

For the year Jan.—Dec. 31, 1989, or other tax year beginning , 1989, ending

, 19

OMB No. 1545-0074

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

If a joint return, spouse's first name and initial

Last name

Home address (number and street). (If a P.O. box, see page 7 of Instructions.)

Apt. no.

City, town or post office, state and ZIP code. (If a foreign address, see page 7.)

Your social security number

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

Do you want \$1 to go to this fund?

Yes

No

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

If joint return, does your spouse want \$1 to go to this fund? .

Yes

No

Filing Status

Check only one box.

- 1
- 2
- 3
- 4
- 5

Single

Married filing joint return (even if only one had income)

Married filing separate return. Enter spouse's social security no. above and full name here. _____

Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____

Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 7 of Instructions.)

6a. ☐ **Yourself** If someone (such as your parent) can claim you as a dependent on his or her tax

No. of boxes

Tax Computation

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 and enter the total here	33a	
b	If someone (such as your parent) can claim you as a dependent, check here	33b	
c	If 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	33c	
34	Enter the larger of: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • Your standard deduction (from page 17 of the Instructions), OR • Your itemized deductions (from Schedule A, line 26). </div> <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> <div style="display: inline-block; vertical-align: middle;"> If you itemize, attach Schedule A and check here <input type="checkbox"/> </div> </div>	34	
35	Subtract line 34 from line 32. Enter the result here	35	
36	Multiply \$2,000 by the total number of exemptions claimed on line 6e	36	
37	Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	
38	Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615. (If any is from Form(s) 8814, enter that amount here d)	38	
39	Additional taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39. Enter the total	40	

Credits

(See Instructions on page 18.)

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	General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)	44	
45	Credit for prior year minimum tax (attach Form 8801)	45	
46	Add lines 41 through 45. Enter the total	46	
47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	47	

Other Taxes

(Including Advance EIC Payments)

48	Self-employment tax (attach Schedule SE)	48	
49	Alternative minimum tax (attach Form 6251)	49	
50	Recapture taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	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	Add lines 47 through 52. Enter the total	53	

Medicare Premium

54	Supplemental Medicare premium (attach Form 8808)	54	
55	Add lines 53 and 54. This is your total tax and any supplemental Medicare premium	55	

Payments

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

56	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	56	
57	1989 estimated tax payments and amount applied from 1988 return	57	
58	Earned income credit (see page 20)	58	
59	Amount paid with Form 4868 (extension request)	59	
60	Excess social security tax and RRTA tax withheld (see page 20)	60	
61	Credit for Federal tax on 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 1990 ESTIMATED TAX 66	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 "1989 Form 1040" on it	67	
68	Penalty for underpayment of estimated tax (see page 21)	68	

Sign Here

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	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	