**1040** Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 19 For the year Jan.-Dec. 31, 1988, or other tax year beginning 1988, ending Your first name and initial (if joint return, also give spouse's name and initial) Last name Label Your social security number LABEL Use IRS label. Otherwise, Present home address (number, street, and apt. no. or rural route). (If a P.O. Box, see page 6 of instructions.) Spouse's social security number

please print or	١,						1	<u> </u>			
type.	F	City, town or post office, state, and ZIP code						For Privacy Act and Paperwork Reduction Act Notice, see Instruction			
	(				<del>T 10 3</del>		<i>'</i>	Note: Checking "Yes" will			
Presidential Election Campaign	. 🕨	Do you want \$1 to go to this fund			. Yes	/////// <del>//////////////////////////////</del>	<del></del>	not change your tax o			
Election campaign		If joint return, does your spouse	Maur \$1 to Bo	to this rungs.	. Yes		No	reduce your refund.			
Filing Status Check only one box.	1	Single									
	2	Married filing joint return	(even if only one	had income)							
	3	Married filing separate retur									
	4	Head of household (with	ying pe	erson is your child but no							
	_	your dependent, enter chi									
	5	Qualifying widow(er) with	•					uctions.)			
Exemptions	ба	Yourself If someone (such as your parent) can claim you as a dependent, do not check box 6a.  But be sure to check the box on line 33b on page 2									
	b		and 6b								
(See Instructions on page 8.)		Dependents: (2) Check (3) If age 5 or older, dependent's (5) No of m				No. of your					
		(I) Name (first, initial, and last name)	if under (5) if age	s or cloer, dependent s	(4) Relationship	lived in you in 198	r home	children on 6c			
			age 5	<del></del>		- 11130	<u> </u>	who:			
				: :			<del></del>	lived with you			
			<del></del>	<u>: : : : : : : : : : : : : : : : : : : </u>				<ul> <li>didn't live with you due to divorce</li> </ul>			
If more than 6 dependents, see				: :				or separation			
Instructions on				: :				No. of other dependents listed			
page 8.				: :				on 6c			
	a	If your child didn't live with you but is clay	med as your depen	dent under a pre. 19	R5 agreement ich	ock here		Add numbers			
•		f If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here Add numbers entered on lines above									
	7	Wages, salaries, tips, etc. (attach Fo		<u> </u>	_		7				
Income		Taxable interest income (also attac					8a				
		Tax-exempt interest income (see page									
Please attach Copy B of your Forms W-2, W-2G,	9	Dividend income (also attach Sched					9	İ			
	10	Taxable refunds of state and local inco					10				
and W-2P here.	11	Alimony received					11				
If you do not have a W-2, see	12	Business income or (loss) (attach Se	12								
page 6 of	13	Capital gain or (loss) (attach Schedu	13								
Instructions.	14	Capital gain distributions not report	14								
	15	Other gains or (losses) (attach Form	15_	_							
	16a			16b Taxa			16b				
	17a	Total pensions and annuities 17a		17b Taxa	ible amount (se	e page 12)	17b				
	18	Rents, royalties, partnerships, estat		ttach Schedule E,			18				
ł	19	Farm income or (loss) (attach Sched	fule F)				19				
	20	Unemployment compensation (insu	rance) (see page	13)			20				
Please	21a	Social security benefits (see page 13	3)	21a	1			<b>,</b>			
attach check or money	b	Taxable amount, if any, from the wo	. •	13			21b				
order here.	22	Other income (list type and amount-					22				
	23	Add the amounts shown in the far right	column for lines		1	ome . 🟲	23				
	24	Reimbursed employee business expen	ses from Form 219	06, line 13 . 24	<del> </del>	<del>-</del> -					
Adjustments	25a	Your IRA deduction, from applicable	•	Ψ [				1			
to Income	b	Spouse's IRA deduction, from applicab	-	_	<del> </del>						
	26	Self-employed health insurance deduction	i, from worksheet o	, • [	<u> </u>	_		ļ			
_	27	Keogh retirement plan and self-emp	•	1	<del></del>						
(See Instructions	28	Penalty on early withdrawal of saving	-	28	<del> </del> _						
Instructions on page 13.)	29	Alimony paid (recipient's last name			4			1			
	20	and social security no.	1	) . <u>29</u>	<u> </u>						
Adjusted	30 31	Add lines 24 through 29. These are Subtract line 30 from line 23. This	our total adjusti	nenis	this line is less	than	30	<del></del>			
Adjusted	~~	\$18.576 and a child lived with you.	see "Earned In	come Credit'' (lin		19 of	j				

Gross Income

the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions

Form 1040 (198	38)									Page 2
	32	Amount from line 31 (adjusted gross income)		- · · ·			. 3	2		
Tax	33a Check if: You were 65 or older Delind; Spouse was 65 or older Delind.									İ
Сотри-		Add the number of boxes checked and enter the total here								
tation	þ	If someone (such as your parent) can claim you as a dependent	ent, che	ck here .	. ▶	339	<i>\( \( \)</i>	////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		}
	¢	ff 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								
	34	Enter the   Your standard deduction (from page 17 of	the Instr	uctions),	OR }		\mathred \tag{\tag{\tag{\tag{\tag{\tag{\tag{	////k		
		larger Your itemized deductions (from Schedule A, line 26).					1 7777	4		
		of: ( If you itemize, attach Schedule A and check	here 🏲		)					
	35	Subtract line 34 from line 32. Enter the result here		<b>.</b> .			. —	5	<del></del>	-
	36							6	<del>.                                      </del>	<del></del>
	37	Taxable Income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero)						7		-
		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.								1
	38	Enter tax. Check if from: Tax Table, Tax Rate Schedu	iles, or	☐ Form:	8615 .		. 3	8		
	39	Additional taxes (see page 17). Check if from:  Form 49	70	☐ Form	4972 .		. 3	9 _		<del>   </del> -
	40	Addition 20 and 20 Toke We have				_		0		- {
	40	Add lines 38 and 39. Enter the total		· · · ·	· · <u>·</u>	· · · · · · •	7////	7///		<del>-  </del>
Credits	41	Credit for child and dependent care expenses (attach Form		41	·		-\\\\\			
(See	42 43	Credit for the elderly or the disabled (attach Schedule R)		42			-₩	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
Instructions	44	Foreign tax credit (attach Form 1116)	•	73		-	-////			
on page 18.)	~~	Form 3800 or Form (specify)		44				<i>/////////////////////////////////////</i>		
	45	Credit for prior year minimum tax (attach Form 8801)		45						Ì
	46	Add lines 41 through 45. Enter the total					. 4	6		1.
	47_	Subtract line 46 from line 40. Enter the result (if less than ze					4	7		
Other	48	Self-employment tax (attach Schedule SE)					. 4	8		
Taxes	49	Alternative minimum tax (attach Form 6251)					. 4	9		<del></del> _
(Including	50	Recapture taxes (see page 18). Check if from: Torm 425	5	] Form 86	311		.   5	_		_
Advance EIC	51	Social security tax on tip income not reported to employer (at		rm 4137)			.   5	_		<del></del>
Payments)	52	Tax on an IRA or a qualified retirement plan (attach Form 53.	29)				. 5			
	53	Add lines 47 through 52. This is your-total tax					· 5	3		
	54	Federal income tax withheld (If any is from Form(s) 1099, check	<b>▶</b> □ b	54			<b>////</b>			$\neg$
<b>Payments</b>	55	1988 estimated tax payments and amount applied from 1987 r		55	-			<i>////</i>		
Attach Forms W-2, W-2G, and W-2P to front.	56	Earned income credit (see page 19)		56						
	57	Amount paid with Form 4868 (extension request)		57			_\			-
	58	Excess social security tax and RRTA tax withheld (see pag	e 20)	58			_\\\\\	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
	59	Credit for Federal tax on fuels (attach Form 4136)		59		$-\downarrow$	-₩/			
Refund or	60	Regulated investment company credit (attach Form 2439).		60	<del></del> -	<u></u> . ▶		<i>!!!!</i>		
	61	Add lines 54 through 60. These are your total payments	-				<del></del>	2		<del>- </del> -
	62 63	If line 61 is larger than line 53, enter amount OVERPAID.  Amount of line 62 to be REFUNDED TO YOU					<u> </u>	3		<del></del>
Amount	64	Amount of line 62 to be applied to your 1989 estimated tax .		64		1	W			+
You Owe	65	If line 53 is larger than line 61, enter AMOUNT YOU OWE		check or	money o	rder for fu	ıı <b>///</b> //			
		amount payable to "Internal Revenue Service." Write your			•		9000			}
		number, and "1988 Form 1040" on it					. 6	· · · · · · · · · · · · · · · · · · ·		
		Check ► [ if Form 2210 (2210F) is attached. See page 21.	Penalty:	\$			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
	Unde	penalties of perjury, I declare that I have examined this return and	accompa	nying sched	dules and s	tatements,	and to	the best c	f my knowl	edge and
Please		, they are true, correct, and complete. Declara : f preparer (other th.	an taxpay Date	er) is based	4		hich p	reparer has	any knowie	age.
Sign		Your signature	Date		Your occi	apotitot?				
Here	, j	Spouse's signature (if joint return, BOTH must sign)	Date		Sportee's	occupation				
		,								
	Prepa	zar'c	Date		<del>                                     </del>		T	Preparer's	social secur	ity no.
Paid	signat				Check if self-empl	oyed 1	7	;		
Preparer's Use Only		name (or			Ī	E.i. No.			<u>-</u> _	
ose only		if self-employed)				7 P. code				