General Description Booklet

for the

1983 INDIVIDUAL TAX MODEL FILE

Compiled by
Michael Strudler and Bettye Jamerson
under the direction of Peter Sailer
Chief, Special Projects Section
Individual Statistics Branch
Statistics of Income Division

## TABLE OF CONTENTS

INTRODUCTION	1
CORE RECORD LAYOUT	3
CODE AND AMOUNT ELEMENT DEFINITIONS	
TECHNICAL DESCRIPTION OF THE FILES	
INDIVIDUAL TAX MODEL SAMPLE DESCRIPTION	
1983 FEDERAL TAX FORMS (with element number references)	

#### INTRODUCTION

. · · · \*

The Internal Revenue Service 1983 Tax Model File (122,889 records) was selected as part of the Statistics of Income program that was designed to tabulate and present statistical information for the 96,321,310 Form 1040, Form 1040A, and Form 1040EZ Federal Individual Income Tax Returns filed for Tax Year 1983.

The Tax Model files which have been produced since 1960 consist of detailed information taken from actual tax returns. The public use versions of these sample files are purchased in an unidentifiable form, with names, Social Security Numbers (SSN), and other similar information omitted. The primary uses made of these files have been to simulate the administrative and revenue impact of tax law changes, as well as to provide general statistical tabulations relating to sources of income and taxes paid by individuals.

The Individual Tax Model File is designed for making national level estimates. The 1983 Tax Model File can be purchased through the Internal Revenue Service, Statistics of Income Division. Any questions concerning the cost and acquisition of the current tax model file should be directed to:

Dr. Fritz Scheuren, Director Statistics of Income Division D:R:S Internal Revenue Service 1111 Constitution Ave., N.W. Washington, D.C. 20224 (202) 376-0216

In order to preserve the character of the microdata file while also protecting the identity of individuals, we have incorporated the following procedure changes in the Individual Tax Model.

First, the entire file has been sorted from largest to smallest for the fields of alimony paid and received. In each of these fields, for every ten records, in descending order, the average alimony paid (received) has been determined and that value has been placed in the alimony paid (received) field for each of the ten records. This has been done over that part of the sample containing non-zero values in these fields. If the last group of records contains less than ten, these records have been combined with the group of ten immediately before it.

Second, for returns with an absolute value for adjusted gross income of \$200,000 or more, the fields for general sales tax and motor venicle deductions have been added together and placed in the field for general sales tax deductions. Then, this field, as well as the fields for state and local income tax, real estate tax, personal property tax deductions and wages and salaries has been modified for all those records with adjusted gross income (absolute value) of 200,000 or more in the same manner as described above for alimony paid and received. As in past years, the state codes and all other geographic indicators have been removed for all records with adjusted gross income (absolute value) of 200,000 or more.

Third, for records with adjusted gross income (absolute value) of less than \$200,000, motor vehicle and general sales tax deductions have also been combined and placed in the field for general sales tax deductions, and then these records have been sorted by state. After this sort, the records have been modified for general sales tax, state and local income tax, real estate tax, personal property tax deductions and wages and salaries in the same manner as described above. The only difference between these records and those with returns having adjusted gross income (absolute value) of \$200,000 or more is that records with adjusted gross income (absolute value) of less than \$200,000 have been sorted for each field by individual state with no records from two different states being combined when averaging a field over a series of records.

\* 🔊

Fourth, the fields containing total miscellaneous, other net income less loss, total tax liability and total taxes paid deductions have been deleted and marked as "reserved." Also, all fields on the file have been rounded to the four most significant digits (e.g. \$14,371 = \$14,370 and \$228,867 = \$228,900).

Individual Tax Model Files for each of the Tax Years 1966 through 1978, and State Tax Model Files for Tax Years 1977 and 1978, are available through the National Archives and Records Service. Questions concerning cost, acquisition, and delivery of these historical tax model files, should be addressed to:

Machine Readable Archives Division National Archives and Records Service General Services Administration Washington, D.C. 20408 (202) 523-4887

The Archives order number for any of the above-mentioned historical Tax Model files is 374-109-(A). In addition to the order number, the requestor should also specify the tax year and version (Individual or State) of the file under consideration.

Please refer to the sections of this booklet titled "Individual Tax Model Sample Description" for a more detailed discussion of the Tax Model file.

CORE RECORD LAYOUT

(CODE AND AMOUNT ELEMENT DEFINITIONS)

	- 1		2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
1983 INDIVIDUAL (TA)	(TAX MODEL) FILE		\$512/22720/11012		Shoot 1 of S she
· E		/ <del>E</del> -	/ <del>E</del> .		
10 10 10 10 10 10 10 10 10 10 10	22 22 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	9 p 5 r 1 p 2 p 1 p 0 c 9 c 9 c 9 c 9 c	89 29 29 29 29 19 19 67 87	0 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /	0; 6. 8. 4. 5. 5. 7.
EDED EDED ETECL DCEOND CACIE CACIE CACIE BYNK VCINI VCINI	ECSZI ESCOZ ESCOZ ESIO ESIO	SCHCL BECION bean bkeb wwke	TEORN SECTX SECTION	TGTX	COCEWH COCEWH
(1) E10 (2) E20	(3) E30	E40	(5) E53	6) 560	E70
ADJUSTED GROSS INCOME (DEFICIT) SALARIES and	INTEREST RECEIVED	03018038	DIVIDENDS		STATE INCOME
E77	(10)	(1) E52	D C	THE AGI	X REFUNDS
		etta etta etta etta etta etta etta etta	E120		[14] E150
ALIMONY RECEIVED BUSINESS OR PROFESSION NET PROFIT/LOSS		CAPITAL GAIN DISTRIBUTIONS NOT	SUPPLINENTAL SCHEDULE NET CAIN LESS LOSS	M CAMILLY KINE	NOT FULLY INCLUDED
	(-/+)	REPORTED ON SCHEDULE D	(-/+)	AGI	TOTAL
(15) E170 E55 (16) E200 E56	17) E210 E311	) (18) E220 E57	(19) E230 E58	(20) E240 E59	(21) 5280 E61
NOT FULLY INCLUDED					
SCHEDULE E	FARM	- UNEMPLOYMENT COM	COMPENSATION		
(-/+)	NET PROFIT LESS LOSS (+/-)	GROSS	IN AGI	RESERVED	TOTAL
(22) E300 E51 (23) E310 E62	24 E320 E63	(25) E330 E64	(26) E340 E65	(27) E350 E66	(28) E360 E76
	STATUT	ORY ADJUSTHENTS			
MOVING EXPENSES ENFLOYEE BUSINESS EXPENSES	PAYMENTS TO IRA	PAYMENTS TO KEOCH	FORFEITED INTEREST PENALTY	ALIMONY PAID */	DEDUCTION FOR WORKING MARRIEI
E67 E68	E69	E70	E71	E71	COUPLE

a/ Reserved for Adjusted Gross Income Less Than \$200,000 and greater than -\$200,000.

by

A/ Averaged over 10 returns.

necono tivue 1983 INDIVIDUAL (TAX MODEL) FILE	SSI2/22720/11012	Sheef 2 of 5 she
(29) R370 (30) E380 (31) E400 (32) E390	(33) E430 (34) E440	(35) E450
STATUTORY ABJUSTMENTS		
DISABILITY INCOME LIVING EXPENSES HOUSING DEDUCTION OTHER	EXCESS ITEMIZED CHARITABLE CONTRIBUTIONS (UNUSED 2BAX -/+) FOR NON-ITEMIZERS	TAX TABLE INCORNS BEFORE EXEMPTION
(36) E460 E74 (37) E470 C (38) E490 C (39) E500 E75	(40) E510 E78 (41) E520	(42) E590 E8
EXEMPTION AMOUNT (2BA)  AMOUNT (2BA)  (WITHOUT 2BA)  (WITH 2BA)	TAX GENERATED COMPUTED REGI	INCOME TAX BEFORE CREDITS (SOI)
(43) E600 C (44) E610 C (45) E620 C (46) E720 C	(47) E730 E100 (48) E740	C (49) E750 D
	Chepins 1	
INCOME SUBJECT INCOME SUBJECT HARGINAL TO TAX TO TAX (OLD CONCEPT) (NEW CONCEPT) TAX BASE ELDERLY	FOREIGN TAX INVESTMENT	POLITICAL CONTRIBUTIONS
(50) E760 C (51) E770 C (52) E780 C (53) E790 E105	54 E1580 E108 (55) E800	E107 (56) E810 E1
de la companya de la		
CHILD CARE JOBS RESIDENTIAL RESEARCH AND EXPERIMENTATION	EIC USED TO OFFSET INCOME TAX OTHER BEFORE CREDITS	TOTAL (SOI)
(57) E1030 E106 (58) E870 E110 (59) E880 E111 (60) E900 E109*	(61) E910 C (62) E940 L	E112 (63.) F970 D
Total Tax  Liability (SOI)  TOTAL INCOME TAX INCOME TAX AFTER ADDITIONAL TAXES  CREDITS (SOI)  HINIMUM TAX (SOI)	ALTERNATIVE SELF-EMPLOYMENT MININUM TAX (SOI)	ENT TAX FROM RECOMPUTING PRIOR YEAR INVESTME CREDIT
a a	a	E115C) E11

\*\*\*/ Prior year returns only.

accord sirte 1983 TND	TANTIVIDIAL (TAX MODEL)	FILE	-	SS12/22720/11012	2   DATE:	shoes 3 of 5 shoese
ì		(66) E1170	(67) E1070	(68) E1090	(69) E1110	(70) E1120
SOCIAL SECURITY TAX ON TIP INCOME	TAX ON IRA	TOTAL TAX PAYMENTS (SOI)	INCOME TAX WITHHELD	1983 ESTIMATED TAX PAYMENTS	ANDUNT PAID MITH FORM 4868	EXCESS FICA/RRTA
7) E1130	(72) E1140	(73) E1190 D	(74) E1200 E123	(75) E1550	(76) E1560 E126	(7) E1570 E127
					ENIMED INCOME CREDIT (EIC	
CREDIT FOR PEDENAL TAX ON SPECIAL FUELS AND OILS:	REGULATED INVESTMENT COMPANY CREDIT	BALANCE DUE $(OVERPAYIENT)$ $(+/-)$	CREDIT FLECT	EIC (COMPUTED)	EIC SALARIES AND WAGES	EARNED INCOME
(78) E1590	(7) E1600	(80) E1620	(81) E1690	(82) E1700 C	(83) E1710 C	(84) E1720 C
	EARNED INCOME CREDIT	(EIC		ITEMIZED DEDUCTIONS	NS (SCHEDULE A)	
EIC USED TO OFFSET ALL OTHER TAXES	EIC REFUNDABLE PORTION	ADVANCE EIC PAYMENTS IN EXCESS OF EIC	TOTAL	MEDICAL AND V	ES	DEDUCTION
(85) E1730	(86 g1740 C	(67) E1750	88 21760	(89) E1770 E141	90 E1780 E136	(91) E1830
	HEDI	MEDICAL AND DENTAL EXPENSES	DEDUCTIONS (SCHEDULE SS DEDUCTION	J.E. A)		TAXES PAID DEDUCTION
14 OF AGI	MEDICINE & DRACE IN EXCESS OF 1% OF AGI	OTHER NEDICAL AND DENTAL EXPENSES	EXPENSES SUBJECT TO REJUCTION BY 5 V OF	5\$ of AGI	IN EXCESS OF 54 OF AGI	RESERVED
(92) E1840	(93) E1850 E138	94) E1860	(95) E1870	96 E188	(97) E1890	98 E1920
	SAXVL	ITEMIZED NOILUNA SA	D DEDUCTIONS (SCHEDULE	OLE A)		N. GER GIVE ESTABLISH
STATE AND LOCALA	REAL ESTATE */	JENERAL SALES	RESERVED	PERSONAL PROPERTY	OTHER	
E142	E143	E144*	E145	E146*	E147*	R15
			1	٠		

\*/ Averaged over 10 returns.

<sup>\*\*/</sup> Combination of motor vehicles and general sales; total averaged over 10 returns.

<sup>\*\*\*/</sup> Prior year returns only.

accompaire 1983 IN	INDIVIDUAL (TAX MODEL)	FILE		SST 2 / 22720/11012	DAVE	
(99) - R1930	(100) R1970	(10)	(10) E2000	(103) E2010	109 E2020	E (S
		TTEMIZ	arindahos) subtrondad dazi	-2	世	
INTEREST PAID DED'N		CONTRIE	RIBUTIONS DEDUCTION			
HOMB MORTGAGE	TOTAL	CASH UNDER \$3,000	CASH \$3,000 OR NORE	OTHER THAN CASH	CARRYOVER	RESERVED
106 E2050 D	(107) E2120 E156	108 82140	(109) E2180, E153*	(110) E2190 E154	(111) E2210 E155 (	(112) E13
$\blacksquare$				CAPITAL GAINS (	SCHEDULE D)	
NET CASUALITY OR	SAVERS	INTEREST	CURRENT SHORT-TERM	CURRENT SHORT-TER	969 SHORT-TERM	RESIDENCE CAIN
	GROSS	TAWBLE	CNIES	LOSSES	LUSS CARRIOVER (LC	(LONG TERM CAIN FF
(113) 82240	011) oszzz (r1)	(115) E2270 E201*	(116) E2280 E302	(117) 822900	(118) E303 (	_
				<b>1</b>		
CURRENT LONG-TERM	CURRENT LONG-TERM	PÓST 1969 LONG-TERM LOSS CARRYOVER	SCHEDULE D CAPITAL	FORM 4797 GAINS	ES,	COMBINED CAPT. GAIN
	erecon .				DUE TO PRE-1970     1 CARRY OVER	EXCLUDED LONG-TERM GADIS
(120) E2420	121) E2440	(122) E2510 E306	(123) E2570	(124) E2580 E308	(125) E2590	(126) E2600 C
(g aruncanos)	<b>}</b> {		hadins	andarias) awowi hyakaratans	A SE	
COMBINED CAPITAL GAINS	AL CAINS			2		P
GAIN LESS LOSS (+/-)	COPBINED LONG-TERM GAINS INCLIDED IN AGI	FARM RENTAL INCORE $(+/-)$	RONT NET INCOME LESS LOSS	ROYALITY NET INCOME LESS LOSS	TOTAL INCOME	TOTAL LOSS
	(120) g2630	(129) E2640	(130) E2660 (G1.*	(31) E2670	(132) E2690 E207	133) E EZO
PARTNERSHIP	BSTATE	OR TRUST	MENTAL INCOME, (SCHEDULE SHALL BUSINESS CO	CORPORATION		田
EXPENSE DEDUCTION	TOTAL INCOME	TOTAL LOSS	TOTAL INCOME	TOTAL LOSS	, I	. (
E209	E210	E211	E212	E213	E316	E3
••						

Sheer 5 of 5 chamis	(140) E3880		TAX PREFERENCES	TOTAL (ALTERNATIVE)	(147) E4330 D		REN. ENERGY SOURCE,	LIMITATION EXPENDITURES	(154) SBBB (5252			RESERVED		ar terwaatke	Page on Page 1	e de mangement de 2000 e	
SS12/22720/11012 DATE:	E3090 (139 E3100		DEDUCTION FOR MARRIED COUPLE:	INCOME	E430 E245 (146) E4320 C	DIT (FORM SEUS)		E FEDERAL CREDIT	E4640 (153) E4700 E251			RESERVED SELECTION AMOUNT	SØ 7 D (160) SØ E8	DECIMAL WEIGHT INTEGER WEIGHT			
SS SS	(137) 62552 (138)		ع ا	PRIOR YEAR EXPENSES EARNED	[144] E4290 E244 [145]	H RESIDENTIAL ENERGY CREDIT	ENERGY CONSERVATION	EXPENDITURES SUBSIDIES	[151] E463 [152]			BUSINESS RECEIPTS RES	6 (158) SØØ3 D (159)	RESERVED DECT			
is) Pius	(136) E3310	prr (Fores 2441)	AMOUNT PAID	THIS YEAR	143 24280			CURRENT EXPENDITURES	150 E4430	(FORM 5695)		CARRYOVER FROM 1982	(157) SØØ2 E256	RESERVED			
1983 INDIVIDUAL (TAX MODEL)	(135) 23290	olito care camir	EARNED INCOME		(12) E3900 E242		ENCES	EXCLUDED LONG- TERM CAPITAL GAIN	(149) 84350 C	ENERGY CREDIT	RENEWABLE ENERGY SOURCE	ADDITIONAL FED. SUBSIDIES	188 (951)	RETURN ID			
necond title 1983 IN	. (134) . E3270		TOTAL EXPENSES		(41) E3910 E241	AITERNATIVE HINIMAN TAX (FORM 6251)	TAX PREFERENCES	ACCELERATED DEPRECIATION	(148) E4340 C	3 RESIDENTIAL	RENE	PRIOR YEAR EXPENDITURES	(155) SØØ9 E253	RESERVED			

CODE AND AMOUNT OF ELEMENT DEFINITIONS

<b>\$</b>		
AGEX	Age Exemptions	
	(A) No exemptions(B) One exemption (Primary only)	.00
		.01
	(c) one exemption (secondary only)	ന:
	(D) Two exemptions	.03
AGIR1	Addusted Occurs •	
AGIKI	Adjusted Gross Income Range B:	
	NO ADJUSTED CROSS THEOME	
	NO ADJUSTED GROSS INCOME.  \$ 1 under \$ 1.000	. 00
		.01
	\$ 1,000 under \$ 2,000.	. 02
	\$ 2,000 under \$ 3,000	. 03
•	3,000 under \$ 4,000	. 04
	\$ 4,000 under \$ 5,000	. 05
	• 5,000 under \$ 6,000	.06
	\$ 0,000 under \$ /.000	07
	\$ 7,000 under \$ 8,000.	. O,
	\$ 8,000 under \$ 9,000.	. 00
	\$ 9,000 under \$ 10,000.	. 03
		. ! U
		. ! !
		. 12
•		.13
		. 14
	\$ 14,000 under \$ 15,000.	.15
	3 15,000 under \$ 16,000	. 16
	\$ 10,000 under \$ 17,000	. 17
	3 17,000 under \$ 18,000	. 18
	\$ 18,000 under \$ 19,000	19
	4 19,000 under \$ 20,000	20
	\$ 20,000 under \$ 25,000	21
	30,000 under \$ 30,000	22
	\$ 30,000 under \$ 40,000.	, <u>८</u> ८
	\$ 40,000 under \$ 50,000.	, 23 24
	\$ 50,000 under \$ 75,000.	, 24 25
	\$ 75,000 under \$ 100,000.	, 25
	\$ 100,000 under \$ 200,000.	. 20
	\$ 200,000 under \$ 500,000	, 27
	\$ 200,000 under \$ 500,000. \$ 500,000 under \$1,000,000	, 28
	\$ 500,000 under \$1,000,000.	, 29
	\$1,000,000 or more	. 30
BANK	Foreign Bank Accounts; Schedule B:	
	Service D.	
	(A) No boxes checked/no questions on Form	_
		. U
		. !
		. 2
	The state of the s	.3
	The same of the sa	. 4
		.5
	(G) Bank, yes/trust, no	6
	(n) bank, no/trust, yes	. 7
	(I) Bank, no/trust, no	.8

CSAMP	Sample	Codes:
-------	--------	--------

	(B) H (C) Bi (D) No (E) No (F) Bi	igh Income Nontax usiness High Inco onbusiness, Non-f onbusiness, Farm. usiness	ableme/Lossarm	ncome nontaxable.	
	\$4 Ur \$1 Ur \$2 Ur \$5 Un \$1 Un	20,000 under \$50,00er \$20,000 (\$20,50,000 under \$100,000 (\$50,000,000 under \$500,000 (\$500,000 under \$1,000,000 under \$1,000,	000 (under \$500,0 0,000 under \$500, ,000 (under \$1,00 0,000 under \$1,00 0,000 (under \$5,0 0,000 (under \$10,00 000,000 (under \$20,000,000 (under \$20,000,000 (under \$30,000,000 under \$30,000,000 under \$30,000,000 under \$10,000,000 under \$10,000,000 under \$10,000,000 under \$10,000,000 under \$1000,000 (under \$1000,000 (under \$1000,000 under \$1000,000 u	eceipts under \$200 000)	
CYCLE	Cycle C	ode	•••••••	••••••	00–52
DEPINC	Depende	nt with Unearned	Income:		
(A) (B)	Box not Box che	checked	•••••••••••••••	•••••••••••••	0
DGROUP	Distric	t by Group		•••••••••••	1-3
	Z. Circ	, enne		•••••••••••••	

.

.

#### Group 1 (Continued) Augusta.... Portsmouth.... 5. Providence.... 6. 7. Fargo..... Aberdeen.... 8. Wilmington.... 9. District of Columbia.... 10. 11. Helena.... 12. Boi se.... 13. Al buquerque.... Salt Lake City..... 14. Reno.... 15. 16. Honlulu.... Parkersburg.... 17. Group 3 1. Des Moines.... Wichita.... 2. 3. Columbia.... Louisville.... 4. Birmingham.... 5. 6. Puerto Rico..... Oklahoma City.... 7. 8. Denver.... Portland..... 9. 10. Omaha.... 11. Jackson..... 12. Little Rock..... Phoenix.... 13. 14. Laguna Nigual.... Sacramento.... 15. 16. San Jose.... Boston.... 17. Hartford.... 18. 19. Brooklyn.... 20. Manhattan.... Albany.... 21. 22. Buffalo..... 23. Newark..... Philadelphia.... 24. 25. Pittsburgh.... 26. Cincinnati..... 27. Cleveland.... 28. Indianapolis.....

Chicago....

Springfield.....

29. 30.

### Group 3 (Continued)

	31. Detroit
	32. Milwaukee
	33. St. Paul
	35. Baltimore
	36. Richmond
	37. Greensboro
	38. Atlanta
	39. Jacksonville
	40. Nasnville
	41. New Orleans
	42. Austin
	43. Dallas
	44. Houston
	45. Seattle
	46. San Francisco
	47. Los Angeles
	48. Washington - CP:10
EIC	(A) Not present0
LIC	(B) Present
	(b) rresent
ELECT	President Elect Campaign Fund:
	(A) No boxes checked
	(B) One "yes" box checked
	(C) Two "yes" boxes checked02
	(D) Only "no" boxes checked
	From a C. Badas Ada a . O. J.
FDED .	Form of Deduction Code:
(A)	Itemized deduction1
(B)	Zero bracket amount (STANDARD)
(C)	Neither
(0)	no concernation of the contraction of the contracti
	,
FLPD	Filing Period: (Accounting Period)
	·
(A)	YR - Calendar Year ended
(B)	MO - Month Taxpayer's year ended01-12
F2119	Calle on France and But of Alberta
72119	Sale or Exchange of Principal Residence:
(A)	No form attached0
(B)	Form present
(0)	Total present
F2441	Child Care Credit:
(A)	No Form 2441 attached
(B)	One qualifying individual
(C)	Two or more qualifying individuals2

F5695	Form 5695 (Residential Energy Credit):
(A) (B)	No form attached
IRA (A) (B) (C) (D) (E) (F) (G)	IRA/Self Employment Pension (SEP) Code No IRA claimed
MARS	Marital Status:
(A) (B) (C) (D) (E) (F)	Single
PREP	Tax Preparer
(A) (B) (C) (D) (E) (F) (G)	No preparer other than taxpayer
PSV (A) (B) (C) (D)	Primary Stratifying Variable Sample Code 28 (AGI) and 38 (Schedule C net income)
REGION (A) (B) (C) (D) (E) (F) (G) (H)	IRS Regions Central

SCHCF	Schedule C or F Indicator:
(A) (B) (C) (D)	Neither Schedule C or F present
SCHRRP (A) (B) (C)	Credit for the Elderly No Schedule Present
SCHW (A) (B) (C)	Schedule W Indicator No Schedule W
SPECTX	Special Tax Computation:
(A) (B) (C) (D) (E) (F) (G) (H)	No entry.       0         Form 4970 tax used.       1         Form 4972 tax used.       2         Form 5544 tax used.       3         Form 5405 tax used.       4         Section 72(m)(5) penalty tax used.       5         Any combination of Form 4972 and other taxes.       6         Any combination of taxes excluding Form 4972.       7

	Code	STATE NAME	Code	STATE NAME	
	1	Alabama	29	Nevada	
	2	Alaska	30	New Hampshire	
	3	Arizona	31	New Jersey	
	4	Arkansas	32	New Mexico	
	5	California	33	New York	
	6	Colorado	34	North Carolina	
	7	Connecticut	35	North Dakota	
	8	Delaware	36	Ohio	
	9	District of Columbia	37	Ok1ahoma	
	10	Florida	38	Oregon	
	11	Georgia	39	Pennsylvania	
	12	Hawaii	40	Rhode Island	
	13	Idaho	41	South Carolina	
	14	Illinois	42	South Dakota	
	15	Indiana	43	Tennessee	
	16	Iowa	44	Texas	
	17	Kansas	45	Utah	
	18	Kentucky	46	Vermont	
	19	Louisiana	47.	Virginia	
	20	Maine	48	Washington	
	21	Maryland	49	West Virginia	
	22	Massachusetts	50	Wisconsin	
	23	Michigan	51	Wyoming	
	24	Minnesota	52	APO/FPO	
	25	Mississippi	53	Puerto Rico	
	26	Missouri	54	CP:IO	
	27	Montana	54	Guam	
	28	Nebraska	54	Virgin Islands	
TFORM	Corre	cted Form of Return:			
(A)	1040	Return	• • • • • • • • •	••••••	0
(B)	1040A	Return	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1
(C)	1040E	Z Return	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	2
TOTXSZ	Size	of Total Income Tax			
	Retur	ns with no total income t	ax	• • • • • • • • • • • • • • • • • • • •	00
	\$1 un	der \$50		• • • • • • • • • • • • • • • • • • • •	01
	\$50 u	nder \$100 under \$200	• • • • • • • • •	••••	02
	\$100	under \$200	• • • • • • • • •	••••••••••	03
	\$200	under \$300		• • • • • • • • • • • • • • • • • • • •	04
	<b>\$</b> 300	under \$400			05
	\$400	under \$500		• • • • • • • • • • • • • • • • • • • •	06

	\$500 under \$600.
TXNT	Taxable/Nontaxable Returns:
(A) (B)	Taxable Returns
TXRT	Marginal Tax Rate0, 16-50
TXST	TAX STATUS:
(A) (B) (C) (D) (E) (F) (G) (H)	No Tax
W2IND (A)	W2 Indicator Number of Forms W2 Present
XFPT	Primary Taxpayer Exemption:
(A) (B) (C)	Regular

XFST		Secondary Taxpayer Exemption:		
	(A) (B) (C) (D) (E)	No Secondary Taxpayer	• • • •	.1 .2 .3
XOCAH		Exemptions for Children Living at Home:		
	Actua	number entered	.0-	99
XOCAW	'H	Exemptions for Children Living Away from Home:		
	Actua	number entered	.0-	99
XOODE	P	Exemptions of Other Dependents:		
	Actua	number claimed	.0-	99
XOPAR		Exemptions for Parents Living at Home or Away from Home:		
	Actua	l number entered	0	-9
	(A) (B) (C) (D) (E) (F)	Exemptions Other than Age or Blind One	• • • • • • • • • • • • • • • • • • • •	.2 .3 .4
XTOT		Total Exemptions:		
	Actua	1 number nunched	01_	ga

.

EXPLANATIONS OF ELEMENTS IN THE TAPE FILES

#### EXPLANATIONS OF ELEMENTS IN THE TAPE FILES

The following explanations define data elements contained in 1983

Individual Tax Model File that have not been abstracted directly from a specific line on Forms 1040, 1040A, 1040EZ or the accompanying Schedules and Forms. Element numbers not appearing in this section have been entered on the specific lines on the forms or schedules from which the data were abstracted. Refer to the "1983 Federal Tax Forms" section of this booklet for further information.

Element Number	<u>Definition</u> •
37	Zero Bracket Amount This amount was limited to the smaller of the statutory limit or Taxable Income (E39).
38	Taxable Income, Old Concept This is a computed amount equal to Adjusted Gross Income minus (Zero Bracket Amount or Total Itemized Deductions) minus Exemption Amount, but never less than zero. This concept does not include the Zero Bracket Amount, and as such is comparable to taxable income as shown for Tax Years prior to 1977. See (E39).
39	Taxable Income, New Concept This is a computed amount equal to Adjusted Gross Income minus Excess Itemized Deductions (or plus unused Zero Bracket Amount) minus Exemption Amount. This concept includes the Zero Bracket Amount (Equivalent of the former Standard Deduction) and is thus not comparable to taxable income as shown for Tax Years prior to 1977. See (E70).
41	Computed Regular Tax This is a computed amount arrived at by applying the tax rate schedules to taxable income, without regard to the type of computation used by the taxpayer.
43	Income Subject to Tax (Old Concept) Income Subject to Tax (NEW Concept) minus the Zero Bracket Amount.

Element Number	<u>Definition</u>
44	Income Subject to Tax (New Concept) For taxpayers using the regular, alternative, or maximum tax computation methods, income subject to tax was the same as taxable income. For taxpayers using the income averaging method (Schedule G), income subject to tax was a reduced amount of taxable income computed for the statistics by working backwards from the tax itself.
45	Marginal Tax Base This is the amount of income subject to tax at the highest tax rate applicable to the return (TXRT).
54	Earned Income Credit Used to Offset Income Tax Before Credits This amount was computed based on the lesser of: Earned Income Credit (E75) or Income Tax Before Credits minus all credits except the Earned Income Credit.
56	Total Tax Credits Total credits from Form 1040 or 1040A plus the amount of Earned Income Credit used to offset Income Tax before Credits.
58	Total Income Tax Element (59) plus element (60) plus element (61).
59	Income Tax After Credits Income Tax after Credits from Form 1040 or 1040A minus the amount of Earned Income Credit used to offset income tax before credits.
66	Total Tax Payments Total payments from 1040 or 1040A minus the total Earned Income Credit.
76	Earned Income Credit (Salaries and Wages) The total amount of salaries and wages which have been revised in computing the Earned Income Credit on returns with an Earned Income Credit.
77	Earned Income Credit (Earned Income) The amount of net earnings from self-employment used in computing the Earned Income Credit.
78-79	IF Earned Income Credit (E20) is greater than Income Tax Before Credits (E42), the following fields are computed:
	78 - Earned Income Credit used to offset all other taxes. This value depends on whether the difference between EIC (E75) and EIC used to offset Income Tax Before Credit (E59) is less than the value calculated by Total Tax Liability minus Income Tax After Credits minus Advance Earned Income Credit payments.  IF it is less than this value, this field equals E75 minus E54. Also, E79 equals 0. IF this is not true, this field equals the value

.

calculated by Total Tax Liability minus Income Tax After Credits minus Advance Earned Income Credit payments. Also, E79 is calculated (see below).

- 79 Earned Income Credit Refundable Portion This equals E75 minus E54 minus E78 (see above for definitions and conditions).
- Advance Earned Income Credit payments in excess of EIC.
  This field is the difference between Advance EIC payments and EIC (E75).
- Additional Losses Due to Pre-1970 Carryover.

  See Form 4798, Line 30. If Line 30, Form 4798 exceeds Line 19 of Schedule D. this is the value.
- 119 Combined Capital Gains (Excluded Long-Term Gains).

  Sum of Line 22, Schedule D and 1.5 times Line 14, Form 1040.
- 120 Combined Capital Gains (combined net Capital Gain Less Loss). Sum of Line 19, Schedule D, plus 2.5 times Line 14, Form 1040.
- Combined Capital Gains (combined Long-Term Gains Included in AGI).

  If Net Short-Term Capital Gain are positive, the difference between Line 19, Schedule D and Excluded Long-Term Gains (El19 above).

  If Net Short-Term Capital Loss, subtract Line 8, Schedule D from above.

# 159- Weight: 160

- (a) Decimal A method of estimation by dividing the computer population count of returns in a sample stratum by the number of sample returns for that stratum (carried to 2 decimal places) The decimal place is implied. If used, divide by 100.
- (D) Integer A method of estimation in which the decimal weight is converted to an integer weight and then applied to each return.

TECHNICAL DESCRIPTION OF THE FILE

#### TECHNICAL DESCRIPTION OF THE FILES

Each "data record" in the file, representing one tax return, is composed of 1680 characters. Blocks are made up of 6 data records and are separated by a 3/4 inch "inter record gap" (IRG). There is no special indication at the end of a block other than the IRG, and no indication of the end of a data record.

Tape characters are recorded in either Interchange or EBCDIC on standard 2,400 foot, 1/2 inch, nine-track tape, and a density of 6250 bytes per inch (BPI). In this mode, a 1-bit and 0-bit are recorded as signals of opposite polarity in ODD parity (a parity bit is set to 1 or 0 so that there is always an ODD number of 1-bits in a nine-bit character).

Each code and data field is numeric and defined in character format. All codes are unsigned. The data fields are signed positive or negative, whichever is appropriate, in the last character position of the field.

Codes are defined as 2 characters in length. The largest decimal value is 99 with leading zeroes. The fields in the file are 10 characters in length with leading zeroes. Weight factors are provided to accommodate either a decimal or an integer weighting system.

The file is a single data set on multiple volumes and is UNLABELLED (EBCDIC) or LABELLED (Interchange).

#### INDIVIDUAL TAX MODEL SAMPLE DESCRIPTION

#### Sources of the Data

The data in the 1983 Individual Tax Model file were compiled from a stratified probability sample of unaudited individual income tax returns, Forms 1040, 1040A, and 1040EZ, filed by U.S. citizens and residents. The sample was designated at the National Computer Center and was processed in each of the ten Internal Revenue Service Centers during Calendar Year 1984. The total sample of 122,889 returns was selected from a population of 96,321,310 returns.

The estimates that could be obtained from this file are intended to represent all returns filed for Income Year 1983. While most of the returns processed during 1984 were for Calendar Year 1983, a few were for prior years. Returns for prior years were used in place of 1983 returns received and processed after December 31, 1984. This was done on the assumption that the characteristics of returns not yet filed could best be represented by the returns for previous income years that were processed in 1984.

All returns processed during 1984 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later on, while amended returns were excluded because the original returns had already been subjected to sampling.

#### Sample Criteria and Selection

Form 1040, 1040A and 1040EZ returns filed and processed into the Internal Revenue Service's Individual Master File System at NCC during 1984 were stratified, by computer, into sample strata based on: the presence or absence of a Schedule C, Profit (or Loss) from Business or Profession; presence of Schedule F, Profit (or Loss) from Farms; the larger of total income or loss, and the size of business plus farm receipts; size of adjusted gross income (or deficit) or largest of specific income (or loss) items. Returns were then selected from the sample strata using the coding digits of the Social Security Number (SSN) at rates ranging from 0.03 percent to 100 percent.

#### Method of Estimation

Sampling weights were obtained by dividing the computer population count of returns filed per sample stratum by the number of sample returns actually received for that stratum. All decimal sampling weights were then converted to "integer weighting factors," which were placed on each sample return. For example, if a decimal weight of 44.24 was computed for a stratum, 24 percent of the sample returns in the stratum were systematically given a weighting factor of 45, and 76 percent a weight of 44. The file can be weighted with either decimal or integer weights.

#### Processing and Management of the Sample

While the sample was being selected, the selection process was monitored by applying prescribed sampling rates for each stratum to the population count for that stratum. A follow-up was required to reconcile differences between the actual number of returns selected and the expected number.

In transcribing and tabulating the information from the returns in the sample, checks were imposed to improve the quality of the resulting estimates. Incorrect or missing entries on the sampled record were altered during statistical editing to make them consistent with other entries on the return and accompanying schedules. Data were also adjusted during editing in an attempt to achieve consistent statistical definitions. For example, a taxpayer may report director's fees on the other income line of the Form 1040 return. If this situation had been detected during statistical editing, the amount of director's fees would have been entered into the salaries and wages field to the sample record.

Quality of the basic data abstracted was controlled at the processing centers by means of a continuous verification system that used computer tests to check for mathematical errors and inconsistencies in the data. These tests were performed while the returns were still available to aid in resolving the error conditions. Prior to tabulation of the data at the IRS Data Center, additional computer tests were applied to each return record to determine the need for adjustments to the data. Also, as a further check on processing, the IRS Data Center conducted an independent reprocessing of a small subsample of the returns previously processed for the study.1/

<sup>1/</sup> For more details on the techniques used to process the returns in the sample, particularly those steps designed to ensure the quality of the statistical data, see:

Kilss, Beth and Scheuren, Fritz. "Statistics from Individual Income Tax Returns: Quality Issues," 1982 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 271-277.

Sailer, Peter; Hicks, Charles; Watson, David; and Trevors, Dan, "Results of Coverage and Processing Changes to the 1980 Individual Statistics of Income Program," 1982 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 452-458.

Durkin, Thomas M. and Schwartz, Otto, "The SOI Quality Control Program," 1981 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 478-483.

FEDERAL TAX FORMS (ELEMENT REFERENCE NUMBERS)

#### FIELD NUMBERS

Field Numbers presented on the tax forms and schedules lines can be used to cross reference to the Core Record Layout. An example of this is line 7 on the Form 1040 which has a field number of 2.

Income 7 Wages, salaries, tips, etc.---- 7 2

On the Core Record Layout it would appear as 2 in the left corner of the Salaries and Wages block. See example below.

-- Core Record Layout --

1		2	
	Adjusted Gross	Salaries and	Interest
	Income (Deficit)	Wages	Received

Another example in relation to the above chart, Line 8 (a), Interest Income, on the Form 1040 (see below) has an field number of 3. This field number is cross referenced to the Interest income block on the Core Record Layout, which also contains the number 3 in the upper left corner of the block.

8a Interest Income

1040 U.S. Individual Income Tax Return 1983

or the lea	· Jacuaru 1 F	December 3	31 1983 or other tax year beginn		end-ng	; <u>ö</u>	OMB No 1845 0074
			initial (if joint return, also give spi	ę.	ist name:	Your so	cial security number
lse RS				<u>.</u>			
bel ther vise,	Present t	nome addre	ss (Number and street including	apartment number, or rural route)		Spouse	s social security numbe
lease rint	City, tow	n or post of	fice, State, and ZIP code		Your occupation		
r type.	!				Spouse's occupation		
resident	tial		o you want \$1 to go to this				not increase your ti
lection	Campaign	If	joint return, does your sp	ouse want \$1 to go to this fund?	Yes	No .	or reduce
		1	Single	For	Privacy Act and Paperwork F	reduction Act	Motice see instruction
Filing S	tatus	2		return (even if only one had income			
^h!	.t	3		ate return. Enter spouse's social security			
Check on one box.	ny	4	1 1	d (with qualifying person). (See page		qualifying pe	erson is your unmarrie
MARS		_	child but not your	dependent, write child's name here. er) with dependent child (Year spous	e died > 19 \ (See r	page 6 of Ins	dructions )
		5				)	Enter number of
P a a A		6a	Yourself XFP	1 1	Blind	}	boxes checked on 6a and b
Exempt	tion <b>s</b>	b	Spouse XFS	V	DCAH Blind	í	Enter number
Always ch		С	First names of your depende	nt children who lived with you^\		}	of children Isted on 6c
the box la Yourself	abeled		Other dependents:	(3) Number of	(4) Did dependent (5) Did yo		13100 011 00
Check of		XOCAV		(2) Relationship months lived in your home	\$1,000 or more? dependent		Enter number of other
boxes if ti apply.	ney	$\overline{X}$ $\overline{X}$ $\overline{X}$ $\overline{X}$ $\overline{X}$					dependents >
		XOPAI					Add numbers entered in
		e	Total number of exemptions	claimed XTOT	<u> </u>		boxes above
		7	Wages, salaries, tips, etc.			sugas 7	2 (''blurre
Income	e	8	Interest income (also attach	Schedule B if over \$400 or you have	any All-Savers interest)	. 8	3 intre
		9a	Dividends (also attach Schedi	ule B if over \$400) 4 divale		ilxe =	6 divas
Please at		c	Subtract line 9b from line 9a	a and enter the result		90	O W. Very
Copy B o Forms W	7-2, W-2G,	10	anter an amount unlace is	income taxes, from worksheet on pa rou deducted those taxes in an ea	armer vearsee page it	of I	7 Lural
and W-21	P here.		Instructions)			10	8 almse
lf you do	not have	11	Alimony received	and the second second		• • • •	9 sulla
a W-2, se page 5 o		12	Business income or (loss) (a	ettach Schedule C)		13	10 0000
Instruct		13	Capital gain or (loss) (attact	n Schedule D)		<del>  -</del>	11 egalist
		14	40% capital gain distributio	ns not reported on line 13 (See page	10 of Instructions)	15	12 52082
		15	Supplemental gains or (loss	es) (attach Form 4797)	tod on line 17	16	13 1/200
		16	Fully taxable pensions, IRA	distributions, and annuities not report	17a   14 to by	lan 🔚	
		17a	Other pensions and annuitie	es, including rollovers. Total received		17b	15 teples
				n worksheet on page 10 of Instructio ps, estates, trusts, etc. (attach Scheo		18	16 Open
		18 19		tach Schedule F)	•	19	17 Acrison
1				ion (insurance). Total received			
Please	.b.a.l.			m worksheet on page 11 of Instruction		20ь	19 W agn
attach c or mone		21		d source—see page 11 of Instructions)			30 /
order he	ere.					21	20 At 100
		22	Total income. Add amount	s in column for lines 7 through 21.		. > 22	<u> </u>
		23	Moving expense (attach Fo	rm 3903 or 3903F)	23 22		
•	tments	24		es (attach Form 2106)			
to Inc	ome			orksheet on page 12			
(See Instruc-	_	t	Enter here IRA payments y	ou made in 1984 that are included in	` <b>`</b>		1
tions on	1		line 25a above ▶ ∟		25 26		
page 11	1)	26		10) retirement plan	27 26		
		27	· · · · · · · · · · · · · · · · · · ·	if of savings	28 27		
		28			20 20		
		29		uple when both work (attach Schedule W	30 29		
		30 31	Disability income exclusion	nes 23 through 30 (includes	•	. ▶ 31	21
Adjus	ŧod	32	Adicated asses income C	whereast line 21 from line 22 If this li	ne is less than \$10,000, se	ee	
	ICH		Farned Income Credit" ()	line 59) on page 16 of Instructions. It ons	YOU WANT IKS TO FIRDIE YOU	<i>.,</i>	1

Taran	33	Amount from line 32 (adjusted gross income)	33		1	-
Tax .		If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 28	34		33	
Compu-	•			<u> </u>	<u> </u>	
tation		Caution: If you have unearned income and can be claimed as a dependent on your parent's return check here ▶ ☐ and see page 13 of the Instructions. Also see page 13 of the Instructions if.				
(See						
Instruc-		<ul> <li>You are married filing a separate return and your spouse itemizes deductions, OR</li> <li>You file Form 4563, OR</li> </ul>				
tions on page 13)	•	You are a dual-status alien.		i		
page 15)	34b	If you do not itemize deductions on Schedule A (Form 1040), complete the worksheet on page 14			34	
		Then enter the allowable part of your charitable contributions here	34	<del></del>	7 -	
	35	Subtract line 34a or 34b, whichever applies, from line 33	35		35	
	36	Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e	36	<del>_</del>	36	
	37	Taxable Income. Subtract line 36 from line 35	37			
	38	Tax. Enter tax here and check if from Tax Table. Tax Rate Schedule X, Y, or Z, or			4.0	
		Schedule G	38	<del>_</del>	40	
	39	Additional Taxes (See page 14 of Instructions ) Enter here and check if from Form 4970,				
		Form 4972. Form 5544, or section 72 penalty taxes	39	<u> </u>		
				-	42 * /	
	40	<b>Total.</b> Add lines 38 and 39	40		42 <b>*</b> /	
Credits	41	Credit for the elderly (attach Schedules R&RP)				
	42	Foreign tax credit (attach Form 1116)				
(See	43	Investment credit (attach Form 3468)				
Instruc- tions on	44	Partial credit for political contributions				
page 14)	45	Credit for child and dependent care expenses (attach Form 2441) 45 50				
	46	Jobs credit (attach Form 5884)				
	47	Residential energy credit (attach Form 5695)				
	48	Total credits. Add lines 41 through 47 (includes .53, .55)	48	В	56 */	
		N TANALAGO TO N	1			
	49	Balance. Subtract line 48 from line 40 and enter difference (but not less than zero)	49	9	59 <u>*</u> /	
Other	50	Self-employment tax (attach Schedule SE)	_	5	62	
Taxes	51	Alternative minimum tax (attach Form 6251)	-	1	61 */	<del></del>
TUNCS	52	Tax from recapture of investment credit (attach Form 4255)		2	63	<del></del>
(Including	53	Social security tax on tip income not reported to employer (attach Form 4137)	-	3	64	<del>-</del>
Advance EIC	54	Uncollected employee social security tax and RRTA tax on tips (from Form W-2)		4		<del></del>
Payments)	55	Tax on an IRA (attach Form 5329)		5	65	
		<del></del>	1	+		
06	56	Total tax. Add lines 49 through 55	- 50	5	57 <u>*</u> /	i
Payments	57	Federal income tax withheld			_	-
rayments	58	1983 estimated tax payments and amount applied from 1982 return 58 68				i
	59	Earned income credit. If line 33 is under \$10,000, see page 16 59 75**/				
Attach	60	Amount paid with Form 4868				i
Forms W-2,	61	Excess social security tax and RRTA tax withheld (two or more				i
W-2G, and W-2P		employers)				1
to front.	62	Credit for Federal tax on special fuels and oils (attach Form 4136) 62 71				į
	63	Regulated Investment Company credit (attach Form 2439) 63 72				į
		The state of the s		=		
	64	Total payments. Add lines 57 through 63	6	4	66 <b>*</b> /	ļ
	65	If line 64 is larger than line 56, enter amount OVERPAID	- 6		73 (-)	1
Refund or	66	Amount of line 65 to be <b>REFUNDED TO YOU</b>	6			1
Amount	67	Amount of line 65 to be applied to your 1984 estimated tax				<u>+</u>
You Owe	68	If line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach check or money order for full amount				1
		payable to "Internal Revenue Service." Write your social security number and "1983 Form 1040" on it	6	8	73 (+)	
		(Check Inferior 2210 (2210F) is attached. See page 17 of Instructions.)				
	Unde	er penalties of perjury. I declare that I have examined this return and accompanying schedules and statements.	and to	the best	of my knowier	dge and
Please		f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wi				
Sign	<b>L</b>	1				
Here		Your signature Date Spouse's signature (if	filine	pintiv BC	TH must sign i	
	<u> </u>	No.			s social securit	
Paid	Prep. signa	arer's Check if		Cparci	,	, ~
Preparer's		Self-employee [				
Use Only	yours	s. if self-employed)			<u>.                                    </u>	
	and a	address ZIP code				

<sup>\*/</sup> Adjusted to take into account EIC and/or Alternative Minimum Tax (see Definitions).
\*\*\*/ Computed.

# 1983

Step	1
Name	and
addres	55

Step 1 Name and	Use the IRS mailing label. If you don't have a label, print or type:							
address	Your first name and initial of joint return, also give spouse's name and initials.  Last name	Your social security no.						
	Present home address (number and street)	Spouse's social security no						
	City town or post office. State, and ZIP code							
	Presidential Election Campaign Fund							
	Do you want \$1 to go to this fund?							
Step 2 Filing status Check only one:	<ul> <li>Single (See if you can use Form 1040EZ.)</li> <li>Married filing joint return (even if only one had income)</li> <li>Married filing separate return. Enter spouse's social security number above full name here.</li> <li>Head of household (with qualifying person). If the qualifying person is you your dependent, write this child's name here.</li> </ul>							
Exemptions	Always check the exemption box labeled Yourself. Check other boxes if they a  5a Yourself 65 or over Blind  b Spouse 65 or over Blind  c First names of your dependent children who lived with you	pply.  Write number of baxes checked on 5a and b						
Attach Copy B of Form + W-2 here	d Other dependents: 1. Name 2 Relationship 3 Number of nonths lived in your home 3 Number of have income of strong or have income of dependent support? 5 Did you provide more than one-half of dependent's support?	Write number of + children listed on 5c +						
	• Total number of exemptions claimed.	Write number of other dependents insted on 5d Add numbers entered on inces above						
Step 3 Total	6 Wages, salaries, tips, etc. (Attach Form(s) W-2.)	6 2 .						
income	7 Interest income. (If line 7 is over \$400, also complete Schedule 1, Part I.)	7 3 .						
Arrach check or motory order here	Sa Dividends. (If line 8a is over \$400, also complete Schedule 1, Part II.)	_						
	b Exclusion. See the instructions on page 14. 8b 5 . c Subtract line 8b from line 8a. Write the result.							
	Unemployment compensation (insurance), from Form(s) 1099-G.  Description of the instructions of the instructions.	9 <sub>b</sub> 19						
	10 Add lines 6, 7, 8c, and 9b. Write the total. This is your total income.	10 .						
Step 4 Adjusted	11a IRA deduction, from the worksheet on page 17. 11a 24 .							
gross income	<b>b</b> Write IRA payments made in 1984 that you included on line 11a: (\$							
	Deduction for a married couple when both work.  Complete Schedule 1, Part III. 12 28 .							
	13 Add lines 11a and 12. Write the total. These are your total adjustments.	13						
	Subtract line 13 from line 10. Write the result. This is your adjusted gross income.	14 1						

16	Write the amount from line 14.  Allowable part of your charitable contributions, from the worksheet on page 19 of the instructions.	15 16	34 .
17	page 19 of the instructions.	16	34
	The second of th		
18	Subtract line 16 from line 15. Write the result.	17	35 .
	Multiply \$1,000 by the total number of exemptions claimed on line 5e.	18	36 .
19	Subtract line 18 from line 17. Write the result. This is your taxable income.	19	<u>.</u>
lf Yo	Went IRS to Figure Your Tax, See Page 19 of the Instructions.		40
20	Find the tax on the amount on line 19. Use the tax table, pages 29-34.	20	<u>40</u>
21.	Partial credit for political contributions. See page 20 of the instructions.	_	
b	Credit for child and dependent care expenses. Complete Schedule 1, Part IV. 21b 50	_	
22	Add lines 21a and 21b. Write the total. These are your total credits.	22	56*/
23	Subtract line 22 from line 20. Write the result. This is your total tax.	<b>2</b> 3	<u> </u>
244	in Box 9 of your W-2 form(s). (If line 6 is more than	_	
ŧ			
25	Add lines 24a and 24b. Write the total. These are your total payments.	25	66*/ .
26	If line 25 is larger than line 23, subtract line 23 from line 25. Write the result. This is the amount of your refund.	26	73 (-).
	This is the amount you owe. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1983 Form 1040A" on it.	27	73 (+) .
the	best of my knowledge and belief, they are true, correct, and complete. Declaration of prepar-	iles and er (othei	statements, and t than the taxpaye
Your	r signature . Date	Your o	ecupation
Spor	260) signature (if joint return both must sign)  Date	Spouse	es occupation
x			
	• •	Prepar	rer's social security r
<u>x</u>		L' 1	wer identification ~
		r.mpk	wer lachenication.
Add	ress and Zip code	Check	of self-employed
	21a 22 23 24a 25 26 27 Unce the is b. Your X. Spoot X. Paice sign X. Firry your	21a Partial credit for political contributions. See page 20 of the instructions.  21a 49  Credit for child and dependent care expenses. Complete Schedule 1, Part IV.  21b 50  22 Add lines 21a and 21b. Write the total. These are your total credits.  23 Subtract line 22 from line 20. Write the result. This is your total tax.  24a Total Federal income tax withheld This should be shown in Box 9 of your W-2 form(s). (If line 6 is more than \$35,700, see page 23 of the instructions.)  24a 67  25 Earned income credit, from the worksheet on page 24 of the instructions. See page 23 of the instructions.  25 Add lines 24a and 24b. Write the total. These are your total payments.  26 If line 25 is larger than line 23, subtract line 23 from line 25. Write the result. This is the amount of your refund.  27 If line 23 is larger than line 25, subtract line 25 from line 23. Write 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 and "1983 Form 1040A" on it.  28 Under penalties of perjury. I declare that I have examined this return and accompanying schedute best of my knowledge and belief, they are true, correct, and complete. Declaration of prepare is based on all information of which the preparer has any knowledge.  28 Your signature  29 Date  20 Obstermine Agents and Agents and Revenue Service." Write your social security number and "1983 Form 1040A" on it.  29 Date  20 Date  21 Date	21a Partial credit for political contributions. See page 20 of the instructions.  21a 49  b Credit for child and dependent care expenses. Complete Schedule 1, Part IV.  21b 50  22 Add lines 21a and 21b. Write the total. These are your total credits.  23 Subtract line 22 from line 20. Write the result. This is your total tax.  24 Total Federal income tax withheld This should be shown in Box 9 of your W-2 form(s). (If line 6 is more than \$35,700, see page 23 of the instructions.)  24a Total Federal oncome credit, from the worksheet on page 24 of the instructions. See page 23 of the instructions.  25 Add lines 24a and 24b. Write the total. These are your total payments.  26 If line 25 is larger than line 23, subtract line 23 from line 25. Write the result. This is the amount of your refund.  26 If line 23 is larger than line 25, subtract line 23 from line 23. Write the result. This is the amount you own. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1983 form 1040A" on it.  27 Under penalties of perjury. I declare that I have examined this return and accompanying schedules and the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer tother is based on all information of which the preparer has any knowledge.  28 Your signature  29 Date Your of Preparer's signature  29 Date Preparer's signature  20 Date Preparer's signature  20 Date Preparer's signature  20 Date Preparer's signature  21 Date Preparer's signature  22 Date Preparer's signature  23 Date Preparer's signature  25 Date Preparer's signature  26 Date Preparer's signature

<sup>\*/</sup> See Definitions.
\*\*/ Computed.

Department of the Treasury - Internal Revenue Service

Form 1040EZ income Tax Return for Single filers with no dependents  $\,^{(\!\omega\!)}$ 

)MB	NO.	1	34	5·I	Uъ	/5	

1983	Single filers with no dependents <sup>®</sup>	OMB No 1545-06/5
Name & address	If you don't have a label, please print:	Please write your numbers like this.
	•	Social security number
	Write your name above (first, initial, last)	
	Present home address (number and street)	
	City, town, or post office, state, and ZIP code	L
	Presidential Election Campaign Fund Check box if you want \$1 of your tax to go to this fund. ▶	Dollars Cents
Figure your tax	1 Wages, salaries, and tips. Attach your W-2 form(s). 2 1	$\Box$ , $\Box$
	2 Interest income of \$400 or less. If more than \$400, you cannot use Form 1040EZ. 3 2	
Attach	3 Add line 1 and line 2. This is your adjusted gross income. 1 3	
Copy B of Form(s) W-2 here	4 Allowable part of your charitable contributions. Complete the worksheet on page 19. Do not write more than \$25.	Ш.Ш
	5 Subtract line 4 from line 3.	
	6 Amount of your personal exemption. 36	1,000.00
	7 Subtract line 6 from line 5. This is your taxable income.	
	8 Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s).	
	9 Use the tax table on pages 29-34 to find the tax on your taxable income on line 7. Write the amount of tax. 40	
Refund or amount	10 If line 8 is larger than line 9, subtract line 9 from line 8.  Enter the amount of your refund.  73 (-) 1	。
you owe Attach tax payment here	11 If line 9 is larger than line 8, subtract line 8 from line 9.  Enter the amount you owe. Attach check or money order for the full amount, payable to "Internal Revenue Service." 73 (+)	
Sign your return	I have read this return. Under penalties of perjury, I declar that to the best of my knowledge and belief, the return is true correct, and complete.	e 1
. • • • • • • • • • • • • • • • • • • •	Your signature Date	
	X	

SCHLEULED MOL (Form 1040)

## (Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

"Department of the Treasury Internal Revenue Service (X) Name(s) as shown on Form 1040

					1		i		
Medical and	1	Medicines and drugs	84				6 . 1		
Dental Expenses	2	Write 1% of Form 1040, line 33	85						
	3	Subtract line 2 from line 1. If line 2 is more than line 1, w	rite zero	3	86				
(Do not include expenses	4	Other medical and dental expenses:							
reimbursed or		a Doctors, dentists, nurses, hospitals, insurance prer	-		07				
paid by others.)		paid for medical and dental care, etc		4a 4b	87 87				
(See page 18 of		<b>b</b> Transportation		40	0/				
Instructions.)		c Other (list—include hearing aids, dentures, eyeglasse							
		<b>&gt;</b>							
				4c	87				
	2	Add lines 2 through Ac		5	88				
•	5	Add lines 3 through 4c	· · · · · · · · ·	6	89				
		Subtract line 6 from line 5. If line 6 is more than line 5, wr				7	90((A	So 8	82ħ
	8		turet.	8	92 */				
Taxes	9	Real estate		.9	93 */				
(See page 19 of	_	a General sales (see sales tax tables)	aletx.	10a	94 **	/			
Instructions.)		<b>b</b> General sales on motor vehicles		10b					
	11	Other (list—include personal property) > 96			2544	11			
				11	(97 <i>5</i> 7	9TX			
	12	Add lines 8 through 11. Write your answer here	<u></u>			12			
	13	a Home mortgage interest paid to financial institutions		13a	<u> </u>				
interest Expense		<b>b</b> Home mortgage interest paid to individuals (show th							
(See page 20 of Instructions )		name and address)			99				
instructions )				13b	99				
	14	Credit cards and charge accounts		14					
• '	15	Other (list)							
-				15					
		A.11 19-14 - 1-15 W.A			•	16	98 to	ndr	ral
		Add lines 13a through 15. Write your answer here		<i>.</i>	· · · · · · · · · · · · · · · · · · ·	10	30		,,,
Contributions	17	a Cash contributions. (If you gave \$3,000 or more		17a	101				
(See page 20 of		organization, report those contributions on line 17b.)		-	101	_			
Instructions.)		<b>b</b> Cash contributions totaling \$3,000 or more to any or tion. (Show to whom you gave and how much you gave	_						
i		tion. (Snow to whom you gave and now much you gave	E.)						
				176	102				
	18	Other than cash (attach required statement)		18	103				
	19	Carryover from prior year		19	104				,
	20	Add lines 17a through 19. Write your answer here.	. <u> </u>	<u></u>	<u>.,</u>	20	100	ant-	Jes (
Casualty and							100 W	2 1100	0
Theft Losses	21	Total casualty or theft loss(es) (attach Form 4684) (see page	ge 20 of Instru		<u>) ▶</u>	21	106 /2		Children Shares
Miscellaneous	22			22		-			
Deductions	23	Tax return preparation fee		23		<b>↓</b> —			
	24	Other (list)							
(See page 21 of				104					
Instructions )						25			
	25	Add lines 22 through 24. Write your answer here				23	<del> '</del>	<del> </del>	
Summary of						26	81		
Itemized	26	Add lines 7, 12, 16, 20, 21, and 25				-	<del>                                     </del>	+	
Deductions		Filing Status box 2 or 5, w	rite \$3.400 )			27	37		
(See page 21 of	27	If you checked Form 1040 Filing Status box 1 or 4, will Filing Status box 3, write \$	nie \$2.300 }			T		+-	
Instructions )	20			MΩ II-	na 34a /If line				
	28	Subtract line 27 from line 26. Write your answer here and	n nage 21 1	<del>~</del> ∪, III		28	33		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1983

<sup>\*/</sup> Averaged over 10 returns.

\*\*/ Combination of Motor Vehicle and General Sales Taxes, total averaged over 10 returns.

Part I Interest Income (See pages 9	If you received more than \$400 in interest or you received any interest from an All- complete Part I and list ALL interest received. If you received interest as a nominee for paid accrued interest on securities transferred between interest payment dates, see	or and	ther, or you rece	u must ived or
and 21 of	Interest income other than interest from All-Savers Certificates		Amount	
Instructions ) Also complete	1 Interest income from seller-financed mortgages. (See Instructions and show name	1		
Part III.	of payer.) ►  2 Other interest income (list name of payer) ►			
				<del></del>
		2		:
;				:
	3 Add lines 1 and 2	3		<del></del>
	Interest from All-Savers Certificates (ASCs). (See page 22.)	<del> </del>	Amount	<u>:</u>
		4		
	5 Add amounts on line 4	5	107	
	6 Write the amount of your ASC exclusion from the worksheet on page 22 of Instructions	6	107	<del>!</del> —
	7 Subtract line 6 from line 5	7	108	
Part II	8 Add lines 3 and 7. Write your answer here and on Form 1040, line 8 ▶  If you received more than \$400 in gross dividends (including capital gain distribution)	8		
Dividend Income (See pages 9 and 22 of	stock, or you are electing to exclude qualified reinvested dividends from a public ut received dividends as a nominee for another, see page 22.  Name of payer	1	Amount	
Instructions.)	9			<del>                                     </del>
Also complete Part III.				
		9		-
				-
	10 Add amounts on line 9	10		<b>*</b>
	11 Capital gain distributions. Enter here and on line 15, Schedule D.*			
	12 Nontaxable distributions. (See Instructions for adjustment to basis.)			
	13 Exclusion of qualified reinvested dividends from a public			
	utility. (See page 22 of Instructions.)	14		
	14 Add lines 11, 12, and 13	15		+-
	*If you received capital gain distributions for the year and you do not need Schedule losses, do not file that schedule. Instead, enter 40% of your capital gain distributions	D to on Fo	report any other g orm 1040, line 14.	ains or
Part III Foreign	If you received more than \$400 of interest or dividends, OR if you had a foreign a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part	111.	163	s No
Accounts and	16 At any time during the tax year, did you have an interest in or a signature or other bank account, securities account, or other financial account in a foreign country? (Sometimes of the second			
Foreign Trusts	instructions for exceptions and filing requirements for Form 90-22.1.)		i	
(See page 22 of	If "Yes," write the name of the foreign country ▶	<b></b>		
Instructions.)	17 Were you the grantor of, or transferor to, a foreign trust which existed during the current to not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520.	ax yea 0-A, or	r, whether or 926	
or Paperwork Re	duction Act Notice, see Form 1040 Instructions		edule B (Form 104	0) 1983

Name(s) as shown on form 1040 (Do not enter name and social security number if shown on other side)

Jü

OMB No 1545 0014 PARE & Your social security number

#### SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (XX)

# Profit or (Loss) From Business or Profession (Sole Proprietorship)

Partnerships, Joint Ventures, etc., Must File Form 1065.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

1983 09

Nan	ne of proprietor		Social security number of	proprietor
A	Main business activity (see Instructions)	; product		
B	Business name and address >		C Employer identification	n number
<b>D</b>	Method(s) used to value closing inventory:			
_	(1) Cost (2) Lower of cost or market (3) Other (at	tach explanation)		
E		ecify)		Yes No
F	Was there any major change in determining quantities, costs, or valuations between			
•	If "Yes," attach explanation.	opening and ordering inventori		
G	Did you deduct expenses for an office in your home?			
_	RT I.—Income	i -		
	a Gross receipts or sales		1a 151	
•	b Less: Returns and allowances		1b	
	c Subtract line 1b from line 1a and enter the balance here		1c	
2	Cost of goods sold and/or operations (Part III, line 8)	i	2	
	Subtract line 2 from line 1c and enter the gross profit here.		3	
<b>3</b>	Windfall Profit Tax Credit or Refund received in 1983 (see Instructions)		4a	
7	b Other income		4b	1 -
5	Add lines 3, 4a, and 4b. This is the gross income		5	
_	RT II.—Deductions			
_		oirs		
		olies (not included in Part III)	j .	
•		s (Do not include Win		
			Į.	
•	1	t Tax here. See line 29.) el and entertainment	1	
30	,		ľ	
	• • • • • • • • • • • • • • • • • • •	ties and telephone		
	Depletion			
12		Jobs credit		
	·	Subtract line 28b from 28a		
	· · · · · · · · · · · · · · · · · · ·	Ifall Profit Tax withheld in 1	983	
	1 1 1	er expenses (specify):		
		********************		
	1 1		•••	
	Interest on business indebtedness d	• • • • • • • • • • • • • • • • • • • •	•••	<del></del>
	Laundry and cleaning			<del></del>
		•••••••		
	Office expense	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••	<del>-  -</del>
	Pension and profit-sharing plans	••••••••••	•••	-
	Rent on business property		31	<del>-  </del>
_	<del></del>			<del></del>
32	Net profit or (loss). Subtract line 31 from line 5 and enter the result. If a profit, er and on Schedule SE, Part I, line 2 (or Form 1041, line 6). If a loss, go on to line 33.		<b>32</b> 9	
33	If you have a loss, you must answer this question: "Do you have amounts for which your fir" you must attach Form 6198. If "No," anter the loss on Form 1040, line 12	ou are not at risk in this busine 2, and on Schedule SE, Part I,	ss (see Instructions)?"[_ line 2 (or Form 1041, line	Yes No
PI	ART III.—Cost of Goods Sold and/or Operations (See Schedule C	Instructions for Part II	1)	
1	Inventory at beginning of year (if different from last year's closing inventory, attach of	explanation)	1	
	Purchases less cost of items withdrawn for personal use	· ·	2	
	Cost of labor (do not include salary paid to yourself)		3	
4	Materials and supplies		4	
5	Other costs		5	
	Add lines 1 through 5.		6	
7	Less: Inventory at end of year		7	
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and it	n Part I, line 2, above	8	

#### 1 SCHEDULE D (FORM 1040)

Department of the Treasury Internal Revenue Service (X)

Capital Gains and Losses (Examples of property to be reported

on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)

➤ Attach to Form 1040. ➤ See Instructions for Schedule D (Form 1040).

OM8 No 1545-0074

Name(s) as shown on Form 1040

Your social security re

(Ex	scription of property ample, 100 shares referred of "Z" Co )	b. Date acquired (Mo_day, yr )	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or othe basis, plus exper of sale		f. LOSS ff column (e) is mo than (d) subtract ( from (e)		g. GAIN If column (d) is m then (e) subtract from (d)	
<u> </u>								<del>                                     </del>		-
						<b></b> }		╂─┼		$\vdash$
_								╀┈┼		┝
_								<del>                                     </del>		$\vdash$
_						$\longrightarrow$		+-+		┝
_								<del>  -</del>		┞
_								1		╀
_								1		┞
_								+ +		+
-								+		+
-								╅╌╅		+
_				1	<u> </u>					╀
	hort term gain fr	om sale or excha	nge of a principa	al residence from	Form 2119,					1
3	ines 7 or 11	Unit Suit Of Skolle				2		1		+
il	lhort.term canital a	ain from installmer	nt sales from Form (	6252, line 21 or 29		3				+
2	and chort-term gain	or (loss) from parti	nerships. S corpora	tions, and fiduciarie	s	4		+	7.00	╁
	de Short-term gam	4 in column fand o	olumn g.			5	( 110	<del>                                     </del>	109	+
,		and a of line 5 and	enter the net gain (	or (loss)				6		+
•	ombine columns i	and got time a good	Cittor tire inst game	. (				7	( 111	-
	والمغنمه معمنه مالا	see carruguer from s	vears beginning afti	er 1969.						†
5	Vet short-term gain	or (loss), combine	lines 6 and /	er 1969 —Assets Held M		<del></del>		. 8		1 T
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>		8		1
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>		8		
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>		. 8		
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>		. 8		
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
5	Vet short-term gain	or (loss), combine	lines 6 and /			<del></del>				
77	Net short-term gain  II.— Long-ter	or (loss), combine	ns and Losses-	Assets Held M	lore Than Oi	<del></del>				
? T S	Vet short-term gain  II.— Long-ter  Long-term gain fro	or (loss), combine  m Capital Gain  m sale or exchang	ns and Losses—	Assets Held M	lore Than O	ne Ye	ar		112	
-	Long-term gain fro	or (loss), combine m Capital Gair m sale or exchange	ns and Losses—	Assets Held M	lore Than Or	10 11	ar .		112	
27	Long-term gain fro	m Capital Gair m Sale or exchange	ns and Losses—  ge of a principal resent sales from Form	-Assets Held M	lore Than Or	ne Ye	ar .			
\ \frac{1}{1}	Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain	m Capital Gair m Sale or exchange or (loss) from par	te of a principal results ales from Form	sidence from Form and 6252, line 21 or 29 rations, and fiduciari	lore Than Or	10 11 12	ar .		112	
27	Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain Add long-term gain	m Capital Gair m Capital Gair m sale or exchang gain from installme or (loss) from par	te of a principal results ales from Form therships, S corporad column g	sidence from Form and 6252, line 21 or 29 rations, and fiduciari	2119, lines 7,	10 11 12	( 114		113	
27	Long-term gain fro 11. — Long-ter  Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain Add lines 9 through	m Capital Gair m Capital Gair m sale or exchang gain from installme or (loss) from par fand g of line 13 a	te of a principal results also from Form therships, S corporad column guind enter the net ga	sidence from Form and 6252, line 21 or 29 rations, and fiduciarian or (loss)	2119, lines 7,	10 11 12	( 114	14	113	
27	Long-term gain fro 11. — Long-ter  Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain Add lines 9 through Combine columns Capital gain distrib	m Capital Gair m Capital Gair m sale or exchang gain from installme or (loss) from par 12 in column f an f and g of line 13 a	tines 6 and 7  Ins and Losses—  The of a principal results also from Form the sales from Form d column g and enter the net game and enter	sidence from Form and 6252, line 21 or 29 rations, and fiduciari	lore Than Or	10 11 12	( 114	14	113	
27	Long-term gain fro 11. — Long-ter  Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain Add lines 9 through Combine columns Capital gain distrib	m Capital Gair m Capital Gair m sale or exchang gain from installme or (loss) from par 12 in column f an f and g of line 13 a jutions	te of a principal results from Form the riships, S corporad column guind enter the net ga	sidence from Form	2119, lines 7,	10 11 12 13	114	14 15 16	113 116 117	
27	Long-term gain fro 11. — Long-ter  Long-term gain fro 11. 16 or 18 Long-term capital g Net long-term gain Add lines 9 through Combine columns Capital gain distrib Enter gain from Fo	m Capital Gair m Capital Gair m sale or exchange or (loss) from pare 12 in column f and f and g of line 13 a sutions.	te of a principal restriction of column grand enter the net gard.	sidence from Form and 6252, line 21 or 29 rations, and fiduciari	2119, lines 7,	10 11 12 13	( 114	14 15 16 17	113 116 117	

See Form 4798 instead

۴.

PART MI.—Summary of Parts I and II			_
•	00		
20 Combine lines 8 and 19, and enter the net gain or (loss) here	20		7
Note: If hire 20 is a loss, skip lines 21 through 23 and complete lines 24 and 25. If line 20 is a gain complete lines 21			Ē
through 23 and skip lines 24 and 25.			
21 If line 20 shows a gain, enter the smaller of line 19 or line 20. Enter zero if there is a loss or no			Ī
entry on line 19	<del>                                     </del>		=
22 Enter 60% of line 21	22		_
If line 22 is more than zero, you may be liable for the alternative minimum tax. See Form 6251.			
23 Subtract line 22 from line 20. Enter here and on Form 1040, line 13	23	10	_
24 If line 20 shows a loss, enter one of the following amounts:			
a If line 8 is zero or a net gain, enter 50% of line 20;	1	:	
b If line 19 is zero or a net gain, enter line 20; or	24	}	
c If line 8 and line 19 are net losses, enter amount on line 8 added to 50% of the amount on line 19			-
25 Enter here and as a loss on Form 1040, fine 13, the smallest of:			
a The amount on line 24;		1	
<ul> <li>\$3,000 (\$1,500 if married and filing a separate return); or</li> <li>Taxable income, as adjusted</li> </ul>	25	10	
PART IV.—Complete this Part Only if You Elect Out of the Installment Method And Report a	Note	e or Other Obligation	on
at Less Than Full Face Value			
Check here if you elect out of the installment method.			
Enter the face amount of the note or other obligation	• • • • •		• •
Enter the percentage of valuation of the note or other obligation	•		_
PART V.—Computation of Post-1969 Capital Loss Carryovers from 1983 to 1984			
(Complete this part if the loss on line 24 is more than the loss on line 25)  Note: You do not have to complete Part V on the copy you file with IRS.			
Section A.—Short-term Capital Loss Carryover	<del></del>		_
26 Enter loss shown on line 8; if none, enter zero and skip lines 27 through 30 then go to line 31.	26	<del>                                     </del>	_
	27		
27 Enter gain shown on line 19. If that line is blank or shows a loss, enter zero		+	_
	28		
28 Reduce any loss on line 26 to the extent of any gain on line 27			_
AA Paku ayalka af lina OF as lina OD	29		_
29 Enter smaller of line 25 or line 28			
30 Subtract line 29 from line 28. This is your short-term capital loss carryover from 1983 to 1984	30		_
Section B.—Long-term Capital Loss Carryover			
	$\neg$		
31 Subtract line 29 from line 25 (Note: If you skipped lines 27 through 30, enter amount from line 25)	31		
- Oddatav iii a La Tiati iii a La Ciata ii a			
32 Enter loss from line 19; if none, enter zero and skip lines 33 through 36	32		
	33		
33 Enter gain shown on line 8. If that line is blank or shows a loss, enter zero	. 33		
	34		
34 Reduce any loss on line 32 to the extent of any gain on line 33	·   -	+	
	35	,	
35 Multiply amount on line 31 by 2	. —		_
36 Subtract line 35 from line 34. This is your long-term capital loss carryover from 1983 to 1984	36		
The Subtract line 30 from time 34. This is your long term capital loss carryover from 2000 to 2007	<del></del> -		_

#### SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (X)

Name(s) as shown on Form 1040

#### Supplemental income Schedule

(From rents and royalties, partnerships, estates, and trusts, etc.)

▶ Attach to Form 1040. ▶ See Instructions for Schedule E (Form 1040).

1983

100

Your social security number

PART I.—Rent and Royalty Income or Loss 2 If you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational unit for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? Description of Properties (Show kind and location for each) Property C **Properties Totals** (Add columns A. B, and C) Rental and Royalty Income C В 3 Rents received . . . . b Royalties received. Rental and Royalty Expenses 6 6 Cleaning and maintenance . . . 8 10 Legal and other professional fees . 11 12 13 Taxes (Do not include Windfall Profit Tax 13 here. See Part III, line 37.) 14 15 Wages and salaries . . . . . . **16** Other (list) ▶ ...... 17 Total expenses other than depreciation and 17 17 depletion. Add lines 4 through 16 . . . . 18 Depreciation expense (see Instructions), 18 or depletion . . . . . . . . . . . . 19 Total. Add lines 17 and 18 . . . . . . 20 Income or (loss) from rental or royalty properties. Subtract line 19 from line 3a 124 123 20 (rents) or 3b (royalties) . . . . . . L 21 21 Add properties with profits on line 20, and write the total profits here . . . 22 22 Add properties with losses on line 20, and write the total (losses) here . . . 23 23 Combine amounts on lines 21 and 22, and write the net profit or (loss) here 122. 25 Total rental or revalty income or (loss). Combine amounts on lines 23 and 24, and write the total here. If Parts II, III, and IV on page 2 do not apply to you, write the amount from line 25 on Form 1040, line 18. Otherwise, include the amount in line 39 on page 2 of Schedule E

Schedule E (Form 1040) 1983

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

	II.—Income or Losses from							
1 you	report a loss below, and have amou	nts invested in that act		ou are not at risk, y	<del></del>		198 See inst	tructions
	· . (a) Name		(b) Check if foreign partnership	(c) Employer identification number	(see instri	et loss uctions for nitations)	(e) Net ince	ome
						T		1_
•								
를								1
7				_	†			
Ē			1					
Partnerships	26 Add amounts in columns (	d) and (e) and write th	he total(s) here		26 ( 126		125	i
<b>D.</b>	27 Combine amounts in colu					27	100	-
	28 Deduction for section 179						127	)
	29 Total partnership income include in line 39 below.	or (loss). Combine am	ounts on lines	27 and 28. Write	the total here a	nd	121	
	merade in time 33 below.	· · · · · · · · · · · · · · · · · · ·		<del> </del>		. 29		<del>-                                    </del>
k				<del></del>	<del></del>			_
2.2						_		_!
Estates or Trusts					120 1 200		1.20	
#=	30 Add amounts in columns (				30 ( 129	)	128	
	31 Total estate or trust incom total here and include in li	ne or (loss). Combine ne 39 below	amounts in col	umns (d) and (e),	line 30. Write t	he . 31		
								1
2		- <u> </u>						Ī
욢								
2	32 Add amounts in columns (	d) and (e) and write th	ne total(s) here		32 ( 131	)	13.0	
2	33 Combine amounts in colu					33		
S Corporations	Deduction for section 179 p					ns.) 34	(	)
Š	35 Total S corporation incom	e or (loss). Combine	amounts on lir	nes 33 and 34. W	rite the total he	re		
	and include in line 39 belo	w				. 35		į
PAR	T III Windfall Profit Tax Su	mmary						
	Vindfall profit tax credit or refund	<u>-</u>	a Instructions)			36	132	
37 V	Vindfall profit tax withheld in 1983	(see Instructions)	e msa acaons)		· · · · ·	37	( 133	)
	•	(00000000000000000000000000000000000000				1		1
38 (	Combine amounts on lines 36 and	37. Write the total he	re and include	in line 39 below.		. 38		
PART	I IV.—Summary	<u> </u>	_			· · · · · ·		
							_	
<del>39</del> 1	OTAL income or (loss). Combine li	nes 25, 29, 31, 35, ar	nd 38. Write to	al here and <mark>on</mark> For	rm 1040, lin <mark>e 18</mark>	39		
40 F	armers and fishermen: Write you	r share of GROSS FAF	RMING AND FI	SHING INCOME				
	pplicable to Parts I and II	<u>.</u>			40			
PART	Form 4562. If you placed an	n Part I. — Complete	only if propert	y was placed in ser	vice before Janu	ary 1, 198	1. For more s	pace, use Part V.
	(a) Description of property	(b) Date	(c) Cost or	(d) Depreciation allowed or allow-	(e) Depreciation	(f) Life	(g) Depreci	ustion
	······································	acquired	other basis	able in prior years	method	or rate	for this y	<del></del>
<b>%</b>			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Property								
§  -								
	otals (Property A)	<u></u>						
	<del></del>							
Property								
8 L								
To	otals (Property B)			1				
ပ္					-	1		
£				1 - 1				
Property			<u> </u>	<del>                                     </del>				_
E				1				
To	rtals (Property C)			1				

#### Schedule W (Form 1040)

Department of the Treasury Internal Revenue Service

Names as shown on Form 1040

#### **Deduction for a Married Couple** When Both Work

 For Paperwork Reduction Act Notice, see Form 1040 Instructions. Attach to Form 1040.

OMB No 1545-0074

Your social security number

#### Step 1 Figure your earned income

_			(a) You	1	(b) Your spouse	
	Wages, salaries, tips, etc., from Form 1040, line 7. (Do not include any amount your spouse paid you.)	_1				
2	Net profit or (loss) from self-employment (from Schedules C and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income)	2				
3	Add lines 1 and 2. This is your total earned income	3			_	

#### Figure your qualified earned income Step 2

	Adjustments from Form 1040, lines 24, 25a, 26, 30, and any repayment of sub-pay included on line 31. (See instructions below.)	4			
5	Subtract line 4 from line 3. This is your qualified earned income. (If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not claim this deduction.)	5	138	139	

#### Figure your deduction Step 3

6	Compare the amounts on line 5(a) and line 5(b) and write the smaller amount here. (Write either amount if 5(a) and 5(b) are exactly the same.) Do not write more than \$30,000	6		
7	Percentage used to figure the deduction (10%)	7	ж.	10
•	Multiply the amount on line 6 by the percentage on line 7. This is the amount of your deduction. Write the answer here and on Form 1040, line 29	8		-

#### Instructions

Complete this schedule and attach it to your Form 1040 if you take the deduction for a married couple when both work. You may take the deduction if both you and your spouse:

- work and have qualified earned income, and
- file a joint return, and
- do not file Form 2555 to exclude income or to exclude or deduct certain housing costs, and
- do not file Form 4563 to exclude income.

There are three steps to follow in figuring the deduction on Schedule W.

Step 1 (lines 1, 2, and 3).—Figure earned income separately for yourself and your spouse.

Step 2 (lines 4 and 5).—Figure qualified earned income separately for yourself and your spouse by subtracting certain adjustments from earned income.

Step 3 (lines 6, 7, and 8).—Figure the deduction based on the smaller of:

- the qualified earned income entered on line 5(a) or 5(b) of Schedule W, whichever is less, OR
- \$30,000.

Earned income. — This is generally income you receive for services you provide. It includes wages, salaries, tips, commissions, disability income, sub-pay, etc. (from Form 1040, line 7). It also includes income earned from self-employment (from Schedules C and F of Form 1040 and Schedule K-1 of Form 1065), and net earnings and gains (other than capital gains) from the disposition, transfer, or licensing of property that you created. Earned income does not include interest. dividends, pensions, annuities, IRA distributions, unemployment compensation, deferred compensation, or-nontaxable income.

Caution: Do not consider community property laws in figuring your earned income.

Oualified earned income. — This is the amount on which the deduction is based. Figure it by subtracting certain adjustments from earned income. These adjustments (and the related lines on Form 1040) are:

- Employee business expenses (from line 24).
- Payments to an IRA (from line 25a).
- Payments to a Keogh plan (from line
- Disability income exclusion (from line 30).
- Repayment of supplemental unemployment benefits (sub-pay) included in the total on line 31. See the instructions on repayment of sub-pay on page 13 of the Form 1040 Instructions.

Enter the total of any adjustments that apply to your earned income in the appropriate column on line 4.

Example.—You earned a salary of \$20,000 and had \$6,000 of employee business expenses (line 24 of Form 1040). Your spouse earned \$17,000 and put \$2,000 into an IRA (line 25a of Form 1040). Your qualified earned income is \$14,000 (\$20,000 minus \$6,000) and your spouse's is \$15,000 (\$17,000 minus \$2,000). Because your qualified earned income is less than your spouse's, the deduction is figured on your income. Therefore, the deduction is  $$1,400 ($14,000 \times .10)$ .

## Credit for Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service (X)

► Attach to Form 1040. ➤ See instructions below.

OMB No. 1545-0068

Your social security Au Name(s) as shown on Form 1040 1 Write the number of qualifying persons who were cared for in 1983. (See the instructions below for the definition of Yes No 2 If payments listed on line 3 were made to an individual, complete the following: a If you paid \$50 or more in a calendar quarter to an individual, were the services performed in your home? . . . . . b If "Yes." have you filed appropriate wage tax returns on wages for services in your home (see instructions for line 2)? 3 Write the amount of expenses you incurred and actually paid in 1983, but do not write more than 134 \$2,400 (\$4,800 if you paid for the care of two or more persons) 4 You must write your earned income on line 4. See the instructions for line 4 for the definition of earned • If you were unmarried at the end of 1983, write your earned income on line 4, OR If you are married, filing a joint return for 1983, a write your earned income \$ \_\_\_\_\_, and b write your spouse's earned income \$ \_\_\_\_\_, and 135 compare amounts on lines 4a and 4b, and write the smaller of the two amounts on line 4. 136 5 Compare amounts on lines 3 and 4, and write the smaller of the two amounts on line 5. 6 Write the percentage from the table below that applies to the adjusted gross income on Form 1040, 6 line 33. . . . . . . . . . . . Percentage is: If line 33 is: 11 line 33 is: Percentage is: Over- But not Over- But not overover-\$20,000-22,000 24% (.24) 0-\$10,000 30% (.30) 22,000-24,000 23% (.23) \$10,000-12,000 29% (.29) 22% (.22) 24,000-26,000 28% (.28) 12.000-14.000 26.000-28,000 21% (.21) 14,000-16,000 27% (.27) 20% (.20) 28,000 16,000-18,000 26% (.26) 18,000-20,000 25% (.25) 7 Multiply the amount on line 5 by the percentage shown on line 6, and write the result. . . . 8 Multiply any child and dependent care expenses for 1982 that you paid in 1983 by the percentage that applies to the adjusted gross income on Form 1040, line 33, for 1982. Write the result. (See line 8 137 8 instructions for the required statement.) 9 9 Add amounts on lines 7 and 8, and write the total . 10a b Add lines 41 through 44 of Form 1040, and write total. (See line 10 10b c Subtract line 10b from line 10a, and write the result. (If line 10b is more than line 10a, write zero.) 11 Compare amounts on lines 9 and 10c, and write the smaller of the two amounts on line 11. Also, write this amount on Form 1040, line 45

#### **General Instructions**

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

#### What Is the Child and Dependent Care Expenses Credit?

You may be able to take a tax credit for amounts you paid someone to care for your child or other qualifying person so you could work or look for work in 1983. The credit will lower the amount of your tax. The credit is based on a percentage of the amount you paid during the year. The most you can take as a credit is \$720 if you paid for the care of one qualifying person, or \$1440 if you paid for the care of two or more qualifying . persons.

Who is a qualifying person. — A qualifying person is any one of the following persons:

- Any person under age 15 whom you claim as a dependent (but see the special rule below for Children of divorced or separated parents).
- Your disabled spouse who is mentally or physically unable to care for himself or herself.
- Any disabled person who is mentally or physically unable to care for himself or herself and whom you claim as a dependent, or could claim as a dependent except that he or she had income of \$1,000 or more.

Children of divorced or separated parents.-If you were divorced, legally separated, or separated under a written agreement, you may be able to claim the credit even if your child is not your dependent. Your child is a qualifying person if all four of the following apply:

- 1. You had custody for the longer period during the year, and
- 2. The child received over half of his or her support from one or both of the parents, and
- 3. The child was in the custody of one or both of the parents over half of the year,
- 4. The child was under age 15, or was physically or mentally unable to care for himself or herself.

(Continued on back)

# Department of the Treasury Internal Revenue Service (X)

**Residential Energy Credit** 

➤ Attach to Form 1040. ➤ See Instructions on back.

OMB No. 1545-0214

Name(s) as shown on Form 1040

► For Paperwork Reduction Act Notice, see Instructions on back. Your social security number

	different from the address shown on Form 10	40		
nter t	he address of your principal residence on which the credit is claimed if it is different from the address shown on Form 10	<b>~</b> U.		
	to the second an energy regime costs this year, skin to Part III. line 24.			_
f you t	have an energy credit carryover from a previous tax year and no energy savings costs this year, skip to Part III, line 24.  I.—FIII in your energy conservation costs (but do not include repair or maintenance costs)			
PART	I.—Fill in your energy conservation costs (but do not include repair of include repa	<u> </u>		
	A A A A A A A A A A A A A A A A A A A			No
1	Was your principal residence substantially completed before April 20, 19777 (see instructions) .			
	Note: You MUST answer this question. Failure to do so will delay the processing of your return. If you check	eu trie	140 000, 300	
	CANNOT claim an energy credit under Part I and you should not fill in lines 2 through 12 of this form.	20		
2	a Insulation	2b		
	Storm (or thermal) windows or doors	2c		
	Caulking or weatherstripping	. 2d		
	A replacement burner for your existing furnace trial reduces fuel use     A device for modifying flue openings to make a heating system more efficient	<b>2e</b>		
	A device for modifying flue openings to make a fleating system have efficient.      An electrical or mechanical furnace ignition system that replaces a gas pilot light.	<b>2</b> f		
	An electrical or mechanical furnace ignition system that replaces a gas photographic against the system that t	2g		
	h A meter that shows the cost of energy used	2h		
_	Total (add lines 2a through 2h)	3		
3	Enter the part of expenditures made from nontaxable government grants and subsidized financing	4		
4	Subtract line 4 from line 3	5	143	
5	Maximum amount of cost on which credit can be figured	6	\$2,000	00_
•	Enter the total energy conservation costs for this residence. Add line 2 of your 1978, 1979, and 1980			
7	Forms 5695 and line 3 of your 1981 and 1982 Forms 5695	7	144	
	Subtract line 7 from line 6	8	145	
9	Enter the total nontaxable grants and subsidized financing used to purchase qualified energy items for			
•	this residence. Add the amount on line 4 of this form and your 1981and 1982 Forms 5695	9		
10	Subtract line 9 from line 8. If zero or less, do not complete the rest of this part	10		<del> </del>
11	Enter the amount on line 5 or line 10, whichever is less.	11	7.46	<del> </del>
12	Enter 15% of line 11 here and include in amount on line 23 below	12	146	<u> </u>
PAR	T.II.—Fill in your renewable energy source costs (but do not include repair or maintenance	13d	<u>,                                    </u>	
13	a Solar 13 b Geothermal 13 c Wind Total ▶	14		<del>                                     </del>
14	Enter the part of expenditures made from nontaxable government grants and subsidized financing	15	147	
15	Subtract line 14 from line 13	16	\$10,000	00
16	Maximum amount of cost on which the credit can be figured	1	<u> </u>	
17	Enter the total renewable energy source costs for this residence. Add line 5 of your 1978 Form 5695,	17	148	1
	line 9 of your 1979 and 1980 Forms 5695, and line 13d of your 1981 and 1982 Forms 5695	18		<del>                                     </del>
18	Subtract line 17 from line 16			
19	Enter the total nontaxable grants and subsidized financing used to purchase qualified energy items for	19	149	
	this residence. Add the amount on line 14 of this form and your 1981 and 1982 Forms 5695	20		
20	Subtract line 19 from line 18. If zero or less, do not complete the rest of this part	21		
21	Enter the amount on line 15 or line 20, whichever is less	22		
22	RT III.—Fill in this part to figure the limitation.			
	Add lines 12 and 22. If less than \$10, enter zero	23		<del>  -</del>
23	Enter your energy credit carryover from a previous tax year. Caution—Do not make an entry on this line	}		
24	if your 1982 Form 1040, line 50, showed an amount of more than zero	24	150	<del> </del>
0.5	Add lines 23 and 24	25		<del>↓</del>
25	Enter the amount of tax shown on Form 1040, line 40	26		-
26 27	Add lines 41 through 46 from Form 1040 and enter the total	27		-
28	Subtract line 27 from line 26. If zero or less, enter zero.	28		+-
29	But dead at a series gradit. Enter the amount on line 25 or line 28, whichever is less. Also, enter this			
		29	53	
PA	RT IV.—Fill in this part to figure your carryover to 1984 (Complete only if line 29 is less that	30	23).	$\top$
30	Enter amount from Part III, line 25	31	<del>                                     </del>	+-
31	Enter amount from Part III, line 29 . Credit carryover to 1984 (subtract line 31 from line 30)	32		1-
31			1	

# 6251

Department of the Treasury Internal Revenue Service

#### **Alternative Minimum Tax Computation**

► Attach to Forms 1040, 1040NR, 1041 or 990-T (Trust).

1983

identifying musber rne(s) as shown on tax return 1 Adjusted gross income from Form 1040, or Form 1040NR, line 33 (estates and trusts, see instructions) 2 Deductions (estates and trusts, see instructions): a (1) Medical and dental expense from Schedule A, line 7 . . . (2) Multiply Form 1040, line 33 by 5% (.05) . . . . . . . . 2a(3)(3) Subtract line 2a(2) from line 2a(1). (If less than zero, enter zero) ; CC. ·2b c Casualty and theft losses from Schedule A, line 21 94 d Interest expense on property used as a residence from Schedule A, line 13 e (1) Interest, other than line 2d above, from Schedule A, line 16 [2e(1)] 77-99 (3) Enter the smaller of line 2e(1) or line 2e(2) . . . . . . . . . . . . . . . f Gambling losses to the extent of gambling winnings from Schedule A, line 24 . . . 2h h Add lines 2a(3), b, c, d, e(3), f, and g . . . . . . . . . . . . 3 Subtract line 2h from line 1 . . . . . . . . . 4 Tax preference items: a All-savers interest exclusion, and dividend exclusion 142 141 c Accelerated depreciation on nonrecovery real property or 15-year real property ... d Accelerated depreciation on leased personal property or leased recovery property **4**d 141 g Circulation and research and experimental expenditures h Reserves for losses on bad debts of financial institutions I Depletion 5 5 Alternative minimum taxable income (add lines 3 and 4(I)) (short period returns, see instructions) . 6 Enter: \$40,000, if married filing joint return or surviving spouse . . . . 6 \$30,000, if single or head of household . . . . . . . . . \$20,000, if married filing separate return or estate or trust 7 Subtract line 6 from line 5. If zero or less, do not complete the rest of this form 8 8 Enter 20% of line 7 9 Amount from Form 1040, line 49 or Form 1040NR, line 51 (Do not include Form 1040, line 39 or 1040NR, line 42.) (estatés and trusts, see instructions) 10 10 Subtract line 9 from line 8. If zero or less, enter zero 

#### Instructions

(Section References are to the Internal Revenue Code)

Paperwork Reduction Act Notice. — We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Purpose of Form. —Use this form to figure your alternative minimum tax, but file it only if you are liable. Individuals, estates or trusts may be liable if they have any tax preference items listed on line 4 or adjusted gross income of more than line 6.

If you made an election under section 58(i), enter zero on lines 4f, 4g, and 4k.

Minimum Tax Deferred From Earlier Year(s).—If a net operating loss carryover from an earlier year(s) reduces taxable income for 1983, and the net operating loss giving rise to the carryover resulted in the deferral of minimum tax in that earlier year(s), all or part of the deferred minimum tax may be includible as tax liability for 1983. Figure the deferred minimum tax at 15% and complete and attach a 1982 Form 4625, Computation of Minimum Tax—Individuals, lines 14 through 18. You may attach a schedule following the format of Form 4625. Enter the amount from line 18 on Form 1040, line 51, or Form 1041, line 32 and write "Form 4625."

12 Alternative minimum tax (subtract line 11 from line 10). Enter on Form 1040, line 51, Form 1040NR, line 52, Form 1041, line 32, or Form 990-T, page 1, line 14

Partners, Beneficiaries, etc.—if you are a:

(1) Partner or shareholder of an S corporation, take into account separately your distributive

share of items of income and deductions that enter into the computation of tax preference items.

- (2) Beneficiary of an estate or trust, see section 58(c).
- (3) Participant in a common trust fund, see section 58(e).
- (4) Shareholder or holder of beneficial interest in a regulated investment company or a real estate investment trust, see section 58(f).

Carryback and Carryover of Unused Credits.—It may be necessary to figure the carryback or carryover of unused credits. See section 55(c)(3).

(Continued on back)