

**U.S. Individual
Income Tax Return** **1989**

OMB No. 1545-0085

**Step 1
Label**

Use IRS label. Otherwise, please print or type.

L A B E L H E R E	Your first name and initial	Last name	Your social security no. : : : : : :
	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 15 of the instructions.)		Apt. no.
	City, town or post office, state and ZIP code. (If you have a foreign address, see page 15.)		

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Presidential Election Campaign Fund

Do you want \$1 to go to this fund? Yes No
If joint return, does your spouse want \$1 to go to this fund? Yes No

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

**Step 2
Check your filing status**
(Check only one.)

- 1 Single (See if you can use Form 1040EZ.)
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security number above and spouse's full name here. _____
- 4 Head of household (with qualifying person). (See page 16.) If the qualifying person is your child but not your dependent, enter this child's name here. _____
- 5 Qualifying widow(er) with dependent child (year spouse died ► 19 ____). (See page 17.)

**Step 3
Figure your exemptions**

(See page 17 of instructions.)

6a Yourself If someone (such as your parent) 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 15b on page 2. } No. of boxes checked on 6a and 6b _____

6b Spouse

c Dependents:		2. Check if under age 2	3. If age 2 or older, dependent's social security number	4. Relationship	5. No. of months lived in your home in 1989	No. of your children on 6c who:
1. Name (first, initial, and last name)						● lived with you _____
						● didn't live with you due to divorce or separation (see page 20) _____
						No. of other dependents listed on 6c _____

If more than 7 dependents, see page 20.

Attach Copy B of Form(s) W-2 here.

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. Add numbers entered on lines above

**Step 4
Figure your total income**

Attach check or money order here.

7 Wages, salaries, tips, etc. This should be shown in Box 10 of your W-2 form(s). (Attach Form(s) W-2.)	7
8a Taxable interest income (see page 24). (If over \$400, also complete and attach Schedule 1, Part II.)	8a
b Tax-exempt interest income (see page 24). (DO NOT include on line 8a.)	8b
9 Dividends. (If over \$400, also complete and attach Schedule 1, Part III.)	9
10 Unemployment compensation (insurance) from Form(s) 1099-G.	10
11 Add lines 7, 8a, 9, and 10. Enter the total. This is your total income .	► 11

**Step 5
Figure your adjusted gross income**

12a Your IRA deduction from applicable worksheet. Rules for IRAs begin on page 25.	12a
b Spouse's IRA deduction from applicable worksheet. Rules for IRAs begin on page 25.	12b
c Add lines 12a and 12b. Enter the total. These are your total adjustments .	12c
13 Subtract line 12c from line 11. Enter the result. This is your adjusted gross income . (If this line is less than \$19,340 and a child lived with you, see "Earned Income Credit" (line 25b) on page 37 of instructions.)	► 13

Step 6

Figure your standard deduction,

exemption amount, and

taxable income

14 Enter the amount from line 13. 14

15a Check You were 65 or older Blind } Enter number of boxes checked . ▶ 15a
if: Spouse was 65 or older Blind }
b If someone (such as your parent) can claim you as a dependent, check here ▶ 15b
c If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 29 and check here . . . ▶ 15c

16 Enter your standard deduction. See page 30 for the chart (or worksheet) that applies to you. Be sure to enter your standard deduction here. 16

17 Subtract line 16 from line 14. Enter the result. (If line 16 is more than line 14, enter -0-.) 17

18 Multiply \$2,000 by the total number of exemptions claimed on line 6e. 18

19 Subtract line 18 from line 17. Enter the result. (If line 18 is more than line 17, enter -0-.) This is your **taxable income**. ▶ 19

If You Want IRS To Figure Your Tax, See Page 31 of the Instructions.

Caution: If you are under age 14 and have more than \$1,000 of investment income, check here ▶
Also see page 31 to see if you have to use Form 8615 to figure your tax.

Step 7

Figure your tax, credits, supplemental Medicare premium, and payments (including advance EIC payments)

20 Find the tax on the amount on line 19. Check if from:
 Tax Table (pages 41-46) or Form 8615 20

21 Credit for child and dependent care expenses. Complete and attach Schedule 1, Part I. 21

22 Subtract line 21 from line 20. Enter the result. (If line 21 is more than line 20, enter -0-.) 22

23 Supplemental Medicare premium. See page 35. Complete and attach Schedule 2 (Form 1040A). 23

24 Add lines 22 and 23. Enter the total. This is your **total tax** and any supplemental Medicare premium. ▶ 24

25a Total Federal income tax withheld—from Box 9 of your W-2 form(s). (If any is from Form(s) 1099, check here ▶ .) 25a

b Earned income credit, from the worksheet on page 38 of the instructions. Also see page 37. 25b

26 Add lines 25a and 25b. Enter the total. These are your **total payments**. ▶ 26

Step 8

Figure your refund or amount you owe

27 If line 26 is more than line 24, subtract line 24 from line 26. Enter the result. This is your **refund**. 27

28 If line 24 is more than line 26, subtract line 26 from line 24. Enter the result. This is the **amount you owe**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1989 Form 1040A" on it. 28

Step 9

Sign your return

(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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____

X
Spouse's signature (if joint return, both must sign) _____ Date _____ Spouse's occupation _____

X

Paid preparer's use only

Preparer's signature _____ Date _____ Preparer's social security no. _____

X
Firm's name (or yours if self-employed) _____ Employer identification no. _____

Address and ZIP code _____ Check if self-employed

You MUST complete and attach Schedule 1 to Form 1040A only if you:

- Claim the credit for child and dependent care expenses (complete **Part I**)
- Received employer-provided dependent care benefits (complete **Part I**)
- Have over \$400 of taxable interest income (complete **Part II**)
- Have over \$400 of dividend income (complete **Part III**)

Part I

Child and dependent care expenses (see page 32 of the instructions)

- If you are claiming the child and dependent care credit, complete lines 1 through 12 below. But if you received employer-provided dependent care benefits, first complete lines 13 through 20 on the back.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete lines 1 and 2, below, and lines 13 through 20 on the back.

Note: If you paid cash wages of \$50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get Form 942 for details.

1 Persons or organizations who provided the care. You MUST complete lines 1 and 2. (See page 33.)

a. Name	b. Address (number, street, city, state, and ZIP code)	c. Identification number (SSN or EIN)	d. Amount paid (see instructions)

(If you need more space, attach schedule.)

2 Add the amounts in column d of line 1 and enter the total.	2
3 Enter the number of qualifying persons who were cared for in 1989. You must have shared the same home with the qualifying person(s). (See the instructions for the definition of a qualifying person.)	3
4 Enter the amount of qualified expenses you incurred and actually paid in 1989. See the instructions for the amount to enter. DO NOT ENTER MORE THAN \$2,400 (\$4,800 if you paid for the care of two or more qualifying persons).	4
5 Enter the excluded benefits , if any, from line 19 on the back.	5
6 Subtract line 5 from line 4. Enter the result. If line 5 is equal to or more than line 4, STOP HERE ; you cannot claim the credit.	6
7 You must enter your earned income . (See page 34 of the instructions for the definition of earned income.)	7
8 If you are married filing a joint return, you must enter your spouse's earned income. (If spouse was a full-time student or disabled, see the instructions for the amount to enter.)	8
9 If you are married filing a joint return, compare the amounts on lines 7 and 8. Enter the smaller of the two amounts here.	9
10 ● If you are married filing a joint return, compare the amounts on lines 6 and 9. Enter the smaller of the two amounts here. ● All others, compare the amounts on lines 6 and 7. Enter the smaller of the two amounts here.	10

Note: See the instructions to find out which expenses qualify.

11 Enter the decimal amount from the table below that applies to the amount on Form 1040A, line 14.

If line 14 is:	Decimal amount is:	If line 14 is:	Decimal amount is:
But not Over— over—		But not Over— over—	
\$0—10,000	.30	\$20,000—22,000	.24
10,000—12,000	.29	22,000—24,000	.23
12,000—14,000	.28	24,000—26,000	.22
14,000—16,000	.27	26,000—28,000	.21
16,000—18,000	.26	28,000	.20
18,000—20,000	.25		

12 Multiply the amount on line 10 by the decimal amount on line 11. Enter the result here and on Form 1040A, line 21.	11 × 12 =
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Name(s) shown on Form 1040A. (Do not complete if shown on other side.)

Your social security number

Part I Complete lines 13 through 20 only if you received employer-provided dependent care benefits. Be sure to also complete lines 1 and 2 of Part I.

(continued)

13	Enter the total amount of employer-provided dependent care benefits you received for 1989. (This amount should be separately shown on your W-2 form(s) and labeled as "DCB.") DO NOT include amounts that were reported to you as wages in Box 10 of Form(s) W-2.	13	
14	Enter the total amount of qualified expenses incurred in 1989 for the care of a qualifying person. (See page 34 of the instructions.)	14	
15	Compare the amounts on lines 13 and 14. Enter the smaller of the two amounts here.	15	
16	You must enter your earned income . (See page 34 of the instructions for the definition of earned income.)	16	
17	If you were married at the end of 1989, you must enter your spouse's earned income. (If your spouse was a full-time student or disabled, see page 34 of the instructions for the amount to enter.)	17	
18	<ul style="list-style-type: none"> ● If you were married at the end of 1989, compare the amounts on lines 16 and 17 and enter the smaller of the two amounts here. ● If you were unmarried, enter the amount from line 16 here. 	18	
19	Excluded benefits. Enter here the smallest of the following: <ul style="list-style-type: none"> ● The amount from line 15, or ● The amount from line 18, or ● \$5,000 (\$2,500 if married filing a separate return). 	19	
20	Taxable benefits. Subtract line 19 from line 13. Enter the result. (If zero or less, enter -0-.) Include this amount in the total on Form 1040A, line 7. In the space to the left of line 7, write "DCB."	20	

Note: If you are also claiming the child and dependent care credit, first fill in Form 1040A through line 20. Then complete lines 3-12 of Part I.

Part II Interest income (see page 24 of the instructions)

Complete this part and attach Schedule 1 to Form 1040A if you received over \$400 in taxable interest.

Note: If you received a Form 1099-INT or Form 1099-OID from a brokerage firm, enter the firm's name and the total interest shown on that form.

1 List name of payer	Amount	
	1	
2 Add amounts on line 1. Enter the total here and on Form 1040A, line 8a.	2	

Part III Dividend income (see page 24 of the instructions)

Complete this part and attach Schedule 1 to Form 1040A if you received over \$400 in dividends.

Note: If you received a Form 1099-DIV from a brokerage firm, enter the firm's name and the total dividends shown on that form.

1 List name of payer	Amount	
	1	
2 Add amounts on line 1. Enter the total here and on Form 1040A, line 9.	2	