1040		S. Individual income Tax Return 1990 (0)				
	·····	ne year JanDec. 31, 1990, or other tax year beginning , 1990, ending	19	OMB No. 1545-0074		
Label (See	Yo	ur first name and initial Last name	Your s	Your social security number		
Instructions on page 8.)	If a	joint return, spouse's first name and initial Last name	Spouse's social security number			
Use IRS label. Otherwise, please print R		me address (number and street) (If you have a P O box, see page 9.) Apt no.	For Privacy Act and Paperwork Reduction			
or type.	Cit	y, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)		Act Notice, see Instructions.		
Presidential Election Campaign (See page 9.)		Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes	No No	Note: Checking 'Yes' will not change your tax of reduce your refund.		
F111 O4 . 4	1	Single. (See page 10 to find out if you can file as head of household.)				
Filing Status Check only	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.				
one box.	4	Head of household (with qualifying person). (See page 10.) If the qualifying person is yo	our chile	a but not your dependent,		
	5	enter this child's name here. ► Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 10	2.1	Antim Property of the Community of the C		
	6a	Yourself If your parent (or someone else) can claim you as a dependent on his or her		No. of boxes		
Exemptions		return, do not check box 6a. But be sure to check the box on line 33b on page 2	}	checked on 6a and 6b		
(See	b	Spouse		No. of your		
Înstructions	c	Dependents: (2) Check (3) If age 2 or older, dependent's (4) Dependent's lived in you		children on 6c		
on page 10.)		(1) Name (first, initial, and last name) age 2 social security number relationship to you in 199	0	who:		
•				lived with you didn't live with		
				you due to		
If more than 6				divorce or separation (see		
dependents, see				page 11)		
Instructions on page 11.				No. of other dependents on 6c		
		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		
		Total number of exemptions claimed	17	lines above >		
•		Wages, salaries, tips, etc. (attach Form(s) W-2)	8a			
Income		Taxable interest income (also attach Schedule B if over \$400)				
Attach Copy B of your		Tax-exempt interest income (see page 13). DON'T include on line 8a 8b	9			
Forms W-2, W-2G,	9	Dividend income (also attach Schedule B if over \$400) Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10			
and W-2P here	10 11	Alimony received	11			
If you do not	12	Business income or (loss) (attach Schedule C)	12			
have a W-2, see page 8.	13	Capital gain or (loss) (attach Schedule D)	13			
page o.	14	Capital gain distributions not reported on line 13 (see page 14)	14			
Attach chack or	15	Other gains or (losses) (attach Form 4797)	15			
Attach check or money order on	16a	Total IRA distributions 16a 16b Taxable amount (see page 14)	***************************************			
top of any Forms W-2, W-2G, or	17a	Total pensions and annuities 17a 17b Taxable amount (see page 14)	1			
W-2P.	18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18			
	19	Farm income or (loss) (attach Schedule F)	19			
	20	Unemployment compensation (insurance) (see page 16)	20 21b			
	200.000	Social security benefits 21a 21b Taxable amount (see page 16)	22			
	22 23	Other income (list type and amount—see page 16) Add the amounts shown in the far right column for lines 7 through 22. This is your total income	23			
		Your IRA deduction, from applicable worksheet on page 17 or 18 24a	VIIIII			
Adjustments		Spouse's IRA deduction, from applicable worksheet on page 17 or 18 24b	*//////			
to Income	25	One-half of self-employment tax (see page 18)	} //////			
	26	Self-employed health insurance deduction, from worksheet on page 18 26	\ //////			
	27	Keogh retirement plan and self-employed SEP deduction 27	<i>\\\\\\</i>			
(See	28	Penalty on early withdrawal of savings	<i>\\\\\\</i>			
Înstructions	29	Alimony paid. Recipient's SSN ▶	_{///////			
on page 17.)	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 \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57	31			

Form 1040 (1990))				Page Z
	32	Amount from line 31 (adjusted gross income)	<u> </u>	32	<u> </u>
Tax	33a	Check if: You were 65 or older Blind; Spouse was 65 or older Blind.			
Compu-		Add the number of boxes checked above and enter the total here	(/	//////\	
tation	b	If your parent (or someone else) can claim you as a dependent, check here > 33b	J	/////	
If you want IRS to figure your	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here	J (
page 19	34	Enter the Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR		34	
		larger Your itemized deductions (from Schedule A, line 27).			1
		of. If you itemize, attach Schedule A and check here,	V	/////	
	35	Subtract line 34 from line 32	ľ	35	
	36	Multiply \$2,050 by the total number of exemptions claimed on line 6e		36	
	37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0)		37	
	38	Enter tax. Check if from: a Tax Table, b Tax Rate Schedules, or c Form 8615 (see page 2			
		(If any is from Form(s) 8814, enter that amount here ▶ d	" L	38	
	39	Additional taxes (see page 21). Check if from: a Form 4970 b Form 4972		39	
	40	Add lines 38 and 39	>	40	
	41	Credit for child and dependent care expenses (attach Form 2441) 41			
	42	Credit for the elderly or the disabled (attach Schedule R) 42			
Credits	43	Foreign tax credit (attach Form 1116) 43			
(See	44	General business credit. Check if from:			
instructions on page 21.)		a 🗌 Form 3800 or b 🔲 Form (specify)			
on page 21.)	45	Credit for prior year minimum tax (attach Form 8801) 45			
	46	Add lines 41 through 45	L	46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0)	<u> </u>	47	
0 .1	48	Self-employment tax (attach Schedule SE)		48	
Other	49	Alternative minimum tax (attach Form 6251)		49	
Taxes	50	Recapture taxes (see page 22). Check if from: a Form 4255 b Form 8611	<u> </u>	50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)		51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)		52	
	53	Advance earned income credit payments from Form W-2	Ļ	53	
	54	Add lines 47 through 53. This is your total tax	<u> </u>	54	
	55	Federal income tax withheld (if any is from Form(s) 1099, check ▶ □) 55			
	56	1990 estimated tax payments and amount applied from 1989 return 56		((((()	
Payments	56 57	1330 estimated tax payments and amount applied from 1303 feture		/////\\	
	58	Earned Income credit (see page 23) Amount paid with Form 4868 (extension request) 57 58		((((()))	
Attach Forms W-2, W-2G,	59	Excess social security tax and RRTA tax withheld (see page 24) 59	(/	//////	
and W-2P to	60	Credit for Federal tax on fuels (attach Form 4136) 60	-	//////	
front.	61	Regulated investment company credit (attach Form 2439) 61	v	//////	
	62	Add lines 55 through 61. These are your total payments	▶ ″	62	
	63	If line 62 is more than line 54, enter amount OVERPAID		63	
	64	Amount of line 63 to be REFUNDED TO YOU	•	64	
Refund or	65	Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX ▶ 65			
Amount		If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for the state of the state		//////\	
You Owe	66	amount payable to 'Internal Revenue Service. Write your name, address, social security numb daytime phone number, and 1990 Form 1040' on it		66	
	67	Estimated tax penalty (see page 25) 67	7		18/////////////////////////////////////
	11	r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	and to th	ne heet of my knowledge an	d belief
Sign Here	they a	are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepa	rer has any knowledge.	o bener.
nere		Your signature Date Your occupation			
Кеер а сору					
of this return for your	N 3	Spouse's signature (if joint return, BOTH must sign) Date Spouse's occupa	tion		
records.					
	Pren	prer's Date Check if		Preparer's social securit	y no.
Paid	signa			·	
Preparer's Use Only		s name (or yours E No	0		
ose Unit	if self	employed) and ZIP co	ode		