

Label Use the IRS label. Otherwise, print in ALL CAPITAL LETTERS. Leave a single space between names and words.

Personal information section including name, social security numbers, home address, and foreign country.

For Privacy Act and Paperwork Reduction Act Notice, see page 10.

Presidential Election Campaign Fund Do you want \$3 to go to this fund? Yes No

Filing Status See pages 15-16. Fill in only one circle: Single Married filing jointly Head of household (with qualifying person) Married filing separately Qualifying widow(er) with dependent child

Total Income and Adjusted Gross Income

Table with 14 rows for income items: Wages, interest, dividends, capital gains, refunds, IRA distributions, pensions, unemployment, social security, other income, total income, IRA deduction, spouse's IRA deduction, penalty, alimony.

15 Total adjustments. Add lines 11 through 14. See page 26 for other adjustments. 15 \$

16 Adjusted gross income. Subtract line 15 from line 10. 16 \$

Standard Deduction or Itemized Deductions

17 Fill in circle and see page 26 if you are married filing separately and your spouse itemizes deductions. 18 Fill in circle if your parents (or someone else) can claim you as a dependent on their return. 19 Fill in all that apply. You were: Age 65 or older Blind. Spouse was: Age 65 or older Blind.

20 Enter the larger of your standard deduction (see page 27) OR your itemized deductions from Section B, line t. Your Federal income tax will be less if you enter the larger amount here. 20 \$

21 Subtract line 20 from line 16. 21 \$

If line 1 and line 16 are each 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 31.

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Attach copy B of your Forms W-2, W-2G, and 1099-R here. If you didn't get a W-2, see page 17. Enclose, but do not attach, your payment and payment voucher. See page 39.

22 Enter the amount from line 21. 22 \$

Exemptions • Complete Section C before you fill in 23c.
• If you filled in the circle on line 18 or are married filing separately, see page 27 before completing line 23.

23 Enter "1" for yourself Enter "1" for spouse Enter no. of dependents from Section C Add a, b, and c
a + b + c = 23d

24 If line 16 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 23d. If line 16 is over \$86,025, see the worksheet on page 29 for the amount to enter. 24 \$

25 Taxable income. Subtract line 24 from line 22. If line 24 is more than line 22, leave line 25 blank. 25 \$

Tax Fill in circle if you want the IRS to figure your tax. See page 28.

26 Find the tax on the amount on line 25 and enter here. See page 29. Fill in circle that applies: Tax Table, Tax Rate Schedules, Capital Gain Tax Worksheet, or Form 8615 26 \$

27 Credit for child and dependent care expenses. Complete Section D now. 27 \$

28 Subtract line 27 from line 26. If line 27 is more than line 26, leave line 28 blank. 28 \$

29 Advance earned income credit payments from Form W-2. 29 \$

30 Household employment taxes. Attach Schedule H. 30 \$

31 Total tax. Add lines 28, 29, and 30. Fill in circle if total tax includes: Alternative minimum tax. See page 30. 31 \$

32 Federal income tax withheld. Fill in circle if any is from Form(s) 1099. 32 \$

33 1995 estimated tax payments and amount applied from 1994 return. 33 \$

34 Earned income credit. If required, complete Section E. See page 31. 34 \$

35 Amount paid with Form 4868 (extension request). 35 \$

36 Excess social security and RRTA tax withheld. See page 32. 36 \$

37 Total payments. Add lines 32 through 36. If line 37 is more than line 31, figure your refund below. If line 37 is less than line 31, figure the amount you owe. 37 \$

38 Subtract line 31 from line 37. This is the amount you overpaid. 38 \$

39 Amount of line 38 you want refunded to you. 39 \$

40 Amount of line 38 you want applied to your 1996 estimated tax. 40 \$

41 Amount you owe. Subtract line 37 from line 31. See page 39 for details on how to pay and use the payment voucher. Fill in circle if you did not pay the full amount shown on line 41. 41 \$

42 Estimated tax penalty. See page 39. Also, include this amount on line 41. 42 \$

43 Additional Information Use this space only as the instructions show. (More space on page 5 of this form.) See page 40.

Table with 4 columns: Line, Entry item, Amount, and another set of columns for additional information.

Signature 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature. Please keep your signature inside the box.

Spouse's signature. If a joint return, BOTH must sign.

Date MM-DD-YY Your occupation.

Date MM-DD-YY Spouse's occupation.

For paid preparer use only.

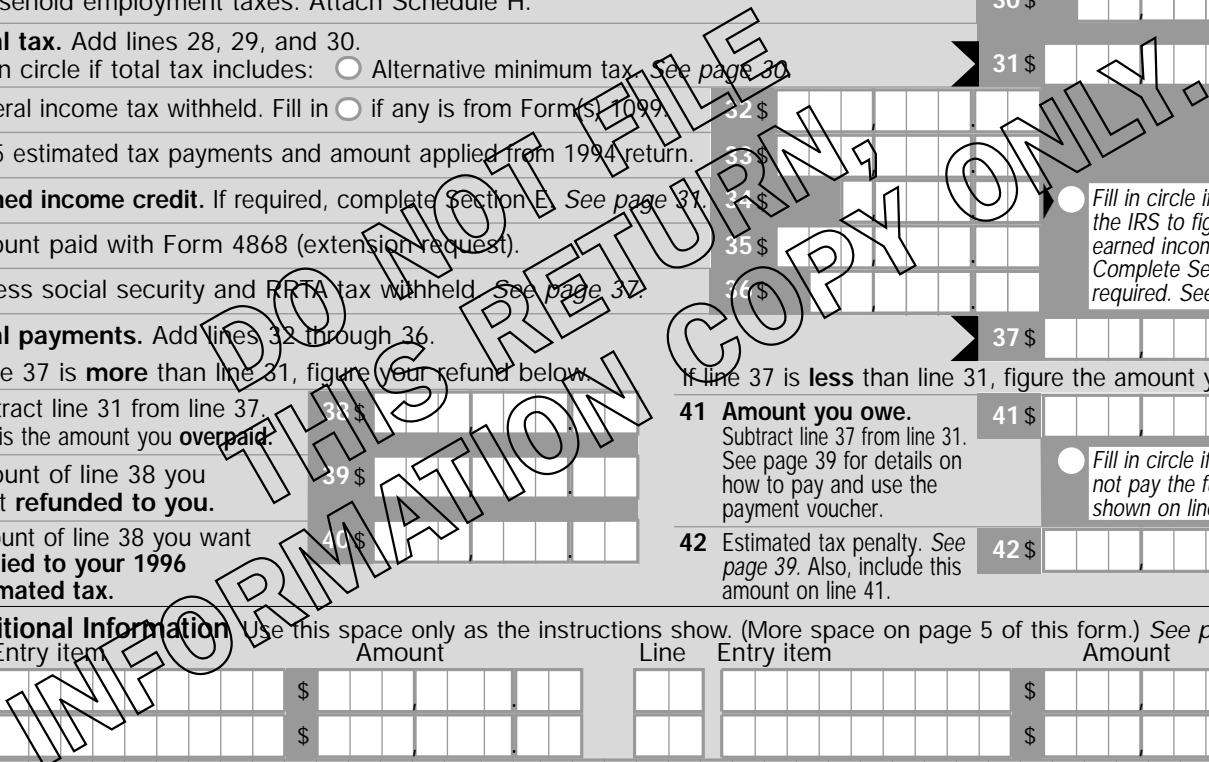
Paid preparer's signature.

Firm's name (preparer's name if self-employed) and address.

Date MM-DD-YY Preparer's social security number

Fill in circle if you are self-employed EIN

For Official Use Only TC, TCE VITA Self-help IRS Prepared IRS Reviewed



<b>Name</b>	Print your name and SSN as they appear on page 1.	Your social security number

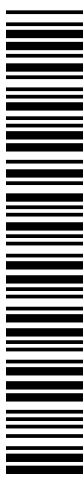
**Section A Interest and Dividend Income** See page 61.

- If you received interest from a seller-financed mortgage, see page 61.
- If you received a Form 1099-INT, Form 1099-OID, Form 1099-DIV, or substitute statement from a brokerage firm, enter the firm's name and the total interest and dividends shown on that form.

a Name of payer. If more than six payers, see page 61.	b Taxable interest	c Gross dividends
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>d</b> Subtotals from page 5, line d of Interest and Dividend Income.	<b>d</b> \$	\$
<b>e Total taxable interest.</b> Also, enter this amount on line 2a.	<b>e</b> \$	
<b>f</b> Total gross dividends.		<b>f</b> \$
<b>g Total capital gain distributions</b> included on line f. Also, enter on line 3b.	<b>g</b> \$	
<b>h</b> Nontaxable distributions included on line f.	\$	
<b>i</b> Add lines g and h.		<b>i</b> \$
<b>j Total dividends.</b> Subtract line i from line f. Enter the result here and on line 3a.		<b>j</b> \$

**Section B Itemized Deductions** See page 62

<b>a</b> Medical and dental expenses.	<b>a</b> \$	
<b>b</b> Multiply line 16 by 7.5% (.075). Enter the result here.	<b>b</b> \$	
<b>c</b> Subtract line b from line a. If line b is more than line a, leave line c blank.		<b>c</b> \$
<b>d</b> State and local income taxes.		<b>d</b> \$
<b>e</b> Real estate taxes.		<b>e</b> \$
<b>f</b> Personal property taxes.		<b>f</b> \$
<b>g</b> Other taxes. See page 63.		<b>g</b> \$
<b>h</b> Home mortgage interest and points reported to you on Form 1098.		<b>h</b> \$
<b>i</b> Home mortgage interest and points <b>not</b> reported to you on Form 1098. See page 64.		<b>i</b> \$
<b>j</b> Investment interest. See page 65.		<b>j</b> \$
<b>k</b> Charitable gifts made by cash or check. If any one gift is \$250 or more, see page 65.		<b>k</b> \$
<b>l</b> Other charitable gifts. If over \$500 or any gift is \$250 or more, see page 66.		<b>l</b> \$
<b>m</b> Add lines c through l.		<b>m</b> \$
<b>n</b> Unreimbursed employee expenses. If required, list on line 43. See page 67.	<b>n</b> \$	
<b>o</b> Other expenses from list on page 67. Also, list on line 43.	<b>o</b> \$	
<b>p</b> Add lines n and o.	<b>p</b> \$	
<b>q</b> Multiply line 16 by 2% (.02). Enter the result here.	<b>q</b> \$	
<b>r</b> Subtract line q from line p. If line q is more than line p, leave line r blank.		<b>r</b> \$
<b>s</b> Other miscellaneous deductions from list on page 67. Also, list on line 43.		<b>s</b> \$
<b>t</b> Is line 16 over \$114,700 (over \$57,350 if married filing separately)? <b>NO.</b> Your deduction is not limited. Add lines m, r, and s. Also, enter on line 20 the <b>larger</b> of this amount or your standard deduction (see page 27). <b>YES.</b> Your deduction may be limited. See page 67 for the amount to enter.		<b>t</b> \$



1T5AAAS

Name

Print your name and SSN as they appear on page 1 only if you have no entries on page 3.

Your social security number

Section C

Dependents

If your dependent was born in 1995, see page 69 before completing. If you have more than five dependents, see page 69.

Fill in circle if child didn't live with you but is claimed under a pre-1985 agreement.

Print last name (surname), then a space, and first name.

Table with 5 rows for dependent information. Columns include: Dependent's name, Relationship to you, Dependent's SSN, Number of months lived in your home during 1995, and a circle for pre-1985 agreement.

No. of your children in Section C who:
- lived with you
- didn't live with you due to divorce or separation
- No. of other dependents in Section C
- Add numbers in boxes at left. Enter total here and on line 23c.

Section D

Credit for Child and Dependent Care Expenses

See page 70.

Form for Section D with multiple rows for care providers. Columns include: a Care provider's name and address, b Provider's SSN or EIN, c Amount paid, d Add amounts in column c, e Number of qualifying persons, f Amount of qualified expenses, g YOUR earned income, h If filing jointly, SPOUSE'S earned income, i Enter the smallest of line f, line g, or line h, j Enter the decimal amount, k Multiply line i by line j.

Section E

Earned Income Credit

See page 28 if you want the IRS to figure your credit.

Form for Section E with two rows for child information. Columns include: a Nontaxable earned income, b Give the following information for your qualifying child or children (Child's name, Relationship to you, Child's SSN, No. of months lived with you in U.S. in 1995, Year of birth), and a circle for child born before 1977.

If you have no entries on this page or page 3, do not send them in.

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**Name** Print your name and SSN as they appear on page 1. Your social security number

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**Section A—Interest and Dividend Income (continued)**

a Name of payer	b Taxable interest	c Gross dividends
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>d Subtotals.</b> On page 3, include on line d.	<b>d \$</b>	<b>\$</b>

**Seller-Financed Mortgages** See page 61 for interest received and page 64 for interest paid.

Name and address of person from whom you received interest, or to whom you paid interest That person's SSN or EIN

	SSN
	EIN
	Interest was (fill in circle): Received <input type="radio"/> Paid <input type="radio"/>

**Section C—Dependents (continued)** If your dependent was born in 1995, see page 69 before completing.

Print last name (surname), then a space, and first name. Fill in circle if child didn't live with you but is claimed under a pre-1985 agreement.

Dependent's name	Relationship to you	Dependent's SSN	Number of months lived in your home during 1995	
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>

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**Section D—Credit for Child and Dependent Care Expenses (continued)**

a Care provider's name and address	b Provider's SSN or EIN	c Amount paid. See page 71.
	SSN	\$
	EIN	\$
	SSN	\$
	EIN	\$
<b>d Subtotal.</b> Include in total on line d on page 4.		<b>d \$</b>

**43—Additional Information (continued)**

Line	Entry item	Amount
1		\$
2		\$
3		\$



If you have no entries on this page or page 6, do not send them in.

