

For the year January 1-December 31, 1986, or other tax year beginning

1986, ending

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OMB No. 1545-0074

Use IRS label. Otherwise, please print or type. Your first name and initial (if joint return, also give spouse's name and initial) Last name Your social security number Present home address (number and street or rural route). (If you have a P.O. Box, see page 4 of Instructions.) Spouse's social security number City, town or post office, state, and ZIP code If this address is different from the one shown on your 1985 return, check here

Presidential Election Campaign Do you want \$1 to go to this fund? 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.

Filing Status 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 5 of Instructions.) If the qualifying person is your unmarried child but not your dependent, enter child's name here. 5 Qualifying widow(er) with dependent child (year spouse died 19). (See page 6 of Instructions.)

Exemptions 6a Yourself 65 or over Blind 6b Spouse 65 or over Blind Enter number of boxes checked on 6a and b 6c First names of your dependent children who lived with you Enter number of children listed on 6c 6d First names of your dependent children who did not live with you (see page 6). (If pre-1985 agreement, check here) Enter number of children listed on 6d 6e Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,080 or more? (5) Did you provide more than one-half of dependent's support? Enter number of other dependents Add numbers entered in boxes above 6f Total number of exemptions claimed (also complete line 36).

Income 7 Wages, salaries, tips, etc. (attach Form(s) W-2) 8 Interest income (also attach Schedule B if over \$400) 9a Dividends (also attach Schedule B if over \$400) 9b Exclusion 9c Subtract line 9b from line 9a and enter the result. 10 Taxable refunds of state and local income taxes, if any, from the worksheet on page 9 of Instructions. 11 Alimony received. 12 Business income or (loss) (attach Schedule C). 13 Capital gain or (loss) (attach Schedule D). 14 40% of capital gain distributions not reported on line 13 (see page 9 of Instructions). 15 Other gains or (losses) (attach Form 4797). 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17 (see page 9). 17a Other pensions and annuities, including rollovers. Total received 17b Taxable amount, if any, from the worksheet on page 10 of Instructions. 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E). 19 Farm income or (loss) (attach Schedule F). 20a Unemployment compensation (insurance). Total received 20b Taxable amount, if any, from the worksheet on page 10 of Instructions. 21a Social security benefits (see page 10). 21b Taxable amount, if any, from worksheet on page 11. Tax-exempt interest 22 Other income (list type and amount—see page 11 of Instructions). 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income.

Adjustments to Income 24 Moving expenses (attach Form 3903 or 3903F) 25 Employee business expenses (attach Form 2106). 26 IRA deduction, from the worksheet on page 12 27 Keogh retirement plan and self-employed SEP deduction 28 Penalty on early withdrawal of savings 29 Alimony paid (recipient's last name and social security no.) and 30 Deduction for a married couple when both work (attach Schedule W) 31 Add lines 24 through 30. These are your total adjustments.

Adjusted Gross Income 32 Subtract line 31 from line 23. This is your adjusted gross income. If this line is less than \$11,000 and a child lived with you, see "Earned Income Credit" (line 58) on page 16 of Instructions. If you want IRS to figure your tax, see page 13 of Instructions.

Tax Computation

(See Instructions on page 13.)

33	Amount from line 32 (adjusted gross income)				33
34a	If you itemize, attach Schedule A (Form 1040) and enter the amount from Schedule A, line 26 Caution: If you have unearned income and can be claimed as a dependent on your parents' return, see page 13 of Instructions and check here <input type="checkbox"/> . Also see page 13 if you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien.				34a
b	If you do not itemize but you made charitable contributions, enter your cash contributions here. (If you gave \$3,000 or more to any one organization, see page 14.)	34b			
c	Enter your noncash contributions (you must attach Form 8283 if over \$500)	34c			
d	Add lines 34b and 34c. Enter the total				34d
35	Subtract line 34a or line 34d, whichever applies, from line 33				35
36	Multiply \$1,080 by the total number of exemptions claimed on line 6f (see page 14)				36
37	Taxable income. Subtract line 36 from line 35. Enter the result (but not less than zero)				37
38	Enter tax here. Check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G				38
39	Additional taxes (see page 14 of Instructions). Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, or <input type="checkbox"/> Form 5544				39
40	Add lines 38 and 39. Enter the total				40

Credits

(See Instructions on page 14.)

41	Credit for child and dependent care expenses (attach Form 2441)	41			
42	Credit for the elderly or for the permanently and totally disabled (attach Schedule R)	42			
43	Partial credit for political contributions for which you have receipts	43			
44	Add lines 41 through 43. Enter the total				44
45	Subtract line 44 from line 40. Enter the result (but not less than zero)				45
46	Foreign tax credit (attach Form 1116)	46			
47	General business credit. Check if from <input type="checkbox"/> Form 3800, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5884, <input type="checkbox"/> Form 6478, or <input type="checkbox"/> Form 6765	47			
48	Add lines 46 and 47. Enter the total				48
49	Subtract line 48 from line 45. Enter the result (but not less than zero)				49

Other Taxes

(Including Advance EIC Payments)

50	Self-employment tax (attach Schedule SE)				50
51	Alternative minimum tax (attach Form 6251)				51
52	Tax from recapture of investment credit (attach Form 4255)				52
53	Social security tax on tip income not reported to employer (attach Form 4137)				53
54	Tax on an IRA (attach Form 5329)				54
55	Add lines 49 through 54. This is your total tax				55

Payments

Attach Forms W-2, W-2G, and W-2P to front.

56	Federal income tax withheld	56			
57	1986 estimated tax payments and amount applied from 1985 return	57			
58	Earned income credit (see page 16)	58			
59	Amount paid with Form 4868	59			
60	Excess social security tax and RRTA tax withheld (two or more employers)	60			
61	Credit for Federal tax on gasoline and special fuels (attach Form 4136)	61			
62	Regulated investment company credit (attach Form 2439)	62			
63	Add lines 56 through 62. These are your total payments				63

Refund or Amount You Owe

64	If line 63 is larger than line 55, enter amount OVERPAID				64
65	Amount of line 64 to be REFUNDED TO YOU				65
66	Amount of line 64 to be applied to your 1987 estimated tax	66			
67	If line 55 is larger than line 63, enter 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 "1986 Form 1040" on it Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 17. Penalty: \$				67

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.

Please Sign Here

▶ Your signature	Date	Your occupation
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

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