Form 1040
Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return
1994

Your first name and initial Last name

Your social security number

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Do you want $3 to go to this fund? .
If a joint return, does your spouse want $3 to go to this fund? .

Filing Status

(See page 12.)

1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse’s social security no. above and full name here.
4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child’s name here.
5 Qualifying widow(er) with dependent child (see page 13.)

Exemptions

(See page 13.)

If more than six dependents, see page 14.

Income

Attach Form(s) W-2

8b Taxable interest income (see page 15). DON’T include on line 8a

9 Dividend income. Attach Schedule B if over $400

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 16)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). If required, attach Schedule D (see page 16)

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions

16a Total pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation (see page 18)

20a Social security benefits

20b Taxable amount (see page 18)

21 Other income. List type and amount—see page 18

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjustments to Income

Caution: See instructions .

23a Your IRA deduction (see page 19)

23b Spouse’s IRA deduction (see page 19)

24 Moving expenses. Attach Form 3903 or 3903-F

25 One-half of self-employment tax

26 Self-employed health insurance deduction (see page 21)

27 Keogh retirement plan and self-employed SEP deduction

28 Penalty on early withdrawal of savings

29 Alimony paid. Recipient’s SSN

30 Add lines 23a through 29. These are your total adjustments

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income. If less than $25,296 and a child lived with you, see "Earned Income Credit" on page 27

Cat. No. 11320B

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Add lines 46 through 52. This is your refund or amount you owe. See page 32 for details on how to pay, including what to write on your payment. See page 24 for the amount to enter.

Add the number of boxes checked above and enter the total here. If line 35 is more than line 33, subtract line 33 from line 35. This is the amount you were refunded to you. If line 33 is more than line 35, subtract line 35 from line 33. This is the amount you overpaid.

For your records, keep a copy of this return, including what to write on your payment. See page 32 for the amount to enter.

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.