physician.—A person is permanently and totally disabled if both of the following apply:         1.       He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         2.       A physician determines that the disability has lasted or can be expected to last		16			
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 20.       19         20       Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b.       20         20       Instructions for physician's statement       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         be       1.       He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         determined)       2.       A physician determines that the disability has lasted or can be expected to last			enter -0 16		
Bar Code       19       Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20.       19         Bar Code       20       Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 24b.       20         Instructions for physician's statement       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         be       Physician.—A person is permanently and totally disabled if both of the following apply:         1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         2. A physician determines that the disability has lasted or can be expected to last		<u> </u>			
Bar Code       the credit. Otherwise, go to line 20.       19         20       Multiply line 19 by 15% (.15). Enter the result here and on Form       20         1040A, line 24b.       20         Instructions for       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         physician's statement       Physician.—A person is permanently and totally disabled if both of the following apply:         be       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					
1040A, line 24b.       20         Instructions for physician's statement       Taxpayer.—If you retired after 1976, enter the date you retired in the space provide in Part II.         be       Physician.—A person is permanently and totally disabled if both of the following apply:         the or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         20			the credit. Otherwise, go to line 20.		
(size and for physician's statementfor physician's statementin Part II. Physician.—A person is permanently and totally disabled if both of the following apply:beI. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, anddetermined)2. A physician determines that the disability has lasted or can be expected to last	Bar Code	20		20	
format to       statement       apply:         be       1. He or she cannot engage in any substantial gainful activity because of a physica or mental condition, and         determined)       2. A physician determines that the disability has lasted or can be expected to last	(size and	for	in Part II.		
determined) determined <b>2.</b> A physician determines that the disability has lasted or can be expected to last			tement apply:	-	
<b>Z.</b> A physician determines that the disability has lasted of call be expected to last	1		or mental condition, and		
		   	<ol> <li>A physician determines that the disability has lasted of continuously for at least a year or can lead to death.</li> </ol>	or can be expected to la	st

Т

<b>1040</b>		rtment of the Treasury—Internal Revenue Service 1995 (99) IRS Use Only—Do n	not write	or stan	le in this snace
<u> </u>		ne year Jan. 1–Dec. 31, 1995, or other tax year beginning , 1995, ending		19	OMB No. 1545-0074
Label	Yo	ur first name and initial	You	r socia	I security number
(See L instructions A					
on page 12.) B	lf a	joint return, spouse's first name and initial Last name	Spo	use's s	ocial security number
Use the IRS		me address (number and street). If you have a P.O. box, see page 12.			
label. H Otherwise, E	по	The address (number and street). If you have a P.O. box, see page 12. Apt. no.			acy Act and ork Reduction
please print R	Cit	y, town or post office, state, and ZIP code. If you have a foreign address, see page 12.			tice, see page 7.
or type.			Yes	No	Note: Checking "Yes
Election Campaigr	1	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.
<b>F</b> 111 <b>O</b> 1 1	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 12.) If the qualifying person i	s a ch	ild 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			o. of boxes
Exemptions	ou	return, <b>do not</b> check box 6a. But be sure to check the box on line 33b on page		2	ecked on 6a
(See page 13.)	b	Spouse		J	d 6b
	С	Dependents: (2) Dependent's social security number. If born relationship to lived in		ch	ildren on 6c
		(1) First name Last name Last name in 1995, see page 14 you home in		wh	io: lived with you
If more than six					didn't live with
dependents,					u due to /orce or
see page 14.				- se	paration (see
					ge 14) pendents on 6c
					t entered above
	d	If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here	►		d numbers tered on
	е	Total number of exemptions claimed			es 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	1	
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)	11		
1099-R here.	11 12	Alimony received	12		
If you did not	12	Capital gain or (loss). If required, attach Schedule D (see page 16)	13		
get a W-2, see page 15.	14	Other gains or (losses). Attach Form 4797	14		
1.5	15a	Total IRA distributions . 15a b Taxable amount (see page 17)	15	b	
Enclose, but do	16a	Total pensions and annuities 16a <b>b</b> Taxable amount (see page 17)	16	b	
not attach, your payment and	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
payment	18	Farm income or (loss). Attach Schedule F	18		
voucher. See page 32.	19	Unemployment compensation (see page 19)	19		
	20a	Social security benefits 20a b Taxable amount (see page 18)	20		
	21 22	Other income. List type and amount—see page 19 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22		
	 23a	Your IRA deduction (see page 19)			
Adjustments	zsa b	Spouse's IRA deduction (see page 19)			
to Income	24	Moving expenses. Attach Form 3903 or 3903-F 24			
	25	One-half of self-employment tax			
	26	Self-employed health insurance deduction (see page 21) 26			
	27	Keogh & self-employed SEP plans. If SEP, check ► □ 27			
	28	Penalty on early withdrawal of savings			
	29 30	Alimony paid. Recipient's SSN  29 Add lines 23a through 29. These are your total adjustments			
Adjusted	30	Add lines 23a through 29. These are your total adjustments	30	<u>'</u>	
Gross Income	31	Subtract line 30 from line 22. This is your adjusted gross income. If less than \$26,673 and a child lived with you (less than \$9,230 if a child didn't live with you), see "Earned Income Credit" on page 27	31		

Tax Compu- tation		Amount from line 31 (adjusted gross income)	se was 65 or olde otal here	►	33a	32			
(See page 23.)	с	If you are married filing separately and your spouse itemiz you are a dual-status alien, see page 23 and check here							
	34	Enter the larger of Single—\$3,900 • Married filing jointly or C	ng status. <b>But if</b> find your standa ction is zero.	ird dedu	ction.	34			
	35	your: ● Head of household—\$5,750 ● Married filin Subtract line 34 from line 32			J	35			
	36	If line 32 is \$86,025 or less, multiply \$2,500 by the total r line 6e. If line 32 is over \$86,025, see the worksheet on p				36			
16	37	Taxable income. Subtract line 36 from line 35. If line 36	-			37			
If you want the IRS to	38	Tax. Check if from <b>a</b> Tax Table, <b>b</b> Tax Rate Sched							
figure your		sheet, or <b>d</b> Form 8615 (see page 24). Amount from Fo				38			
tax, see page 24.	39	Additional taxes. Check if from <b>a</b> $\Box$ Form 4970 <b>b</b> $\Box$				39			
page 2	40	Add lines 38 and 39			•	40			
	41	Credit for child and dependent care expenses. Attach Form 2	<b>441 41</b>						
Credits	42	Credit for the elderly or the disabled. Attach Schedule R							
(See page	42	Foreign tax credit. Attach Form 1116	43						
24.)		Other credits (see page 25). Check if from $\mathbf{a} \square$ Form 38	· • • • • • • • • • • • • • • • • • • •						
	44	<b>b</b> Form 8396 <b>c</b> Form 8801 <b>d</b> Form (specify)	44	-	>)				
	45					45			
	45 46	Add lines 41 through 44	 10 optor 0		· · · ·				<u> </u>
			+0, enter -0	·	•	46			<u> </u>
Other	47	Self-employment tax. Attach Schedule SE				47			<u> </u>
Taxes	48	Alternative minimum tax. Attach Form 6251				48			<u> </u>
	49	Recapture taxes. Check if from <b>a</b> Form 4255 <b>b</b> Fo				49			<u> </u>
(See page 25.)	50	Social security and Medicare tax on tip income not reported				50			<u> </u>
23.)	51	Tax on qualified retirement plans, including IRAs. If requir	red, attach Form	5329.		51			<u> </u>
	52	Advance earned income credit payments from Form W-2				52			
	53	Household employment taxes. Attach Schedule H.				53			
	54	Add lines 46 through 53. This is your total tax	<u></u>		►	54			
Payments	55	Federal income tax withheld. If any is from Form(s) 1099, check <b>&gt;</b>	55						
rayments	56	1995 estimated tax payments and amount applied from 1994 retu	urn. 56						
	57	Earned income credit. Attach Schedule EIC if you have a qualif	ving						
Attach		(child)Nontaxable earned income: amount							
Forms W-2,		and type ►	57						
W-2G, and	58	Amount paid with Form 4868 (extension request) .	58						
1099-R on the front.	59	Excess social security and RRTA tax withheld (see page							
	60	Other payments. Check if from $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form 4							
	61	Add lines 55 through 60. These are your <b>total payments</b>			►	61			
	62	If line 61 is more than line 54, subtract line 54 from line 61. This i	s the amount you (			62			
Refund or	63		,			63	-		
Amount	64	Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED TA							
You Owe		-							
	65	If line 54 is more than line 61, subtract line 61 from line 54. For details on how to pay (including using Form 1040-V,				65			
	66	Estimated tax penalty (see page 33). Also include on line		er, see p					1
				uloc and a	tatamonto an	d to the b	oct of r		dao and
Sign	belief	r penalties of perjury, I declare that I have examined this return and ac , they are true, correct, and complete. Declaration of preparer (other th	han taxpayer) is bas	ed on all i	nformation of v	which prep	parer ha	any kno	wledge.
Here		Your signature	Date		ccupation			-	-
Keep a copy									
of this return	ζ.	Spouse's signature. If a joint return, BOTH must sign.	Date	Snouse	s occupation				
for your records.		Spouse s signature. In a joint return, DOTH Must sign.	Date	Spouse	5 occupation				
	,		Dato			Drong	aror/c c		rity po
Paid	Prepa signa	ner's	Date	Check		Prepa	110155	ocial secui ;	ing no.
Preparer's				self-em					
Use Only	if self	s name (or yours -employed) and			E.I. No.				
	addre				ZIP code				

## 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 (99)

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)			
Dental	2	Enter amount from Form 1040, line 32 . 2			
Expenses	3	Multiply line 2 above by 7.5% (.075)			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	4		
Taxes You	5	State and local income taxes 5			
Paid	6	Real estate taxes (see page A-2)   .   .   .   .			
(See	7	Personal property taxes			
page A-1.)	8	Other taxes. List type and amount ►			
	9	Add lines 5 through 8	9		
Interest	10	Home mortgage interest and points reported to you on Form 1098	7		
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			
		$\gamma \gamma $			
Note:		11			
Personal interest is	12	Points not reported to you on Form 1098. See page A-3			
not		for special rules			
deductible.	13	Investment interest. If required, attach Form 4952. (See			
	14	page A-3.)	14		
Gifts to	_		14		
Charity	15	Gifts by cash or check. If you made any gift of \$250 or     more, see page A-3			
If you made a	16	Other than by cash or check. If any gift of \$250 or more,			
gift and got a benefit for it,	47	see page A-3. If over \$500, you MUST attach Form 8283			
see page A-3.	17 18	Carryover from prior year	10		
Casualty and	10		18		
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19		
Job Expenses	20	Unreimbursed employee expenses—job travel, union			
and Most	20	dues, job education, etc. If required, you <b>MUST</b> attach			
Other		Form 2106 or 2106-EZ. (See page A-5.) ►			
Miscellaneous					
Deductions		20			
	21	Tax preparation fees         21			
(See	22	Other expenses—investment, safe deposit box, etc. List			
page A-5 for expenses to		type and amount ▶			
deduct here.)	~~	Add lines 20 through 22 23			
	23				
	24 25	Enter amount from Form 1040, line 32.         24         25           Multiply line 24 above by 2% (.02)			
	26	Multiply line 24 above by 2% (.02)       .	26		
Other	27	Other—from list on page A-5. List type and amount ▶			
Miscellaneous	27	other monnist on page 71 of List type and amount p			
Deductions			27		
Total	28	Is Form 1040, line 32, over \$114,700 (over \$57,350 if married filing separately)?			
Itemized		NO. Your deduction is not limited. Add the amounts in the far right column			
Deductions		for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of	28		
		this amount or your standard deduction.			
		<b>YES.</b> Your deduction may be limited. See page A-5 for the amount to enter.			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Your social security number

## Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

				Jequ		
Part I	Note	e: If you had over \$400 in taxable interest income, you must also complete Part III.		Δ		
Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo		
Income		buyer used the property as a personal residence, see page B-1 and list this				
(See		interest first. Also, show that buyer's social security number and address				
pages 15 and B-1.)						
Note: If you						
received a Form 1099-INT, Form						
1099-OID, or						
substitute			1			
statement from a brokerage firm,						
list the firm's		<u> </u>				
name as the payer and enter						
the total interest						
shown on that form.						
IOIIII.						
	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			
Devil II		: If you had over \$400 in gross dividends and/or other distributions on stock, you mus		 comnlete P	art III	
Part II Dividend				Amo		
Income	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 ▶				
(See pages 16						
and B-1.)						
		1000				
Note: If you		· · · · · · · · · · · · · · · · · · ·				
received a Form			5			
1099-DIV or substitute						
statement from						
a brokerage						
firm, list the firm's name as						
the payer and						
enter the total dividends						
shown on that	,		6			
form.	6	Add the amounts on line 5				
	7 8	Nontaxable distributions. (See the inst. for Form 1040, line 9.)	-			
	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	capita	I aain distri	butio	ns on
		Form 1040, line 13. Write "CGD" on the dotted line next to line 13.		5		
Part III	lf yo	u had over \$400 of interest or dividends or had a foreign account or were a grantor of	or a t	ransferor	Yes	No
Foreign	to, a	foreign trust, you must complete this part.			103	
Accounts	11a	At any time during 1995, did you have an interest in or a signature or other authority	, over	a financial		
and		account in a foreign country, such as a bank account, securities account, or				
Trusts		account? See page B-2 for exceptions and filing requirements for Form TD F 90	-22.1			
(See	b	If "Yes," enter the name of the foreign country ►				
page B-2.)	12	Were you the grantor of, or transferor to, a foreign trust that existed during 1995 you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3	, whet 3520- <i>i</i>	her or not A, or 926 .		

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SCHEE	DULE	С
(Form	1040)	

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074 Attachment

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

	tment of the Treasury al Revenue Service (99)  Attac	1.12		See Instructions for Schedule	C (Form 1040).	Attachi Sequer	ment nce No	. <b>09</b>	
Name	e of proprietor				Social securi	ty number (	SSN)		
A	Principal business or profession	n. including product or service	e (see pa	ge C-1)	B Enter pri	ncipal bus	iness	code	
	· · · · · · · · · · · · · · · · · · ·	,	- (	9/	(see page	-			
С	Business name. If no separate I	business name, leave blank.			D Employer	ID number (	EIN), i	f any	
E	Business address (including sui	ite or room no.) ►							
	City, town or post office, state,								
F	Accounting method: (1)	Cash (2) Accrual	(3)	□ Other (specify) ►					
G	Method(s) used to value closing inventory: (1)		(3)	explanation) (4) c	oes not apply (i hecked, skip line	eH)	Yes	No	
Н	Was there any change in determ								
1				ng 1995? If "No," see page C-2 t					
Pa	rt I Income	Jusiness during 1995, check	nere .	<u> </u>		<u>· · ·</u>	• •		
			C						
1	Gross receipts or sales. Caution employee" box on that form wa								
2	Returns and allowances		<b>O</b>		. 2				
3			•		. 3				
4	Cost of goods sold (from line 40		<b>1</b>		. 4				
5	Gross profit. Subtract line 4 fro		• •		. 5				
6 7	Other income, including Federal <b>Gross income.</b> Add lines 5 and	l and state gasoline or fuel ta I 6	ax credit o	or refund (see page C-2)	· 0 ▶ 7				
1	rt II Expenses. Enter ex	penses for business use	e of your	home <b>only</b> on line 30.					
8	Advertising	8		Pension and profit-sharing plan	s 19				
9	Bad debts from sales or			<b>D</b> Rent or lease (see page C-4):					
	services (see page C-3)	9		a Vehicles, machinery, and equipment					
10	Car and truck expenses			<b>b</b> Other business property .					
	(see page C-3)			Repairs and maintenance .					
11	Commissions and fees.	11		2 Supplies (not included in Part III)					
12	Depletion	12		3 Taxes and licenses	•				
13	Depreciation and section 179		24	4 Travel, meals, and entertainm a Travel	24a				
	expense deduction (not included in Part III) (see page C-3)	13		<b>b</b> Meals and en-	. 240				
14	Employee benefit programs			tertainment					
••	(other than on line 19)	14		c Enter 50% of					
15	Insurance (other than health) .	15		line 24b subject to limitations					
16	Interest:			(see page C-4)					
а	Mortgage (paid to banks, etc.) .	16a		d Subtract line 24c from line 24b	. 24d				
b	Other	16b	25		. 25				
17	Legal and professional services	17	26	<ul><li>6 Wages (less employment credits)</li><li>7 Other expenses (from line 46 c</li></ul>					
18	Office expense	18		page 2)					
28	· · · · · · · · · · · · · · · · · · ·	es for business use of home.	Add line	s 8 through 27 in columns.					
29	Tentative profit (loss). Subtract			· · · · · · · · · · · · ·					
30	Expenses for business use of y				30				
31	Net profit or (loss). Subtract lin								
	• If a profit, enter on Form 104			, line 2 (statutory employees,					
	see page C-5). Estates and trus		3.						
20	• If a loss, you MUST go on to				J				
32	If you have a loss, check the bo					llinucotro	nt in a	t rick	
	<ul> <li>If you checked 32a, enter the (statutory employees, see page</li> </ul>				<pre>&gt;</pre>	II investmer			
	<ul> <li>(statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.</li> <li>If you checked 32b, you MUST attach Form 6198.</li> </ul>								

For Paperwork Reduction Act Notice, see Form 1040 instructions.

#### Part III Cost of Goods Sold (see page C-5)

33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation .	33
34	Purchases less cost of items withdrawn for personal use	34
35	Cost of labor. Do not include salary paid to yourself	35
36	Materials and supplies	36
37	Other costs	37
38	Add lines 33 through 37	38
39		39
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4	
Pa	rt IV Information on Your Vehicle. Complete this part ONLY if you are claiming line 10 and are not required to file Form 4562 for this business. See the inst	

C-3 to find out if you must file.

When did you place your vehicle in service for business purposes? (month, day, year) 41 ....

Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for: 42 107 

а	Business b Commuting c Other	
43	Do you (or your spouse) have another vehicle available for personal use?	🗌 No
44	Was your vehicle available for use during off-duty hours?	🗌 No
	Do you have evidence to support your deduction?	□ No □ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

46       Total other expenses. Enter here and on page 1, line 27       46	

### SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service

Name of proprietor

## **Net Profit From Business**

(Sole Proprietorship)

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

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

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

OMB No. 1545-0074

995

1

Par	t I General Ir	nformation						
This	May Use Schedule — If You:	<ul> <li>Had gross receipts from your business of \$25,000 or less.</li> <li>Had business expenses of \$2,000 or less.</li> <li>Use the cash method of accounting.</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had only one business as a sole proprietor.</li> </ul>	And You:	<ul> <li>Had no employ</li> <li>Are not require Depreciation a this business. for Schedule C C-3 to find out</li> <li>Do not deduct business use of</li> <li>Do not have pr passive activity business.</li> </ul>	ed to f nd An See th C, line t if you exper of your	ile Form 456 nortization, for ne instruction 13, on page u must file. nses for r home. ar unallowed	<b>2</b> , or is	
Α	Principal business or	r profession, including product or service				principal bus	iness	code
С	Business name. If no	o separate business name, leave blank.	2 <u>0</u> 4			C-6) ► /er ID number	(EIN),	if any
E	Business address (in	cluding suite or room no.). Address not required	l if same as on Form	1040 page 1				
L				1040, page 1.				
	City, town or post of	fice, state, and ZIP code	hai					
Par	t II Figure Yo	ur Net Profit	0					
1	<b>Caution</b> : If this inc that form was che page C-2 and che	more than \$25,000, you <b>must</b> use Schedu come was reported to you on Form W-2 and cked, see <b>Statutory Employees</b> in the inst ck here	d the "Statutory en tructions for Sched	ule C, line 1, on ► □	1			
3	Net profit. Subtra Form 1040, line 1	ct line 2 from line 1. If less than zero, you 2, and ALSO on Schedule SE, line 2. (Statu ule SE, line 2. Estates and trusts, enter on	u <b>must</b> use Sched utory employees <b>do</b>	ule C. Enter on <b>) not</b> report this	3			
Par		on on Your Vehicle. Complete this part		·		expenses	on lin	e 2.
4		ce your vehicle in service for business purp er of miles you drove your vehicle during 1		-			e for:	
а	Business	<b>b</b> Commuting	c (	Other				
6	Do you (or your sp	pouse) have another vehicle available for pe	ersonal use?			. 🗌 Yes		No
7	Was your vehicle a	available for use during off-duty hours? .				. 🗌 Yes		No
8a	Do you have evide	ence to support your deduction?				. 🗌 Yes		No
b	If "Yes," is the evid	dence written?			<u></u>	. 🗌 Yes		No
For F	Paperwork Reduction	n Act Notice, see Form 1040 instructions.	Cat. No. 1437	4D Sche	edule	C-EZ (Form	1040)	1995

## 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, estate, trust, or alcohol, tobacco, and firearms tax return. If you need an EIN, file Form SS-4, Application for August to change 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 (99) Name(s) shown on Form 1040 Attach to Form 1040. See Instructions for Schedule D (Form 1040).

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

Attachment Sequence No. 12 Your social security number

Par	t Short-Term	n Capital Gai	ins and	Loss	ses—Assets He	eld One Year	or Less		
,	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	<b>(c)</b> Date (Mo., dag		(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3	(f) LOSS If (e) is more the subtract (d) fr	han (d),	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1									
2	Enter your short-ter line 21.	rm totals, if ar	ny, from	2					
3	Total short-term sa Add column (d) of I		ounts.	3		8			
4	Short-term gain from Forms 4684, 6781,		and 6252	2, and 	short-term gain c	or loss from	4		
5	Net short-term gain trusts from Schedu		oartnersh	nips, S	6 corporations, es	states, and	5		
6	Short-term capital lo 1994 Capital Loss (			amou	unt, if any, from lin	e 9 of your	6		
7	Add lines 1 through	n 6 in columns	(f) and (g	g) .	S.		7 (	)	
8 Par	Net short-term ca				e columns (f) and es—Assets He			8	
9	Long-Term			1033	es—Assets the				
				0					
			6						
10	Enter your long-ter line 23		iy, from	10					
11	Total long-term sa Add column (d) of I	les price amo		11					
12	Gain from Form 47 and long-term gain	97; long-term	gain fro				12		
13	Net long-term gain trusts from Schedul	or loss from p	bartnersh			states, and	13		
14	Capital gain distribu						14		
15	Long-term capital I your 1994 Capital L	oss carryover.			ount, if any, from		15		
16	Add lines 9 through	n 15 in column	s (f) and	(g).		L	16 (	)	
17	Net long-term cap			mbine	e columns (f) and	(g) of line 16		17	
		of Parts I ar							1
18	Combine lines 8 an <b>Note:</b> <i>If both lines</i>	17 and 18 are	gains, se	e the	Capital Gain Ta	x Worksheet o	n page 25	18	
19	If line 18 is a loss, e		as a (los	s) on	Form 1040, line	13, the smaller	of these losses:		
a h	The loss on line 18;		toby (#1					19	(
b	(\$3,000) or, if marrie <b>Note:</b> See the <b>Cap</b> the loss on line 19	ital Loss Carl	yover N	/orksl	heet on page D-3	if the loss on	line 18 exceeds		
For F	Paperwork Reduction					Cat. No. 11	338H	Sched	ule D (Form 1040) 199

Schedu	le D (Form 1040) 1995				Attacl	hment Sequence	No. <b>12</b>	Page <b>2</b>
Name(s)	) shown on Form 1040.	Do not enter name	and social securi	ty number if shown on			Your social securit	ty number
Part			ains and Los	ses—Assets H	eld One Year or	Less (Cont	inuation of Part	<i>I)</i>
p p	( <b>a)</b> Description of roperty (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more tha subtract (d) from	an (d), If (d) is more m (e) subtract (e)	VIN e than (e), from (d)
20								
					C			
				6	6			
					693			
					<b>Y</b> '	$\mathbf{a}$		
			<b>v</b> 0°					
				5	-201			
					C.			
21 Sh (g)	ort-term totals. Ad of line 20. Enter h	d columns (d), ( here and on line	(f), and e 2 . <b>21</b>	C <sup>C</sup>				
Part	V Long-Terr	m Capital Ga		ses—Assets He	eld More Than C	One Year (Co	ontinuation of P	art II)
22			(SUP					
23 Lo	ng-term totals. Ad	 d columns (d) (	f) and					
(g)	of line 22. Enter h	nere 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.)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

1

OMB No. 1545-0074

19**95** 

Ра	art I Income or Loss From Rent personal property on Schedule													
1	Show the kind and location of each							ach rental real			un pa		/es	No
Ā								erty listed on li			ou			NO
А								ur family use i			nal	A		
В								er of 14 days			tho			
0								days rented at			uie	в		
С							value	during the tax			е			
							page	E-1.)				С		
Inc	come:		Α		Prop	berti B	ies	С		(Ad		<b>otals</b> mns A,	B, an	nd C.)
2	Rents received	3				_				3				
4	Royalties received	4				X				4				
Fx	penses:									-				
	Advertising	5												
6	Auto and travel (see page E-2)	6			7									
7	Cleaning and maintenance	7					1							
8	Commissions	8												
9	Insurance	9						<u> </u>						
10	Legal and other professional fees	10			-			9						
11	Management fees	11				1								
12				·										
	etc. (see page E-2)	12			$\mathbf{O}$					12				
13	Other interest	13		-										
14	Repairs	14												
15	Supplies	15 16	10											
16	Taxes	10	$\sim$											
17														
18	Other (list) ►													
		18												
19	Add lines 5 through 18	19								19				
20	Depreciation expense or depletion													
20	(see page E-2)	20								20				
21	Total expenses. Add lines 19 and 20	21											T	
	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 Form 6198.	22												
23														
	<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 Form 8582. Real estate													
	professionals must complete line	23	(	۱	(		1	(	۱ ۱					
24	42 on page 2	L		) at inc		loco	<u> </u>		, )	24				
24 25	Income. Add positive amounts sho Losses. Add royalty losses from line 22				•				ore	25	(			)
25 26	Total rental real estate and royalty ir									<u> </u>				
20	If Parts II, III, IV, and line 39 on pag													
	line 17. Otherwise, include this amo									26				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Page 2

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

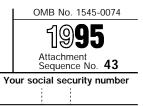
Your social security number

	te: If you report amounts below. Real estate profes	sionals mus	t complete lii	ne 42 beloi	N.	, ,				
Ра	irt II Income or Los either column (e) c									
27		(a) Name		mestment	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Emp identific num	oloyer cation	Investment (e) All is (f) at risk Ind	At Risk? Some is
A						partnership	nam	bei		
в										
<u>c</u>										
D E										
	Passive Incom	ne and Loss	<b>;</b>		Nc	npassive li	ncome and	Loss		
	(g) Passive loss allowed (attach Form 8582 if required)		ssive income chedule K-1		npassive loss Schedule K-1		ion 179 expense deduction m <b>Form 4562</b>	•	(k) Nonpassive in from Schedule	
A					<u> </u>					
B										
C D				- (						
E				- 2	2					
<b>28</b> a	Totals									
	Totals						0)	20		
29 30	Add columns (h) and (k) Add columns (g), (i), and					·		29 30 (		
30 31	Total partnership and S			oss). Comt	 Dine lines 29 a	nd 30. Enter	the result			<b></b>
-	here and include in the	total on line	40 below		<u> C</u>		<u> </u>	31		
Pa	rt III Income or Lo	oss From I	Estates and	Trusts	<b>*0</b>					
32		P	(a) Nar	me	•			(b) Employer identification number		
A										
B	Pass	ive Income	and Loss			Non	passive Inc	ome al	nd Loss	
	(c) Passive deduction or loss	allowed	(d)	Passive incom		(e) Deductio	n or loss	(f) Other income from		
	(attach Form 8582 if requ	Jired)	from	n Schedule K	-1	from Sched	ule K-1		Schedule K-1	
A B										
	Totals									
	Totals									
	Add columns (d) and (f)	of line 33a						34		<u> </u>
35	Add columns (c) and (e)							35 (		)
36	Total estate and trust inc in the total on line 40 be				1 35. Enter the			36		
Pa	rt IV Income or Lo		Real Estate	Mortgag	e Investmen	t Conduits	(REMICs)-		dual Holde	r
37	(a) Name		nployer ion number	Schedule	s inclusion from s <b>Q</b> , line 2c (see age E-4)		ncome (net loss) I <b>ules Q</b> , line 1b	(e) Inco	me from <b>Sched</b> line 3b	ules Q,
38	Combine columns (d) an	nd (e) only. E	nter the resu	ilt here and	include in the	total on line	40 below	38		
	· · · · · · · · · · · · · · · · · · ·	or (locc) from			nnlata lina 11	bolow		39		
39 40	Net farm rental income TOTAL income or (loss). Cor							40		
41	Reconciliation of Farn									
	farming and fishing inco K-1 (Form 1065), line 1									
	Schedule K-1 (Form 10-									
42	Reconciliation for Real									
	professional (see page E anywhere on Form 1040	-3), enter the	e net income	or (loss) yo	u reported					
	you materially participat					2				

SCHE	EDULE	ΞE	IC
(Form	1040A	or	1040)

Department of the Treasury

Internal Revenue Service (99) Name(s) shown on return



### Before You Begin . . .

- Answer the questions on page 47 of the Form 1040A instructions or page 27 of the Form 1040 instructions to see if you can take this credit.
- If you can take the credit, fill in the worksheet on page 48 (1040A) or page 28 (1040) to figure your credit. But if you want the IRS to figure it for you, see page 42 (1040A) or page 24 (1040).

Then, you must complete and attach Schedule EIC only if you have a qualifying child (see boxes on back).

## 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.

	on't attach Schedule EIC and fill in all y, it will take us longer to process your your refund.	(a) Child 1	(b) Child 2
1 Child's name	Prous	First name Last name	First name Last name
2 Child's year of	birth	19	19
3 If the child was	s born before 1977 AND—		
a was under age check the "Yes	e 24 at the end of 1995 and a student, s" box, OR	Yes	Yes
•	ntly and totally disabled (see back), s" box	Yes	Yes
Bar Code	<ul> <li>4 Enter the child's social security number. If born in 1995, see instructions on back</li> <li>5 Child's relationship to you (for example, son, grandchild, etc.) .</li> </ul>		
(size and format to	<ul><li>6 Number of months child lived with you in the United States in 1995</li></ul>	months	months
be determined)	TIP:	credit added to your take-home pagor by calling the IRS at 1-800-TAX-F	
    \	For Paperwork Reduction Act Notice, see 1040 instructions.	Form 1040A or Cat. No. 13339M Sch	nedule EIC (Form 1040A or 1040) 1995

## 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 48 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 1977** but was under age 24 at the end of 1995 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 1995, or

• Took a full-time, on-farm training course during any 5 months of 1995. 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 1977** and was permanently and totally disabled during any part of 1995, 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 **after October 31, 1995**, you don't have to enter his or her social security number (SSN) on line 4. Instead, enter the month and year your child was born. For example, your child was born on December 1, 1995. You should enter "12/95" on line 4.

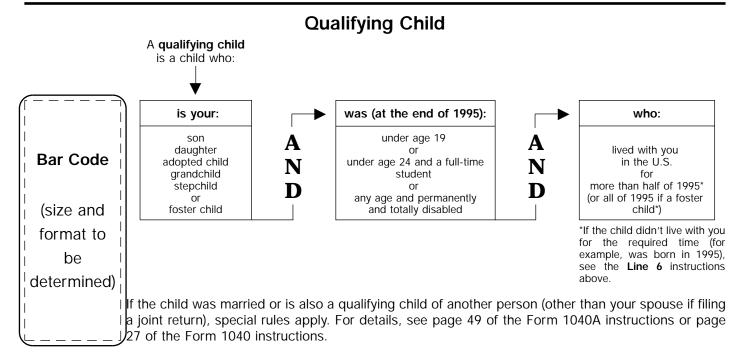
If your child was born **before November 1, 1995**, you **must** enter his or her SSN on line 4. If you don't enter an SSN or if the SSN you enter is incorrect, it will take us longer to issue any refund shown on your return. If your child doesn't have a number, apply for one by filing **Form SS-5** with your local Social Security Administration (SSA) office. It usually takes about 2 weeks to get a number. If your child won't have an SSN by April 15, 1996, you can get an automatic 4-month extension by filing Form 4868 with the IRS by that date.

## Line 6

Enter the number of months your child lived with you in your home in the United States during 1995. Do not enter more than 12. Count temporary absences, such as for school, vacation, or medical care, as time lived in your home. If the child lived with you for more than half of 1995 but less than 7 months, enter "7" on this line.

If you were in the military stationed outside the United States on extended active duty, you are considered to be living in the United States for purposes of claiming the EIC. For more details, get Pub. 596.

**Exception.** If your child, including a foster child, was born or died in 1995 and your home was the child's home for the entire time he or she was alive during 1995, enter "12" on line 6.



	IEDULE F		Profit or	Loss	From Farming		OMB No. 1545	-0074
(For	m 1040)		Attach to Forn	n 1040, F	Form 1041, or Form 1065.	1995		Ĵ
	ment of the Treasury I Revenue Service (99)			-	Schedule F (Form 1040).		Attachment Sequence No	1/
	of proprietor					Social sec	curity number (SSN	
A Pri	ncipal product. Describe	e in one or two v	words your principal crop or a	activity for	r the current tax year.		rincipal agricultural a rom page 2) ▶	ctivity
						-		
			(I) 🗆 a - I				ver ID number (EIN)	), ir any 
C AC	counting method:		(1) 🗌 Cash	(2)				
E Di	d you "materially parti	cipate" in the	operation of this business	during 1	995? If "No," see page F-2 for limit o	n passive l	osses. 🗌 Yes	🗌 No
Par			-		II (Accrual method taxpayers complete			
	Do not inclue	de sales of li	vestock held for draft,	breedin	ng, sport, or dairy purposes; repo	ort these s	sales on Form 4	797.
1			you bought for resale .		1	_		
2			nd other items reported or	n line 1	2	3		
3 4	Subtract line 2 from		s, and other products you	ı raised	· · · · · · · · · · · · · · · · · · ·	. 3		+
-	Total cooperative dist	•	· I – Ĭ	raiscu	5b Taxable amou	nt 5b		+
	Agricultural program	•			6b Taxable amou			
7	Commodity Credit C	Corporation (C	CC) loans (see page F-2):					
а	CCC loans reported	under election	n			. 7a		<u> </u>
b	CCC loans forfeited				7c Taxable amou	nt <b>7c</b>		
8			tain disaster payments (se <b>8a</b>	ee page		nt 8b		
	Amount received in If election to defer to				8b Taxable amoun 8d Amount deferred from 1994.	nt <b>80</b>		+
9	Custom hire (machir				a Amount deletted from 1994 .	. 9		+
10			d state gasoline or fuel tax	credit or	refund (see page F-3)	. 10		<u> </u>
11		-			10. If accrual method taxpayer, enter	r		
	the amount from page	ge 2, line 51.				11		
Par				Do no	t include personal or living expe	nses suc	h as taxes, insu	Jrance,
	repairs, etc.,	9	le.	T				
12	Car and truck expens		12		25 Pension and profit-sharing	25		
13	F-3—also attach For		13		<ul><li>plans</li><li>26 Rent or lease (see page F-4):</li></ul>			+
14	Conservation expen				<b>a</b> Vehicles, machinery, and equip	_		
••			14		ment	. 26a		
15	Custom hire (machir	ne work).	15		<b>b</b> Other (land, animals, etc.)	. 26b		
16	Depreciation and s	section 179			27 Repairs and maintenance .	. 27		<u> </u>
	expense deduction		1/		<b>28</b> Seeds and plants purchased	. 28		+
	elsewhere (see page		16		<b>29</b> Storage and warehousing .			+
17	Employee benefit other than on line 2!	1 5	17		<ul><li>30 Supplies purchased</li><li>31 Taxes</li></ul>	·		+
18	Feed purchased .		18		<b>32</b> Utilities	·		+
19	Fertilizers and lime		19		<b>33</b> Veterinary, breeding, and medicine			
20	Freight and trucking		20		<b>34</b> Other expenses (specify):			
21	Gasoline, fuel, and o	oil	21		а	34a		<u> </u>
22	Insurance (other that	n health)	22		b			<u> </u>
23	Interest:		220		с	244		+
	Mortgage (paid to b Other		23a 23b		d			+
24	Labor hired (less emplo		24		e f	34f		+
	, F,	/	· · · ·	<u> </u>				+
35	Total expenses. Ad	d lines 12 thro	ough 34f • • • • •			35		
36	•		0		er on Form 1040, line 18, and ALSO of	ו		
					ts, and partnerships, see page F-5) .	. 36	_	
37	If you have a loss, yo	u MUST check	the box that describes you	ur investn	ment in this activity (see page F-5).		All investment is	
	If you checked 37a, If you checked 37b,	you MUST at	tach Form 6198.	anu ALS	iO on <b>Schedule ŠÈ, line Ĭ</b> . ∫	37b 🗌	Some investment is r	iot at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

	dule F (Form 1040) 1995         rt III         Farm Income—Accrual Method (see page F-5)         Do not include sales of livestock held for draft, breeding, sport, or dairy purposes;         4797 and do not include this livestock on line 46 below.	report the	Page 2
38	Sales of livestock, produce, grains, and other products during the year	38	
39a	Total cooperative distributions (Form(s) 1099-PATR) <b>39a</b> 39b Taxable amount	39b	
40a	Agricultural program payments	40b	
41	Commodity Credit Corporation (CCC) loans:		
а	CCC loans reported under election	41a	
b	CCC loans forfeited or repaid with certificates 41b 41c Taxable amount	41c	
42	Crop insurance proceeds	42	
43	Custom hire (machine work) income	43	
44	Other income, including Federal and state gasoline or fuel tax credit or refund	44	
45	Add amounts in the right column for lines 38 through 44	45	
46	Inventory of livestock, produce, grains, and other products at beginning of the year		
47	Cost of livestock, produce, grains, and other products purchased during the year	-	
48	Add lines 46 and 47	-	
49	Inventory of livestock, produce, grains, and other products at end of year 49	-	
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50	
51	Gross income. Subtract line 50 from line 45. Enter the result here and on page 1, line 11	51	
	ou use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51.		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. 1545-0074
(Form 1040)	Credit for th	e Elderly or the Disabled		19 <b>95</b>
Department of the Treasury Internal Revenue Service (99)	Attach to Form 1040.	See separate instructions for Schedule R.		Attachment Sequence No. <b>16</b>
Name(s) shown on Form 1040			Your s	ocial security number

You may be able to take this credit and reduce your tax if by the end of 1995:

• You were age 65 or older, **OR** • You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule R. Note: In most cases, the IRS can figure the credit for you. See page 24 of the Form 1040 instructions.

Part I Check the Bo	x for Your Filing Status and Age And by the end of 1995:	Check only	one box:
Single, Head of household, or	<b>1</b> You were 65 or older	1	
Qualifying widow(er) with dependent child	2 You were under 65 and you retired on permanent and total disabil	ity <b>2</b>	
	3 Both spouses were 65 or older	3	
	4 Both spouses were under 65, but only one spouse retired on perm total disability	anent and	
Married filing a joint return	5 Both spouses were under 65, and both retired on permanent disability		
-	6 One spouse was 65 or older, and the other spouse was under 65 a on permanent and total disability		
	7 One spouse was 65 or older, and the other spouse was under 65 retired on permanent and total disability	and NOT	

Married filing a separate return

You were 65 or older and you lived apart from your spouse for all of 1995 . . 8 You were under 65, you retired on permanent and total disability, and you 9 lived apart from your spouse for all of 1995. g

Did you check box 1, 3, 7, Complete Parts II and III. or 8? No —

Part II Statement of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above.)

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

2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 1995, . . . . . . . . . . . . . . . . . . . check this box

• If you checked this box, you do not have to file another statement for 1995.

If you did not check this box, have your physician complete the statement below.

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

isabled on the

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Pa	rt III Figure Your Credit	
10	If you checked (in Part I):         Enter:           Box 1, 2, 4, or 7         \$5,000           Box 3, 5, or 6         \$5,000           Box 8 or 9         \$5,000	0 0 } <b>10</b>
11	or 9 in Part I?	nust complete line 11. t the amount from line 10 on 2 and go to line 13.
11	<ul><li>If you checked:</li><li>Box 6 in Part I, add \$5,000 to the taxable disability incor</li></ul>	me of the
	spouse who was under age 65. Enter the total.	
	• Box 2, 4, or 9 in Part I, enter your taxable disability incom	
	• Box 5 in Part I, add your taxable disability income to your taxable disability income. Enter the total.	spouse's
	<b>TIP:</b> For more details on what to include on line 11, see th	e instructions.
12	If you completed line 11, enter the <b>smaller</b> of line 10 or li from line 10	ine 11; all others, enter the amount
13	Enter the following pensions, annuities, or disability income	
	(and your spouse if filing a joint return) received in 1995:	5 6 6
а	Nontaxable part of social security benefits, and	13a
	Nontaxable part of railroad retirement benefits treated as social security. See instructions.	
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.	} <u>13b</u>
С	Add lines 13a and 13b. (Even though these income item taxable, they <b>must</b> be included here to figure your credit.) not receive any of the types of nontaxable income listed or or 13b, enter -0- on line 13c	If you did
14 15	Enter the amount from Form 1040, line 32 14 If you checked (in Part I): Enter:	
15	If you checked (in Part I):         Enter:           Box 1 or 2         \$7,500	
	Box 3, 4, 5, 6, or 7 \$10,000 } 15	
	Box 8 or 9 \$5,000 J	
16	Subtract line 15 from line 14. If zero or less, enter -0-	
	· · · · · · · · · · · · · · · · · · ·	
17	Enter one-half of line 16	[17]
18	Add lines 13c and 17	
19	Subtract line 18 from line 12. If zero or less, stop; you can	
( <u>aa</u>		
20	Multiply line 19 by 15% (.15). Enter the result here and on file Schedule C, C-EZ, D, E, or F (Form 1040), your credit	may be limited. See the instructions
	for line 20 for the amount of credit you can claim	

#### Taxpayer

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

#### Physician

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

Instructions for Physician's Statement

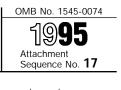
**1.** He or she cannot engage in any substantial gainful activity because of a physical or mental condition, and

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.



## Self-Employment Tax

See Instructions for Schedule SE (Form 1040).



Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040.

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

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

## Who Must File Schedule SE

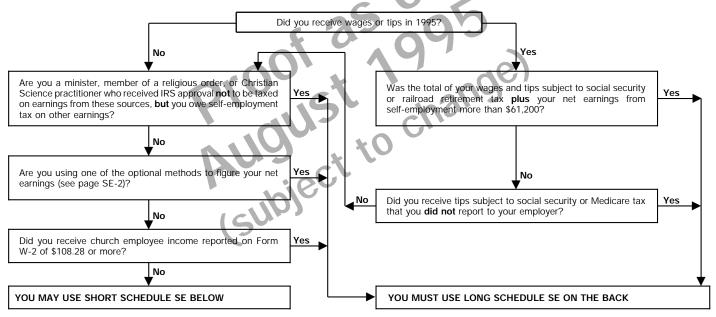
You must file Schedule SE if:

- 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.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	
3	Combine lines 1 and 2	3	
4	<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:		
	• \$61,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47.	5	
	• More than \$61,200, multiply line 4 by 2.9% (.029). Then, add \$7,588.80 to the result. Enter the total here and on Form 1040, line 47.		
,	Deduction for one half of calf annuant tax. Multiply line 5 by		
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		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

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

Attachment Sequence No. 17 Social security number of person with self-employment income

Page **2** 

### Section B—Long Schedule SE

### Part I Self-Employment Tax

	<b>Note:</b> If your only income subject to self-employment tax is <b>church employee income</b> , skip line -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member <b>not</b> church employee income. See page SE-1.			
Α	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Pa			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. <b>Note:</b> <i>Skip this line if you use the farm optional method. See page SE-3</i>	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. <b>Note:</b> <i>Skip this line if you use the nonfarm optional method. See page SE-3</i> .	2		
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a		
b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
с	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment			
	tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ►	4c		
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		
6	Net earnings from self-employment. Add lines 4c and 5b	6		
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1995	7	61,200	00
	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)	_		
С	Add lines 8a and 8b	8c		
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 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		
12	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 by50% (.5). Enter the result here and on Form 1040, line 25			
Par	t II Optional Methods To Figure Net Earnings (See page SE-2.)			
Farn	n Optional Method. You may use this method only if:			

<ul> <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 \$1,733.			
14 Maximum income for optional methods	14		
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$1,600. Also,			
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.			
16 Subtract line 15 from line 14	16		

Enter the smaller of: two-thirds (3/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount 17 

<sup>1</sup>From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b. <sup>3</sup>From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a. <sup>2</sup>From Schedule F, line 36, and Schedule K-1 (Form 1065), line 15a. <sup>4</sup>From Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), line 15c.



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SCHEI	DULE	Н
(Form	1040)	

Department of the Treasury

Internal Revenue Service

## Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) ► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

See separate instructions.

	OMB No. 1545-0074
(es)	19 <b>95</b>
	Attachment Sequence No. 44
Social se	ecurity number

Name of employer (as shown on return)

Employer identification number

Before you begin, read Who Must File on page 3 of the instructions.

A Did you pay any one household employee cash wages of \$1,000 or more in 1995?

Yes.	Skip	questions	В	and	С	and	go	to	Part	I.
------	------	-----------	---	-----	---	-----	----	----	------	----

**No.** Go to question B.

**B** Did you withhold Federal income tax during 1995 at the request of any household employee?

- **Yes.** Skip question C and go to Part I.
- **No.** Go to question C.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1994 or 1995 to household employees?

No. Stop. Do not file this schedule.
 Yes. Skip Part I and go to Part II on the back

### Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3) 1		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	 
3	Total cash wages subject to Medicare taxes (see page 3)		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	 
5	Federal income tax withheld, if any	5	 
6	Add lines 2, 4, and 5		
7	Advance earned income credit (EIC) payments, if any	7	
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6	8	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1994 or 1995 to household employees?

□ No. Stop. Take the amount from line 8 above and enter it on Form 1040, line 53, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions on page 4.

**Yes.** Go to Part II on the back.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 12187K

Schedule H (Form 1040) 1995

Sched	lule H (Form 1040) 1995	F	-age <b>2</b>
Par	t II Federal Unemployment (FUTA) Tax	1	
		Yes	No
10	Did you pay unemployment contributions to only one state?		<u> </u>
11	Did you pay all state unemployment contributions for 1995 by April 15, 1996? Fiscal year filers, see page 4		<u> </u>
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		
Next	: If you answered "Yes" to all of the questions above, complete Section A.		
	If you answered "No" to any of the questions above, skip Section A and complete Section B.		
	Section A		
13	Name of the state where you have to pay unemployment contributions		
14	State reporting number as shown on state unemployment tax return ►		
15	Contributions paid to your state unemployment fund (see page 4) . 15		
16	Total cash wages subject to FUTA tax (see page 4)		<u> </u>
17	ELITA tax Multiply lips 16 by 000 Enter the result here skip Section B and go to Dart III		
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III 17 Section B		
18	Complete all columns below that apply (if you need more space, see page 4):		
		(i)	
<b>(a)</b> Name	State reporting number (c) State experience rate State Multiply col. (c) Multiply col. (c) from col. (g) (c) from col. (c) from	Contribi paid to	utions
of state	unemployment tax defined in state act) experience by 0.54 by col. (e) zero or less, u	inemplo	yment
	return From To Proceeding of the enter -0	fun	d
19	Totals		
.,			
20	Add columns (h) and (i) of line 19		
21	Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)		
22	Multiply line 21 by 6.2% (.062)		<u> </u>
23	Multiply line 21 by 5.4% (.054)		
24	Enter the <b>smaller</b> of line 20 or line 23		<u> </u>
25	FUTA tax. Subtract line 24 from line 22. Enter the result here and go to Part III 25		
Par			
26	Enter the amount from line 8		<u> </u>
27	Add line 17 (or line 25) and line 26		
28	Are you required to file Form 1040 or 1040A?		_
	Yes. Stop. Take the amount from line 27 above and enter it on Form 1040, line 53, or Form 1040A, line 3	27. <b>D</b>	o not
	complete Part IV below. □ No. You may have to complete Part IV. See page 5 for details.		
Par			
	ss (number and street) or P.O. box if mail is not delivered to street address Apt., room, or sui	ite no.	
City, t	own or post office, state, and ZIP code		

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

## Section 5.

## 1995 Тах **Table**

## Use if your taxable income is less than \$100,000. If \$100,000 or more, use the Tax Rate Schedules.

**Example.** Mr. and Mrs. Brown are filing a joint return. Their taxable income on line 37 of Form 1040 is \$25,300. First, they find the \$25,300–25,350 income line. Next, they find the column for married filing jointly and read down the column. The amount shown where the income line and filing status column meet is \$3,799. This is the tax amount they must enter on line 38 of their Form 1040.

#### Sample Table

At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold
			Your ta	ax is—	
25,250 25,300	) 25,250 ) 25,300 ) 25,350 ) 25,400	4,028 4,042 4,056 4,070	3,784 3,791 (3,799) 3,806	4,528 4,542 4,556 4,570	3,784 3,791 3,799 3,806

If line 3 (taxabl income	e		And yo	ou are—		If line (taxabl incom	le		And yo	u are—		If line (taxab incom	le		And yo	u are—	
At least	But less than	Single	Married filing jointly	l Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold
			Your t	ax is—	I				Your ta	ax is—	I			ר	our tax	is—	I
0 5		0	0 2	0	0	1,300	1,325	197 201	197 201	197	197	2,700	2,725	407	407	407	407
э 15		2	2	2 3	2 3	1,325 1,350	1,350 1,375	204	204	201 204		2,725 2,750	2,750 2,775	411 414	411 414	411 414	411 414
25	50	6	6	6	6	1,375	1,400	208	208	208	208	2,775	2,800	418	418	418	418
50 75	75 100	9 13	9 13	9 13	9 13	1,400 1,425	1,425 1,450	212 216	212 216	212 216	212 216	2,800 2,825	2,825 2,850	422 426	422 426	422 426	422 426
100		17	17	17	17	1,450 1,475	1,475 1,500	219 223	219 223	219 223	219 223	2,850 2,875	2,875 2,900	429 433	429 433	429 433	429 433
125 150	150 175	21 24	21 24	21 24	21 24	1,500	1,525	227	227	227	227	2,900		437	437	437	433
175	200	28	28	28	28	1,525 1,550	1,550 1,575	231 234	231 234	231 234	231 234		2,950 2,975	441	441 444	441 444	441 444
200 225	225 250	32 36	32 36	32 36	32 36	1,575	1,600	238	238	238	238	2,950	3,000	444	444	444	444
250	275	39	39	39	39	1,600 1,625	1,625 1,650	242	242 246	242 246	242 246	3,0	000				
275 300		43 47	43 47	43 47	43 47	1,650	1,675	249	249	249	249	3,000	3,050	454	454	454	454
325	350	51	51	51	51	1,675 1,700	1,700 1,725	253 257	253 257	253 257	253 257	3,050 3,100	3,100	461 469	461 469	461 469	461 469
350 375		54 58	54 58	54 58	54 58	1,725	1,750	261	261	261	261	3,100	3,150 3,200	409	409	409	409
400	425	62	62	62	62	1,750 1,775	1,775 1,800	264 268	264 268	264 268	264 268	3,200	3,250	484	484	484	484
425 450	450 475	66 69	66 69	66 69	66 69	1,800	1,825	272	272	272	272	3,250 3,300	3,300 3,350	491 499	491 499	491 499	491 499
475		73	73	73	73	1,825 1,850	1,850 1,875	276 279	276 279	276 279	276 279	3,350	3,400	506	506	506	506
500 525	525 550	77 81	77 81	77 81	77 81	1,875	1,900	283	283	283	283	3,400 3,450	3,450 3,500	514 521	514 521	514 521	514 521
550	575	84	84	84	84	1,900 1,925	1,925 1,950	287 291	287 291	287 291	287 291	3,500 3,550	3,550 3,600	529 536	529 536	529 536	529 536
575		88	88	88	88	1,950 1,975	1,975 2,000	294 298	294 298	294 298	294 298	3,600	3,650	544	544	544	530 544
600 625	650	92 96	92 96	92 96	92 96	-		270	270	270	270	3,650 3,700	3,700 3,750	551 559	551 559	551 559	551 559
650 675		99 103	99 103	99 103	99 103	2,0						3,750	3,800	566	566	566	566
700		107	107	107	107	2,000 2,025	2,025 2,050	302 306	302 306	302 306	302 306	3,800 3,850	3,850	574	574	574	574 581
725 750	750 775	111 114	111 114	111 114	111 114	2,050 2,075	2,075 2,100	309 313	309 313	309 313	309 313	3,900	3,900 3,950	581 589	581 589	581 589	589
75		114	114	114	114	2,075	2,100	313	313	313	313	3,950	4,000	596	596	596	596
800		122	122	122	122	2,125	2,150	321	321	321	321	4,0	000				
825 850	850 875	126 129	126 129	126 129	126 129	2,150 2,175	2,175 2,200	324 328	324 328	324 328	324 328	4,000	4,050	604	604	604	604
875		133	133	133	133	2,200	2,225	332	332	332	332	4,050 4,100	4,100 4,150	611 619	611 619	611 619	611 619
900 925	925 950	137 141	137 141	137 141	137 141	2,225 2,250	2,250 2,275	336 339	336 339	336 339	336 339	4,150	4,200	626	626	626	626
950 975		144 148	144 148	144 148	144 148		2,300	343	343	343	343	4,200 4,250	4,250 4,300	634 641	634 641	634 641	634 641
		140	140	140	140	2,300 2,325	2,325 2,350	347 351	347 351	347 351	347 351	4,300 4,350	4,350 4,400	649 656	649 656	649 656	649 656
	000					2,350 2,375	2,375 2,400	354 358	354 358	354 358	354 358	4,400	4,450	664	664	664	664
1,000 1,025	1,050	152 156	152 156	152 156	152 156	2,400	2,425	362	362	362	362	4,450 4,500	4,500 4,550	671 679	671 679	671 679	671 679
1,050 1,075	1,075	159 163	159 163	159 163	159 163	2,425 2,450	2,450 2,475	366 369	366 369	366 369	366 369	4,550	4,550 4,600	686	686	686	686
		163	163	163	163	2,430	2,500	373	373	373	373	4,600 4,650	4,650 4,700	694 701	694 701	694 701	694 701
1,100 1,125	1,150	171	171	171	171	2,500 2,525	2,525 2,550	377 381	377 381	377 381	377 381	4,700	4,750	709	709	709	709
1,150 1,175	1,175 1,200	174 178	174 178	174 178	174 178	2,550	2,575	384	384	384	384	4,750	4,800	716	716	716	716
		182	182	182	182	2,575 2,600	2,600 2,625	388 392	388 392	388 392	388 392	4,800 4,850	4,850 4,900	724 731	724 731	724 731	724 731
1,200 1,225 1,250	1,250 1,275	186 189	186 189	186 189	186 189	2,625	2,650	396	396	396	396	4,900 4,950	4,950 5,000	739	739 746	739 746	739 746
1,275	1,300	193	193	193	193	2,650 2,675	2,675 2,700	399 403	399 403	399 403	399 403	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,000	, 10			next page
* Thio c	olumn m			al lavi a a					100			I			Somit		ioni page

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

If line 37 (taxable income)				ou are—	-	If line (taxab incom	le		And yo	ou are—		If line (taxab incom			And yo	u are—	
At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately ax is—	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately <b>ax is—</b>	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	Head of a house- hold
5,0	00					8,0	00					11,	000				
5,000 5,050 5,100 5,150	5,050 5,100 5,150 5,200	754 761 769 776	754 761 769 776	754 761 769 776	754 761 769 776	8,000 8,050 8,100 8,150	8,050 8,100 8,150 8,200	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	1,204 1,211 1,219 1,226	11,050 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 1,256	1,234 1,241 1,249 1,256	1,234 1,241 1,249 1,256	1,234 1,241 1,249 1,256	11,250 11,300 11,350	11,250 11,300 11,350 11,400	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706	1,684 1,691 1,699 1,706
5,400 5,450 5,500 5,550	5,450 5,500 5,550 5,600	814 821 829 836	814 821 829 836	814 821 829 836	814 821 829 836	8,400 8,450 8,500 8,550	8,450 8,500 8,550 8,600	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	1,264 1,271 1,279 1,286	11,450 11,500 11,550	11,450 11,500 11,550 11,600	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736	1,714 1,721 1,729 1,736
5,600 5,650 5,700 5,750	5,650 5,700 5,750 5,800	844 851 859 866	844 851 859 866	844 851 859 866	844 851 859 866	8,600 8,650 8,700 8,750	8,650 8,700 8,750 8,800		1,294 1,301 1,309 1,316	1,294 1,301 1,309 1,316	1,294 1,301 1,309 1,316	11,650 11,700 11,750	11,800	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766	1,744 1,751 1,759 1,766
5,800 5,850 5,900 5,950	5,850 5,900 5,950 6,000	874 881 889 896	874 881 889 896	874 881 889 896	874 881 889 896	8,800 8,850 8,900 8,950	8,850 8,900 8,950 9,000	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	1,324 1,331 1,339 1,346	11,850 11,900 11,950		1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796	1,774 1,781 1,789 1,796
6,0	00					9,0		-		P			000				
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	9,050 9,100 9,150 9,200	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	12,050 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	1,391 1,399 1,406	1,384 1,391 1,399 1,406	1,384 1,391 1,399 1,406	12,250 12,300 12,350	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	9,450 9,500 9,550	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	12,450 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	12,650 12,700 12,750	12,650 12,700 12,750 12,800	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 9,950	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			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
7,0	00						000						000				
7,000 7,050 7,100 7,150	7,050 7,100 7,150 7,200	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	1,054 1,061 1,069 1,076	10,000 10,050 10,100 10,150	10,100 10,150	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	10,200 10,250 10,300 10,350	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 13,300		1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006	1,984 1,991 1,999 2,006
7,400 7,450 7,500 7,550	7,450 7,500 7,550 7,600	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	1,114 1,121 1,129 1,136	10,400 10,450 10,500 10,550	10,500 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 13,500	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	10,600 10,650 10,700 10,750	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	13,750	13,700 13,750 13,800	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	10,800 10,850 10,900 10,950	10,900 10,950	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 13,950 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	l by a qu	ualifying	widow(e	r).								Continu	ued on ne	ext page

1775	xable And you are—					If line 37						If line 37					
If line 3 (taxable income	Kable ome) is—     And you are—       But less     Single filing				-	If line (taxat incom			And y	ou are—	-	(taxab			And yo	u are—	
At least		Single	filing jointly *	filing sepa- rately	d Head of a house- hold	At least	But less than	Single	Married filing jointly	filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly	Married filing sepa- rately	Head of a house- hold
			Your t	ax is—		47			Your	tax is—					Your	tax is—	
	,000						,000					-	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 17,150	17,050 17,100 17,150 17,200	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	2,554 2,561 2,569 2,576	20,050 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	3,072 3,086 3,100 3,114	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	3,128 3,142 3,156 3,170	3,034 3,041 3,049 3,056
14,450 14,500	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	17,450 17,500 17,550 17,600	2,614 2,621 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	20,450 20,500 20,550 20,600	3,064 3,071 3,079 3,086	3,064 3,071 3,079 3,086	3,184 3,198 3,212 3,226	3,064 3,071 3,079 3,086
14,650 14,700	14,650 14,700 14,750 14,800	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	2,194 2,201 2,209 2,216	17,650 17,700	17,650 17,700 17,750 17,800	2,659	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	20,650 20,700 20,750 20,800	3,094 3,101 3,109 3,116	3,094 3,101 3,109 3,116	3,240 3,254 3,268 3,282	3,094 3,101 3,109 3,116
14,850 14,900	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	17,850 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	20,850 20,900 20,950 21,000	3,124 3,131 3,139 3,146	3,124 3,131 3,139 3,146	3,296 3,310 3,324 3,338	3,124 3,131 3,139 3,146
15	,000					18	,000				-1	21,	000				
15,000	15,050	2,254	2,254	2,254	2,254 2,261	18,000	18,050	2,704	2,704	2,704		21,000	21,050	3,154	3,154	3,352	3,154
15,100 15,150	15,100 15,150 15,200	2,261 2,269 2,276	2,261 2,269 2,276	2,261 2,269 2,276	2,269 2,276	18,100 18,150	18,100 18,150 18,200	2,711 2,719 2,726 2,734	2,711 2,719 2,726	2,711 2,719 2,726	2,711 2,719 2,726	21,100 21,150	21,100 21,150 21,200	3,161 3,169 3,176	3,161 3,169 3,176	3,366 3,380 3,394	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	18,250 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	21,250 21,300 21,350 21,400	3,184 3,191 3,199 3,206	3,184 3,191 3,199 3,206	3,408 3,422 3,436 3,450	3,184 3,191 3,199 3,206
15,450 15,500	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		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	21,450 21,500 21,550 21,600	3,214 3,221 3,229 3,236	3,214 3,221 3,229 3,236	3,464 3,478 3,492 3,506	3,214 3,221 3,229 3,236
15,650 15,700	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	18,650 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	21,650 21,700 21,750 21,800	3,244 3,251 3,259 3,266	3,244 3,251 3,259 3,266	3,520 3,534 3,548 3,562	3,244 3,251 3,259 3,266
15,850 15,900	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	18,850 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	21,850 21,900 21,950 22,000	3,274 3,281 3,289 3,296	3,274 3,281 3,289 3,296	3,576 3,590 3,604 3,618	3,274 3,281 3,289 3,296
16	,000					19	,000					22,	000				
16,050 16,100	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	19,050 19,100 19,150 19,200	2,854 2,861 2,869 2,876	2,854 2,861 2,869 2,876	2,854 2,861 2,869 2,876	2,854 2,861 2,869 2,876	22,050 22,100	22,050 22,100 22,150 22,200	3,304 3,311 3,319 3,326	3,304 3,311 3,319 3,326	3,632 3,646 3,660 3,674	3,304 3,311 3,319 3,326
16,250 16,300	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	19,200 19,250 19,300	19,250 19,300 19,350 19,400	2,884 2,891 2,899 2,906	2,884 2,891 2,899 2,906	2,884 2,891 2,899 2,906	2,884 2,891 2,899 2,906	22,250 22,300	22,250 22,300 22,350 22,400	3,334 3,341 3,349 3,356	3,334 3,341 3,349 3,356	3,688 3,702 3,716 3,730	3,334 3,341 3,349 3,356
16,450 16,500	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	19,450 19,500 19,550 19,600	2,914 2,921 2,929 2,936	2,914 2,921 2,929 2,936	2,914 2,921 2,932 2,946	2,914 2,921 2,929 2,936	22,450 22,500	22,450 22,500 22,550 22,600	3,364 3,371 3,379 3,386	3,364 3,371 3,379 3,386	3,744 3,758 3,772 3,786	3,364 3,371 3,379 3,386
16,650 16,700	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	19,650 19,700 19,750 19,800	2,944 2,951 2,959 2,966	2,944 2,951 2,959 2,966	2,960 2,974 2,988 3,002	2,944 2,951 2,959 2,966	22,650 22,700	22,650 22,700 22,750 22,800	3,394 3,401 3,409 3,416	3,394 3,401 3,409 3,416	3,800 3,814 3,828 3,842	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	3,016 3,030 3,044 3,058	2,974 2,981 2,989 2,996	22,850 22,900	22,850 22,900 22,950 23,000	3,424 3,431 3,439 3,446	3,424 3,431 3,439 3,446	3,856 3,870 3,884 3,898	3,424 3,431 3,439 3,446
* This c	olumn mi	ust also	be used	d by a q	ualifying	widow(e	er).								Continu	ued on ne	ext page

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If line 3 (taxable income	e	filing filing o				If line (taxab incom			And yo	ou are—		If line (taxab incom			And yo	u are—	
At least	But less than	Single	filing jointly		Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately <b>ax is—</b>	Head of a house- hold	At least	But less than	Single	Married filing jointly * <b>Your</b>	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	3,454 3,461 3,469 3,476	3,454 3,461 3,469 3,476	3,912 3,926 3,940 3,954	3,454 3,461 3,469 3,476	26,050 26,100	26,050 26,100 26,150 26,200	4,252 4,266 4,280 4,294	3,904 3,911 3,919 3,926	4,752 4,766 4,780 4,794	3,904 3,911 3,919 3,926	29,050 29,100	29,050 29,100 29,150 29,200	5,092 5,106 5,120 5,134	4,354 4,361 4,369 4,376	5,592 5,606 5,620 5,634	4,354 4,361 4,369 4,376
23,250 23,300	23,250 23,300 23,350 23,400	3,484 3,491 3,499 3,510	3,484 3,491 3,499 3,506	3,968 3,982 3,996 4,010	3,484 3,491 3,499 3,506	26,250 26,300	26,250 26,300 26,350 26,400	4,308 4,322 4,336 4,350	3,934 3,941 3,949 3,956	4,808 4,822 4,836 4,850	3,934 3,941 3,949 3,956	29,250 29,300	29,250 29,300 29,350 29,400	5,148 5,162 5,176 5,190	4,384 4,391 4,399 4,406	5,648 5,662 5,676 5,690	4,384 4,391 4,399 4,406
23,450 23,500	23,450 23,500 23,550 23,600	3,524 3,538 3,552 3,566	3,514 3,521 3,529 3,536	4,024 4,038 4,052 4,066	3,514 3,521 3,529 3,536	26,450 26,500	26,450 26,500 26,550 26,600	4,364 4,378 4,392 4,406	3,964 3,971 3,979 3,986	4,864 4,878 4,892 4,906	3,964 3,971 3,979 3,986	29,450 29,500 29,550	29,450 29,500 29,550 29,600	5,204 5,218 5,232 5,246	4,414 4,421 4,429 4,436	5,704 5,718 5,732 5,746	4,414 4,421 4,429 4,436
23,650 23,700 23,750	23,650 23,700 23,750 23,800	3,580 3,594 3,608 3,622	3,544 3,551 3,559 3,566	4,080 4,094 4,108 4,122	3,544 3,551 3,559 3,566	26,650 26,700 26,750	26,800	4,448 4,462	3,994 4,001 4,009 4,016	4,920 4,934 4,948 4,962	3,994 4,001 4,009 4,016	29,650 29,700 29,750	29,650 29,700 29,750 29,800	5,260 5,274 5,288 5,302	4,444 4,451 4,459 4,466	5,760 5,774 5,788 5,802	4,444 4,451 4,459 4,466
23,850 23,900	23,850 23,900 23,950 24,000	3,636 3,650 3,664 3,678	3,574 3,581 3,589 3,596	4,136 4,150 4,164 4,178	3,574 3,581 3,589 3,596	26,850 26,900	26,850 26,900 26,950 27,000	4,476 4,490 4,504 4,518	4,024 4,031 4,039 4,046	4,976 4,990 5,004 5,018	4,024 4,031 4,039 4,046	29,850 29,900	29,850 29,900 29,950 30,000	5,316 5,330 5,344 5,358	4,474 4,481 4,489 4,496	5,816 5,830 5,844 5,858	4,474 4,481 4,489 4,496
24	,000					27,	000		~		-0	30,	000				
24,050 24,100	24,050 24,100 24,150 24,200	3,692 3,706 3,720 3,734	3,604 3,611 3,619 3,626	4,192 4,206 4,220 4,234	3,604 3,611 3,619 3,626	27,050 27,100	27,050 27,100 27,150 27,200	4,532 4,546 4,560 4,574	4,054 4,061 4,069 4,076	5,032 5,046 5,060 5,074	4,054 4,061 4,069 4,076	30,050 30,100	30,050 30,100 30,150 30,200	5,372 5,386 5,400 5,414	4,504 4,511 4,519 4,526	5,872 5,886 5,900 5,914	4,504 4,511 4,519 4,526
24,250 24,300	24,250 24,300 24,350 24,400	3,748 3,762 3,776 3,790	3,634 3,641 3,649 3,656	4,248 4,262 4,276 4,290	3,634 3,641 3,649 3,656	27,250 27,300	27,250 27,300 27,350 27,400	4,588 4,602 4,616 4,630	4,084 4,091 4,099 4,106	5,088 5,102 5,116 5,130	4,084 4,091 4,099 4,106	30,250 30,300	30,250 30,300 30,350 30,400	5,428 5,442 5,456 5,470	4,534 4,541 4,549 4,556	5,928 5,942 5,956 5,970	4,534 4,541 4,549 4,556
24,450 24,500	24,450 24,500 24,550 24,600	3,804 3,818 3,832 3,846	3,664 3,671 3,679 3,686	4,304 4,318 4,332 4,346	3,664 3,671 3,679 3,686	27,450 27,500	27,450 27,500 27,550 27,600	4,644 4,658 4,672 4,686	4,114 4,121 4,129 4,136	5,144 5,158 5,172 5,186	4,114 4,121 4,129 4,136	30,450 30,500	30,450 30,500 30,550 30,600	5,484 5,498 5,512 5,526	4,564 4,571 4,579 4,586	5,984 5,998 6,012 6,026	4,564 4,571 4,579 4,586
24,650 24,700 24,750	24,650 24,700 24,750 24,800	3,860 3,874 3,888 3,902	3,694 3,701 3,709 3,716	4,360 4,374 4,388 4,402	3,694 3,701 3,709 3,716	27,650 27,700 27,750	27,650 27,700 27,750 27,800	4,700 4,714 4,728 4,742	4,144 4,151 4,159 4,166	5,200 5,214 5,228 5,242	4,144 4,151 4,159 4,166	30,650 30,700 30,750	30,650 30,700 30,750 30,800	5,540 5,554 5,568 5,582	4,594 4,601 4,609 4,616	6,040 6,054 6,068 6,082	4,594 4,601 4,609 4,616
24,850 24,900 24,950	24,850 24,900 24,950 25,000	3,916 3,930 3,944 3,958	3,724 3,731 3,739 3,746	4,416 4,430 4,444 4,458	3,724 3,731 3,739 3,746	27,850 27,900	27,850 27,900 27,950 28,000	4,756 4,770 4,784 4,798	4,174 4,181 4,189 4,196	5,256 5,270 5,284 5,298	4,174 4,181 4,189 4,196	30,850 30,900	30,850 30,900 30,950 31,000	5,596 5,610 5,624 5,638	4,624 4,631 4,639 4,646	6,096 6,110 6,124 6,138	4,624 4,631 4,639 4,646
25	<u>,000,</u>					28,	000					31,	000				
25,050 25,100	25,050 25,100 25,150 25,200	3,972 3,986 4,000 4,014	3,754 3,761 3,769 3,776	4,472 4,486 4,500 4,514	3,754 3,761 3,769 3,776	28,050 28,100	28,050 28,100 28,150 28,200	4,812 4,826 4,840 4,854	4,204 4,211 4,219 4,226	5,312 5,326 5,340 5,354	4,204 4,211 4,219 4,226	31,050 31,100	31,050 31,100 31,150 31,200	5,652 5,666 5,680 5,694	4,654 4,661 4,669 4,676	6,152 6,166 6,180 6,194	4,654 4,661 4,669 4,676
25,250 25,300	25,250 25,300 25,350 25,400	4,028 4,042 4,056 4,070	3,784 3,791 3,799 3,806	4,528 4,542 4,556 4,570	3,784 3,791 3,799 3,806	28,250 28,300	28,250 28,300 28,350 28,400	4,868 4,882 4,896 4,910	4,234 4,241 4,249 4,256	5,368 5,382 5,396 5,410	4,234 4,241 4,249 4,256	31,250 31,300	31,250 31,300 31,350 31,400	5,708 5,722 5,736 5,750	4,684 4,691 4,699 4,706	6,208 6,222 6,236 6,250	4,684 4,695 4,709 4,723
25,450 25,500	25,450 25,500 25,550 25,600	4,084 4,098 4,112 4,126	3,814 3,821 3,829 3,836	4,584 4,598 4,612 4,626	3,814 3,821 3,829 3,836	28,450 28,500	28,450 28,500 28,550 28,600	4,924 4,938 4,952 4,966	4,264 4,271 4,279 4,286	5,424 5,438 5,452 5,466	4,264 4,271 4,279 4,286	31,450 31,500	31,450 31,500 31,550 31,600	5,764 5,778 5,792 5,806	4,714 4,721 4,729 4,736	6,264 6,278 6,292 6,306	4,737 4,751 4,765 4,779
25,650 25,700 25,750	25,650 25,700 25,750 25,800	4,140 4,154 4,168 4,182	3,844 3,851 3,859 3,866	4,640 4,654 4,668 4,682	3,844 3,851 3,859 3,866	28,650 28,700 28,750	28,650 28,700 28,750 28,800	4,980 4,994 5,008 5,022	4,294 4,301 4,309 4,316	5,480 5,494 5,508 5,522	4,294 4,301 4,309 4,316	31,650 31,700 31,750	31,650 31,700 31,750 31,800	5,820 5,834 5,848 5,862	4,744 4,751 4,759 4,766	6,320 6,334 6,348 6,362	4,793 4,807 4,821 4,835
25,850 25,900	25,850 25,900 25,950 26,000	4,196 4,210 4,224 4,238	3,874 3,881 3,889 3,896	4,696 4,710 4,724 4,738	3,874 3,881 3,889 3,896	28,850 28,900	28,850 28,900 28,950 29,000	5,036 5,050 5,064 5,078	4,324 4,331 4,339 4,346	5,536 5,550 5,564 5,578	4,324 4,331 4,339 4,346	31,850 31,900	31,850 31,900 31,950 32,000	5,876 5,890 5,904 5,918	4,774 4,781 4,789 4,796	6,376 6,390 6,404 6,418	4,849 4,863 4,877 4,891
* This c	olumn mi	ust also	be used	l by a qu	ualifying	widow(e	er).								Continu	ued on ne	ext page

1995 If line 3 (taxabl income	ine 37 xable come) is— But Single Married Married H filing filing o			-	lf line (taxab incom	le		And yo	ou are—		If line (taxab incom			And yo	u are—		
At least		Single	filing jointly *		l Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately <b>ax is—</b>	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
32	,000					35,	000					38,	000				
32,050 32,100	32,050 32,100 32,150 32,200	5,932 5,946 5,960 5,974	4,804 4,811 4,819 4,826	6,432 6,446 6,460 6,474	4,905 4,919 4,933 4,947	35,050 35,100	35,050 35,100 35,150 35,200	6,772 6,786 6,800 6,814	5,254 5,261 5,269 5,276	7,272 7,286 7,300 7,314	5,745 5,759 5,773 5,787	38,050 38,100	38,050 38,100 38,150 38,200	7,612 7,626 7,640 7,654	5,704 5,711 5,719 5,726	8,112 8,126 8,140 8,154	6,585 6,599 6,613 6,627
32,250 32,300	32,250 32,300 32,350 32,400	5,988 6,002 6,016 6,030	4,834 4,841 4,849 4,856	6,488 6,502 6,516 6,530	4,961 4,975 4,989 5,003	35,250 35,300	35,250 35,300 35,350 35,400	6,828 6,842 6,856 6,870	5,284 5,291 5,299 5,306	7,328 7,342 7,356 7,370	5,801 5,815 5,829 5,843	38,250 38,300	38,250 38,300 38,350 38,400	7,668 7,682 7,696 7,710	5,734 5,741 5,749 5,756	8,168 8,182 8,196 8,210	6,641 6,655 6,669 6,683
32,450 32,500	32,450 32,500 32,550 32,600	6,044 6,058 6,072 6,086	4,864 4,871 4,879 4,886	6,544 6,558 6,572 6,586	5,017 5,031 5,045 5,059	35,500	35,450 35,500 35,550 35,600	6,884 6,898 6,912 6,926	5,314 5,321 5,329 5,336	7,384 7,398 7,412 7,426	5,857 5,871 5,885 5,899	38,450 38,500	38,450 38,500 38,550 38,600	7,724 7,738 7,752 7,766	5,764 5,771 5,779 5,786	8,224 8,238 8,252 8,266	6,697 6,711 6,725 6,739
32,650 32,700	32,650 32,700 32,750 32,800	6,100 6,114 6,128 6,142	4,894 4,901 4,909 4,916	6,600 6,614 6,628 6,642	5,073 5,087 5,101 5,115	35,650 35,700 35,750	35,800	6,954 6,968 6,982	5,366	7,440 7,454 7,468 7,482	5,913 5,927 5,941 5,955	38,650 38,700 38,750	38,650 38,700 38,750 38,800	7,780 7,794 7,808 7,822	5,794 5,801 5,809 5,816	8,280 8,294 8,308 8,322	6,753 6,767 6,781 6,795
32,850 32,900	32,850 32,900 32,950 33,000	6,156 6,170 6,184 6,198	4,924 4,931 4,939 4,946	6,656 6,670 6,684 6,698	5,129 5,143 5,157 5,171		35,850 35,900 35,950 36,000	6,996 7,010 7,024 7,038	5,374 5,381 5,389 5,396	7,496 7,510 7,524 7,538	5,969 5,983 5,997 6,011	38,850 38,900	38,850 38,900 38,950 39,000	7,836 7,850 7,864 7,878	5,824 5,831 5,839 5,846	8,336 8,350 8,364 8,378	6,809 6,823 6,837 6,851
33	,000					36,	000			-	2	39,	000				
33,050 33,100	33,050 33,100 33,150 33,200	6,212 6,226 6,240 6,254	4,954 4,961 4,969 4,976	6,712 6,726 6,740 6,754	5,185 5,199 5,213 5,227	36,050 36,100	36,050 36,100 36,150 36,200	7,052 7,066 7,080 7,094	5,404 5,411 5,419 5,426	7,552 7,566 7,580 7,594	6,025 6,039 6,053 6,067	39,050 39,100	39,050 39,100 39,150 39,200	7,892 7,906 7,920 7,934	5,857 5,871 5,885 5,899	8,392 8,406 8,420 8,434	6,865 6,879 6,893 6,907
33,250 33,300	33,250 33,300 33,350 33,400	6,268 6,282 6,296 6,310	4,984 4,991 4,999 5,006	6,768 6,782 6,796 6,810	5,241 5,255 5,269 5,283		36,250 36,300 36,350 36,400	7,108 7,122 7,136 7,150	5,434 5,441 5,449 5,456	7,608 7,622 7,636 7,650	6,081 6,095 6,109 6,123	39,250 39,300	39,250 39,300 39,350 39,400	7,948 7,962 7,976 7,990	5,913 5,927 5,941 5,955	8,448 8,462 8,476 8,490	6,921 6,935 6,949 6,963
33,450 33,500	33,450 33,500 33,550 33,600	6,324 6,338 6,352 6,366	5,014 5,021 5,029 5,036	6,824 6,838 6,852 6,866	5,297 5,311 5,325 5,339			7,164 7,178 7,192 7,206	5,464 5,471 5,479 5,486	7,664 7,678 7,692 7,706	6,137 6,151 6,165 6,179	39,450 39,500 39,550	39,450 39,500 39,550 39,600	8,004 8,018 8,032 8,046	5,969 5,983 5,997 6,011	8,504 8,518 8,532 8,546	6,977 6,991 7,005 7,019
33,650 33,700 33,750	33,650 33,700 33,750 33,800	6,380 6,394 6,408 6,422	5,044 5,051 5,059 5,066	6,880 6,894 6,908 6,922	5,353 5,367 5,381 5,395	36,650 36,700 36,750	36,650 36,700 36,750 36,800	7,220 7,234 7,248 7,262	5,494 5,501 5,509 5,516	7,720 7,734 7,748 7,762	6,193 6,207 6,221 6,235	39,650 39,700 39,750	39,650 39,700 39,750 39,800	8,060 8,074 8,088 8,102	6,025 6,039 6,053 6,067	8,560 8,574 8,588 8,602	7,033 7,047 7,061 7,075
33,850 33,900	33,850 33,900 33,950 34,000	6,436 6,450 6,464 6,478	5,074 5,081 5,089 5,096	6,936 6,950 6,964 6,978	5,409 5,423 5,437 5,451	36,850 36,900	36,850 36,900 36,950 37,000	7,276 7,290 7,304 7,318	5,524 5,531 5,539 5,546	7,776 7,790 7,804 7,818	6,249 6,263 6,277 6,291	39,850 39,900	39,850 39,900 39,950 40,000	8,116 8,130 8,144 8,158	6,081 6,095 6,109 6,123	8,616 8,630 8,644 8,658	7,089 7,103 7,117 7,131
34	,000						000					· · · · · ·	000				
34,050 34,100	34,050 34,100 34,150 34,200	6,492 6,506 6,520 6,534	5,104 5,111 5,119 5,126	6,992 7,006 7,020 7,034	5,465 5,479 5,493 5,507		37,050 37,100 37,150 37,200	7,332 7,346 7,360 7,374	5,554 5,561 5,569 5,576	7,832 7,846 7,860 7,874	6,305 6,319 6,333 6,347	40,050 40,100	40,050 40,100 40,150 40,200	8,172 8,186 8,200 8,214	6,137 6,151 6,165 6,179	8,672 8,686 8,700 8,714	7,145 7,159 7,173 7,187
34,250 34,300	34,250 34,300 34,350 34,400	6,548 6,562 6,576 6,590	5,134 5,141 5,149 5,156	7,048 7,062 7,076 7,090	5,521 5,535 5,549 5,563	37,250	37,250 37,300 37,350 37,400	7,388 7,402 7,416 7,430	5,584 5,591 5,599 5,606	7,888 7,902 7,916 7,930	6,361 6,375 6,389 6,403	40,250 40,300	40,250 40,300 40,350 40,400	8,228 8,242 8,256 8,270	6,193 6,207 6,221 6,235	8,728 8,742 8,756 8,770	7,201 7,215 7,229 7,243
34,450 34,500	34,450 34,500 34,550 34,600	6,604 6,618 6,632 6,646	5,164 5,171 5,179 5,186	7,104 7,118 7,132 7,146	5,577 5,591 5,605 5,619	37,450	37,450 37,500 37,550 37,600	7,444 7,458 7,472 7,486	5,614 5,621 5,629 5,636	7,944 7,958 7,972 7,986	6,417 6,431 6,445 6,459	40,450 40,500	40,450 40,500 40,550 40,600	8,284 8,298 8,312 8,326	6,249 6,263 6,277 6,291	8,784 8,798 8,812 8,826	7,257 7,271 7,285 7,299
34,650 34,700 34,750	34,650 34,700 34,750 34,800	6,660 6,674 6,688 6,702	5,194 5,201 5,209 5,216	7,160 7,174 7,188 7,202	5,633 5,647 5,661 5,675	37,650 37,700 37,750	37,750 37,800	7,500 7,514 7,528 7,542	5,644 5,651 5,659 5,666	8,000 8,014 8,028 8,042	6,473 6,487 6,501 6,515	40,650 40,700 40,750	40,650 40,700 40,750 40,800	8,340 8,354 8,368 8,382	6,305 6,319 6,333 6,347	8,840 8,854 8,868 8,882	7,313 7,327 7,341 7,355
34,850 34,900	34,850 34,900 34,950 35,000	6,716 6,730 6,744 6,758	5,224 5,231 5,239 5,246	7,216 7,230 7,244 7,258	5,689 5,703 5,717 5,731	37,800 37,850 37,900 37,950	37,950	7,556 7,570 7,584 7,598	5,674 5,681 5,689 5,696	8,056 8,070 8,084 8,098	6,529 6,543 6,557 6,571	40,850 40,900	40,850 40,900 40,950 41,000	8,396 8,410 8,424 8,438	6,361 6,375 6,389 6,403	8,896 8,910 8,924 8,938	7,369 7,383 7,397 7,411
* This c	olumn m	ust also	be used	d by a q	ualifying	widow(e	er).							•	Continu	ued on ne	ext page

If line	1ax 1ab 37		Jinnud			If line	37					If line	37				
(taxab incom	e		And yo	ou are-	-	(taxab	-		And y	ou are—	-	(taxab			And yo	u are—	
At least	But less than	Single	Married filing jointly * Your 1	Marriec filing sepa- rately	l 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	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	Head of a house- hold
41	,000					44,	000					47,	,000				
41,050 41,100	41,050 41,100 41,150 41,200	8,452 8,466 8,480 8,494	6,417 6,431 6,445 6,459	8,952 8,966 8,980 8,994	7,425 7,439 7,453 7,467	44,050 44,100	44,050 44,100 44,150 44,200	9,292 9,306 9,320 9,334	7,257 7,271 7,285 7,299	9,792 9,806 9,820 9,834	8,265 8,279 8,293 8,307	47,050 47,100	47,050 47,100 47,150 47,200	10,132 10,146 10,160 10,174	8,097 8,111 8,125 8,139	10,632 10,646 10,660 10,676	9,105 9,119 9,133 9,147
41,250 41,300	41,250 41,300 41,350 41,400	8,508 8,522 8,536 8,550	6,473 6,487 6,501 6,515	9,008 9,022 9,036 9,050	7,481 7,495 7,509 7,523	44,250 44,300	44,250 44,300 44,350 44,400	9,348 9,362 9,376 9,390	7,313 7,327 7,341 7,355	9,848 9,862 9,876 9,890	8,321 8,335 8,349 8,363	47,250 47,300	47,250 47,300 47,350 47,400	10,188 10,202 10,216 10,230	8,153 8,167 8,181 8,195	10,691 10,707 10,722 10,738	9,161 9,175 9,189 9,203
41,450 41,500 41,550	41,450 41,500 41,550 41,600	8,564 8,578 8,592 8,606	6,529 6,543 6,557 6,571	9,064 9,078 9,092 9,106	7,537 7,551 7,565 7,579	44,450 44,500 44,550	44,450 44,500 44,550 44,600	9,404 9,418 9,432 9,446	7,369 7,383 7,397 7,411	9,904 9,918 9,932 9,946	8,377 8,391 8,405 8,419	47,450 47,500 47,550	47,450 47,500 47,550 47,600	10,244 10,258 10,272 10,286	8,209 8,223 8,237 8,251	10,753 10,769 10,784 10,800	9,217 9,231 9,245 9,259
41,650 41,700 41,750	41,650 41,700 41,750 41,800	8,620 8,634 8,648 8,662	6,585 6,599 6,613 6,627	9,120 9,134 9,148 9,162	7,593 7,607 7,621 7,635	44,650 44,700 44,750	- C	9,488 9,502	7,425 7,439 7,453 7,467	9,960 9,974 9,988 10,002	8,433 8,447 8,461 8,475	47,650 47,700 47,750	47,650 47,700 47,750 47,800	10,300 10,314 10,328 10,342	8,265 8,279 8,293 8,307	10,815 10,831 10,846 10,862	9,273 9,287 9,301 9,315
41,850 41,900	41,850 41,900 41,950 42,000	8,676 8,690 8,704 8,718	6,641 6,655 6,669 6,683	9,176 9,190 9,204 9,218	7,649 7,663 7,677 7,691	44,850 44,900	44,850 44,900 44,950 45,000	9,516 9,530 9,544 9,558	7,481 7,495 7,509 7,523	10,016 10,030 10,044 10,058	8,489 8,503 8,517 8,531	47,850 47,900	47,850 47,900 47,950 48,000	10,356 10,370 10,384 10,398	8,321 8,335 8,349 8,363	10,877 10,893 10,908 10,924	9,329 9,343 9,357 9,371
42	,000				$\sum$	· · ·	000				$\lambda$	48,	,000				
42,050 42,100	42,050 42,100 42,150 42,200	8,732 8,746 8,760 8,774	6,697 6,711 6,725 6,739	9,232 9,246 9,260 9,274	7,705 7,719 7,733 7,747	45,050 45,100	45,050 45,100 45,150 45,200	9,572 9,586 9,600 9,614	7,537 7,551 7,565 7,579	10,072 10,086 10,100 10,114	8,545 8,559 8,573 8,587	48,050 48,100	48,050 48,100 48,150 48,200	10,412 10,426 10,440 10,454	8,377 8,391 8,405 8,419	10,939 10,955 10,970 10,986	9,385 9,399 9,413 9,427
42,250 42,300	42,250 42,300 42,350 42,400	8,788 8,802 8,816 8,830	6,753 6,767 6,781 6,795	9,288 9,302 9,316 9,330	7,761 7,775 7,789 7,803	45,250 45,300 45,350	45,250 45,300 45,350 45,400	9,628 9,642 9,656 9,670	7,593 7,607 7,621 7,635	10,128 10,142 10,156 10,170	8,601 8,615 8,629 8,643	48,250 48,300	48,250 48,300 48,350 48,400	10,468 10,482 10,496 10,510	8,433 8,447 8,461 8,475	11,001 11,017 11,032 11,048	9,441 9,455 9,469 9,483
42,450 42,500 42,550	42,450 42,500 42,550 42,600	8,844 8,858 8,872 8,886	6,809 6,823 6,837 6,851	9,344 9,358 9,372 9,386	7,817 7,831 7,845 7,859	45,450 45,500 45,550	45,550 45,600	9,684 9,698 9,712 9,726	7,663 7,677 7,691	10,184 10,198 10,212 10,226	8,657 8,671 8,685 8,699	48,450 48,500 48,550	48,450 48,500 48,550 48,600	10,524 10,538 10,552 10,566	8,531	11,063 11,079 11,094 11,110	9,497 9,511 9,525 9,539
42,650 42,700 42,750	42,650 42,700 42,750 42,800	8,900 8,914 8,928 8,942	6,865 6,879 6,893 6,907	9,400 9,414 9,428 9,442	7,873 7,887 7,901 7,915	45,650 45,700 45,750	45,650 45,700 45,750 45,800	9,740 9,754 9,768 9,782	7,719 7,733 7,747	10,240 10,254 10,268 10,282	8,713 8,727 8,741 8,755	48,650 48,700 48,750	48,650 48,700 48,750 48,800	10,580 10,594 10,608 10,622		11,125 11,141 11,156 11,172	9,553 9,567 9,581 9,595
42,850 42,900	42,850 42,900 42,950 43,000	8,956 8,970 8,984 8,998	6,921 6,935 6,949 6,963	9,456 9,470 9,484 9,498	7,929 7,943 7,957 7,971	45,850 45,900	45,850 45,900 45,950 46,000	9,796 9,810 9,824 9,838	7,775 7,789	10,296 10,310 10,324 10,338	8,769 8,783 8,797 8,811	48,850 48,900	48,850 48,900 48,950 49,000	10,636 10,650 10,664 10,678	8,615 8,629	11,187 11,203 11,218 11,234	9,609 9,623 9,637 9,651
	,000 <u>,</u>					· · · ·	000						,000				
43,050 43,100	43,050 43,100 43,150 43,200	9,012 9,026 9,040 9,054	6,977 6,991 7,005 7,019	9,512 9,526 9,540 9,554	7,985 7,999 8,013 8,027	46,050 46,100	46,050 46,100 46,150 46,200	9,852 9,866 9,880 9,894	7,831 7,845	10,352 10,366 10,380 10,394	8,825 8,839 8,853 8,867	49,050 49,100	49,050 49,100 49,150 49,200	10,692 10,706 10,720 10,734	8,671 8,685	11,249 11,265 11,280 11,296	9,665 9,679 9,693 9,707
43,250 43,300	43,250 43,300 43,350 43,400	9,068 9,082 9,096 9,110	7,033 7,047 7,061 7,075	9,568 9,582 9,596 9,610	8,041 8,055 8,069 8,083	46,250 46,300	46,250 46,300 46,350 46,400	9,908 9,922 9,936 9,950	7,887 7,901	10,408 10,422 10,436 10,450	8,881 8,895 8,909 8,923	49,250 49,300	49,250 49,300 49,350 49,400	10,748 10,762 10,776 10,790	8,727 8,741	11,311 11,327 11,342 11,358	9,721 9,735 9,749 9,763
43,450 43,500	43,450 43,500 43,550 43,600	9,124 9,138 9,152 9,166	7,089 7,103 7,117 7,131	9,624 9,638 9,652 9,666	8,097 8,111 8,125 8,139	46,450 46,500	46,450 46,500 46,550 46,600	9,964 9,978 9,992 10,006	7,943 7,957	10,464 10,478 10,492 10,506	8,937 8,951 8,965 8,979	49,450 49,500	49,450 49,500 49,550 49,600	10,804 10,818 10,832 10,846	8,783 8,797	11,373 11,389 11,404 11,420	9,777 9,791 9,805 9,819
43,650 43,700 43,750	43,650 43,700 43,750 43,800	9,180 9,194 9,208 9,222	7,145 7,159 7,173 7,187	9,680 9,694 9,708 9,722	8,153 8,167 8,181 8,195	46,650 46,700 46,750	46,650 46,700 46,750 46,800	10,020 10,034 10,048 10,062	7,999 8,013 8,027	10,520 10,534 10,548 10,562	8,993 9,007 9,021 9,035	49,650 49,700 49,750	49,650 49,700 49,750 49,800	10,860 10,874 10,888 10,902	8,839 8,853 8,867	11,435 11,451 11,466 11,482	9,833 9,847 9,861 9,875
43,850 43,900	43,850 43,900 43,950 44,000	9,236 9,250 9,264 9,278	7,201 7,215 7,229 7,243	9,736 9,750 9,764 9,778	8,209 8,223 8,237 8,251	46,850 46,900	46,850 46,900 46,950 47,000	10,076 10,090 10,104 10,118	8,055 8,069	10,576 10,590 10,604 10,618	9,049 9,063 9,077 9,091	49,850 49,900	49,850 49,900 49,950 50,000	10,916 10,930 10,944 10,958		11,497 11,513 11,528 11,544	9,889 9,903 9,917 9,931
* This c	olumn mi	ust also	be used	d by a q	ualifying	widow(e	er).								Continu	ued on ne	xt page

1775 10/ 10	1995 Tax Table—Continued									
lf line 37 (taxable income) is—	And	you are—	If line 37 (taxable income) is—	And you are—	If line 37 (taxable income) is—	And you are—				
At But least less than	Single Marrie filing jointly	filing of a sepa- house- rately hold	At But least less than	Single Married Married Head filing filing sepa- * rately Married Head of a house- hold	At But least less than	Single Married Married Head filing filing sepa- * rately hold				
E0 000	Your	tax is—	E2 000	Your tax is—	E4 000	Your tax is—				
50,000	10.070 0.007	11 550 0.045	53,000	11 010 0 777 10 400 10 705	56,000					
50,000 50,05 50,050 50,10 50,100 50,15 50,150 50,20	<b>0</b> 10,986 8,951 <b>0</b> 11,000 8,965	11,559 9,945 11,575 9,959 11,590 9,973 11,606 9,987	53,000 53,050 53,050 53,100 53,100 53,150 53,150 53,200	11,812 9,777 12,489 10,785 11,826 9,791 12,505 10,799 11,840 9,805 12,520 10,813 11,854 9,819 12,536 10,827	56,000 56,050 56,050 56,100 56,100 56,150 56,150 56,200	12,652 10,617 13,419 11,625 12,666 10,631 13,435 11,639 12,680 10,645 13,450 11,653 12,694 10,659 13,466 11,667				
50,200 50,25 50,250 50,30 50,300 50,35 50,350 50,40	<b>0</b> 11,042 9,007 <b>0</b> 11,056 9,021	11,621 10,001 11,637 10,015 11,652 10,029 11,668 10,043	53,200 53,250 53,250 53,300 53,300 53,350 53,350 53,400	11,8689,83312,55110,84111,8829,84712,56710,85511,8969,86112,58210,86911,9109,87512,59810,883	56,200 56,250 56,250 56,300 56,300 56,350 56,350 56,400	12,708 10,673 13,481 11,681 12,722 10,687 13,497 11,695 12,736 10,701 13,512 11,709 12,750 10,715 13,528 11,723				
50,400 50,45 50,450 50,50 50,500 50,55 50,550 50,60	<b>)</b> 11,098 9,063 <b>)</b> 11,112 9,077	11,683 10,057 11,699 10,071 11,714 10,085 11,730 10,099	53,400 53,450 53,450 53,500 53,500 53,550 53,550 53,600	11,924 9,889 12,613 10,897 11,938 9,903 12,629 10,911 11,952 9,917 12,644 10,925 11,966 9,931 12,660 10,939	56,400 56,450 56,450 56,500 56,500 56,550 56,550 56,600	12,764 10,729 13,543 11,737 12,778 10,743 13,559 11,751 12,792 10,757 13,574 11,765 12,806 10,771 13,590 11,779				
50,600 50,65 50,650 50,70 50,700 50,75 50,750 50,80	<b>D</b> 11,140 9,105 <b>D</b> 11,154 9,119 <b>D</b> 11,168 9,133		53,600 53,650 53,650 53,700 53,700 53,750 53,750 53,800	11,980 9,945 12,675 10,953 11,994 9,959 12,691 10,967 12,008 9,973 12,706 10,981 12,022 9,987 12,722 10,995	56,600 56,650 56,650 56,700 56,700 56,750 56,750 56,800	12,822 10,785 13,605 11,793 12,837 10,799 13,621 11,807 12,853 10,813 13,636 11,821 12,868 10,827 13,652 11,835				
50,800 50,85 50,850 50,90 50,900 50,95 50,950 51,00	<b>)</b> 11,196 9,161 <b>)</b> 11,210 9,175 <b>)</b> 11,224 9,189	11,807 10,169	53,800 53,850 53,850 53,900 53,900 53,950 53,950 54,000	12,036 10,001 12,737 11,009 12,050 10,015 12,753 11,023 12,064 10,029 12,768 11,037	56,800 56,850 56,850 56,900 56,900 56,950 56,950 57,000	12,884 10,841 13,667 11,849 12,899 10,855 13,683 11,863 12,915 10,869 13,698 11,877 12,930 10,883 13,714 11,891				
51,000	11,200 7,200	11,001 10,211	54,000		57,000					
51,000 51,05	<b>)</b> 11,252 9,217	11,869 10,225	54,000 54,050	12,092 10,057 12,799 11,065	57,000 57,050	12,946 10,897 13,729 11,905				
51,050 51,10 51,100 51,15 51,150 51,20	<b>)</b> 11,266 9,231 <b>)</b> 11,280 9,245	11,885 10,239 11,900 10,253 11,916 10,267	54,050 54,100 54,100 54,150 54,150 54,200	12,106 10,071 12,815 11,079 12,120 10,085 12,830 11,093	57,050 57,100 57,100 57,150 57,150 57,200	12,961 10,911 13,745 11,919 12,977 10,925 13,760 11,933 12,992 10,939 13,776 11,947				
51,200 51,25 51,250 51,30 51,300 51,35 51,350 51,40	<b>)</b> 11,322 9,287 <b>)</b> 11,336 9,301	11,931 10,281 11,947 10,295 11,962 10,309 11,978 10,323	54,200 54,250 54,250 54,300 54,300 54,350 54,350 54,400	12,162 10,127 12,877 11,135 12,176 10,141 12,892 11,149	57,200 57,250 57,250 57,300 57,300 57,350 57,350 57,400	13,00810,95313,79111,96113,02310,96713,80711,97513,03910,98113,82211,98913,05410,99513,83812,003				
51,400 51,45 51,450 51,50 51,500 51,55 51,550 51,60	<b>0</b> 11,378 9,343 <b>0</b> 11,392 9,357	11,993 10,337 12,009 10,351 12,024 10,365 12,040 10,379	54,400 54,450 54,450 54,500 54,500 54,550 54,550 54,600		57,400 57,450 57,450 57,500 57,500 57,550 57,550 57,600	13,07011,00913,85312,01713,08511,02313,86912,03113,10111,03713,88412,04513,11611,05113,90012,059				
51,600 51,65 51,650 51,70 51,700 51,75 51,750 51,80	<b>)</b> 11,434 9,399 <b>)</b> 11,448 9,413	12,055 10,393 12,071 10,407 12,086 10,421 12,102 10,435	54,600 54,650 54,650 54,700 54,700 54,750 54,750 54,800		57,600 57,650 57,650 57,700 57,700 57,750 57,750 57,800	13,132 11,065 13,915 12,073 13,147 11,079 13,931 12,087 13,163 11,093 13,946 12,101 13,178 11,107 13,962 12,115				
51,800 51,85 51,850 51,90 51,900 51,95 51,950 52,00	<b>D</b> 11,490 9,455 <b>D</b> 11,504 9,469	12,117 10,449 12,133 10,463 12,148 10,477 12,164 10,491	54,800 54,850 54,850 54,900 54,900 54,950 54,950 55,000	12,330 10,295 13,063 11,303	57,800 57,850 57,850 57,900 57,900 57,950 57,950 58,000	13,194 11,121 13,977 12,129 13,209 11,135 13,993 12,143 13,225 11,149 14,008 12,157 13,240 11,163 14,024 12,171				
52,000			55,000		58,000					
52,000 52,05 52,050 52,10 52,100 52,15 52,150 52,20	<b>)</b> 11,546 9,511 <b>)</b> 11,560 9,525	12,179 10,505 12,195 10,519 12,210 10,533 12,226 10,547	55,000 55,050 55,050 55,100 55,100 55,150 55,150 55,200	12,386 10,351 13,125 11,359 12,400 10,365 13,140 11,373	58,000 58,050 58,050 58,100 58,100 58,150 58,150 58,200	13,256 11,177 14,039 12,185 13,271 11,191 14,055 12,199 13,287 11,205 14,070 12,213 13,302 11,219 14,086 12,227				
52,200 52,25 52,250 52,30 52,300 52,35 52,350 52,40	<b>)</b> 11,602 9,567 <b>)</b> 11,616 9,581	12,241 10,561 12,257 10,575 12,272 10,589 12,288 10,603	55,200 55,250 55,250 55,300 55,300 55,350 55,350 55,400		58,200 58,250 58,250 58,300 58,300 58,350 58,350 58,400	13,318 11,233 14,101 12,241 13,333 11,247 14,117 12,255 13,349 11,261 14,132 12,269 13,364 11,275 14,148 12,283				
52,400 52,45 52,450 52,50 52,500 52,55 52,550 52,60	<b>)</b> 11,644 9,609 <b>)</b> 11,658 9,623 <b>)</b> 11,672 9,637	12,303 10,617 12,319 10,631 12,334 10,645 12,350 10,659	55,400 55,450 55,450 55,500 55,500 55,550 55,550 55,600	12,484 10,449 13,233 11,457 12,498 10,463 13,249 11,471 12,512 10,477 13,264 11,485 12,526 10,491 13,280 11,499	58,400 58,450 58,450 58,500 58,500 58,550 58,550 58,600	13,380 11,289 14,163 12,297 13,395 11,303 14,179 12,311 13,411 11,317 14,194 12,325 13,426 11,331 14,210 12,339				
52,600 52,65 52,650 52,70 52,700 52,75 52,750 52,80	<b>)</b> 11,714 9,679 <b>)</b> 11,728 9,693	12,365 10,673 12,381 10,687 12,396 10,701 12,412 10,715	55,600 55,650 55,650 55,700 55,700 55,750 55,750 55,800		58,600 58,650 58,650 58,700 58,700 58,750 58,750 58,800	13,442 11,345 14,225 12,353 13,457 11,359 14,241 12,367 13,473 11,373 14,256 12,381 13,488 11,387 14,272 12,395				
52,800 52,85 52,850 52,90 52,900 52,95 52,950 53,00	<b>)</b> 11,770 9,735 <b>)</b> 11,784 9,749	12,427 10,729 12,443 10,743 12,458 10,757 12,474 10,771	55,800 55,850 55,850 55,900 55,900 55,950 55,950 56,000	12,596 10,561 13,357 11,569 12,610 10,575 13,373 11,583 12,624 10,589 13,388 11,597 12,638 10,603 13,404 11,611	58,800 58,850 58,850 58,900 58,900 58,950 58,950 59,000	13,504 11,401 14,287 12,409 13,519 11,415 14,303 12,423 13,535 11,429 14,318 12,437 13,550 11,443 14,334 12,451				
* This column	must also be use	ed by a qualifying	widow(er).	1		Continued on next page				

1775	1995 Tax Table—Continued															
If line 3 (taxabl income	e	An	d you are-	_	If line (taxab incom			And y	ou are-	_	If line (taxat incon			And yo	u are—	
At least	But less than	Single Mar filing joini * <b>Yo</b>	g filing	of a house- hold	At least	But less than	Single	Married filing jointly * Your	Married filing sepa- rately tax is—	d Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately t <b>ax is—</b>	Head of a house- hold
59	,000				62,000						65,000					
59,050 59,100	59,050 59,100 59,150 59,200	13,566 11,4 13,581 11,4 13,597 11,4 13,612 11,4	71 14,365 35 14,380	12,479 12,493	62,050 62,100	62,050 62,100 62,150 62,200	14,511 14,527	12,311 12,325	15,279 15,295 15,310 15,326	13,319 13,333	65,000 65,050 65,100	65,050 65,100 65,150 65,200	15,441 15,457	13,137 13,151 13,165 13,179	16,225 16,240	14,159 14,173
59,250 59,300	59,250 59,300 59,350 59,400	13,628 11,5 13,643 11,5 13,659 11,5 13,674 11,5	27 14,427 41 14,442	12,535 12,549	62,250 62,300	62,250 62,300 62,350 62,400	14,573 14,589	12,367 12,381	15,341 15,357 15,372 15,388	13,375 13,389	65,250 65,300 65,350	65,250 65,300 65,350 65,400	15,503 15,519	13,193 13,207 13,221 13,235		14,215 14,229
59,450 59,500 59,550	59,450 59,500 59,550 59,600	13,690 11,5 13,705 11,5 13,721 11,5 13,736 11,6	83 14,489 97 14,504 11 14,520	12,591 12,605 12,619	62,450 62,500 62,550	62,450 62,500 62,550 62,600	14,635 14,651 14,666	12,423 12,437 12,451	15,403 15,419 15,434 15,450	13,431 13,445 13,459	65,450 65,500 65,550	65,450 65,500 65,550 65,600	15,565 15,581 15,596	13,263 13,277 13,291	16,333 16,349 16,364 16,380	14,271 14,285 14,299
59,650 59,700 59,750	59,650 59,700 59,750 59,800	13,752 11,6 13,767 11,6 13,783 11,6 13,798 11,6	39 14,551 53 14,566 67 14,582	12,647 12,661 12,675	62,650 62,700 62,750	62,650 62,700 62,750 62,800	14,697 14,713 14,728	12,479 12,493 12,507	15,512	13,487 13,501 13,515	65,650 65,700 65,750	65,650 65,700 65,750 65,800	15,627 15,643 15,658	13,319 13,333 13,347	16,426 16,442	14,327 14,341 14,355
59,850 59,900	59,850 59,900 59,950 60,000	13,814 11,6 13,829 11,6 13,845 11,7 13,860 11,7	95 14,613 09 14,628	12,703 12,717	62,850 62,900 62,950	62,850 62,900 62,950 63,000	14,759 14,775	12,535 12,549	15,527 15,543 15,558 15,574	13,543 13,557	65,850 65,900	65,850 65,900 65,950 66,000	15,689 15,705	13,361 13,375 13,389 13,403		14,383 14,397
60	,000				63,	000					66	,000				
60,050 60,100	60,050 60,100 60,150 60,200	13,876 11,7 13,891 11,7 13,907 11,7 13,922 11,7	51 14,675 55 14,690	12,759 12,773	63,050 63,100	63,050 63,100 63,150 63,200	14,821 14,837	12,591 12,605	15,589 15,605 15,620 15,636	13,599 13,613	66,050 66,100	66,050 66,100 66,150 66,200	15,751 15,767	13,417 13,431 13,445 13,459	16,519 16,535 16,550 16,566	14,439 14,453
60,250 60,300	60,250 60,300 60,350 60,400	13,938 11,7 13,953 11,8 13,969 11,8 13,984 11,8	07 14,737 21 14,752	12,829	63,250 63,300 63,350	63,250 63,300 63,350 63,400	14,883 14,899	12,647 12,661	15,651 15,667 15,682 15,698	13,655 13,669	66,250 66,300	66,250 66,300 66,350 66,400	15,813 15,829	13,473 13,487 13,501 13,515	16,581 16,597 16,612 16,628	14,495 14,509
60,450 60,500 60,550	60,450 60,500 60,550 60,600	14,000 11,8 14,015 11,8 14,031 11,8 14,046 11,8	63 14,799 77 14,814 91 14,830	12,871 12,885 12,899	63,450 63,500 63,550	63,450 63,500 63,550 63,600	14,945 14,961 14,976	12,703 12,717 12,731	15,713 15,729 15,744 15,760	13,711 13,725 13,739	66,450 66,500 66,550	66,450 66,500 66,550 66,600	15,875 15,891 15,906	13,543 13,557 13,571	16,690	14,551 14,565 14,579
60,650 60,700 60,750	60,650 60,700 60,750 60,800	14,062 11,9 14,077 11,9 14,093 11,9 14,108 11,9	19 14,861 33 14,876 47 14,892	12,927 12,941 12,955	63,650 63,700 63,750	63,650 63,700 63,750 63,800	15,007 15,023 15,038	12,759 12,773 12,787	15,775 15,791 15,806 15,822	13,767 13,781 13,795	66,650 66,700 66,750	66,650 66,700 66,750 66,800	15,937 15,953 15,968	13,599 13,613 13,627	16,752	14,607 14,621 14,635
60,850 60,900 60,950	60,850 60,900 60,950 61,000	14,124 11,9 14,139 11,9 14,155 11,9 14,170 12,0	75 14,923 39 14,938	12,983 12,997	63,850 63,900	63,850 63,900 63,950 64,000	15,069 15,085	12,815 12,829	15,837 15,853 15,868 15,884	13,823 13,837	66,850 66,900 66,950	66,850 66,900 66,950 67,000	15,999 16,015	13,641 13,655 13,669 13,683	16,783 16,798	14,663 14,677
61	,000				64,	000					67	,000				
61,050 61,100	61,050 61,100 61,150 61,200	14,186 12,0 14,201 12,0 14,217 12,0 14,232 12,0	31 14,985 45 15,000	13,039 13,053	64,050 64,100	64,050 64,100 64,150 64,200	15,131 15,147	12,871 12,885	15,899 15,915 15,930 15,946	13,879 13,893	67,050 67,100	67,050 67,100 67,150 67,200	16,061 16,077	13,697 13,711 13,725 13,739	16,845 16,860	14,719 14,733
61,250 61,300	61,250 61,300 61,350 61,400	14,248 12,0 14,263 12,0 14,279 12,1 14,294 12,1	87 15,047 01 15,062 15 15,078	13,095 13,109 13,123	64,250 64,300	64,250 64,300 64,350 64,400	15,193 15,209 15,224	12,927 12,941 12,955	15,961 15,977 15,992 16,008	13,935 13,949 13,963	67,250 67,300	67,250 67,300 67,350 67,400	16,123 16,139	13,753 13,767 13,781 13,795	16,907 16,922	14,775 14,789
61,450 61,500 61,550	61,450 61,500 61,550 61,600	14,310 12,1 14,325 12,1 14,341 12,1 14,356 12,1	43 15,109 57 15,124 71 15,140	13,151 13,165 13,179	64,450 64,500 64,550	64,450 64,500 64,550 64,600	15,255 15,271 15,286	12,983 12,997 13,011	16,023 16,039 16,054 16,070	13,991 14,005 14,019	67,450 67,500 67,550	67,450 67,500 67,550 67,600	16,185 16,201 16,216	13,809 13,823 13,837 13,851	16,969 16,984 17,000	14,831 14,845 14,859
61,650 61,700 61,750	61,650 61,700 61,750 61,800	14,372 12,1 14,387 12,1 14,403 12,2 14,418 12,2	99 15,171 13 15,186 27 15,202	13,207 13,221 13,235	64,650 64,700 64,750	64,650 64,700 64,750 64,800	15,317 15,333 15,348	13,039 13,053 13,067	16,085 16,101 16,116 16,132	14,047 14,061 14,075	67,650 67,700 67,750	67,650 67,700 67,750 67,800	16,247 16,263 16,278	13,865 13,879 13,893 13,907	17,031 17,046 17,062	14,887 14,901 14,915
61,850 61,900	61,850 61,900 61,950 62,000	14,434 12,2 14,449 12,2 14,465 12,2 14,480 12,2	55 15,233 59 15,248	13,263 13,277	64,850 64,900	64,850 64,900 64,950 65,000	15,379 15,395	13,095 13,109	16,147 16,163 16,178 16,194	14,103 14,117	67,850 67,900	67,850 67,900 67,950 68,000	16,309 16,325	13,921 13,935 13,949 13,963	17,093 17,108	14,943 14,957
* This c	olumn m	ust also be u	sed by a o	qualifying	widow(e	er).								Continu	ied on ne	ext page

1775 10	1995 Tax Table—Continued																
If line 37 (taxable income) i	is—		And y	ou are-	-	If line (taxab incom	-		And y	ou are-	-	If line (taxab incom	-		And yo	u are—	
least I	But less than	Single	Married 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 1	Married filing sepa- rately tax is—	d Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
68,0	00					71	000					74,000					
68,000 6		16 356	13 977	17,139	14 985		71,050	17 286	14 817	18,069	15 825	-	74,050	18 216	15 657	19,110	16 665
68,050 6 68,100 6 68,150 6	8,100 8,150 8,200	16,371 16,387 16,402	13,991 14,005 14,019	17,155 17,170 17,186	14,999 15,013 15,027	71,050 71,100 71,150	71,100 71,150 71,200	17,301 17,317 17,332	14,831 14,845 14,859	18,085 18,100 18,116	15,839 15,853 15,867	74,050 74,100 74,150	74,100 74,150 74,200	18,231 18,247 18,262	15,671 15,685 15,699	19,128 19,146 19,164	16,679 16,693 16,707
68,200 6 68,250 6 68,300 6 68,350 6	8,300 8,350	16,433 16,449	14,047 14,061	17,201 17,217 17,232 17,248	15,055 15,069	71,250 71,300	71,250 71,300 71,350 71,400	17,363 17,379	14,887 14,901	18,131 18,147 18,162 18,178	15,895 15,909	74,250 74,300	74,250 74,300 74,350 74,400	18,293 18,309	15,727 15,741	19,182 19,200 19,218 19,236	16,735 16,749
68,400 6 68,450 6 68,500 6 68,550 6	8,500 8,550	16,495 16,511	14,103 14,117	17,263 17,279 17,294 17,310	15,111 15,125	71,450 71,500	71,450 71,500 71,550 71,600	17,425 17,441	14,943 14,957	18,193 18,209 18,224 18,240	15,951 15,965	74,450	74,450 74,500 74,550 74,600	18,355 18,371	15,783 15,797	19,254 19,272 19,290 19,308	16,791 16,805
68,600 6 68,650 6 68,700 6	8,650 8,700 8,750	16,542 16,557 16,573	14,145 14,159 14,173	17,325 17,341 17,356	15,153 15,167 15,181	71,600 71,650 71,700	71,650 71,700 71,750	17,472 17,487 17,503	14,985 14,999 15,013	18,255 18,271 18,286	15,993 16,007 16,021	74,600 74,650 74,700	74,650 74,700 74,750	18,402 18,417 18,433	15,825 15,839 15,853	19,326 19,344 19,362	16,833 16,847 16,861
68,750 6 68,800 6 68,850 6 68,900 6 68,950 6	8,850 8,900 8,950	16,604 16,619 16,635	14,201 14,215 14,229	17,372 17,387 17,403 17,418 17,434	15,209 15,223 15,237	71,850 71,900	71,800 71,850 71,900 71,950 72,000	17,534 17,549 17,565	15,041 15,055 15,069	18,302 18,318 18,336 18,354 18,372	16,049 16,063 16,077	74,800 74,850 74,900	74,800 74,850 74,900 74,950 75,000	18,464 18,479 18,495	15,881 15,895 15,909	19,380 19,398 19,416 19,434 19,452	16,889 16,903 16,917
69,0		10,000	14,243	17,434	15,251		000	17,560	15,065	10,372	10,091	74,950		16,310	10,923	19,432	10,931
69,000 6		16 666	14 257	17,449	15 265		72,050	17 506	15 007	18,390	16 105	-	75,050	18 526	15 027	19,470	16 0/5
69,050 6 69,100 6 69,150 6	9,100 9,150	16,681 16,697	14,271 14,285	17,465 17,480 17,496	15,279 15,293	72,050 72,100	72,100 72,150 72,200	17,611 17,627	15,111	18,408 18,426 18,444	16,119 16,133	75,050 75,100	75,100 75,150 75,200	18,541 18,557	15,951 15,965	19,470 19,488 19,506 19,524	16,959 16,973
69,200 6 69,250 6 69,300 6 69,350 6	9,300 9,350	16,743 16,759	14,327 14,341	17,511 17,527 17,542 17,558	15,335 15,349	72,250 72,300	72,250 72,300 72,350 72,400	17,673 17,689	15,167 15,181	18,462 18,480 18,498 18,516	16,175 16,189	75,250 75,300	75,250 75,300 75,350 75,400	18,603	16,007 16,021	19,542 19,560 19,578 19,596	17,015 17,029
69,400 6 69,450 6 69,500 6 69,550 6	9,500 9,550	16,805 16,821	14,383 14,397			72,450 72,500	72,450 72,500 72,550 72,600	17,735 17,751	15,223 15,237	18,534 18,552 18,570 18,588	16,231 16,245	75,450 75,500	75,450 75,500 75,550 75,600	18,665 18,681	16,063 16,077	19,614 19,632 19,650 19,668	17,071 17,085
69,600 6 69,650 6 69,700 6 69,750 6	9,700 9,750	16,867 16,883	14,439 14,453	17,635 17,651 17,666 17,682	15,447 15,461	72,650 72,700	72,650 72,700 72,750 72,800	17,797 17,813	15,279 15,293	18,606 18,624 18,642 18,660	16,287 16,301	75,650 75,700	75,650 75,700 75,750 75,800	18,727 18,743	16,119 16,133	19,686 19,704 19,722 19,740	17,127 17,141
69,800 6 69,850 6 69,900 6 69,950 7	9,900 9,950	16,929 16,945	14,495 14,509	17,697 17,713 17,728 17,744	15,503 15,517	72,850 72,900	72,850 72,900 72,950 73,000	17,859 17,875	15,335 15,349		16,343 16,357	75,850 75,900	75,850 75,900 75,950 76,000	18,789 18,805	16,175 16,189	19,758 19,776 19,794 19,812	17,183 17,197
70,0	00					73,	000					76,	000				
70,000 7 70,050 7 70,100 7 70,150 7	0,100 0,150	16,991 17,007	14,551 14,565	17,759 17,775 17,790 17,806	15,559 15,573	73,050 73,100	73,050 73,100 73,150 73,200	17,921 17,937	15,391 15,405	18,750 18,768 18,786 18,804	16,399 16,413	76,050 76,100	76,050 76,100 76,150 76,200	18,851 18,867	16,231 16,245	19,830 19,848 19,866 19,884	17,239 17,253
70,200 7 70,250 7 70,300 7 70,350 7	0,300 0,350	17,053 17,069	14,607 14,621	17,821 17,837 17,852 17,868	15,615 15,629	73,250 73,300	73,250 73,300 73,350 73,400	17,983 17,999	15,447 15,461	18,822 18,840 18,858 18,876	16,455 16,469	76,250 76,300	76,250 76,300 76,350 76,400	18,913 18,929	16,287 16,301	19,902 19,920 19,938 19,956	17,295 17,309
70,400 70 70,450 70 70,500 70 70,550 70	0,450 0,500 0,550	17,115 17,131	14,663 14,677	17,883 17,899 17,914 17,930	15,671 15,685	73,400 73,450 73,500	73,450 73,500 73,550 73,600	18,030 18,045 18,061	15,489 15,503 15,517	18,894 18,912 18,930 18,948	16,497 16,511 16,525	76,400 76,450 76,500	76,450 76,500 76,550 76,600	18,960 18,975 18,991	16,329 16,343 16,357	19,974 19,992 20,010 20,028	17,337 17,351 17,365
70,600 7 70,650 7 70,700 7 70,750 7	0,700 0,750	17,177 17,193	14,719 14,733	17,945 17,961 17,976 17,992	15,727 15,741	73,650 73,700	73,650 73,700 73,750 73,800	18,107 18,123	15,559 15,573	18,966 18,984 19,002 19,020	16,567 16,581	76,650 76,700	76,650 76,700 76,750 76,800	19,037 19,053		20,046 20,064 20,082 20,100	17,407 17,421
70,800 70 70,850 70 70,900 70 70,950 70	0,900 0,950	17,239 17,255	14,775 14,789	18,007 18,023 18,038 18,054	15,783 15,797	73,850 73,900	73,850 73,900 73,950 74,000	18,169 18,185	15,615 15,629	19,038 19,056 19,074 19,092	16,623 16,637	76,850 76,900	76,850 76,900 76,950 77,000	19,115	16,455 16,469	20,118 20,136 20,154 20,172	17,463 17,477
* This colu	umn mi	ust also	be use	dbyaq	lualifying	widow(e	er).								Contin	ued on ne	ext page

If line 3						If line	-		And w			If line			And vo	u ara	
(taxable income			And y	ou are-	-	(taxab incom	ie) is—		And yo	ou are-	-	(taxat incom	ne) is—		And yo	u are—	
At least	But less than	Single	Married 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 <b>ax is—</b>	l Head of a house- hold	At least	But less than	Single	filing jointly *	Married filing sepa- rately tax is—	Head of a house- hold
77	,000					80,	000					83,000					
77,050 77,100	77,050 77,100 77,150 77,200	19,161 19,177	16,511 16,525	20,190 20,208 20,226 20,244	17,519 17,533	80,050 80,100	80,050 80,100 80,150 80,200	20,091 20,107	17,337 17,351 17,365 17,379	21,288 21,306	18,359 18,373	83,050 83,100	83,050 83,100 83,150 83,200	21,021 21,037	18,191 18,205	22,350 22,368 22,386 22,404	19,268 19,284
77,250 77,300	77,250 77,300 77,350 77,400	19,223 19,239	16,567 16,581	20,262 20,280 20,298 20,316	17,575 17,589	80,250 80,300	80,250 80,300 80,350 80,400	20,153 20,169	17,393 17,407 17,421 17,435	21,360 21,378	18,415 18,429	83,250 83,300	83,250 83,300 83,350 83,400	21,083 21,099	18,247 18,261	22,422 22,440 22,458 22,476	19,330 19,346
77,450 77,500	77,450 77,500 77,550 77,600	19,285 19,301	16,623 16,637	20,334 20,352 20,370 20,388	17,631 17,645	80,450 80,500	80,450 80,500 80,550 80,600	20,215 20,231 20,246	17,449 17,463 17,477 17,491	21,432 21,450 21,468	18,471 18,485 18,499	83,450 83,500	83,450 83,500 83,550 83,600	21,145 21,161	18,303 18,317	22,494 22,512 22,530 22,548	19,392 19,408
77,650 77,700 77,750	77,650 77,700 77,750 77,800	19,347 19,363 19,378	16,679 16,693 16,707	20,406 20,424 20,442 20,460	17,687 17,701 17,715	80,650 80,700 80,750	80,650 80,700 80,750 80,800	20,277 20,293 20,308	17,505 17,519 17,533 17,547	21,504 21,522 21,540	18,527 18,541 18,555	83,650 83,700 83,750	83,650 83,700 83,750 83,800	21,207 21,223 21,238	18,359 18,373 18,387	22,566 22,584 22,602 22,620	19,454 19,470 19,485
77,850 77,900	77,850 77,900 77,950 78,000	19,409 19,425	16,749	20,478 20,496 20,514 20,532	17,743 17,757	80,850 80,900	80,850 80,900 80,950 81,000	20,339 20,355	17,561 17,575 17,589 17,603	21,576 21,594	18,586 18,602	83,850 83,900	83,850 83,900 83,950 84,000	21,269 21,285	18,415 18,429	22,638 22,656 22,674 22,692	19,516 19,532
78	,000					81,	000	1	~			84,	,000				
78,050 78,100	78,050 78,100 78,150 78,200	19,471 19,487	16,791 16,805	20,550 20,568 20,586 20,604	17,799 17,813	81,050 81,100	81,050 81,100 81,150 81,200	20,401 20,417		21,648 21,666	18,648 18,664	84,050 84,100	84,050 84,100 84,150 84,200	21,331 21,347	18,471 18,485	22,710 22,728 22,746 22,764	19,578 19,594
78,250 78,300	78,250 78,300 78,350 78,400	19,533 19,549	16,847 16,861	20,622 20,640 20,658 20,676	17,855 17,869	81,250 81,300	81,250 81,300 81,350 81,400	20,463 20,479	17,673 17,687 17,701 17,715	21,720 21,738	18,710 18,726	84,250 84,300	84,250 84,300 84,350 84,400	21,393 21,409	18,527 18,541	22,782 22,800 22,818 22,836	19,640 19,656
78,450 78,500 78,550	78,450 78,500 78,550 78,600	19,595 19,611 19,626	16,903 16,917 16,931	20,694 20,712 20,730 20,748	17,911 17,925 17,939	81,450 81,500 81,550	81,450 81,500 81,550 81,600	20,525 20,541 20,556	17,729 17,743 17,757 17,771	21,792 21,810 21,828	18,772 18,788 18,803	84,450 84,500 84,550	84,450 84,500 84,550 84,600	21,455 21,471 21,486	18,583 18,597 18,611	22,854 22,872 22,890 22,908	19,702 19,718 19,733
78,650 78,700 78,750	78,650 78,700 78,750 78,800	19,657 19,673 19,688	16,959 16,973 16,987	20,766 20,784 20,802 20,820	17,967 17,981 17,995	81,650 81,700 81,750	81,650 81,700 81,750 81,800	20,587 20,603 20,618	17,785 17,799 17,813 17,827	21,864 21,882 21,900	18,834 18,850 18,865	84,650 84,700 84,750	84,650 84,700 84,750 84,800	21,517 21,533	18,639 18,653	22,926 22,944 22,962 22,980	19,764 19,780 19,795
78,850 78,900	78,850 78,900 78,950 79,000	19,719 19,735	17,015 17,029	20,838 20,856 20,874 20,892	18,023 18,037	81,850 81,900	81,850 81,900 81,950 82,000	20,649 20,665	17,841 17,855 17,869 17,883	21,936 21,954	18,896 18,912	84,850 84,900	84,850 84,900 84,950 85,000	21,579 21,595	18,709	22,998 23,016 23,034 23,052	19,826 19,842
	,000						000						,000				
79,050 79,100	79,050 79,100 79,150 79,200	19,781 19,797	17,071 17,085	20,910 20,928 20,946 20,964	18,079 18,093	82,050 82,100	82,050 82,100 82,150 82,200	20,711 20,727	17,897 17,911 17,925 17,939	22,008 22,026	18,958 18,974	85,050 85,100	85,050 85,100 85,150 85,200	21,641 21,657	18,751 18,765	23,070 23,088 23,106 23,124	19,888 19,904
79,250 79,300	79,250 79,300 79,350 79,400	19,843 19,859	17,127 17,141	20,982 21,000 21,018 21,036	18,135 18,149	82,250 82,300	82,250 82,300 82,350 82,400	20,773 20,789	17,953 17,967 17,981 17,995	22,080 22,098	19,020 19,036	85,250 85,300	85,250 85,300 85,350 85,400	21,703 21,719	18,807 18,821	23,142 23,160 23,178 23,196	19,950 19,966
79,450 79,500	79,450 79,500 79,550 79,600	19,905 19,921	17,183 17,197	21,054 21,072 21,090 21,108	18,191 18,205	82,450 82,500	82,450 82,500 82,550 82,600	20,835 20,851	18,009 18,023 18,037 18,051	22,152 22,170	19,082 19,098	85,450 85,500	85,450 85,500 85,550 85,600	21,765 21,781	18,863 18,877	23,214 23,232 23,250 23,268	20,012 20,028
79,650 79,700 79,750	79,650 79,700 79,750 79,800	19,967 19,983 19,998	17,239 17,253 17,267	21,126 21,144 21,162 21,180	18,247 18,261 18,275	82,650 82,700 82,750	82,650 82,700 82,750 82,800	20,897 20,913 20,928	18,065 18,079 18,093 18,107	22,224 22,242 22,260	19,144 19,160 19,175	85,650 85,700 85,750	85,650 85,700 85,750 85,800	21,827 21,843 21,858	18,919 18,933 18,947	23,286 23,304 23,322 23,340	20,074 20,090 20,105
79,850 79,900	79,850 79,900 79,950 80,000	20,029 20,045	17,295 17,309	21,198 21,216 21,234 21,252	18,303 18,317	82,850 82,900	82,850 82,900 82,950 83,000	20,959 20,975	18,121 18,135 18,149 18,163	22,296 22,314	19,206 19,222	85,850 85,900	85,850 85,900 85,950 86,000	21,889 21,905	18,975 18,989	23,358 23,376 23,394 23,412	20,136 20,152
* This c	* This column must also be used by a qualifying widow(er). Continued on next page																

If line 37					16 15	07											
If line ( (taxabl income	е		And y	ou are-	_	If line (taxab incom	-		And yo	ou are-	-	If line (taxat incom			And yo	u are—	
At least	But less than	Single	Married filing jointly	I Married filing sepa- rately tax is—	of a house- hold	At least	But less than	Single	Married filing jointly *	Married filing sepa- rately <b>ax is—</b>	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
86	,000					89.	000		1041			92,000					
-	86,050			23,430	20,183		89,050	22,866	19,857	24,510	21,113	-	92,050	23,796	20,697	25,590	22,043
86,100 86,150	86,100 86,150 86,200	21,982	19,045 19,059	23,448 23,466 23,484	20,214 20,229	89,100 89,150	89,100 89,150 89,200	22,897 22,912	19,871 19,885 19,899	24,546 24,564	21,159	92,100 92,150	92,100 92,150 92,200	23,827 23,842	20,711 20,725 20,739	25,608 25,626 25,644	22,074 22,089
86,250 86,300	86,250 86,300 86,350 86,400	22,013 22,029	19,087 19,101	23,502 23,520 23,538 23,556	20,260 20,276	89,250 89,300	89,250 89,300 89,350 89,400	22,943 22,959	19,913 19,927 19,941 19,955	24,600 24,618	21,190 21,206	92,250 92,300	92,250 92,300 92,350 92,400	23,873 23,889	20,753 20,767 20,781 20,795	25,662 25,680 25,698 25,716	22,120 22,136
86,450 86,500	86,450 86,500 86,550	22,075 22,091	19,143 19,157	23,574 23,592 23,610	20,322 20,338	89,450 89,500	89,450 89,500 89,550	23,005 23,021	19,997	24,672 24,690	21,252 21,268	92,450 92,500	92,450 92,500 92,550	23,935 23,951	20,809 20,823 20,837	25,734 25,752 25,770	22,182 22,198
	86,600 86,650			23,628 23,646			89,600 89,650		20,011 20,025				92,600 92,650		20,851 20,865	25,788 25,806	
86,700	86,700 86,750 86,800	22,137 22,153	19,199 19,213	23,664 23,682 23,700	20,384 20,400		89,700 89,750 89,800	23,067 23,083 23,098	20,039 20,053 20,067	24,744 24,762 24,780	21,314 21,330 21,345	92,700	92,700 92,750 92,800	23,997 24,013	20,879	25,824 25,842 25,860	22,244 22,260
86,850 86,900	86,850 86,900 86,950 87,000	22,199 22,215	19,241 19,255 19,269 19,283	23,718 23,736 23,754 23,772	20,446 20,462	89,850 89,900	89,850 89,900 89,950 90,000	23,129 23,145	20,081 20,095 20,109 20,123	24,816 24,834	21,376 21,392	92,850 92,900	92,850 92,900 92,950 93,000	24,059 24,075	20,921 20,935 20,949 20,963		22,306 22,322
	,000		,				000			,===		93,	-	,			
87,000	87,050			23,790		90,000	90,050	23,176	20,137	24,870		93,000	93,050		20,977		
87,100	87,100 87,150 87,200	22,277 22,292	19,325 19,339	23,808 23,826 23,844	20,524 20,539	90,100 90,150	90,100 90,150 90,200	23,207 23,222	20,151 20,165 20,179	24,906 24,924	21,454 21,469	93,100	93,100 93,150 93,200	24,137	20,991 21,005 21,019	25,986	22,384
87,250 87,300	87,250 87,300 87,350 87,400	22,323 22,339	19,367 19,381	23,862 23,880 23,898 23,916	20,570 20,586	90,250 90,300	90,250 90,300 90,350 90,400	23,253 23,269	20,207	24,960 24,978	21,500 21,516	93,250 93,300	93,250 93,300 93,350 93,400	24,183 24,199	21,033 21,047 21,061 21,075	26,022 26,040 26,058 26,076	22,430 22,446
87,450 87,500	87,450 87,500 87,550 87,600	22,385 22,401	19,423 19,437		20,632 20,648	90,450 90,500	90,450 90,500 90,550 90,600	23,315 23,331	20,249 20,263 20,277 20,291	25,032 25,050	21,562 21,578	93,450 93,500	93,450 93,500 93,550 93,600	24,245 24,261	21,089 21,103 21,117 21,131	26,130	22,492 22,508
87,650 87,700	87,650 87,700 87,750 87,800	22,447 22,463	19,479 19,493	24,006 24,024 24,042 24,060	20,694 20,710	90,650 90,700	90,650 90,700 90,750 90,800	23,377 23,393	20,305 20,319 20,333 20,347	25,104 25,122	21,624 21,640	93,650 93,700	93,650 93,700 93,750 93,800	24,307 24,323	21,145 21,159 21,173 21,187	26,184 26,202	22,554 22,570
87,800	87,850 87,900	22,494	19,521	24,078 24,096	20,741	90,800	90,850 90,900	23,424	20,361 20,375	25,158	21,671	93,800	93,850 93,900	24,354	21,201 21,215	26,238	22,601
87,900	87,950 88,000	22,525	19,549	24,114 24,132	20,772	90,900	90,950 91,000	23,455	20,389	25,194	21,702	93,900	93,950 94,000	24,385	21,229 21,243	26,274	22,632
88	,000					91,	000					94,	000				
88,050 88,100	88,050 88,100 88,150 88,200	22,571 22,587	19,591 19,605	24,150 24,168 24,186 24,204	20,818 20,834	91,050 91,100	91,050 91,100 91,150 91,200	23,501 23,517	20,417 20,431 20,445 20,459	25,248 25,266	21,748 21,764	94,050 94,100	94,050 94,100 94,150 94,200	24,431 24,447	21,257 21,271 21,285 21,299	26,328 26,346	22,678 22,694
88,200 88,250 88,300	88,250 88,300 88,350 88,400	22,618 22,633 22,649	19,633 19,647 19,661	24,222 24,240 24,258 24,276	20,865 20,880 20,896	91,200 91,250 91,300	91,250 91,300 91,350 91,400	23,548 23,563 23,579	20,473 20,487 20,501 20,515	25,302 25,320 25,338	21,795 21,810 21,826	94,200 94,250 94,300	94,250 94,300 94,350 94,400	24,478 24,493 24,509	21,313 21,328 21,343 21,359	26,382 26,400 26,418	22,725 22,740 22,756
88,400 88,450 88,500	88,400 88,450 88,500 88,550 88,600	22,680 22,695 22,711	19,689 19,703 19,717	24,270 24,294 24,312 24,330 24,348	20,927 20,942 20,958	91,400 91,450 91,500	91,400 91,450 91,500 91,550 91,600	23,610 23,625 23,641	20,515 20,529 20,543 20,557 20,557	25,374 25,392 25,410	21,857 21,872 21,888	94,400 94,450 94,500	94,400 94,450 94,500 94,550 94,600	24,540 24,555 24,571	21,339 21,374 21,390 21,405 21,421	26,454 26,472 26,490	22,787 22,802 22,818
88,600 88,650 88,700	88,650 88,700 88,750 88,800	22,742 22,757 22,773	19,745 19,759 19,773	24,366 24,384 24,402 24,420	20,989 21,004 21,020	91,600 91,650 91,700	91,650 91,700 91,750 91,800	23,672 23,687 23,703	20,585 20,599 20,613 20,627	25,446 25,464 25,482	21,919 21,934 21,950	94,600 94,650 94,700	94,650 94,700 94,750 94,800	24,602 24,617 24,633	21,436 21,452 21,467 21,483	26,526 26,544 26,562	22,849 22,864 22,880
88,850 88,900	88,850 88,900 88,950 89,000	22,804 22,819 22,835	19,801 19,815 19,829	24,438 24,456 24,474	21,051 21,066 21,082	91,850 91,900	91,850 91,900 91,950 92,000	23,734 23,749 23,765	20,641 20,655 20,669	25,518 25,536 25,554	21,981 21,996 22,012	94,850 94,900	94,850 94,900 94,950 95,000	24,679 24,695	21,498 21,514 21,529 21,545	26,616 26,634	22,926 22,942
* This c	88,950         89,000         22,850         19,843         24,492         21,097         91,950         92,000         23,780         20,683         25,572         22,027         94,950         95,000         24,710         21,545         26,652         22,957           * This column must also be used by a qualifying widow(er).         Continued on next page         Continued on next page         Continued on next page									ext page							

If line 3 (taxable income	e		And yo	ou are-	_	lf line (taxab incom			And yo	ou are—	
At least	But less than	Single	Married filing jointly * Your ta	filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly * Your t	Married filing sepa- rately <b>ax is—</b>	Head of a house- hold
95,	,000					98,	000				
95,000 95,050 95,100 95,150	95,050 95,100 95,150 95,200	24,726 24,741 24,757 24,772	21,576 21,591	26,670 26,688 26,706 26,724	22,988 23,004	98,050 98,100	98,050 98,100 98,150 98,200	25,656 25,671 25,687 25,702	22,521	27,750 27,768 27,786 27,804	23,918
95,200 95,250 95,300 95,350	95,250 95,300 95,350 95,400	24,788 24,803 24,819 24,834	21,638 21,653	26,742 26,760 26,778 26,796	23,050 23,066	98,200 98,250 98,300 98,350	98,250 98,300 98,350 98,400	25,718 25,733 25,749 25,764	22,568 22,583		23,980 23,996
95,400 95,450 95,500 95,550	95,450 95,500 95,550 95,600	24,850 24,865 24,881 24,896	21,700 21,715	26,814 26,832 26,850 26,868	23,112 23,128	98,400 98,450 98,500 98,550	98,450 98,500 98,550 98,600	25,780 25,795 25,811 25,826	22,630 22,645	27,894 27,912 27,930 27,948	24,058
95,600 95,650 95,700 95,750	95,650 95,700 95,750 95,800	24,912 24,927 24,943 24,958	21,762 21,777	26,886 26,904 26,922 26,940	23,174 23,190	98,700	98,650 98,700 98,750 98,800	25,842 25,857 25,873 25,888	22,692 22,707	27,966 27,984 28,002 28,020	24,104 24,120
95,800 95,850 95,900 95,950	95,850 95,900 95,950 96,000	25,005	21,808 21,824 21,839 21,855	26,994	23,236 23,252	98,900	98,850 98,900 98,950 99,000	25,904 25,919 25,935 25,950	22,754 22,769	28,038 28,056 28,074 28,092	24,182
96,	,000					99,	000	0			
96,050 96,100	96,050 96,100 96,150 96,200	25,067	21,886 21,901	27,030 27,048 27,066 27,084	23,298 23,314	99,050 99,100	99,050 99,100 99,150 99,200	25,966 25,981 25,997 26,012	22,816 22,831	28,110 28,128 28,146 28,164	24,228 24,244
96,200 96,250 96,300 96,350	96,250 96,300 96,350 96,400	25,098 25,113 25,129 25,144	21,948 21,963	27,102 27,120 27,138 27,156	23,360 23,376	99,250 99,300	99,250 99,300 99,350 99,400	26,028 26,043 26,059 26,074	22,878 22,893	28,182 28,200 28,218 28,236	24,290 24,306
96,400 96,450 96,500 96,550	96,450 96,500 96,550 96,600		22,010 22,025	27,174 27,192 27,210 27,228	23,422 23,438	99,400 99,450 99,500 99,550	99,450 99,500 99,550 99,600	26,090 26,105 26,121 26,136	22,940 22,955	28,254 28,272 28,290 28,308	24,368
96,600 96,650 96,700 96,750	96,650 96,700 96,750 96,800	25,222 25,237 25,253 25,268	22,072	27,246 27,264 27,282 27,300	23,484 23,500		99,650 99,700 99,750 99,800		23,002 23,017	28,326 28,344 28,362 28,380	24,430
96,850 96,900	96,850 96,900 96,950 97,000	25,299 25,315	22,118 22,134 22,149 22,165	27,336 27,354	23,546 23,562	99,850 99,900	99,850 99,900 99,950 100,000	26,229 26,245	23,064 23,079	28,398 28,416 28,434 28,452	24,476 24,492
97,	,000										
97,050 97,100	97,050 97,100 97,150 97,200				23,608 23,624						
97,250 97,300	97,250 97,300 97,350 97,400	25,408 25,423 25,439 25,454	22,258	27,462 27,480 27,498 27,516	23,670 23,686			or ov			
97,450 97,500	97,450 97,500 97,550 97,600	25,470 25,485 25,501 25,516	22,320 22,335	27,534 27,552 27,570 27,588	23,732 23,748			Тах	the Rate dules		
97,650 97,700	97,650 97,700 97,750 97,800	25,532 25,547 25,563 25,578	22,382 22,397	27,606 27,624 27,642 27,660	23,794 23,810		(	on pa	ge 53	/	
97,850 97,900	97,850 97,900 97,950 98,000	25,594 25,609 25,625 25,640	22,444	27,678 27,696 27,714 27,732	23,856 23,872						
* This c	olumn m	ust also	be used	by a q	ualifying	widow(e	er).				

## 1995 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	\$23,350	15%	\$0
23,350	56,550	\$3,502.50 + 28%	23,350
56,550	117,950	12,798.50 + 31%	56,550
117,950	256,500	31,832.50 + 36%	<b>1</b> 17,950
256,500		81,710.50 + 39.6%	256,500

		G		
Schedule Y-1—Use if your filing status is Married filing jointly	y or	Qualifyin	ig widow	(er)

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	\$39,000		\$0
39,000	94,250	\$5,850.00 + 28% 🛬 🚫	39,000
94,250	143,600	21,320.00 + 31%	94,250
143,600	256,500	36,618.50 + 36%	143,600
256,500		77, <mark>262.50</mark> + 39.6%	256,500

Schedule Y-2—Use if your filing status is	Married filing separately
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If the amount on Form 1040, line 37, is: Over—	But not over—	Enter on Form 1040, line 38	of the amount over—
\$0	\$19,500	15%	\$0
19,500	47,125	\$2,925.00 + 28%	19,500
47,125	71,800	10,660.00 + 31%	47,125
71,800	128,250	18,309.25 + 36%	71,800
128,250		38,631.25 + 39.6%	128,250

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

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	\$31,250	15%	\$0
31,250	80,750	\$4,687.50 + 28%	31,250
80,750	130,800	18,457.50 + 31%	80,750
130,800	256,500	34,063.00 + 36%	130,800
256,500		79,315.00 + 39.6%	256,500

## **1995 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 6 or line 8 of the **Earned Income Credit Worksheet** on page 28. Next, read across to the column that includes the number of qualifying children you have. Then, enter the credit from that column on line 7 or line 9 of that worksheet, whichever applies.

If the amount on line 6 or line 8 of the worksheet on page 28 is—		And you have—			If the amount on And you have—			If the amount on		And you have—			If the amount on		And you have—				
		No One children child		Two children	line 6 or line 8 of the worksheet on page 28 is—		No One Two children child children		line 6 or line 8 of the worksheet on page 28 is—		No One Two children child children		line 6 or line 8 of the worksheet on page 28 is—		No children	One child	Two children		
At least	But less than	Your	credit i	is—		But less than	You	r credit	is—	At least	But less than	You	r credit	t is—	At least	But less than	Your	r credit	is—
\$1 50 100 150	100 150	\$2 6 10 13	\$9 26 43 60	\$9 27 45 63	3,000 3,050 3,100 3,150	3,050 3,100 3,150 3,200	235 239	1,046 1,063	1,089 1,107 1,125 1,143	6,000 6,050 6,100 6,150	6,100 6,150	241 238	2,066 2,083	2,169 2,187 2,205 2,223	9,000 9,050 9,100 9,150	9,100 9,150	12 8	2,094 2,094 2,094 2,094 2,094	3,110 3,110
200 250 300 350	300 350	17 21 25 29	77 94 111 128	81 99 117 135	3,200 3,250 3,300 3,350	3,250 3,300 3,350 3,400	251 254	1,114 1,131	1,161 1,179 1,197 1,215	6,200 6,250 6,300 6,350	6,300 6,350	226 222	2,094 2,094	2,241 2,259 2,277 2,295	11,300	9,250 11,300 11,350 11,400	0 2	2,094 2,094 2,089 2,081	3,110 3,103
400 450 500 550	500 550	33 36 40 44	145 162 179 196	153 171 189 207	3,400 3,450 3,500 3,550	3,450 3,500 3,550 3,600	266 270	1,182 1,199	1,233 1,251 1,269 1,287	6,400 6,450 6,500 6,550	6,500 6,550	211 207	2,094 2,094	2,313 2,331 2,349 2,367	11,450 11,500	11,450 11,500 11,550 11,600	0 .	2,073 2,065 2,057 2,049	3,073 3,063
600 650 700 750	700 750	48 52 55 59	213 230 247 264	225 243 261 279	3,600 3,650 3,700 3,750	3,650 3,700 3,750 3,800	281 285	1,250 1,267	1,305 1,323 1,341 1,359	6,600 6,650 6,700 6,750	6,700 6,750	195 192	2,094 2,094	2,385 2,403 2,421 2,439	11,650 11,700	11,650 11,700 11,750 11,800	0 .	2,041 2,033 2,025 2,017	3,033 3,022
800 850 900 950	900 950	63 67 71 75	281 298 315 332	297 315 333 351	3,800 3,850 3,900 3,950	3,850 3,900 3,950 4,000	296 300	1,318 1,335	1,377 1,395 1,413 1,431	6,800 6,850 6,900 6,950	6,900 6,950	180 176	2,094 2,094	2,457 2,475 2,493 2,511	11,850 11,900	11,850 11,900 11,950 12,000	0 2	2,009 2,001 1,993 1,985	2,992 2,982
1,000 1,050 1,100 1,150	1,100 1,150	78 82 86 90	349 366 383 400	369 387 405 423	4,000 4,050 4,100 4,150	4,050 4,100 4,150 4,200	312 314	1,386 1,403	1,449 1,467 1,485 1,503	7,000 7,050 7,100 7,150	7,100 7,150	165 161	2,094 2,094	2,529 2,547 2,565 2,583	12,050 12,100	12,050 12,100 12,150 12,200	0	1,977 1,969 1,961 1,953	2,952 2,942
1,200 1,250 1,300 1,350	1,300 1,350	94 98 101 105	417 434 451 468	441 459 477 495	4,200 4,250 4,300 4,350	4,250 4,300 4,350 4,400	314 314	1,454 1,471	1,521 1,539 1,557 1,575	7,200 7,250 7,300 7,350	7,300 7,350	150 146	2,094 2,094	2,601 2,619 2,637 2,655	12,250 12,300	12,250 12,300 12,350 12,400	0	1,945 1,937 1,929 1,921	2,911 2,901
1,400 1,450 1,500 1,550	1,500 1,550	109 113 117 120	485 502 519 536	513 531 549 567	4,400 4,450 4,500 4,550	4,450 4,500 4,550 4,600	314 314	1,522 1,539	1,593 1,611 1,629 1,647	7,400 7,450 7,500 7,550	7,500 7,550	134 130	2,094 2,094	2,673 2,691 2,709 2,727	12,450 12,500	12,450 12,500 12,550 12,600	0	1,913 1,905 1,897 1,889	2,871 2,861
1,600 1,650 1,700 1,750	1,700 1,750	124 128 132 136	553 570 587 604	585 603 621 639	4,600 4,650 4,700 4,750	4,650 4,700 4,750 4,800	314 314	1,590 1,607	1,665 1,683 1,701 1,719	7,600 7,650 7,700 7,750	7,700 7,750	119 115	2,094 2,094	2,745 2,763 2,781 2,799	12,650 12,700	12,650 12,700 12,750 12,800	0	1,881 1,873 1,865 1,857	2,830 2,820
1,800 1,850 1,900 1,950	1,900 1,950	140 143 147 151	621 638 655 672	657 675 693 711	4,800 4,850 4,900 4,950	4,850 4,900 4,950 5,000	314 314	1,658 1,675	1,737 1,755 1,773 1,791	7,800 7,850 7,900 7,950	7,900 7,950	104 100	2,094 2,094	2,817 2,835 2,853 2,871	12,850 12,900	12,850 12,900 12,950 13,000	0	1,849 1,841 1,833 1,825	2,790 2,780
2,000 2,050 2,100 2,150	2,100 2,150	155 159 163 166	689 706 723 740	729 747 765 783	5,000 5,050 5,100 5,150	5,050 5,100 5,150 5,200	314 314	1,726 1,743	1,809 1,827 1,845 1,863	8,000 8,050 8,100 8,150	8,100 8,150	88 85	2,094 2,094	2,889 2,907 2,925 2,943	13,050 13,100	13,050 13,100 13,150 13,200	0	1,817 1,809 1,801 1,793	2,749 2,739
2,200 2,250 2,300 2,350	2,300 2,350	170 174 178 182	757 774 791 808	801 819 837 855	5,200 5,250 5,300 5,350	5,250 5,300 5,350 5,400	303 299 295	1,794 1,811 1,828	1,881 1,899 1,917 1,935	8,200 8,250 8,300 8,350	8,300 8,350	73 69 65	2,094 2,094 2,094	2,961 2,979 2,997 3,015	13,250 13,300	13,250 13,300 13,350 13,400	0	1,785 1,777 1,769 1,761	2,709 2,699
2,400 2,450 2,500 2,550	2,500 2,550	186 189 193 197	825 842 859 876	873 891 909 927	5,400 5,450 5,500 5,550	5,450 5,500 5,550 5,600	287 283 280	1,862 1,879 1,896	1,953 1,971 1,989 2,007	8,400 8,450 8,500 8,550	8,500 8,550	58 54	2,094 2,094	3,033 3,051 3,069 3,087	13,450 13,500	13,450 13,500 13,550 13,600	0	1,753 1,745 1,737 1,729	2,669 2,658
2,600 2,650 2,700 2,750	2,700 2,750	201 205 208 212	893 910 927 944	945 963 981 999	5,600 5,650 5,700 5,750	5,650 5,700 5,750 5,800	272 268	1,930 1,947	2,025 2,043 2,061 2,079	8,600 8,650 8,700 8,750	8,700 8,750	42 39	2,094 2,094	3,110 3,110 3,110 3,110 3,110	* If the amount on line 6 or line 8 of the worksheet is at least \$9,200 <b>but</b> less than \$9,230, your credit is \$1. Otherwise, you <b>cannot</b> take the credit.				is s
2,800 2,850 2,900 2,950	2,900 2,950	216 220 224 228	978	1,017 1,035 1,053 1,071	5,800 5,850 5,900 5,950	5,850 5,900 5,950 6,000	257 253	1,998 2,015	2,097 2,115 2,133 2,151	8,800 8,850 8,900 8,950	8,900 8,950	27 23	2,094 2,094	3,110 3,110 3,110 3,110 3,110					

1995 Earned Income Credit (EIC) Table Continued											
If the amount on And you have—		If the amount on line 6 or line 8	And you have—	If the amount on line 6 or line 8	And you have—	If the amount on line 6 or line 8	And you have—				
of the worksheet on page 28 is—	No One Two children child children	of the worksheet	No One Two children child children	of the worksheet on page 28 is—	No One Two children child children	of the worksheet	No One Two children child children				
At But less least than			Your credit is—	At But less least than	Your credit is—	At But less least than	Your credit is—				
13,600 13,650	0 1,721 2,638	17,000 17,050	0 1,178 1,951	20,400 20,450		23,800 23,850	0 91 576				
13,650 13,700 13,700 13,750	0 1,713 2,628 0 1,705 2,618	17,050 17,100 17,100 17,150	0 1,170 1,941 0 1,162 1,931	20,450 20,500 20,500 20,550	0 627 1,253 0 619 1,243	23,850 23,900 23,900 23,950	0 83 566 0 75 556				
13,750 13,800 13,800 13,850	0 1,697 2,608	17,150 17,200 17,200 17,250	0 1,154 1,920 0 1,146 1,910	20,550 20,600 20,600 20,650	0 611 1,233 0 603 1,223	23,950 24,000 24,000 24,050	0 67 545 0 59 535				
13,850 13,900 13,900 13,950	0 1,681 2,588	17,250 17,300	0 1,138 1,900	20,650 20,700 20,700 20,750	0 595 1,213	24,050 24,100	0 51 525				
13,950 14,000	0 1,673 2,578 0 1,665 2,567	17,300 17,350 17,350 17,400	0 1,130 1,890 0 1,122 1,880	20,750 20,750 20,800	0 587 1,203 0 579 1,193	24,100 24,150 24,150 24,200	0 43 515 0 35 505				
14,000 14,050 14,050 14,100	0 1,657 2,557 0 1,649 2,547	17,400 17,450 17,450 17,500	0 1,114 1,870 0 1,106 1,860	20,800 20,850 20,850 20,900	0 571 1,182 0 563 1,172	24,200 24,250 24,250 24,300	0 27 495 0 19 485				
14,100 14,150 14,150 14,200	0 1,641 2,537 0 1,633 2,527	17,500 17,550 17,550 17,600	0 1,098 1,850 0 1,090 1,840	20,900 20,950 20,950 21,000	0 555 1,162 0 547 1,152	24,300 24,350 24,350 24,400	0 11 475 0 * 465				
14,200 14,250	0 1,625 2,517	17,600 17,650	0 1,082 1,829	21,000 21,050	0 539 1,142	24,400 24,450	0 0 455				
14,250 14,300 14,300 14,350	0 1,617 2,507 0 1,609 2,497	17,650 17,700 17,700 17,750	0 1,074 1,819 0 1,066 1,809	21,050 21,100 21,100 21,150	0 531 1,132 0 523 1,122	24,450 24,500 24,500 24,550	$\begin{array}{cccc} 0 & 0 & 444 \\ 0 & 0 & 434 \end{array}$				
<u>14,350</u> 14,400 14,400 14,450	0 1,601 2,487	17,750 17,800 17,800 17,850	0 1,058 1,799	21,150 21,200 21,250	0 515 1,112	24,550 24,600 24,600 24,650					
14,450 14,500	0 1,585 2,466	17,850 17,900	0 1,042 1,779	21,250 21,300	0 499 1,091	24,650 24,700	0 0 404				
14,500 14,550 14,550 14,600	0 1,577 2,456 0 1,569 2,446	17,900 17,950 17,950 18,000	0 1,034 1,769 0 1,026 1,759	21,300 21,350 21,350 21,400		24,700 24,750 24,750 24,800	0 0 394 0 0 384				
14,600 14,650 14,650 14,700	0 1,561 2,436 0 1,553 2,426	18,000 18,050 18,050 18,100	0 1,018 1,749 0 1,010 1,738	21,400 21,450 21,450 21,500	0 475 1,061 0 467 1,051	24,800 24,850 24,850 24,900	0 0 374 0 0 364				
14,700 14,750 14,750 14,800	0 1,545 2,416 0 1,537 2,406	18,100 18,150 18,150 18,200	0 1,002 1,728 0 994 1,718	21,500 21,550 21,550 21,600	0 459 1,041 0 451 1,031	24,900 24,950 24,950 25,000	0 0 353 0 0 343				
14,800 14,850	0 1,530 2,396	18,200 18,250	0 986 1,708	21,600 21,650	0 443 1,021	25,000 25,050	0 0 333				
14,850 14,900 14,900 14,950	0 1,522 2,386 0 1,514 2,375	18,250 18,300 18,300 18,350	0 978 1,698 0 970 1,688	21,650 21,700 21,700 21,750	0 427 1,000	25,050 25,100 25,100 25,150	0 0 323 0 0 313				
14,950 15,000 15,000 15,050	0 1,506 2,365	18,350 18,400 18,400 18,450	0 962 1,678 0 954 1,668	21,750 21,800 21,800 21,850	0 419 990 0 411 980	25,150 25,200 25,200 25,250	0 0 303 0 0 293				
15,050 15,100	0 1,490 2,345	18,450 18,500	0 946 1,658	21,850 21,900	0 403 970	25,250 25,300	0 0 283				
15,100 15,150 15,150 15,200	0 1,482 2,335 0 1,474 2,325	18,500 18,550 18,550 18,600	0 938 1,647 0 930 1,637	21,900 21,950 21,950 22,000	0 395 960 0 387 950	25,300 25,350 25,350 25,400	0 0 273 0 0 262				
15,200 15,250 15,250 15,300	0 1,466 2,315 0 1,458 2,305	18,600 18,650 18,650 18,700	0 922 1,627 0 914 1,617	22,000 22,050 22,050 22,100	0 379 940 0 371 930	25,400 25,450 25,450 25,500	0 0 252 0 0 242				
15,300 15,350 15,350 15,400	0 1,450 2,295 0 1,442 2,284	18,700 18,750 18,750 18,800		22,100 22,150 22,150 22,200	0 363 920 0 355 909	25,500 25,550 25,550 25,600	0 0 232 0 0 222				
15,400 15,450	0 1,434 2,274	18,800 18,850	0 890 1,587	22,200 22,250	0 347 899	25,600 25,650	0 0 212				
15,450 15,500 15,500 15,550	0 1,426 2,264 0 1,418 2,254	18,850 18,900 18,900 18,950	0 882 1,577 0 874 1,567	22,250 22,300 22,300 22,350	0 339 889 0 331 879	25,650 25,700 25,700 25,750	0 0 202 0 0 192				
15,550 15,600 15,600 15,650	0 1,410 2,244	18,950 19,000 19,000 19,050	0 866 1,556 0 858 1,546	22,350 22,400 22,400 22,450	0 323 869 0 315 859	25,750 25,800 25,800 25,850	0 0 182 0 0 171				
15,650 15,700 15,700 15,750	0 1,394 2,224 0 1,386 2,214	19,050 19,100		22,450 22,500 22,500 22,550		25,850 25,900 25,900 25,950	0 0 161 0 0 151				
15,750 15,800	0 1,378 2,204	19,150 19,200	0 834 1,516	22,550 22,600	0 291 829	25,950 26,000	0 0 141				
15,800 15,850 15,850 15,900	0 1,370 2,193 0 1,362 2,183	19,200 19,250 19,250 19,300	0 826 1,506 0 818 1,496	22,600 22,650 22,650 22,700	0 283 818 0 275 808	26,000 26,050 26,050 26,100	0 0 131 0 0 121				
15,900 15,950 15,950 16,000	0 1,354 2,173 0 1,346 2,163	19,300 19,350 19,350 19,400	0 810 1,486 0 802 1,476	22,700 22,750 22,750 22,800	0 267 798 0 259 788	26,100 26,150 26,150 26,200	0 0 111 0 0 101				
16,000 16,050 16,050 16,100	0 1,338 2,153 0 1,330 2,143	19,400 19,450 19,450 19,500	0 794 1,466 0 786 1,455	22,800 22,850 22,850 22,900	0 251 778 0 243 768	26,200 26,250 26,250 26,300	0 0 91 0 0 80				
16,100 16,150	0 1,322 2,133	19,500 19,550	0 778 1,445	22,900 22,950	0 235 758	26,300 26,350	0 0 70				
16,150 16,200 16,200 16,250	0 1,314 2,123 0 1,306 2,113	19,550 19,600 19,600 19,650	0 770 1,435 0 762 1,425	22,950 23,000 23,000 23,050	0 227 748	26,350 26,400 26,400 26,450	0 0 60 0 0 50				
16,250 16,300 16,300 16,350	0 1,298 2,102 0 1,290 2,092	19,650 19,700 19,700 19,750	0 754 1,415 0 746 1,405	23,050 23,100 23,100 23,150	0 211 727 0 203 717	26,450 26,500 26,500 26,550	$ \begin{array}{cccc} 0 & 0 & 40 \\ 0 & 0 & 30 \end{array} $				
16,350 16,400	0 1,282 2,082	19,750 19,800	0 738 1,395	23,150 23,200	0 195 707	26,550 26,600	0 0 20				
16,400 16,450 16,450 16,500	0 1,274 2,072 0 1,266 2,062	19,800 19,850 19,850 19,900	0 731 1,385 0 723 1,375	23,200 23,250 23,250 23,300	0 187 697 0 179 687	26,600 26,650 26,650 26,673	0 0 10 0 0 2				
16,500 16,550 16,550 16,600	0 1,258 2,052 0 1,250 2,042	19,900 19,950 19,950 20,000	0 715 1,364 0 707 1,354	23,300 23,350 23,350 23,400	0 171 677 0 163 667	26,673 or more	e 0 0 0				
16,600 16,650 16,650 16,700	0 1,242 2,032	20,000 20,050 20,050 20,100	0 699 1,344	23,400 23,450 23,450 23,500	0 155 657 0 147 647	* If the amo	unt on line 6 or				
16,650 16,700 16,700 16,750 16,750 16,800	0 1,234 2,022 0 1,226 2,011 0 1,218 2,001	20,100 20,150	0 683 1,324	23,500 23,550	0 139 636	line 8 of the	unt on line 6 or e worksheet is				
<u>16,750</u> 16,800 16,800 16,850	0 1,218 2,001 0 1,210 1,991	20,150 20,200 20,200 20,250	0 675 1,314 0 667 1,304	23,550 23,600 23,600 23,650	0 131 626		4,350 <b>but</b> less 3, your credit is				
16,850 16,900 16,900 16,950	0 1,202 1,981 0 1,194 1,971	20,250 20,300 20,300 20,350	0 659 1,294 0 651 1,284	23,650 23,700 23,700 23,750	0 115 606 0 107 596	\$4. Otherwis	se, you <b>cannot</b>				
16,950 17,000	0 1,186 1,961	20,350 20,400	0 643 1,273	23,750 23,800	0 99 586		he credit.				

## 1995 Farned Income Credit (FIC) Table Continued