

For the year Jan. 1–Dec. 31, 1993, or other tax year beginning

, 1993, ending

, 19

OMB No. 1545-0074

Label

(See instructions on page 12.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See page 12.)

L
A
B
E
L

H
E
R
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 you have a P.O. box, see page 12.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

Your social security number

Spouse's social security number

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

Yes

No

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

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.)

Check only one box.

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 (year spouse died ▶ 19). (See page 13.)

Exemptions

(See page 13.)

6a

☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a. But be sure to check the box on line 33b on page 2 .

b

☐ **Spouse**c **Dependents:**

(1) Name (first, initial, and last name)

(2) Check if under age 1

(3) If age 1 or older, dependent's social security number

(4) Dependent's relationship to you

(5) No. of months lived in your home in 1993

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- didn't live with you due to divorce or separation (see page 15)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

d

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e

Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 10.

If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a

Taxable interest income (see page 16). Attach Schedule B if over \$400

8a

b

Tax-exempt interest (see page 17). DON'T include on line 8a **8b**

8b

9

Dividend income. Attach Schedule B if over \$400

9

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 17)

10

11

Alimony received

11

12

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

12

13

Capital gain or (loss). Attach Schedule D

13

14

Capital gain distributions not reported on line 13 (see page 17)

14

15

Other gains or (losses). Attach Form 4797

15

16a

Total IRA distributions . **16a**

b Taxable amount (see page 18)

16b

17a

Total pensions and annuities . **17a**

b Taxable amount (see page 18)

17b

18

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

18

19

Farm income or (loss). Attach Schedule F

19

20

Unemployment compensation (see page 19)

20

21a

Social security benefits . **21a**

b Taxable amount (see page 19)

21b

22

Other income. List type and amount—see page 20

22

23

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

23

Adjustments to Income

(See page 20.)

24a

Your IRA deduction (see page 20)

24a

b

Spouse's IRA deduction (see page 20)

24b

25

One-half of self-employment tax (see page 21)

25

26

Self-employed health insurance deduction (see page 22)

26

27

Keogh retirement plan and self-employed SEP deduction

27

28

Penalty on early withdrawal of savings

28

29

Alimony paid. Recipient's SSN ▶

29

30

Add lines 24a through 29. These are your **total adjustments** ▶

30

Adjusted Gross Income

31

Subtract line 30 from line 23. This is your **adjusted gross income**. If this amount is less than \$23,050 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56

31

Tax Computation

(See page 23.)

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind ; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind . Add the number of boxes checked above and enter the total here ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b		
c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here ▶ 33c		
34	Enter the larger of your: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Itemized deductions from Schedule A, line 26, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 24 to find your standard deduction. If you checked box 33c, your standard deduction is zero. <ul style="list-style-type: none"> • Single—\$3,700 • Head of household—\$5,450 • Married filing jointly or Qualifying widow(er)—\$6,200 • Married filing separately—\$3,100 </div>	34	
35	Subtract line 34 from line 32	35	
36	If line 32 is \$81,350 or less, multiply \$2,350 by the total number of exemptions claimed on line 6e. If line 32 is over \$81,350, see the worksheet on page 25 for the amount to enter	36	
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	
38	Tax. Check if from a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Schedule D Tax Worksheet, or d <input type="checkbox"/> Form 8615 (see page 25). Amount from Form(s) 8814 ▶ e	38	
39	Additional taxes (see page 25). Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39. ▶	40	

Credits

(See page 25.)

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	Other credits (see page 26). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	

Other Taxes

47	Self-employment tax. Attach Schedule SE. Also, see line 25.	47	
48	Alternative minimum tax. Attach Form 6251	48	
49	Recapture taxes (see page 26). Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your total tax ▶	53	

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	54	
55	1993 estimated tax payments and amount applied from 1992 return	55	
56	Earned income credit. Attach Schedule EIC	56	
57	Amount paid with Form 4868 (extension request)	57	
58a	Excess social security, Medicare, and RRTA tax withheld (see page 28)	58a	
b	Deferral of additional 1993 taxes. Attach Form 8841	58b	
59	Other payments (see page 28). Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54 through 59. These are your total payments ▶	60	

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶	61	
62	Amount of line 61 you want REFUNDED TO YOU ▶	62	
63	Amount of line 61 you want APPLIED TO YOUR 1994 ESTIMATED TAX ▶	63	
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, including what to write on your payment, see page 29	64	
65	Estimated tax penalty (see page 29). Also include on line 64 ▶	65	

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 _____ Spouse's signature. If a joint return, BOTH must sign. _____	Date _____ Date _____	Your occupation _____ Spouse's occupation _____
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Paid Preparer's Use Only

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