

For the year Jan.—Dec. 31, 1989, or other tax year beginning _____, 1989, ending _____

19 OMB No. 1545-0074

Label
Use IRS label.
Otherwise,
please print
or type.

L
A
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E

Your first name and initial	Last name
If a joint return, spouse's first name and initial	Last name
Home address (number and street). (If a P.O. box, see page 7 of Instructions.)	Apt. no.
City, town or post office, state and ZIP code. (If a foreign address, see page 7.)	

Your social security number
: :
: :
: :
: :

Spouse's social security number
: :
: :
: :

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

Do you want \$1 to go to this fund? Yes No

If joint return, does your spouse want \$1 to go to this fund? Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1	<input type="checkbox"/>	Single
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 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 7 of Instructions.)

6a. **Yourself** If someone (such as your parent) can claim you as a dependent on his or her tax _____) **No. of boxes**

Tax Computation

32 Amount from line 31 (adjusted gross income) 32
33a Check if: [] You were 65 or older [] Blind; [] Spouse was 65 or older [] Blind.
Add the number of boxes checked and enter the total here 33a []
b If someone (such as your parent) can claim you as a dependent, check here 33b []
c If you are married filing a separate return and your spouse itemizes deductions,
or you are a dual-status alien, see page 16 and check here 33c []
34 Enter the { • Your standard deduction (from page 17 of the Instructions), OR
larger { • Your itemized deductions (from Schedule A, line 26).
of: { If you itemize, attach Schedule A and check here [] } 34
35 Subtract line 34 from line 32. Enter the result here 35
36 Multiply \$2,000 by the total number of exemptions claimed on line 6e 36
37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) 37
Caution: If under age 14 and you have more than \$1,000 of investment income, check here []
and see page 17 to see if you have to use Form 8615 to figure your tax.
38 Enter tax. Check if from: a [] Tax Table, b [] Tax Rate Schedules, or c [] Form 8615.
(If any is from Form(s) 8814, enter that amount here [] d [] 38
39 Additional taxes (see page 18). Check if from: a [] Form 4970 b [] Form 4972 39
40 Add lines 38 and 39. Enter the total 40

Credits

(See Instructions on page 18.)

41 Credit for child and dependent care expenses (attach Form 2441) 41
42 Credit for the elderly or the disabled (attach Schedule R) 42
43 Foreign tax credit (attach Form 1116) 43
44 General business credit. Check if from:
a [] Form 3800 or b [] Form (specify) 44
45 Credit for prior year minimum tax (attach Form 8801) 45
46 Add lines 41 through 45. Enter the total 46
47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) 47

Other Taxes

(Including Advance EIC Payments)

48 Self-employment tax (attach Schedule SE) 48
49 Alternative minimum tax (attach Form 6251) 49
50 Recapture taxes (see page 18). Check if from: a [] Form 4255 b [] Form 8611 50
51 Social security tax on tip income not reported to employer (attach Form 4137) 51
52 Tax on an IRA or a qualified retirement plan (attach Form 5329) 52
53 Add lines 47 through 52. Enter the total 53

Medicare Premium

54 Supplemental Medicare premium (attach Form 8808) 54
55 Add lines 53 and 54. This is your total tax and any supplemental Medicare premium 55

Payments

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

56 Federal income tax withheld (if any is from Form(s) 1099, check []) 56
57 1989 estimated tax payments and amount applied from 1988 return 57
58 Earned income credit (see page 20) 58
59 Amount paid with Form 4868 (extension request) 59
60 Excess social security tax and RRTA tax withheld (see page 20) 60
61 Credit for Federal tax on fuels (attach Form 4136) 61
62 Regulated investment company credit (attach Form 2439) 62
63 Add lines 56 through 62. These are your total payments 63

Refund or Amount You Owe

64 If line 63 is larger than line 55, enter amount OVERPAID 64
65 Amount of line 64 to be REFUNDED TO YOU 65
66 Amount of line 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX [] 66
67 If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full
amount payable to "Internal Revenue Service." Write your social security number, daytime phone
number, and "1989 Form 1040" on it 67
68 Penalty for underpayment of estimated tax (see page 21) 68

Sign Here

(Keep a copy of this return for your records.)

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.
Your signature Date Your occupation
Spouse's signature (if joint return, BOTH must sign) Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed [] Preparer's social security no.
Firm's name (or yours if self-employed) and address E.I. No.
ZIP code