

For the year January 1—December 31, 1976, or other taxable year beginning , 1976 ending , 19

Name (If joint return, give first names and initials of both) Last name Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security no. City, town or post office, State and ZIP code Occupation Yours Spouse's

Filing Status 1 Single (Check only ONE box) 2 Married filing joint return (even if only one had income) 3 Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here 4 Unmarried Head of Household. See page 7 of instructions to see if you qualify 5 Qualifying widow(er) with dependent child (Year spouse died 19). See page 7 of Instructions. Exemptions 6a Regular Yourself Spouse Enter number of boxes checked b First names of your dependent children who lived with you c Number of other dependents (from line 7) d Total (add lines 6a, b, and c) e Age 65 or older. Yourself Spouse Blind. Yourself Spouse f TOTAL (add lines 6d and e)

7 Other dependents: (a) Name (b) Relationship (c) Months lived in your home. If born or died during year, write B or D. (d) Did dependent have income of \$750 or more? (e) Amount furnished for dependent's support By YOU. If 100% write ALL. By OTHERS including dependent.

8 Presidential Election Campaign Fund Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1? Yes No Yes No Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see page 6 of Instructions.) 10a Dividends (See pages 9 and 16 of Instructions) less exclusion (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.) 10b Balance 11 Interest income. { If \$400 or less, enter total without listing in Schedule B } { If over \$400, enter total and list in Part II of Schedule B } 12 Income other than wages, dividends, and interest (from line 37) 13 Total (add lines 9, 10c, 11 and 12) 14 Adjustments to income (such as moving expense, etc. from line 42) 15a Subtract line 14 from line 13 b Disability income exclusion (sick pay) (attach Form 2440) c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.")

16 Tax, check if from: Tax Table Schedule G Tax Rate Schedule X, Y or Z Form 2555 Schedule D Form 4726 17a Multiply \$35.00 by the number of exemptions on line 6d 17b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked) 18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero) 19 Credits (from line 54) 20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero) 21 Other taxes (from line 62) 22 Total (add lines 20 and 21) 23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front) (include amount allowed as credit from 1975 return) 23b 1976 estimated tax payments (from page 2 of Instructions) 23c Earned income credit. 23d Amount paid with Form 4868 23e Other payments (from line 66) 24 TOTAL (add lines 23a through e)

25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here [], if Form 2210 or Form 2210F is attached. See page 10 of instructions.) 26 If line 24 is larger than line 22, enter amount OVERPAID 27 Amount of line 26 to be REFUNDED TO YOU 28 Amount of line 26 to be credited on 1977 estimated tax

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

Sign here Your signature Date Preparer's signature (and employer's name, if any) Date Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Identifying number (see instructions) Address (and ZIP code)

Please attach Copy B of Forms W-2 here

Tax, Payments and Credits

Due or Refund

Sign here

Pay amount on line 25 in full with this return. Write social security number on check or money order and make payable to Internal Revenue Service.

Part I Income other than Wages, Dividends and Interest

Table with 3 columns: Description, Line Number, and Amount. Rows include Business income, Net gain from sale of capital assets, Pensions, Farm income, State income tax refunds, Alimony received, and Total (add lines 29 through 36).

Part II Adjustments to Income

Table with 3 columns: Description, Line Number, and Amount. Rows include Moving expense, Employee business expense, Payments to retirement arrangements, Forfeited interest penalty, and Total (add lines 38 through 41).

Part III Tax Computation

Table with 3 columns: Description, Line Number, and Amount. Rows include Adjusted gross income, Deductions (itemized or standard), Subtract line 44 from line 43, Multiply total number of exemptions, and Taxable income.

- If line 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption of Income Earned Abroad, find your tax in Tax Table. Enter tax on line 16 and check appropriate box.
• If line 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16 and check appropriate box.

Part IV Credits

Table with 3 columns: Description, Line Number, and Amount. Rows include Credit for the elderly, Credit for child care expenses, Investment credit, Foreign tax credit, Contributions to candidates for public office credit, Work Incentive (WIN) Credit, and Total (add lines 48 through 53).

Part V Other Taxes

Table with 3 columns: Description, Line Number, and Amount. Rows include Tax from recomputing prior-year investment credit, Minimum tax, Tax on premature distributions, Self-employment tax, Social security tax on tip income, Uncollected employee social security tax on tips, Excess contribution tax, and Total (add lines 55 through 61).

Part VI Other Payments

Table with 3 columns: Description, Line Number, and Amount. Rows include Excess FICA, RRTA, or FICA/RRTA tax withheld, Credit for Federal tax on special fuels, Credit from a Regulated Investment Company, and Total (add lines 63 through 65).