

For the year January 1-December 31, 1985, or other tax year beginning , 1985, ending , 19 . OMB No. 1545-0074

Use IRS label. Other- wise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (number and street, including apartment number, or rural route)		Spouse's social security number
	City, town or post office, state, and ZIP code		Your occupation

Presidential Election Campaign	Do you want \$1 to go to this fund?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Note: Checking "Yes" will not change your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	

Filing Status	1	<input type="checkbox"/>	Single	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
	2	<input type="checkbox"/>	Married filing joint return (even if only one had income)	
	3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here. _____	
	4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 5 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here. _____	
	5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 6 of Instructions.)	

Exemptions	6a	<input type="checkbox"/>	Yourself	<input type="checkbox"/>	65 or over	<input type="checkbox"/>	Blind	} Enter number of boxes checked on 6a and b ▶ <input type="text"/>
	b	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	65 or over	<input type="checkbox"/>	Blind	

Tax Computation

(See Instructions on page 13.)

33	Amount from line 32 (adjusted gross income)				33
34a	If you itemize, attach Schedule A (Form 1040) and enter the amount from Schedule A, line 26 Caution: If you have unearned income and can be claimed as a dependent on your parents' return, check here <input type="checkbox"/> and see page 13 of Instructions. Also see page 13 if you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien.				34a
b	If you do not itemize but you made charitable contributions, enter your cash contributions here. (If you gave \$3,000 or more to any one organization, see page 14.)	34b			
c	Enter your noncash contributions (<i>you must attach Form 8283 if over \$500</i>)	34c			
d	Add lines 34b and 34c. Enter the total	34d			
e	Divide the amount on line 34d by 2. Enter the result here				34e
35	Subtract line 34a or line 34e, whichever applies, from line 33				35
36	Multiply \$1,040 by the total number of exemptions claimed on line 6f (see page 14)				36
37	Taxable income. Subtract line 36 from line 35. Enter the result (but not less than zero)				37
38	Enter tax here. Check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G				38
39	Additional taxes. (See page 14 of Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, or <input type="checkbox"/> Form 5544.				39
40	Add lines 38 and 39. Enter the total				40

Credits

(See Instructions on page 14.)

41	Credit for child and dependent care expenses (<i>attach Form 2441</i>)	41			
42	Credit for the elderly and the permanently and totally disabled (<i>attach Schedule R</i>)	42			
43	Residential energy credit (<i>attach Form 5695</i>)	43			
44	Partial credit for political contributions for which you have receipts	44			
45	Add lines 41 through 44. These are your total personal credits				45
46	Subtract line 45 from line 40. Enter the result (but not less than zero)				46
47	Foreign tax credit (<i>attach Form 1116</i>)	47			
48	General business credit. Check if from <input type="checkbox"/> Form 3800, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5884, <input type="checkbox"/> Form 6478	48			
49	Add lines 47 and 48. These are your total business and other credits				49
50	Subtract line 49 from line 46. Enter the result (but not less than zero)				50

Other Taxes

(Including Advance EIC Payments)

51	Self-employment tax (<i>attach Schedule SE</i>)				51
52	Alternative minimum tax (<i>attach Form 6251</i>)				52
53	Tax from recapture of investment credit (<i>attach Form 4255</i>)				53
54	Social security tax on tip income not reported to employer (<i>attach Form 4137</i>)				54
55	Tax on an IRA (<i>attach Form 5329</i>)				55
56	Add lines 50 through 55. This is your total tax				56

Payments

Attach Forms W-2, W-2G, and W-2P to front.

57	Federal income tax withheld	57			
58	1985 estimated tax payments and amount applied from 1984 return	58			
59	Earned income credit (see page 16)	59			
60	Amount paid with Form 4868	60			
61	Excess social security tax and RRTA tax withheld (two or more employers)	61			
62	Credit for Federal tax on gasoline and special fuels (<i>attach Form 4136</i>)	62			
63	Regulated Investment Company credit (<i>attach Form 2439</i>)	63			
64	Add lines 57 through 63. These are your total payments				64

Refund or Amount You Owe

65	If line 64 is larger than line 56, enter amount OVERPAID				65
66	Amount of line 65 to be REFUNDED TO YOU				66
67	Amount of line 65 to be applied to your 1986 estimated tax	67			
68	If line 56 is larger than line 64, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1985 Form 1040" on it Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 17. Penalty: \$				68

Please Sign Here

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

	Date		Spouse's signature (if filing jointly, BOTH must sign)
--	------	--	--

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours, if self-employed) and address		E.I. No.	
		ZIP code	