General Description Booklet

for the

1994 PUBLIC USE TAX FILE

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INTRODUCTION

The Internal Revenue Service 1994 Public Use Tax File, which contains 96,384 records, was selected as part of the Statistics of Income program that was designed to tabulate and present statistical information for the 115.9 million Form 1040, Form 1040A, and Form 1040EZ Federal Individual Income Tax Returns filed for Tax Year 1994.

The Tax Files which have been produced since 1960, consist of detailed information taken from SOI sample records. The public use versions of these sample files are sold 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 File is designed for making national level estimates. The 1994 Tax File can be purchased through the Internal Revenue Service, Statistics of Income Division. Any questions concerning the cost and acquisition of the current Individual Tax File should be directed to:

Daniel F. Skelly, Director Statistics of Income Division CP:R:S Internal Revenue Service P.O. Box 2608 Washington, DC 20013-2608

Telephone number: (202) 874-0700 Fax number: (202) 874-1198

Individual Public Use Tax Files for each of the Tax Years 1960, 1962, and 1966 through 1978, and State Public Use Tax 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:

Reference Services
Center for Electronic Records, (NSXA)
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001
(301) 713-6630

The Archives order number for any of the above-mentioned historical Public Use Tax Model Files is 374-109-(A). In addition to the order number, the requester 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 File Sample Description" for a more detailed discussion of the Tax File.

DISCLOSURE AVOIDANCE PROCEDURES

To preserve the character of the microdata file while also protecting the identity of individuals, we have incorporated the following procedural changes in the Individual Tax File.

First, to make sure that it will be impossible to know whether a given taxpayer is represented in the sample, we have subsampled our 100 percent sample ¹ at a 33 percent rate.

Second, those records that remain in our file from the 100 percent sample have been combined with other high income returns for the following processing changes:

As in past years, the State codes and all other geographic indicators have been removed for all high income records. Other codes and fields removed for these returns include: age and blindness indicators (for both primary and secondary taxpayers), alimony paid, and alimony received. Also, certain codes (age status, marital status, and exemptions for children living at home) have been modified (see section on Code Definitions for specific changes).

Then, all of the high income returns have been sorted from largest to smallest for the field "State and local income taxes deductions". In this field, for every three records, in descending order, the <u>average</u> State and local income taxes deduction has been determined and that value has been placed in the State and local income taxes deduction field for each of the three 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 fewer than three, these records have been combined with the group of three immediately before it. This method of disguising data is called "blurring".

¹Returns sampled at 100 percent for the Statistics of Income program include those with total income or loss of \$5,000,000 or more; those with business plus farm receipts of \$50,000,000 or more; and nontaxable returns with adjusted gross incomes or expanded incomes of \$200,000 or more.

High income returns have then been separated into 35 different classes based on age, marital status, the number of children living at home, and the size of salaries and wages. Within each of these 35 classes, returns have been sorted on salaries and wages. This field has then been blurred over consecutive records as described above for State and local income tax deductions. However, records have only been averaged with other records in the same class. Therefore, records within one of the 35 classes have not been averaged with records in any of the other 34 classes. The file was then sorted on real estate tax deductions (again, within the 35 classes), and on home mortgage financial institutions and the same blurning procedure was repeated on each field.²

Third, all lower income returns (records with an adjusted gross income of less than \$200,000 and not from our 100 percent sample) have been blurred, nationally, for alimony paid and alimony received and home mortgage interest paid to financial institutions. Then, all lower income returns were sorted by State. After this sort, the records were blurred for real estate tax deductions and State and local income taxes deduction (State of Wisconsin, only, for this last item) in the same manner as described above. The only difference between the processing of these records and that of the high income returns is that the lower income returns have been sorted for real estate tax deduction by individual state with no records from two different States being combined when averaging a field over a series of records.

Fourth, for all records on the file, 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).

Since individual records in this file may or may not contain data from just one tax return--and never contain the full item content of any one tax return--we request that researchers make these facts clear in publishing their findings. In particular, they should refrain from using any language that would imply that they had access to individual taxpayers' records.

The following table shows the number of returns in the sample for each State, and the number not State-coded for disclosure reasons as described above

²For greater details on this and other disclosure protection techniques used by the Statistics of Income Division, see: Strudler, Michael, Oh, H. Lock; and Scheuren, Fritz. "Protection of Taxpayer Confidentiality on the IRS Tax Model." <u>Statistics of Income and Related Administrative Record Research</u>: 1986, Internal Revenue Service.

SAMPLE BY STATE

STATE:	NUMBER OF RECORDS	WEIGHTED TOTAL
High Income 3	37,294	1,148,757
Alabama	809	1,802,012
Alaska	222	297,086
Arizona	912	1,780,766
Arkansas	518	1,059,563
California	7,876	13,172,409
Colorado	918	1,652,386
Connecticut	814	1,447,055
Delaware	168	324,034
District of Columbia	138	312,260
Florida	3,253	6,477,968
Georgia	1,483	3,079,051
Hawaii	288	522,729
Idaho	253	421,369
Illinois	2,697	5,326,914
Indiana	1,160	2,457,505
Iowa	755	1,393,108
Kansas	612	1,086,210
Kentucky	763	1,636,862
Louisiana	784	1,623,394
Maine	265	543,378
Maryland	1,185	2,434,323
Massachusetts	1,427	2,728,671
Michigan	2,017	4,290,088
Minnesota	1,148	2,166,425
Mississippi	470	969,226
Missouri	1,146	2,263,424
Montana	202	320,991
Nebraska	423	748,837
Nevada	378	687,851
New Hampshire	279	552,371
New Jersey	1,940	3,751,645
New Mexico	358	657,182
New York	3,880	7,515,077
North Carolina	1,494	3,243,317
North Dakota	168	253,178

³ These returns do not include the state code.

SAMPLE BY STATE

STATE :	WEIGHTED TOTAL	NUMBER OF RECORDS
Ohio	2,286	4,994,574
Oklahoma	747	1,387,890
Oregon	743	1,384,090
Pennsylvania	2,577	5,215,252
Rhode Island	236	470,430
South Carolina	7 61	1,681,255
South Dakota	239	400,087
Tennessee	1,105	2,378,389
Texas	4,001	7,820,319
Utah	359	735,824
Vermont	159	281,961
Virginia	1,469	2,970,626
Washington	1,240	2,350,118
West Virginia	318	711,346
Wisconsin	1,123	2,223,514
Wyoming	121	222,904
APO/FPO	88	236,764
Puerto Rico/V.I.	15	48,669
Other Than Above	300	281,718

RECORD LAYOUT

2 Digit Codes
(all codes are 2 characters in length - PIC 99)

1. AGEX	14. F625 1	27. TFORM
2. AGIR1	15. F8582	28. TXST
3. CYCLE	16. F8 606	29. XBI*
4. DSI	17. MARS	30. XFPT
5. EFI	18. PCI	31. XFST
6. EIC	19. PREP	32. XOCAH
7. ELECT	20. PSV	33. XOCAWH
8. FDED	21. REGION*	34. XOODEP
9. FLPDYR	22. SCHB	35. XOPAR
10. FLPDMO	23. SCHCF	36. XTOT
11. F244 1	24. SCHE	
12. F2555	25. SPECTX	
13. F38 00	26. STATE*	

^{*} Only present for returns that sampled at less than a 100% rate and where AGI was less than \$200,000.

1994 NON-PUBLIC USE FILE RECORD LAYOUT

Amount Fields and Large Codes

Field No	E Fields
Inco	me
1.	Salaries and Wages 1/
2.	Taxable Interest
3.	Tax-exempt Interest Income
4.	Dividends
5.	State Income Tax Refunds
6.	Alimony Received ²
7.	Business or Profession Net Income Less Loss (Schedule C) (+/-)
8.	Sales of Capital Assets Reported on Sch. D Net Gain Less Loss in AGI (+/-)
9.	Capital Gain Distributions Reported On Form 1040
10.	Sales of Prop. other than Capital Assets Net Gain Less Loss (+/-)(Form 4797)
11.	Taxable IRA Distribution
12.	Total Pensions and Annuities
13.	Pensions and Annuities in AGI
14.	Schedule E Net Income Less Loss (+/-)
15.	Farm Net Income Less Loss (Schedule F) (+/-)
16.	Unemployment Compensation
17.	Total Social Security Benefits (SOI)
18.	Social Security Benefits in AGI
19.	RESERVED
20.	RESERVED
21.	RESERVED
Stati	utory Adjustments
22.	Payments to Individual Retirement Account (IRA) (Primary)
23.	Payments to Individual Retirement Account (IRA) (Secondary)
24.	Moving Expenses *
25.	Deduction for Self-employment Tax
26.	Self-Employed Health Insurance Deduction
27.	Payments to a Keogh Plan
28.	Forfeited Interest Penalty
29 .	Alimony Paid ²
30.	RESERVED
31.	RESERVED
32.	RESERVED

Note: See page 13 for this section's footnotes.

Adjusted C	Gross Income
33.	Adjusted Gross Income Less Deficit (AGI) (+/-)
Tax Comp	utation
34.	Standard Deduction (if used) or Itemized Deductions (whether or not used)
35 .	Exemption Amount
36.	Taxable Income
37.	Tax on Taxable Income
38.	Computed Income Tax (SOI)
39 .	Income Tax Before Credits
40.	Income Subject to Tax (SOI)
41.	Marginal Tax Base (SOI)
42.	Tax Generated - Tax Rate Tables (SOI)
	·
Credits	
43.	Total Tax Credits (SOI)
44.	Child and Dependent Care
45.	Elderly or Disabled
46.	Foreign Tax
47.	General Business Credit
48.	Other Tax Credits (Not Included in the Other Credit fields) (SOI)
49.	Credit for Prior Year Minimum Tax
Other Taxe	es e
50.	Total Income Tax (SOI)
51.	Income Tax after Credits (SOI)
52.	Self-Employment Tax
53.	Alternative Minimum Tax
54.	Recapture Taxes (Includes Form 4255, Recapture Tax of Investment Credit
	and Form 8611, Recapture of Low Income Housing Credit)
55 .	Social Security Tax on Tip Income Not Reportedto Employer
56	Penalty Tay on Qualified Patirement Plans

Note: See page 13 for this section's footnotes.

*5*7.

Total Tax Liability (SOI)

The second secon	
Payments	
58. Income Tax Withheld	
59. Estimated Tax Payments	
Earned Income for Earned Income Credit (SOI)	
61. EIC Used to Offset Income Tax Before Credits (SOI)	
62. EIC Used to Offset All Other Taxes Except Advance EIC	(SOI)
EIC Refundable Portion (SOI)	
Amount Paid with Form 4868	
65. Excess Social Security/RRTA	
66. Credit for Federal Tax on Special Fuels and Oils	
67. Regulated Investment Company Credit	
68. Total Tax Payments (SOI)	
Refund or Amount You Owe	
69. Balance Due (Overpayment) (+/-)	
70. Overpayment Credited to Next Year's Tax	
71. Predetermined Estimated Tax Penalty	
Itemized Deductions (Schedule A): Medical and Dental Expense Deductions	
72. Medical and Dental Expenses Subject to Reduction by AC	I Limit
73. Limited Medical and Dental Expenses Deduction	JI 21114
Taxes Paid Deductions	
74. State and Local Income Taxes 1/	
75. Real Estate Taxes ³ /	
76. RESERVED	
77. RESERVED	
Interest Paid Deductions	
78. Home Mortgage Interest & Points Paid to Financial Instit	utions 3/
79. Home Mortgage Paid to Individuals	
80. Deductible Points Not Reported on Form 1098	
81 Investment Interest Paid	

Note: See page 13 for this section's footnotes.

Gifts to	Charity
83 .	Cash Contributions
84.	Other than Cash Contributions
85.	RESERVED
86.	Contributions Deduction, Total
Miscella	aneous Deductions (Subject to 2% Limitation)
87.	Net Limited Miscellaneous Deductions
88.	Unreimbursed Employee Business Expense
8 9.	Tax Preparation Fees
90.	Total Miscellaneous Deductions Subject to Agi Limitation
Other	
91.	Casualty or Theft Loss
92 .	RESERVED
9 3 .	RESERVED
Itemize	1 Deduction Limitation
94.	Itemized Deduction Limitation (SOI)
	` ,
Interest and	l Dividend Income (Schedule B)
95.	Nontaxable Distributions *
Combined	Schedule C Income and Some Deduction Items
96.	Net Receipts (+/-)
97.	Cost of Goods Sold And/or Operations
98.	Business Receipts (+/-) (SOI)
99.	Total Income or Loss (+/-)
100.	Car and Truck Expenses
101.	Commissions and Fees
102.	Depreciation
103.	Insurance
104.	Mortgage Interest
105.	Other Interest
106.	Office Expenses
107.	Rent - Other Business Property
108.	Wages (Less Jobs Credit)
109.	Total Expenses 4'
110.	RESERVED

Note: See page 13 for this section's footnotes.

Capital	Gains (Schedule D)
111.	Short-term Gains
112.	Short-term Losses (Before Carryover)
113.	RESERVED
114.	Long Term Gain from Other Forms Carried to Schedule I
115.	Long Term Loss from Other Forms Carried to Schedule I
116.	Schedule D Capital Gain Distributions
117.	Long-term Gain
118.	Long-term Losses (Before Carryover)
119.	RESERVED

Supplemental Income and Loss (Schedule E)

Rental Real Estate and Royalties

120. Total Rents Received 121. Total Royalties Received 122. Rental Expenses: Mortgage Interest 123. Rent/royalty Expenses Other Interest 124. Royalty Depletion 125. Rental Depreciation 126. Rent Net Income or Loss (+/-) Royalty Net Income or Loss (+/-) 127. Deductible Rental Real Estate Loss 128. 129. **RESERVED** 130. Rent/royalty Net Income

Rent/royalty Net Loss

Partnerships

131.

132.	Total Passive Income
133.	Total Non-passive Income
134.	Total Passive Loss
135.	Total Non-passive Loss
136.	Partnership Section 179 Expense Deduction

Note: See page 13 for this section's footnotes.

Small	Business Corporation
137.	Total Passive Income
138.	Total Non-passive Income
139.	Total Passive Loss Allowed
140.	Total Non-passive Loss
141.	Combined Partnership and S Corporation Net Income/loss (+/-)
142.	S-corp. Section 179 Expense Deduction
Estate	e or Trust
143.	Total Income
144.	Total Loss
Farm R	ental
145.	Farm Rent Net Income or Loss (Not included in any other rent field) (+/-)
Schedul	le SE - Self Employment Income
146.	Net Earnings from Self-Employment, Total (SOI)
147.	Net Earnings from Self-Employment, Secondary Taxpayer (SOI)
Child C	Care Credit (Form 2441)
148.	Qualifying Expenses Limitation
149.	Earned Income Limitation (SOI)
150.	Qualified Expenses Limited to Earned Income (SOI)
General	Business Credit (Form 3800)
151.	Investment (Included in General Business Credit)
152.	Jobs (Included in General Business Credit)
153.	Alcohol Used as Fuel (Included in General Business Credit)
154.	Increasing Research Activities (Included in General Business Credit)
155.	Low Income Housing (Included in General Business Credit)
Investm	nent Interest Expense Deduction (Form 4952)
156.	Disallowed Investment Interest Expense to be Carried Forward
	P

Note: See page 13 for this section's footnotes.

157.

158.

Investment Interest Expense

Amount Elected for Inclusion in Investment Income

Alternative Minimum Tax Computation (Form 6251)

- 159. Accelerated Depreciation
- 160. Combined Tax Preferences (SOI)
- 161 Net Operating Loss Tax Preference (SOI) *
- 162. Other Adjustments and Preferences (+/-)
- 163. Total Adjustments and Preferences (+/-)
- 164. Tentative Alternative Minimum Taxable Income
- 165. Alternative Tax Foreign Tax Credit

Passive Activity Loss Limitation (Form 8582)

- 166. Total Current Year Passive Net Income (SOI)
- 167. Total Current Year Passive Net Losses (SOI)
- 168. Total Losses Allowed from All Passive Activities for 1994
- 169. **RESERVED**

Minimum Tax Credit (Form 8801)

- 170. RESERVED
- 171. Minimum Tax Credit Carryforward to 1995

Miscelaneous Codes

- 172. Return Id
- 173. RESERVED
- 174. RESERVED
- 175. Decimal Weight
- 176. Sample Count
- 177. Population Count
- 178. Sample Code
- 179 Marginal Tax Rate Code (SOI)

* Indicates new field for 1994.

¹/Blurred for high income returns (note: State and local income taxes deduction is also blurred for low income returns in Wisconsin); See the section on Disclosure Avoidance Procedures for a more complete explanation.

² Blurred for lower income returns, reserved for high income returns.

³/ Blurred for all returns.

⁴ For Schedule C-EZ filers, no detail is available for this field.

CODE DEFINITIONS

1. AGEX	Age Indicator:	
	(A) No Age Status for either taxpayer	0
	(B) Only primary taxpayer indicates age 65 or over	
	(C) Only secondary taxpayer indicates age 65 or over	
	(D) Both spouses indicate age 65 or over	
NOTE: For high	gh income returns with values greater than 1, this code wa	s set equal to 1.
·	0	1
2. AGIR1	Adjusted Gross Income (AGI) Range:	
	No AGI (includes deficit)	
	\$ 1 under \$ 1,00001	
	\$ 1,000 under \$ 2,00002	
	\$ 2,000 under \$ 3,00003	
	\$ 3,000 under \$ 4,00004	
	\$ 4,000 under \$ 5,00005	•
	\$ 5,000 under \$ 6,00006	
	\$ 6,000 under \$ 7,00007	
	\$ 7,000 under \$ 8,000	
	\$ 8,000 under \$ 9,00009	
	\$ 9,000 under \$ 10,00010	
	\$ 10,000 under \$ 11,00011	
	\$ 11,000 under \$ 12,00012	
	\$ 12,000 under \$ 13,00013	
	\$ 13,000 under \$ 14,00014	
	\$ 14,000 under \$ 15,00015	
	\$ 15,000 under \$ 16,00016	
	\$ 16,000 under \$ 17,00017	
	\$ 17,000 under \$ 18,00018	
	\$ 18,000 under \$ 19,00019	
	\$ 19,000 under \$ 20,00020	
	\$ 20,000 under \$ 25,00021	
	\$ 25,000 under \$ 30,00022	
	\$ 30,000 under \$ 40,00023	
	\$ 40,000 under \$ 50,00024	
	\$ 50,000 under \$ 75,00025	
	\$ 75,000 under \$ 100,00026	
	\$ 100,000 under \$ 200,00027	
	\$ 200,000 under \$ 500,00028	
	\$ 500,000 under \$ 1,000,00029	
	\$1,000,000 or more30	٠.

3. CYCLE	CYCLE
	Individual Master File return posting cycle (week) code04-52 (Each number represents the nth week of the year)
4. DSI	Dependent Status Indicator:
	(A) Taxpayer not being claimed as a dependent on another tax return 0 (B) Taxpayer claimed as a dependent on another tax return 1
5. EFI	Electronic Filing Indicator:
	(A) Return not filed electronically 0 (B) Return filed electronically 1
6. EIC	Earned Income Credit Code:
(Note: This fiel	(A) No children claimed 0 (B) One child claimed 1 (C) Two children claimed 2 Id does not indicate whether the Earned Income Credit was claimed)
7. ELECT	President Elect Campaign Fund Boxes:
	(A) No "yes" boxes checked
8. FDED	Form of Deduction Code:
	(A) Itemized deductions 1 (B) Standard deduction 2 (C) Taxpayer did not use itemized or standard deduction 3
	F. O. T. A.

9. FLPDYR	Filing (Accounting), Year: Tax Year
10. FLPDMO	Filing (Accounting) Period:
	Month Taxpayer's year ended 01-12
11. F244 1	Form 2441, Child Care Credit Qualified Individual:
	(A) No Form 2441 attached to return 0 (B) Number of qualifying individuals 1-9
NOTE: For I	high income returns with values greater than 3, this code was set equal to 3
12. F2555	Form 2555, Foreign Earned Income:
	(A) No Form 2555 attached to the return 0 (B) Form 2555 attached to the return 1
13. F3800	Form 3800, General Business credit:
	(A) No Form 3800 attached to return 0 (B) Form 3800 attached to return 1
14. F6251	Form 6251, Alternative Minimum Tax:
	(A) No Form 6251 attached to the return 0 (B) Form 6251 attached to the return 1
15. F8582	Form 8582, Passive Activity Loss Limitation:
	(A) No Form 8582 attached to return 0 (B) Form 8582 attached to return

16. F8 606	Form 8606, Nondeductible IRA Contributions:
	(A) No Form 8606 attached to return0
	(B) Number of Forms 8606 attached to return1-2
17 MARS	Marital (Filing) Status:
	(A) Single1
	(B) Married filing a joint return.
	(C) Married filing separately and not claiming a spousal exemption3
	(D) Head of household 4
	(E) Widow(er) with dependent child (surviving spouse)5
	(F) Married filing separately and claiming a spousal exemption6
NOTE: For	r high income returns with values equal to 5, this code was set equal to 2.
18. PC I	Form 1040PC indicator
	(A) Return not filed as Form 1040PC 00 (B) Return filed as Form 1040PC 01
19. PREP	Tax Preparer:
	(A) No preparer other than taxpayer indicated on the form0
	(B) Return prepared by paid tax preparer
	(C) IRS prepared return 2
	(D) IRS reviewed return
	(E) Voluntary Income Tax Assistance prepared return4
	(F) Self help5
	(G) Tax Counseling for the elderly
	(H) Outreach program7
20. PSV	Primary Stratifying Variable:
	(A) Positive Income GT OR EQ to Negative Income1 (B) Negative Income GT Positive Income

21. REGION	IRS Regions:	
	(A) Central 1	
	(B) Mid-Atlantic 2	
	(C) Midwest 3	
	(D) North Atlantic 4 (E) Southeast 5	
	(F) Southwest	
	(G) Western7	
NOTE: For	high income returns this code was set equal to zero.	
22. SCHB	Schedule B Indicator:	
	(A) No Schedule B attached to return0	
	(B) Schedule B attached to return1	
23. SCHCF	Schedule C or F Indicator:	
	(A) Neither Schedule C or F present	0
	(B) Schedule C present only	
	(C) Schedule F present only	2
	(D) Schedule C and F present Schedule C Gross Receipts Larger(E) Schedule C and F present Schedule F Gross Receipts Larger	
24. SCHE	Schedule E Indicator:	
	(A) No Schedule E attached to the return 0	
	(B) Schedule E attached to the return 1	
25. SPECTX	Special Tax Computation:	
	(A) No entry	0
	(B) Form 4970 tax used	
	(C) Form 4972 tax used	
	(D) Both Form 4972 and Form 4970 taxes used	3
	(E) Type not determinable or prior year return with any	
	combination of the additional taxes	4

26. STATE:

a 1	CT A TTT AVAILABLE		
Code	STATE NAME		e <u>STATE NAME</u>
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	Oklahoma
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	Virgin Islands
27	Montana	54	Guam
28	Nebraska	54	U.S. Citizens Abroad
		J-1	C.D. Cidzons Horoad

NOTE: For high income returns this code was set equal to zero.

27. TFORM Form of Return:

(A) 1040 Return	0
(B) 1040A Return	1
(C) 1040EZ Return	2
(D) 1040PC Return	3

28. TXST	TAX STATUS:
	(A) No tax owed and IRS did not compute tax
29. XBI	Primary or Secondary Taxpayer Blindness Indicator:
	(A) Neither the primary nor secondary taxpayer is blind 0 (B) Either the primary or secondary taxpayer is blind 1 (C) Both the primary and secondary taxpayer is blind 2
30. XFPT	Primary Taxpayer Exemption:
	(A) No exemption for primary taxpayer (dep. of another taxpayer)
31. XFST	Secondary Taxpayer Exemption:
	(A) No secondary taxpayer or joint return filed be dependents. 0 (B) Secondary taxpayer exemption
32. XOCAH	Exemptions for Children Living at Home:
	Number of children 0-99
NOTE: For I	nigh income returns with values greater than 3, this code was set equal to 3.

33. XOCAWH	Exemptions for Children Living Away from Home:
	Number of children 0-99
NOTE: For hig was set equal to	gh income returns with values greater than 3 for XOCAH, this code, XOCAWH 0.
34. XOODEP	Exemptions for Other Dependents:
	Number of other dependents 0-99
NOTE: For hig was set equal to	th income returns with values greater than 3 for XOCAH, this code, XOODEP 0.
35. XOPAR	Exemptions for Parents Living at Home or Away from Home:
	Number of parents 0-9
NOTE: For hig set equal to 0.	th income returns with values greater than 3 for XOCAH, this code, XOPAR was
36. XTO T	Total Exemptions:
	Number of exemptions 01-99

EXPLANATION OF FIELDS NOT ABSTRACTED DIRECTLY FROM TAX FORMS

The following explanations define data fields contained in the 1994 Individual Tax File that have not been abstracted directly from a specific line on Forms 1040, 1040A, 1040EZ, or the accompanying schedules and forms. Field 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 "1994 Federal Tax Forms" section of this booklet for further information.

<u>Field</u> Number 9	Definition CAPITAL GAINS DISTRIBUTIONS REPORTED ON FORM 1040 Present when taxpayer has Capital Gain Distributions reported on Form 1099-DIV (or a substitute statement) but does not need to file Schedule D for other capital transactions.
17	TOTAL SOCIAL SECURITY BENEFITS Total Social Security Benefits for taxpayers with taxable social security benefits.
34	DEDUCTIONS This is either Total Standard Deduction or Total Itemized Deductions. Only one can appear on each return. (Note: If the taxpayer had no income, but still included the total itemized deductions for which he/she was eligible, this amount is shown in Field 34.)
38	COMPUTED INCOME 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.
40	INCOME SUBJECT TO TAX For taxpayers filing current year returns, "Income Subject to Tax" is identical to taxable income except for those dependents paying "kiddie" tax from Form 8615; and those returns with long-term capital gains taxed at the 28 percent rate (TXST equals 6 or 7). For dependents filing Form 8615 (TXST = 4 or 8), this is the income taxed at child's rate. For taxpayers with long-term capital gains, this is only the income taxed at the regular rates (not any capital gains that were taxed at

reported.

the maximum capital gains rate of 28 percent). For prior year returns, "income subject to tax" is computed by using the Tax Year tax rate schedule to impute a hypothetical taxable income amount necessary to yield the given amount of tax

41 MARGINAL TAX BASE

This is the amount of income subject to tax at the marginal tax rate applicable to the return (TXRT), using the 1994 Tax Rate Schedules for all returns. (See Income Subject to Tax).

42 TAX GENERATED

This is a computed amount arrived at by applying the Tax Rate Schedules to Income Subject to Tax.

43 TOTAL TAX CREDITS (SOI)

Total credits from Form 1040 (line 45) or 1040A (line 24c) plus EARNED INCOME CREDIT USED TO OFFSET INCOME TAX BEFORE CREDITS (F61).

48 OTHER TAX CREDITS (NOT INCLUDED IN THE OTHER CREDIT FIELDS)

The sum of the amounts for Other Tax Credits on Form 1040 line 44 for which seperate fields have not been listed.

50 TOTAL INCOME TAX

Income Tax After Credits (F51) plus Alternative Minimum Tax (F53).

51 INCOME TAX AFTER CREDITS (SOI)

Income Tax after Credits from Form 1040 (line 46) or 1040A (line 25) minus the amount of Earned Income Credit used to offset Income Tax Before Credits. For Form 1040EZ, which does not allow for any credits or any other taxes, this is the same as "Total Tax Liability."

57 TOTAL TAX LIABILITY (SOI)

Total tax liability (Form 1040, line 53, Form 1040A, line 27, Form 1040-EZ, line 8) minus Advance Earned Income Credit (line 52, Form 1040) payments minus EIC USED TO OFFSET INCOME TAX BEFORE CREDITS (F69) minus EIC USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC (F70).

61 EARNED INCOME CREDIT USED TO OFFSET INCOME TAX BEFORE CREDITS

This amount is the lesser of: Total Earned Income Credit or Income Tax Before Credits (F39) minus all credits except the Earned Income Credit.

- If Total Earned Income Credit (EIC) is greater than Income Tax Before Credits (reduced by all credits except the Earned Income Credit), the following fields are computed:
 - 62 EARNED INCOME CREDIT USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC

The lesser of:

- 1. Total EIC minus Earned Income Credit used to offset Income Tax Before Credits (F61); or
- 2. The sum of all other taxes (fields 52 through 56).
- 63 EARNED INCOME CREDIT, REFUNDABLE PORTION EIC minus F61 minus F62 (see above for definitions and conditions).
- 68 TOTAL TAX PAYMENTS

Total payments shown on the tax form, minus the total Earned Income Credit (Form 1040 line 60 minus line 56). This is limited to zero if there is a refundable EIC.

- 98 BUSINESS RECEIPTS
 - Line 3 plus line 6 of Schedule C
- 146 NET EARNINGS FROM SELF-EMPLOYMENT INCOME

The lessor of line 6 (net Schedule SE earnings) or 9 (maximum amount subject to Social Security tax) on the combined Schedule SE. For the short form, Schedule SE, this is line 4.

147 NET EARNINGS FROM SELF-EMPLOYMENT INCOME, SECONDARY TAXPAYER

The lessor of line 6 (net Schedule SE earnings) or 9 (maximum amount subject to Social Security tax) on the secondary taxpayer's Schedule SE. For the short form, Schedule SE, this is line 4.

149 EARNED INCOME LIMITATION

The smaller of line 5 or 6 (primary or secondary earned income), Form 2441.

160 COMBINED TAX PREFERENCES

Sum of the amounts on lines 4, 7, 8, 9, 10, 11, 12 and 13, Form 6251. The amounts on lines 1, 2, 3, 5 and 6 can be determined from items on Form 1040 or Schedule A.

161	NET OPERATING LOSS TAX PREFERENCE Line 17 less line 20, Form 6251.
166	TOTAL CURRENT YEAR PASSIVE NET INCOME Lines 1A + 2A, Form 8582
167	TOTAL CURRENT YEAR PASSIVE NET LOSSES Lines 1b + 2b, Form 8582
172	RETURN ID A unique number assigned for each sampled tax return during processing.
175	DECIMAL WEIGHT This field was derived by dividing the computer population count of returns in a sample stratum by the number of sample returns for that stratum (carried to two decimal places). The decimal place is implied. All estimates derived from this fil must be multiplied by this decimal weight and divided by 100.
176	SAMPLE COUNT The number of sampled tax returns found in the given sample code.
177	POPULATION COUNT The number of tax returns in the population for a given sample code.
178	SAMPLE CODE (A) Nonbusiness Nonfarm returns
179	MARGINAL TAX RATE Top rate from tax rate schedule that applies to income subject to tax. See definition for field number 40 (Income Subject to Tax)

TECHNICAL DESCRIPTION OF THE FILE

62

Each "data record" in the file, representing one SOI record, is composed of 1,830 characters. Blocks are made up of 12 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 EBCDIC or ASCII on a 3480 standard IBM cartridge; however, the user can also request the data on a nine-track, 6250 bytes per inch (BPI) magnetic tape.

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 with leading zeros. The largest value is 99. The fields in the file are 10 characters in length with leading zeros. Weight factors are provided to accommodate a decimal integer weighting system.

SAMPLE DESCRIPTION

This section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

Domain of Study

The data in this file are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, 1040EZ, 1040PC and 1040TEL (including electronic returns) filed by U.S. citizens and residents during Calendar Year 1995.

All returns processed during 1995 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, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information, were excluded in calculating estimates. This resulted in a small difference between the population total (116,878,243 returns) reported in Table A and the estimated total of all returns (115,943,150 returns) generated using the Public Use Tax File. In addition, the perfection of money amounts during Statistics of Income processing, as well as the blurring techniques used in creation of the Public Use File, may have shifted some returns from one income class to another, making it impossible to replicate Table A exactly from the Public Use sample.

The records found in this file are intended to represent all returns filed for Tax Year 1994. While about 97 percent of the returns processed during Calendar Year 1995 were for Tax Year 1994, a few were for noncalendar years ending during 1994 and 1995, and some were returns for prior years. Returns for prior years were used in place of 1994 returns received and processed after December 31, 1995. This was done in the belief that the characteristics of returns due, but not yet processed, could best be represented by the returns for previous income years that were processed in 1995. Therefore, data for Tax Year 1994 may include amounts for discontinued items, such as the interest deductible from credit cards, reported on select prior year returns processed in 1995.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is selected independently from each stratum. Strata are defined by:

1. Nontaxable with adjusted gross income or expanded income of \$200,000 or over and no alternative minimum tax.

- 2. High combined business and farm total receipts of \$50,000,000 or more.
- Presence or absence of special Forms or Schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Total gross positive or negative income. Sixty variables are used to derive positive and negative incomes.
- Potential usefulness of the return for tax policy modeling. Thirty-two variables are used to determine how useful the return is for tax modeling purposes.

Table A shows the population and sample count for each stratum after collapsing some strata with the same sampling rates. The sampling rates range from 0.02 percent to 100 percent.

Tax data processed to the IRS Individual Master File at the Martinsburg Computing Center during Calendar Year 1995 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their ending five digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample was loaded onto an online database at the Cincinnati Service Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record. The editors use a hardcopy of the taxpayer's return to enter the required information onto the online system. Data are 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 editing, the amount of director's fees would have been entered into the salaries and wages field.

After the completion of service center review, data were further validated, tested, and balanced at the Detroit Computing Center. Adjustments and imputations for selected fields were used to make each record internally consistent.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 1994, 0.23 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns.

Table A.—Number of Individual Income Tax Returns in the Population and Sample by Sampling Strata for 1994

		1								Number of returns	eturns
		neso	Description of the sample strata	sample strata						Population	Sample
Grand total	1 .									116.878.243	96.384
Form 1040 returns only with AGI or expanded income of \$200,000 and over, with no income tax after credits and no additional tax for tax preferences, total (WSAMP 101, 129, and 130)	ome of \$200,000	and over, with no	income tax af	ter credits and no	additional tax	for tax preference	es, total (WSA)	MP 101, 129, and	130)	2.944	086
Form 1040 returns only with combined Schedule C (business	C (business or pr	or profession) total receipts of \$50,000,000 and over, total (WSAMP 201 and 230)	eipts of \$50,0	00,000 and over,	total (WSAM	P 201 and 230)				. 88	28
Other Returns, total										116,875,213	95,377
				Numbe	r of returns by	Number of returns by type of form attached	ched				
Description of the sample strata	Degree of interest 1	Form 1040, with Form 1116 or Form 2555 (WSAMP 401-424)	7 Form 1116 2555 01-424)	Form 1040, with Schedule C but without Form 1116 or Form 2555 (WSAMP 601-624)	040, edule C :orm 1116 2555 801-624)	Form 1040, with Schedule F but without Form 1118 or Form 2555 (WSAMP 801-824)	040, dule F orm 1116 2555 01-824)	All other returns (WSAMP 001-024)	eturns 31-024)	-	
		Population counts	Sample counts	Population counts	Sample counts	Population counts	Sample	Population counts	Sample		
	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(8)		
Total		1,740,971	12,766	15,987,383	26,363	1,664,088	3,676	97,482,771	52,570		
3									_		
	₹	105	35	616	8	73	77 7	808	580	1,603	532
X02 \$5,000,000 under \$10,000,000	₹ ₹	95	32	735	245	113	8 5	839	98 8	1,782	585
	₹₹	356 730	0.10	5,100	974	1318	210	2,198	- Z- 268	14.568	2.189
	¥	1,663	48	17,377	517	3,904	119	13,753	382	36,697	1,079
X08 \$250,000 under \$500,000	Ē	3,484	32	42,212	388	10,547	87	30,107	281	86,350	789
X07 \$120,000 under \$250,000	Αlf	7,191	24	91,891	392	20,569	83	906,308	256	185,957	755
X08 \$60,000 under \$120,000	¥	10,782	23	130,684	287	22,644	53	107,373	564	271,483	749
X09 Under \$60,000	₹	14,049	21	362,493	333	44,861	ક્ષ	458,086	383	879,489	772
Positive income	+				-		:	77 DON 890	5 357	27 090 890	5357
	۰ ،	117 292	20	1685 551	505	132 801	98	28 013 850	8 329	29,849,494	8,906
	3.4	144,905	81	3,251,401	2,551	222,107	2 00	5,586,758	4,364	9,185,171	7,249
X13 \$30,000 under \$60,000	1.2	151,993	53	1,732,284	805	203,443	62	19,378,062	5.729	21,465,782	6,353
X14 \$30,000 under \$60,000	3 - 4	199,955	96	3,151,437	2,794	310,422	277	4,344,540	3,956	8,006,354	7,226
X15 \$60,000 under \$120,000	1 - 3	271,156	81	1,695,504	701	251,398	87	8,587,062	3,366	10,805,120	4,235
X16 \$60,000 under \$120,000	₹	211,051	233	1,990,284	2,160	180,268	185	1,629,287	1,778	4,010,890	4,354
X17 \$120,000 under \$250,000	1.3	155,091	215	379,600	525	121,300	<u>8</u>	1,098,356	1,547	1,754,347	2,467
X18 \$120,000 under \$250,000	4	184,070	570	928,111	2,841	61,272	161	604,540	1,846	1,777,983	5,418
X19 \$250,000 under \$500,000	₹	160,754	1,030	384,418	2,600	57,026	382	346,245	2,230	948,443	6.242
X20 \$500,000 under \$1,000,000	₹	66,675	1,697	100,523	2,430	14,376	343	95,717	2,425	277,291	6,895
X21 \$1,000,000 under \$2,000,000	¥	24,456	3,115	23,301	2,916	3,577	436	27,922	3,485	79,256	9,952
X22 \$2,000,000 under \$5,000,000	Ψ	10,883	3,572	7,353	830	1,252	413	10,115	3,316	29,603	8,131
X23 \$5,000,000 under \$10,000,000	₹	2,716	903	1,355	451	214	7	1,959	653	6,244	2,078
X24 \$10,000,000 or more	¥	1,517	505	629	300	93	31	1,031	343	3,270	1.088

This population includes an estimated 935,112 returns that were excluded from other tables in this report because they contained no income information or represented amended or tentative returns identified after sampling.

This population includes 160 Form 1040 returns that were misclassified because of bad data collected during revenue processing.

This population includes 49 records that were misclassified because of bad data collected during revenue processing.

Each population member is assigned a degree of interest based on how useful it is for tax modeling purposes. Degree of interest ranges from one (1) to four (4), with a one being assigned to returns that are the least interesting. All refers to income dasses for which returns with all four degrees of interest are assigned to those that are the most interesting. All refers to income dasses for which returns with all four degrees of interest are assigned.

Weighted counts for each code field

	AGEX
102,052,095 8,525,036 286,472 5,079,547	0 1 2 3
	AGIR1
953,220 2,389,107 3,209,436 3,179,422 2,851,283 3,002,808 2,767,003 2,809,761 2,943,296 2,896,753 2,818,285 2,678,102 2,720,198 2,681,230 2,812,299 2,573,086 2,583,907 2,370,672 2,214,942 2,102,700 2,138,663 9,663,352 8,121,014 12,013,762 9,024,082 13,126,612 4,783,921 3,404,725 890,284 149,292 69,934	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
	CYCLE
435,240 1,187,381 2,639,697 4,605,597 5,110,875 5,134,542 5,515,010 6,290,591 6,524,261 5,946,788 5,629,417 5,778,413 5,364,841 5,902,393 5,698,229 6,011,121 5,966,288 4,790,140 2,493,067 2,194,646 3,130,973 3,154,720 2,954,294 2,722,376	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27
•	31

1,528,695	28
1,754,811	29

		CYCLE
1,	351,760 831,029 353,046 313,373 286,347 347,408 650,280 493,178 348,216 128,765 148,164 167,329 109,102 173,495 289,156 432,121 379,795 157,136 108,641 100,652 105,339 129,464 74,948	30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
		DSI
106 9	,377,522 ,565,628	0 1
		EFI
	,040,588 ,902,562	0
		EIC
8	,854,154 ,227,944 ,861,051	0 1 2
		ELECT
11	,872,123 ,518,363 ,552,664	0 1 2
		FDED
33 81	,017,689 ,947,251 978,211	1 2 3
		FLPDYR
	1,098 7,473 14,463 21,143 43,256	85 87 88 89 90

92,048 498,907 1,659,040 113,603,139 2,584	91 92 93 94 95
1,064 2,969 59 68 6	FLPDMO 1 2 3 4 5
77 333 1,956 1,426 14 115,934,964	7 8 9 10 11 12
109,409,985	F2441 0
4,127,509 2,065,684 317,480 13,050 9,116 327	1 2 3 4 5 6
	F2555
115,672,898 270,252	0 1
	F3800
115,551,040 392,110	0
	F6251
111,780,085 4,163,065	0 1
	F8606
114,692,980 745,568 504,602	0 1 2
	F8582
112,435,485 3,507,665	0
	MARS
49,874,013 48,389,482 2,422,993 15,108,481	1 2 3 4

90,571 57,610	5 6
112,949,851 2,993,300	PCI 0 1
57,439,208 57,414,834 74,630 19,643 418,161 50,153 526,522	PREP 0 1 2 3 4 5 6
114,457,620 1,485,531	PSV 1 2
1,148,757 14,090,375 15,338,527 15,096,477 13,538,942 22,314,174 15,343,482 19,072,416	REGION 0 1 2 3 4 5 6 7
82,427,288 33,515,862	SCHB 0 1
98,094,819 15,583,499 1,696,548 344,167 224,117	SCHCF 0 1 2 3 4
101,636,528 14,306,622	SCHE 0 1
115,842,155 14,763 73,814 3 12,416	SPECTX 0 1 2 3 4
	STATE
1,148,757	0

1,802,012 297,086 1,780,766 1,059,563 13,172,409 1,652,386 1,447,055 324,034 312,260 6,477,968 3,079,051 522,729 421,369 5,326,914 2,457,505 1,393,108 1,086,210 1,636,862 1,623,394 543,378 2,434,323 2,728,671 4,290,088 2,166,425 969,226	1 23 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	STATE
2,263,424 320,991 748,837 687,851 552,371 3,751,645 657,182 7,515,077 3,243,317 253,178 4,994,574 1,387,890 1,384,090 5,215,252 470,430 1,681,255 400,087 2,378,389 7,820,319 735,824 281,961 2,970,626 2,350,118 711,346 2,223,514 222,904 236,764 48,669 281,718	26 27 28 29 30 31 32 33 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 51 52
	TFORM
66,390,975 26,051,306 20,507,570 2,993,300	0 1 2 3
	TXST
23,118,528	0

1994 STATE NON	-1 OBEIC OSE TAX II
90,682,900 92,015 135,559 247,629 113,862 20,657 1,530,825 1,177	1 2 3 4 5 6 7 8
	XBI
115,672,262 265,527 5,362	0 1 2
	XFPT
9,565,628 106,377,522	0 1
	XFST
67,502,687 48,440,464	0 1
	XOCAH
75,628,419 18,614,216 14,717,815 5,082,634 1,396,282 356,338 99,357 27,777 14,161 1,545 917 3,689	0 1 2 3 4 5 6 7 8 9 10
	XOCAWH
115,114,800 570,317 192,902 56,964 8,164	0 1 2 3 4 5
	XOODEP
113,742,043 1,659,922 389,154 86,834 46,371 6,724 8,740 3,362	0 1 2 3 4 5 6
114,177,328	XOPAR

1,490,414	
	-
264,225	2
7,761	3
3,423	4

	TOTX
9,560,571 41,863,076 31,147,757 14,494,107 12,183,951 4,702,008 1,412,364 384,736 134,806 33,372 19,307 2,435 965	0 1 2 3 4 5 6 7 8 9
3,689 8	12 14 18
8	18

Weighted counts for each amount field

F1		J					
	-		F18	2507264036115			F57
3,026,692,777,080)	38,641,836,195			F41	560,703,365,607	
F2			F22	1397387829340		F58	
126,148,659,099		5,974,196,523		F42		460,753,160,303	
F3			F23	515,439,671,978			F59
48,289,655,981		2,414,441,452		, , ,	F43	115,604,389,569	
F4			F24	8,907,985,837		,,,	F60
81,710,685,467		1 540 474 720	124	0,501,505,051	E4.4	202 704 577 000	100
F5		1,548,474,720			F44	203,786,577,888	
11,861,495,680			F25	2,525,671,103			F61
F6		13,107,038,535		F45		2,785,592,877	
4,116,068,316			F26	46,600,588			F62
		1,183,686,285		10,000,000	F46	1,721,977,966	
F7			F27	2 201 510 272	140		F63
166,835,224,143		8,198,556,865		2,291,640,373		16,597,616,280	
F8			F28		F47		F64
137,472,440,964		136,972,872		690,449,038		19,770,109,570	
	F9	_ , _ ,	F29		F48	, , ,	F65
2,745,846,906		4 151 001 500		113,078,645		034 DOE 331	
F10		4,151,991,568			F49	934,985,321	
-3,217,799,169		F33		374,661,548		F66	
	F11	3908189085803			F50	157,010,302	
33,110,802,630			F34	534,513,331,543			F67
33,110,002,030	F12	900 160 367 950		334,013,331,043	F51	39,634,538	
		899,160,367,859		522 220 200 272			F68
288,852,215,219			F35	532,338,388,872		597,270,800,713	
	F13	562,359,451,595			F52		F69
205,438,475,983			F36	26,232,423,116		-52,452,000,286	,
	F14	2596806675443			F53	, , ,	F70
137,236,106,473			F37	2,174,938,266		14 205 407 777	
F15		540,615,484,499		F54		14,385,487,776	
-7,335,389,551			F38	32,956,126			F71 ·
	F16	548,439,938,436			F55	704,379,328	
20,284,895,971		. , ,	F39	33,602,653			F7.
20,201,000,012	F17	541,246,675,125		33,332,033	F56	40,160,370,838	
		541,540,670,120		1 505 405 400			£?
112,336,922,269			F40	1,505,465,469			

26,378,548,989)		878,048,911	
	F74	778,227,545,502		F135
	r / 4 -	F97	F116	13,714,870,219
105,324,818,800)	201 51 6 05 2 700	8,488,456,598	13, 111,010,219
	F75	301,516,053,788	F117	F136
63,130,868,580	-		1.05 722 720 400	1,134,880,020
00,100,000,000		F98	165,733,329,499	F137
	F78	790,419,541,543		
179,281,605,468	3	, , , , , , , , , , , , , , , , , , , ,	F118	16,131,315,287
	F79	F99	27 155 552 600	
	-	488,905,580,194	37,155,553,600	F138
6,436,076,256	5	F1.00	F120	
	F80	F100	150,745,111,489	87,668,775,522
2,115,959,133		30,823,623,647		F139
2,113,737,133	,	F101	F121	3,376,083,643
F81	-		6,745,323,193	3,0.0,003,043
9,695,774,118	}	9,127,837,852	F122	F140
	E00	F102		25,073,720,987
	F82	26,078,643,580	39,818,576,817	E1 4.1
197,529,666,942			F123	F141
	F83	F103	4,179,274,645	115,650,461,343
		13,258,404,544		F142
56,212,208,356	1	F104	F124	3 400 607 601
	F84		667,379,343	3,480,687,681
14,630,775,990		3,785,041,748	₩10E	F143
		F105	F125	6,181,399,358
	F86	5,184,507,724	33,764,517,985	
70,586,992,322		3,131,337,724	F126	F144
	F87	F106	6,802,642,760	553,288,878
		8,007,265,754	0,002,042,700	F145
29,449,823,684		F107	F127	
	F88		4,984,839,315	2,898,904,261
29,673,572,915		20,920,264,420	F128	F146
		F108	F 120	157,677,618,177
	F89	53,600,661,011	27,762,871,763	
2,618,207,266		33,000,001,011	F130	F147
F90		F109	44,210,045,943	21,591,667,203
		318,969,552,815	44,210,045,943	F148
43,424,273,908		E1 1 1	F131	12 262 122 522
F91		F111	31,164,073,015	12,960,122,509
3,438,839,387		22,732,283,653	F1.3.2	F149
3, 430,033,307		F112	F132	131,275,456,289
	F94	26,929,177,790	19,778,008,546	
13,321,274,282		20, 323, 111, 130	F133	F150
	F95	F114		12,763,345,427
		57,066,006,656	52,911,560,095	F151
5,202,914,781			F134	
	F96	F115	14,059,220,327	70,515,926
			•	

F152	F158	F163	F16
60,322,292 F153	1,077,729,631	56,744,756,874	28,140,959,712
7,914,344	F159		
F154	85,616,948	F164	
105,975,171 F155	F160	480,734,593,674 F165	F171 1,715,787,850
481,517,407	6,325,006,112	1,681,084,598	
F156	F161	F166	F175
5,646,062,354	21,420,815,491	47,864,061,790	36063248124306
5, 040, 002, 334 F157	F162	F167	
10.244.734.113	1,120,781,819	29,835,132,641	

1994 FEDERAL TAX FORMS (WITH ELEMENT NUMBERS REFERENCED)

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 1.
7 Wages, salaries, tips, etc1
On the Core Record Layout it would appear as" 1" to the left of the Salaries and Wages line. See example below.
Record Layout
1. SALARIES AND WAGES
2. TAXABLE INTEREST INCOME
3. TAX-EXEMPT INTEREST INCOME
Another example, Line 8a, Taxable Interest Income, on the Form 1040 (see below) has a field number
of 2. This field number is cross referenced to the Taxable Interest Income line on the 1994 Core Record Layout which contains the number 2 to the left of the line (see above).
8a Taxable Interest Income 2

1040	Depa U.S	intment of the Treasury—Internal Revenue Service 1994	(99) IRS Us	e OnlvDo r	not write	or stan	le in this space.	
	For th	ne year Jan. 1-Dec. 31, 1994, or other tax year beginning	, 1994, ending	,		19	OMB No. 154	15-0074
Label (Yo	ur first name and initial Last name			You	r socia	I security nun	
(See					İ			
B constants	lf a	joint return, spouse's first name and initial Last name			Spo	use's s	ocial security	number
on page 12.)								IRAIIDEI
use the IKS	Но	me address (number and street). If you have a P.O. box, see page 12.	Apt.				<u>: _ : </u>	
label. H Otherwise, E		The second secon	Apc.	Ю.	_		acy Act ar	
please print R		town or post office state and 710 and 16 and 16					ork Reduct	
or type.	Cit	y, town or post office, state, and ZIP code. If you have a foreign addre	ess, see page 12.		Ac	t No	ice, see pa	<u>ige 4.</u>
Presidential 🔪	ᆜ	STATE		/	Yes	No	Note: Checki	
Election Campaig	n 👠	Do you want \$3 to go to this fund?			ELE	CT	will not chang tax or reduce	
(See page 12.)	<u></u>	If a joint return, does your spouse want \$3 to go to this fund	<u>1?.</u>				refund.	,
	1	Single						
Filing Status	2	Married filing joint return (even if only one had incom	ne)					
(See page 12.)	3	Married filing separate return. Enter spouse's social security			_			
	4						-	
Check only	MARS	Head of household (with qualifying person). (See page	13.) If the qualifyin	g person i	is a ch	ld but	not your dep	endent,
one box.	5		1 1 5 10		_			
		Qualifying widow(er) with dependent child (year spou). (See		, -		
Exemptions	XFPT	Yourself. If your parent (or someone else) can claim you as					of boxes	
•	XFST	return, do not check box 6a. But be sure to check	k the box on line 3	3b on pag	e2.		ecked on 6a d 6b	
(See page 13.)	_	Spouse	1 10 5		<u></u>) "	o. of your	
	С	Dependents: (2) Check (3) If age 1 or older. (1) Name (first initial and last page) dependent's social securi	(4) Dependent's relationship to	(5) No. o lived ii			ildren on 6c	
		(1) Name (first, initial, and last name) age 1 number	you you	home		wi	10: -	۷۸۲
						•	lived with you	XOCA
f more than six					_		didn't live with	
dependents, see page 14.							u due to vorce or XO	CAW
ice page 14.							paration (see	
						•	ge 14)	XOODE
			- 				spendents on 6c t entered above	
						_		AVEAN
	d	If your child didn't live with you but is claimed as your dependent under a	pre-1985 agreement,	check here	▶ [ld numbers tered on	\Box
	е	Total number of exemptions claimed	<u> </u>	<u> </u>			es above >	<u> </u>
l	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7		_ 1	
income	8a	Taxable interest income (see page 15). Attach Schedule B if	over \$400		8a		2	
Attach	b	Tax-exempt interest (see page 16). DON'T include on line 8a		· i ·			_	
Copy B of your	9	Dividend income. Attach Schedule B if over \$400			9	~~	4	
orms W-2,	10	Taxable refunds, credits, or offsets of state and local income	, ,		10	+	5	+
N-2G, and			axes (see page	16)	_	+		+
1099-R here.	11	Alimony received			11	-		+
f you did not	12	Business income or (loss). Attach Schedule C or C-EZ			_ 12	+		
jet a W-2, see	13	Capital gain or (loss). If required, attach Schedule D (see pag	ge 16)		13	4	8	
page 15.	14	Other gains or (losses). Attach Form 4797			14		10	
	15a	Total IRA distributions . 15a b T	axable amount (see	page 17)	15	b	11_	
nclose, but do	16a	- 10 10 1 10 1 10 1 1 1 1 1 1 1 1 1 1 1	axable amount (see		16	b	13	
ot attach, any payment with	17	Rental real estate, royalties, partnerships, S corporations, trus			17		14	
our return.	18	Farm income or (loss). Attach Schedule F			18		15	
	19	Unemployment compensation (see page 18)		• • •	19		16	
	20a				201		18	
		Delicing Delicing	axable amount (see					+
	21 22	Other income. List type and amount—see page 18			21	\neg		+
 _				icome P	22	833		+
diuctmonte	23a	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	23a 22		-₩			
Adjustments	ь	Spouse's IRA deduction (see page 19)	23b 23		_			
o Income	24	Moving expenses. Attach Form 3903 or 3903-F ,	24 24		_			
aution: See	25	One-half of self-employment tax , ,	25 25					
istructions >	26	Self-employed health insurance deduction (see page 21)	26 26		7			
	27	Keogh retirement plan and self-employed SEP deduction	27 27	+-	₩			
	28		28 28	_	-			
	28 29	Penalty on early withdrawal of savings ,		_	-			
	30	Add lines 23a through 39. Those are your total adjustments			- ******			
diustod		Add lines 23a through 29. These are your total adjustments		<u> ▶</u>	30	+		+
Adjusted Gross Income	31	Subtract line 30 from line 22. This is your adjusted gross income. If less						
m.nme		with you (less than \$9,000 if a child didn't live with you), see "Earned Is	acomo Cradit" an an	~ ~ ~ ~ ~		1		1

Form 1040 (1994)		XBI						f	age 2
Tax Compu- tation (See page 23.)	b	Amount from line 31 (adjusted gross income) XBI. Check if: You were 65 or older, Blind; Spou Add the number of boxes checked above and enter the If your parent (or someone else) can claim you as a depo If you are married filing separately and your spouse item you are a dual-status alien, see page 23 and check here Itemized deductions from Schedule A, line 29	total he endent, izes dec	65 or ole re check h	der, □ B ► : ere . ► :	llind. 33a	32		
	34	Standard deduction shown below for your filing any box on line 33a or b, go to page 23 to lify your: Standard deduction shown below for your filing any box on line 33a or b, go to page 23 to lify you checked box 33c, your standard deduction shown below for your filing your bloom below for your filing any box on line 33a or b, go to page 23 to life your standard deduction shown below for your filing any box on line 33a or b, go to page 23 to life your standard deduction shown below for your filing any box on line 33a or b, go to page 23 to life your standard deduction shown below for your filing any box on line 33a or b, go to page 23 to life your standard deduction shown below for your filing any box on line 33a or b, go to page 23 to life your standard deduction shown below for your standard ded	ing statu find you ction is old—\$5,	our stand zero. ,600	f you che dard deduc	cked ction.	34	34	
	35	Subtract line 34 from line 32					35		ļ
	36	If line 32 is \$83,850 or less, multiply \$2,450 by the total	number	of exem	nptions cla	imed on		35	
	27	line 6e. If line 32 is over \$83,850, see the worksheet on					36		
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36					37	36	
the IRS to figure your	38	Tax. Check if from a Tax Table, b Tax Rate Sche	dules. c	Сар	ital Gain Ta	x Work-		37	
tax, see page 24.	39	sheet, or d Form 8615 (see page 24). Amount from F	orm(s) 8	3814 ▶	e		38		
page 24.	40	Additional taxes. Check if from a Form 4970 b Add lines 38 and 39					39	39	
	41			41	44	. , , _	40		
Credits	42	Credit for the olderly or the disabled. Attach Select to B	r	42					
(See page	43	Credit for the elderly or the disabled. Attach Schedule R Foreign tax credit. Attach Form 1116		43	<u>45</u> 46			FORM 3800 =	47
24.)	44	Foreign tax credit. Attach Form 1116 Other credits (see page 25). Check if from a Form 38		73		-+		EODM 0004	40
	45	b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) _ Add lines 41 through 44	l	44			45	FORM 8801 =	49
	46	Subtract line 45 from line 40. If line 45 is more than line					46		
Other	47	Self-employment tax. Attach Schedule SE					47	52	
Taxes	48	Alternative minimum tax. Attach Form 6251					48	53	Ĺ
	49	Recapture taxes. Check if from a \square Form 4255 b \square Form					49	54	
(See page 25.)	50	Social security and Medicare tax on tip income not reported	to empl	loyer. Att	ach Form	4137 .	50	55	
23.)	51	Tax on qualified retirement plans, including IRAs. If requi	ired, atta	ach Forr	n 5329 .		51	56	
	52	Advance earned income credit payments from Form W-2					52		
	53	Add lines 46 through 52. This is your total tax			<u> </u>	, , ▶	53		
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶		54	58				
dymond	55	1994 estimated tax payments and amount applied from 1993 ret	turn .	55	59				
Attach Forms W-2,	56	Earned income credit. If required, attach Schedule EIC (see p. 27). Nontaxable earned income: amount ▶	page						
W-2G, and	E7	and type ►	}	56	EA			FORM 2439 =	67
1099-R on the front.	57	Amount paid with Form 4868 (extension request)		57	64 65				
die irone.	58 59	Excess social security and RRTA tax withheld (see page Other payments. Check if from a Form 2439 b Form 4		58 59				FORM 4136 =	66
	60	Add lines 54 through 59. These are your total payments		38			*******		
				<u> </u>	· · ·		60	69 (-)	<u> </u>
Refund or	61 62	If line 60 is more than line 53, subtract line 53 from line 60. This	is the arr	iount you	OVERPAIL) ▶	61		 -
Amount	62 63	Amount of line 61 you want REFUNDED TO YOU.	i	63	70	•	62		
You Owe		Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TA							
	64 65	If line 53 is more than line 60, subtract line 60 from line 53 For details on how to pay, including what to write on you Estimated tax penalty (see page 33). Also include on line	ır paym	the AM ent, see 65	OUNT YO page 32 71	U OWE.	64	69 (+)	
	Under	penalties of perjury, I declare that I have examined this return and a	ccompan	vina sche	dules and s	tatements an	d to the	e best of my knowled	fae and
Jigii	belief,	they are true, correct, and complete. Declaration of preparer (other ti	han taxpa	ayer) is ba	ised on all in	formation of	which p	reparer has any know	wiedge
Here	N Y	our signature	Date		Your oc	cupation			
Keep a copy of this return									
for your records.	S	pouse's signature. If a joint return, BOTH must sign.	Date		Spouse	s occupation	ı		
Preparer's	Prepar signati	ure PPREP	Date		Check it		Pre	eparer's social secui	rity no
`		name (or yours employed) and				E.I. No.			
	addres					ZIP code			

Earned Income Credit Worksheet—Line 56 (keep for your records)

1.	Enter the amount from Form 1040, line 7	1
2.	If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here	2
3.	Subtract line 2 from line 1	3
\$.	Enter any nontaxable earned income (see page 29). Types of nontaxable earned income include contributions to a 401(k) plan, which should be shown in box 13 of your W-2 form, and military housing and subsistence.	4
5.	If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet on page 29	5
j.	Add lines 3, 4, and 5	6 60
7.	Look up the amount on line 6 above in the EIC Table on pages 30–31 to find your credit. Enter the credit here	
	If line 7 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 56.	
Ì.	Enter the amount from Form 1040, line 31	8
).	Is line 8 less than—	
	• \$5,000 if you don't have a qualifying child?	
	• \$11,000 if you have at least one qualifying child?	
	YES. Go to line 10 now.	
	NO. Look up the amount on line 8 above in the EIC Table on pages 30–31 to find your credit. Enter the credit here 9	
).	Earned income credit.	
	• If you checked "YES" on line 9, enter the amount from line 7.	
	• If you checked "NO" on line 9, enter the smaller of line 7 or line 9	10
	Next: Take the amount from line 10 above and enter it on Form 1040, line 56.	
	AND	
	If you had any nontaxable earned income (see line 4 above), enter the amount and type of the income in the spaces provided on line 56.	
	AND	
	Complete Schedule EIC and attach it to your return ONLY if you have a qualifying child.	
_+	e: If you owe the alternative minimum tax (Form 1040, line 48), s	uhtract it from

amount on line 10 above. Then, enter the result (if more than zero) on Form 1040,

line 56. Also, replace the amount on line 10 above with the amount entered on Form

Qualifying Child

1040, line 56.

A qualifying child is a child who:

- 1. Is your son, daughter, adopted child, grandchild, stepchild, or foster child, and
- 2. Was (at the end of 1994)-
- under age 19, or
- under age 24 and a student (see this page), or
- any age and permanently and totally disabled (see this page), and
- **3.** Lived with you in the United States for more than half of 1994 (for all of 1994 if a foster child). If the child didn't live with you for the required time, see the **Exception** later.

A child doesn't have to be your dependent in most cases. But if the child was married or is also a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. See **Married Child** and **Qualifying Child of More Than One Person** on this page.

Example. You are divorced and have a 7-year-old son. Although you had custody of your son, he is claimed as a dependent on his other parent's 1994 tax return. Your son is your qualifying child because he meets one condition from each of the three requirements listed earlier. Your son is not a qualifying child of his other parent because he did not live with the other parent for more than half of 1994 and the **Exception** on this page does not apply.

The following explains some of the terms used earlier.

- A foster child is any child you cared for as your own child. For example, if you acted as the parent of your niece or nephew, this child is considered your foster child.
- A child placed with you by an authorized placement agency for legal adoption is an adopted child even if the adoption isn't final.

- A grandchild is any descendant of your son, daughter, or adopted child. For example, a grandchild includes your greatgrandchild, great-grandchild, etc.
- A student is a child who-
- **1.** Was enrolled as a full-time student at a school during any 5 months of 1994, or
- 2. Took a full-time, on-farm training course during any 5 months of 1994. The course had to be given by a school or a state, county, or local government agency.

A **school** includes technical, trade, and mechanical schools. It does not include on-the-job training courses or correspondence schools.

- A child is permanently and totally disabled if both of the following apply.
- 1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition.
- 2. A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death. Exception. The child, including a foster child, is considered to have lived with you for all of 1994 if both of the following apply.
- 1. The child was born or died in 1994.
- 2. Your home was the child's home for the entire time he or she was alive during 1994.

Temporary absences, such as for school, vacation, or medical care, count as time lived at home.

Married Child. If your child was married at the end of 1994, that child is a qualifying child only if you can claim him or her as your dependent on Form 1040, line 6c. But if this child's other parent claimed him or her as a dependent under the rules on page 14 for Children of Divorced or Separated Parents, this child is your qualifying child.

Qualifying Child of More Than One Person. If a child meets the conditions to be a qualifying child of more than one person, only the person who had the highest adjusted gross income for 1994 may treat that child as a qualifying child. If the other person is your spouse and you are filing a joint return, this rule doesn't apply. If you cannot take the earned income credit because of this rule, enter "No" next to line 56.

Example. You and your 5-year-old daughter moved in with your mother in April 1994. You are not a qualifying child of your mother. Your daughter meets the conditions to be a qualifying child for both you and your mother. Your adjusted gross income for 1994 was \$10,000 and your mother's was \$14,000. Because your mother's adjusted gross income was higher, your daughter is your mother's qualifying child.

Hom City. Pre Do y If a MAF 4	Head of household but not your depend	we a P.O. box, so STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	reign address, see page 17. Fund (See page 17.) It \$3 to go to this fine if only one had in Enter spouse's socialitying person). (See	come) cial security nu	For F Pape Redu Notic T Note	OMB No. 1545-008 social security num e's social security num ers social security num erwork action Act ce, see page 4. c: Checking "Yes change your tax ce your refund.	nber number d s" will
Hom City. Pre Do y If a MAF 4	oint return, spouse's first name and initial e address (number and street). If you has town or post office, state, and ZIP code sidential Election Callyou want \$3 to go to this joint return, does your sold in the state of the second full name above and full name thead of household but not your dependent.	we a P.O. box, so STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	Last name re page 17 reign address, see page 17. rund (See page 17.) It \$3 to go to this fin if only one had in Enter spouse's socialitying person). (See	yes N ELEC und?	For F Pape Redu Notic T Note	Privacy Act and erwork action Act ce, see page 4. Checking "Yesthange your tax	d s" will
Pre Do y If a MAF 4	town or post office, state, and ZIP code sidential Election Car you want \$3 to go to this joint return, does your s Single Married filing joint r Married filing separa S above and full name Head of household but not your depend	we a P.O. box, so STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	reign address, see page 17. Fund (See page 17.) It \$3 to go to this fin if only one had in Enter spouse's socialitying person). (See	yes N ELEC und?	For F Pape Redu Notic T Note not o	Privacy Act and erwork action Act ce, see page 4. Checking "Yesthange your tax	d.
Pre Do y If a MAF 4	town or post office, state, and ZIP code sidential Election Car you want \$3 to go to this joint return, does your s Single Married filing joint r Married filing separa S above and full name Head of household but not your depend	we a P.O. box, so STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	reign address, see page 17. Fund (See page 17.) It \$3 to go to this fin if only one had in Enter spouse's socialitying person). (See	yes N ELEC und?	For F Pape Redu Notic T Note not o	Privacy Act and erwork action Act ce, see page 4. Checking "Yesthange your tax	d.
Pre Do y If a 3 MAF 4	sidential Election Cally ou want \$3 to go to this joint return, does your sometimes of the second second filling separates above and full named Head of household but not your dependents.	e. If you have a for STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	reign address, see page 17. Fund (See page 17.) It \$3 to go to this fine if only one had in Enter spouse's socialitying person). (See	yes N ELEC und?	Pape Redu Notice T not o	erwork uction Act ce, see page 4. :: Checking "Yes change your tax	es" will c or
Pre Do y If a 3 MAF 4	sidential Election Cally ou want \$3 to go to this joint return, does your sometimes of the second second filling separates above and full named Head of household but not your dependents.	e. If you have a for STATE mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	reign address, see page 17. Fund (See page 17.) It \$3 to go to this fine if only one had in Enter spouse's socialitying person). (See	yes N ELEC und?	Pape Redu Notice T not o	erwork uction Act ce, see page 4. :: Checking "Yes change your tax	s" will cor
Pre Do y If a 1 2 3 MAF 4	sidential Election Cal you want \$3 to go to this joint return, does your s Single Married filing joint r Married filing separa above and full name Head of household but not your depend	mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	t \$3 to go to this fin if only one had in Enter spouse's socialitying person). (See	come)	Redu Notice Note not de reduc	Iction Act ce, see page 4. Checking "Yes change your tax	s" will cor
Pre Do y If a 1 2 3 MAF 4	sidential Election Cal you want \$3 to go to this joint return, does your s Single Married filing joint r Married filing separa above and full name Head of household but not your depend	mpaign F s fund? pouse war eturn (ever ate return. e here. ► (with qual	t \$3 to go to this fin if only one had in Enter spouse's socialitying person). (See	come)	Notice Note not correduce	ce, see page 4. : Checking "Yes change your tax	s" will cor
Do y If a y 1 2 3 MAF 4	you want \$3 to go to this joint return, does your so single Married filing joint row Married filing separates above and full name Head of household but not your dependent.	s fund? pouse war eturn (ever ate return. e here. (with qual	nt \$3 to go to this find if only one had in Enter spouse's socialitying person). (See	come)	Note not o reduc	: Checking "Yes	s" will cor
Do y If a y 1 2 3 MAF 4	you want \$3 to go to this joint return, does your so single Married filing joint row Married filing separates above and full name Head of household but not your dependent.	s fund? pouse war eturn (ever ate return. e here. (with qual	nt \$3 to go to this find if only one had in Enter spouse's socialitying person). (See	come)	not o	change your tax	or
1 2 3 MAF 4	☐ Single ☐ Married filing joint r ☐ Married filing separa RS above and full name ☐ Head of household but not your depend	eturn (ever ate return. e here. ► (with qual	n if only one had in Enter spouse's soo ifying person). (See	come) cial security nu	redu	ce your refund.	
2 3 MAF 4	 ☐ Married filing joint r ☐ Married filing separation ☐ As above and full name ☐ Head of household but not your dependent 	ate return. e here. ► (with qual	Enter spouse's social in the spouse's social	cial security nu	mber		
3 MAF 4	Married filing separa above and full name Head of household but not your depend	ate return. e here. ► (with qual	Enter spouse's social in the spouse's social	cial security nu	mber		
MAF 4 5	AS above and full name Head of household but not your depend	e here. ► (with qual	ifying person). (See	<u>_</u>	mber		
4 5	Head of household but not your depend	(with qual	ifying person). (See				
5	but not your depend	(with qual lent, enter	ifying person). (See		_		
	Dut not your depend	ient, enter		page 18.) If the	he qualifyir	ng person is a	a child
	TEL QUAINVING WIGOWIEL	\ varith do-	this child's name he	ere. >			
). (See page 1	9.)
•	return, do not	or someone (check box 6:	eise) can claim you as a c a. But be sure to check th	dependent on his or	her tax	No. of boxes checked on	
Ть			=: = 31 30 3010 to check ()	IC SOX ON TIME TOUT	on page 2.	6a and 6b	
С	Dependents:	(2) Check	(3) If age 1 or older,	(4) Dependent's	(5) No. of months	No. of your	
	(1) Name (first, initial, and last name)	if under age 1		relationship to	lived in your home in 1994	6c who:	
			: :			• lived with	XOCA
						_ you -	
						→ didn't live with you due	
						to divorce or	
	<u>_</u>					(see page 23)	(OCA)
						_	XOOD
						Dependents on 6c not	XOPAF
d	If your child didn't live v	vith you bu	ıt is claimed as youi	r dependent			
				🕨 [entered on	>
				Nav. 1. af		lines above	
•	form(s) Attach Form(s)	W-2	iouia de snown in t	pox i or your v		1	
8a			nage 25) If ov	or \$400 att			+
	Schedule 1.	///C (3CC	page 23). II 0V	CI \$400, att		2	
b	Tax-exempt interest. DO N	NOT include	on line 8a. 8b	3	<u> </u>		+
9					<u> </u>	4	
10a				Taxable amour			+
	distributions. 10a					11	
11a	Total pensions						_
	and annuities. 11a				11b	13	
12		nsation (se	e page 30).		12	16	
13a	Social security		13b	Taxable amour	nt		
	benefits. 13a				_13b	18	
4.5	Add lines 7 Harrish 400	16	along A. Till 1				
					▶ 14		
158	Your IKA deduction (see	page 34).	<u>15</u> a				
L	Spannon IDA deducate 1/		n	22			
D	Add lines 150 and 154	see page 34	1). 15b	,	<u></u>		1
					<u>15c</u>	<u> </u>	
16					- 11 J		
						00	
	11a 12 13a 14 15a b	d If your child didn't live vunder a pre-1985 agree Total number of exemp Ywages, salaries, tips, e form(s). Attach Form(s) Tax-exempt interest incomplete Schedule 1. Tax-exempt interest. DO No Dividends. If over \$400, 10a Total IRA distributions. 10a 11a Total pensions and annuities. 11a 12 Unemployment comper 13a Social security benefits. 13a 14 Add lines 7 through 13b 15a Your IRA deduction (see b Spouse's IRA deduction (see Add lines 15a and 15b. 16 Subtract line 15c from ling less than \$25,296 and 15 to the Add security of the Spouse's IRA deduction (see Subtract line 15c from ling less than \$25,296 and 15 to the Add lines 15a and 15b. 16 Subtract line 15c from ling less than \$25,296 and 15 to the Add lines 15c from ling less than \$25,296 an	The spouse of the second of th	The spouse of the sum	The second state of the state o	Total IRA distributions. If over \$400, attach Schedule 1. b Tax-exempt interest. Do NOT include on line 8a. 8b 3 p Dividends. If over \$400, attach Schedule 1. b Tax-exempt interest. Do NOT include on line 8a. 8b 3 p Dividends. If over \$400, attach Schedule 1. b Total pensions and annuities. 11a 12 Unemployment compensation (see page 30). 15a Add lines 7 through 13b (far right column). This is your total income. ▶ 14 b Spouse's IRA deduction (see page 34). 15b 23 c Add lines 15a and 15b. These are your total adjustments. 169 No. of months return on so on line 18b on page 2. (3) If age 1 or older, dependent is ocheck the box on line 18b on page 2. (4) Dependents: (3) No. of months dependent is relationship to his or her tax return on so older. (4) Dependent is followed in page 2. (4) Dependents: (3) No. of months dependent is relationship to his or her tax return of social security number of exemptions claimed. (4) Dependents: (3) No. of months lead of late is security number in load or security number is security number. (4) Dependent is relationship to his or her tax return of late on line 8a. 8b or late of your word of your word is security or security late of the pour security of the pour security late of your word is security benefits. 13a 12 (see page 26). 10b 12 (see page 27). 11b 12 (see page 31). 13b 12 (see page 31). 13b 13b 14 Add lines 7 through 13b (far right column). This is your total income. ▶ 14 15a 26 and deduction (see page 34). 15b 23 and deduction (see page 34). 15c 24 and deduction (see page 34). 15c 25 and deduction (see page 34). 15c 26 and deduction (No. of boxese No. of boxes

Figure	<u>1</u>	7	Enter the amount from line 16.		17		
your standard deduction				18a			
exemption amount,	-		If your parent (or someone else) can claim you as a dependent, check here	18b 🗆	DSI		
and			1040 and itemizes deductions, see page 38 and check here.	18c □			
taxable income	19		Enter the standard deduction shown below for your filing state if you checked any box on line 18a or b, go to page 38 to fir				
			standard deduction. If you checked box 18c, enter -0		_		
			 Single—\$3,800 Married filing jointly or Qualifying widow(e) Head of household—\$5,600 Married filing separately—\$3 				
	20		Subtract line 19 from line 17. If line 19 is more than line 17, en		19 20	-	-
	2		Multiply \$2,450 by the total number of exemptions claimed on		21	35	
	22	2	Subtract line 21 from line 20. If line 21 is more than line 20, and This is your taxable income.	enter -0	22	36	
Figure your tax,	23		Find the tax on the amount on line 22. Check if from: ☐ Tax Table (pages 62–67) or ☐ Form 8615 (see page 40).		23	37	
credits,	24		Credit for child and dependent care expenses. Attach Schedule 2. 24a 44		•		
payments			Credit for the elderly or the disabled. Attach Schedule 3. 24b 45				
If you want the			Add lines 24a and 24b. These are your total credits.		24c		1
IRS to figure your tax, see	2		Subtract line 24c from line 23. If line 24c is more than line 23, enti-	ter -0	25		
the instructions	20		Advance earned income credit payments from Form W-2.		26		\perp
for line 22 on page 39.	27		Add lines 25 and 26. This is your total tax.		27		
paga aa	20		Total Federal income tax withheld. If any tax is from Form(s) 1099, check here. ▶ □ 28a 58				
			1994 estimated tax payments and amount applied from 1993 return. 28b 59				
		C	Earned income credit. If required, attach Schedule EIC (see page 44). Nontaxable earned income:				
			amount ▶ and type ▶				
			Add lines 28a, 28b, and 28c (don't include nontaxable earned These are your total payments.		28d		
Figure	29		If line 28d is more than line 27, subtract line 27 from line 28d.		29	60 ()	
your	30	D	This is the amount you overpaid. Amount of line 29 you want refunded to you.		30	69 (-)	+
refund or amount	3	1	Amount of line 29 you want applied to your 1995 estimated tax. 31 70				
you owe	32		If line 27 is more than line 28d, subtract line 28d from line 27, the amount you owe. For details on how to pay, including what write on your payment, see page 52.			60()	
	33	3	write on your payment, see page 52. Estimated tax penalty (see page 52). Also, include on line 32. 33 71		32	69(+)	
Sign your	Under p	enalt	ies of perjury, I declare that I have examined this return and accompanying schedules and	nd statements,	and to the	best of my kno	owledge
return	than the	e taxp	ey are true, correct, and accurately list all amounts and sources of income I received dulayer) is based on all information of which the preparer has any knowledge. Date	uring the tax ye occupation	ar. Deciar	ation of prepare	er (other
Keep a copy of this return for your records.	Spo	ouse's	s signature. If joint return, BOTH must sign. Date Spouse	e's occupation			
Paid	Prepare		Date Check	· ·	Preparer	s social securit	ty no.
preparer's	signatur		Self-em	nployed 🔲			
use only	if self-er	mpioy	eed) and	I. No.			
	address	,	ZIF	IP code			

Income Tax Return for Single and Joint Filers With No Dependents (99) 1994

		t your name (first, initial, las)			OMB No. 1545-067
Use the IRS label	A B E If a	joint return, print spouse's r	ame (first, initia	ł, last)	Your so	ocial security number
(See page 12.) Otherwise, please print.	H E Hom R	e address (number and street). I	you have a P.O.	box, see page 12. Apt. no.	Spouse's	social security number
	City,		ATE		-	·
Presidential		ructions on back a			_	
Election		cking "Yes" will not char		r reduce your retund.	► ELECT	1
Campaign (See page 12.)		rant \$3 to go to this f return, does your spo			_	
Income	1 Tota	l wages, salaries, and	l tips. This			
Attach		ld be shown in box 1			4	
Copy B of Form(s)	W-2	form(s). Attach your	W-2 form(s)		<u>1</u> I	
W-2 here. Enclose, but		able interest income o			, 2	
do not attach.		\$400, you cannot us			2 2	
any payment with your		lines 1 and 2. This is st than \$9,000, see pa			00	
return.		n the earned income o	•	5	₃ 33	
Note: You	4 Can	your parents (or some		•	_	
must check		Yes. Do worksheet on back; enter		n gle, enter 6,250.00.		
Yes or No.	DS	amount from line G here.	For a	arried, enter 11,250.00 an explanation of these unts, see back of form.	<u>.</u>	
		ract line 4 from line 3, enter 0. This is yo			<u>5</u> 36	
Payments and tax	6 Ente	er your Federal incom W-2 form(s).	e tax withh	eld from box 2 of	₆ 58	
		ned income credit amount of nontaxabl			_	
	8 Add	lines 6 and 7 (don't i	nclude nent	avable earned	7	
		me). These are your t	_		8	
	9 Tax	. Use the amount on	line 5 to fir	nd your tax in the		
		table on pages 28-32 from the table on this		let. Then, enter the	<u>9</u> 37	
Refund or		ne 8 is larger than lir is your refund.	ie 9, subtra		10 69 (-)	
amount you owe	This	ne 9 is larger than line is the amount you to pay and what to v	owe. See p	age 20 for details on	- ₁₁ 69 (+)	
 Sign your	I have rea	d this return. Under pe knowledge and belief, tl	nalties of per ne return is tr	jury, I declare that to t ue, correct, and accurate	he	
return Keep a copy	Your signa	nounts and sources of in ature		ed during the tax year. signature if Joint return	_ •	
of this form for your records.	Date	Your occupation	Date	Spouse's occupation	1	

1994

Instructions for Form 1040EZ

Use this form if

- Your filing status is single or married filing jointly.
- You do not claim any dependents.
- You (and your spouse if married) were under 65 on January 1, 1995, and not blind at the end of 1994.
- Your taxable income (line 5) is less than \$50,000.
- You had only wages, salaries, tips, and taxable scholarship or fellowship grants, and your taxable interest income was \$400 or less. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See
- You did not receive any advance earned income credit payments.

Caution: If married and either you or your spouse had total wages of over \$60,600, you may not be able to use this form. See page 7.

If you are not sure about your filing status, see page 7. If you have questions about dependents, call Tele-Tax (see page 26) and listen to topic 354. If you can't use this form, call Tele-Tax (see page 26) and listen to topic 352.

Filling in your return

Because this form is read by a machine, please print your numbers inside the boxes like this:

Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing income tax withheld (backup withholding).

Remember, you must report all wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income, including interest from banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.

If you paid someone to prepare your return, see page 21.

Works	sheet
for	
deper	dent
who	
check	ed
"Yes"	on
line 4	

Use this worksheet to figure the amount to enter on line 4 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, call Tele-Tax (see page 26) and listen to topic 354.

- A. Enter the amount from line 1 on the front.
- B. Minimum standard deduction.
- C. Enter the LARGER of line A or line B here. D. Maximum standard deduction. If single, enter
- 3,800.00; if married, enter 6,350.00. E. Enter the SMALLER of line C or line D here. This is your standard deduction.
- D. _____ E. _____

600.00

- F. Exemption amount.
 - If single, enter 0.
 - If married and both you and your spouse can be claimed as dependents, enter 0.
 - If married and only one of you can be claimed as a dependent, enter 2,450.00.
- G. Add lines E and F. Enter the total here and on line 4 on the front.

If you checked "No" on line 4 because no one can claim you (or your spouse if married) as a dependent, enter on line 4 the amount shown below that applies to you.

- Single, enter 6,250.00. This is the total of your standard deduction (3,800.00) and personal exemption (2,450.00).
- Married, enter 11,250.00. This is the total of your standard deduction (6,350.00), exemption for yourself (2,450.00), and exemption for your spouse (2,450.00).

Avoid mistakes

See page 21 of the Form 1040EZ booklet for a list of common mistakes to avoid. Errors will delay your refund.

Mailing your return

Mail your return by April 17, 1995. Use the envelope that came with your booklet. If you don't have that envelope, see page 33 for the address to use.

SCHEDULES A&B (Form 1040)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Se Name(s) shown o		(99) ► Attach to Form 1040. ► See Instructions for Schem 1040	D (roini 1040).		Sequence No.	
				700	SOCIAL SECURITY I	WITH
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see page A-1)	1 72			1
Dental	2	Enter amount from Form 1040, line 32. 2				1
Expenses	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, el		4	73	
Taxes You	5	State and local income taxes	5 74	•		+
Paid	6	Real estate taxes (see page A-2)	6 75			
See	7	Personal property taxes	7			i
page A-1.)	8	Other taxes. List type and amount ▶				
	_	outer taxes. List type and amount P	8			
	9	Add lines 5 through 8		9		
nterest	10	Home mortgage interest and points reported to you on Form 1098	10 78			†
ou Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
See		to the person from whom you bought the home, see page A-3				
page A-2.)		and show that person's name, identifying no., and address				- 1
						1
łote:			11 79			ŀ
Personal	12	Points not reported to you on Form 1098. See page A-3				-
nterest is lot		for special rules	12 80		·	
leductible.	13	Investment interest. If required, attach Form 4952. (See				
		page A-3.)	13 81			
	14	Add lines 10 through 13		14	82	
Sifts to	15	Gifts by cash or check. If any gift of \$250 or more, see				T
Charity		page A-3	15 83			
you made a	16	Other than by cash or check. If any gift of \$250 or more,				
ift and got a enefit for it,		see page A-3. If over \$500, you MUST attach Form 8283	16 84			
ee page A-3.	17	Carryover from prior year	17			1
	18	Add lines 15 through 17		18	86	
asualty and	10	Convolte on the fall and and American and American				
heft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A	\ -4.) 	19	91 	\perp
ob Expenses	20	Unreimbursed employee expenses—job travel, union				ļ
nd Most		dues, job education, etc. If required, you MUST attach				
Other		Form 2106 or 2106-EZ. (See page A-5.) ▶				1
Aiscellaneous			00			
eductions			20 88			
_	21	Tax preparation fees	21 89			
See a ge A -5 for	22	Other expenses—investment, safe deposit box, etc. List				
xpenses to		type and amount ▶				
educt here.)	22	Add East 20 th and 20	22			
	23	Add lines 20 through 22	23 90			
	24	Enter amount from Form 1040, line 32. 24	25			
	25 2 6	Multiply line 24 above by 2% (.02)	25		<u> </u>	
ther		Subtract line 25 from line 23. If line 25 is more than line 2		26	<u>87</u>	4
Ither Niscellaneous	27	Moving expenses incurred before 1994. Attach Form 3903 or 39	03-F. (See page A-5.)	27		\perp
niscenaneous Jeductions	28	Other—from list on page A-5. List type and amount ▶	•••••			
	20	In Farm 1040 Hay 20		28		\dashv
otal temized	29	Is Form 1040, line 32, over \$111,800 (over \$55,900 if mar	ried filing separately)?			
emizea eductions		NO. Your deduction is not limited. Add the amounts in the for lines 4 through 28. Also, enter on Form 1040, line	a right column			
-caucii0ii3		this amount or your standard deduction.	34, tile larger of }. ▶	29		888
		y standard doddottom				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 1994

YES. Your deduction may be limited. See page A-5 for the amount to enter.

Line 20

Unreimbursed Employee Expenses

Enter the total job expenses you paid for which you were not reimbursed. (Amounts your employer included in box 1 of your W-2 form are not considered reimbursements.) But you MUST fill in and attach Form 2106, Employee Business Expenses, if either of the following applies:

You claim any travel, transportation, meal, or entertainment expenses for your job, OR
 Your employer paid you for any of your job expenses reportable on line 20.

If you used your own vehicle and 2 does not apply, you may be able to file Form 2106-EZ, Unreimbursed Employee Business Expenses, instead.

If you don't have to file Form 2106 or 2106-EZ, list the type and amount of each expense on the dotted lines next to line 20. If you need more space, attach a statement showing the type and amount of each expense. Enter one total on line 20.

Examples of expenses to include on line 20 are:

- Travel, transportation, meal, or entertainment expenses.
- Union dues.
- Safety equipment, small tools, and supplies you needed for your job.
- Uniforms your employer said you must have, and which you may not usually wear away from work.
- Protective clothing required in your work, such as hard hats, safety shoes, and glasses.
- Physical examinations your employer said you must have.
- Dues to professional organizations and chambers of commerce.
- Subscriptions to professional journals.
- Fees to employment agencies and other costs to look for a new job in your present occupation, even if you do not get a new job.
- Business use of part of your home, but only if you use that part exclusively and on a regular basis in your work and for the convenience of your employer. For details, including limits that apply, call Tele-Tax (see page 38) and listen to topic 509 or get **Pub.** 587, Business Use of Your Home.
- Educational expenses you paid that were required by your employer, or by law or regulation, to keep your salary or job. In general, you may also include the cost of keeping or improving skills you must have in your job. For more details, call Tele-Tax (see page 38) and listen to topic 513 or get Pub. 508, Educational Expenses. Some educational expenses are not deductible. See Examples of Expenses You May Not Deduct on page A-4.

Line 21

Tax Preparation Fees

Enter the total fees you paid for preparation of your tax return, including fees paid for filing your return electronically. But **do not** include fees deducted elsewhere, such as on Schedule C. C-EZ, E, or F.

Line 22

Other Expenses

Enter the total amount you paid to produce or collect taxable income and manage or protect property held for earning income. But **do not** include any expenses deducted elsewhere such as on Schedule C, C-EZ, E, or F. List the type and amount of each expense on the dotted lines next to line 22. If you need more space, attach a statement showing the type and amount of each expense. Enter one total on line 22.

Examples of expenses to include on line 22 are:

- Safe deposit box rental.
- · Certain legal and accounting fees.
- Clerical help and office rent.
- Custodial (e.g., trust account) fees.
- Your share of the investment expenses of a regulated investment company.
- Certain losses on nonfederally insured deposits in an insolvent or bankrupt financial institution. For details, including limits on the amount you may deduct, see Pub. 529.
- Deduction for repayment of amounts under a claim of right if \$3,000 or less.
- Certain expenses related to an activity not engaged in for profit. For details, get Pub.
 535, Business Expenses.

Line 27

Moving Expenses Incurred Before 1994

If you incurred moving expenses in a year before 1994, but did not deduct them on a prior year's return, you may be able to take this deduction. The move must have been in connection with your job or business. For more details, get the instructions for Form 3903, Moving Expenses, or Form 3903-F, Foreign Moving Expenses.

Line 28

Other

Enter your total other miscellaneous deductions that are not subject to the 2% AGI limit. List the type and amount of each expense on the dotted lines next to line 28. If you need more space, attach a statement showing the type and amount of each expenses. Enter one total on line 28. Only the expenses listed below can be deducted on this line:

- Gambling losses, but only to the extent of gambling winnings reported on Form 1040, line 21.
- Federal estate tax on income in respect of a decedent.
- Amortizable bond premium on bonds acquired before October 23, 1986.
- Deduction for repayment of amounts under a claim of right if more than \$3,000.
 Get **Pub. 525,** Taxable and Nontaxable Income, for details.
- Certain unrecovered investment in a pension. Get Pub. 575, Pension and Annuity Income (Including Simplified General Rule), for details.
- Impairment-related work expenses of a disabled person.

For more details on these expenses, see Pub. 529.

Total Itemized Deductions

Line 29

If the amount on Form 1040, line 32, is over \$111,800 (over \$55,900 if married filing separately), use the worksheet on this page to figure the amount to enter on line 29.

Itemized Deductions Worksheet—	-Line 29 i	ikeen t	or vour	records)
--------------------------------	------------	---------	---------	----------

1.	Add the amounts on Schedule A, lines 4, 9, 14, 18, 19, 26, 27, and 28	1
2.	Add the amounts on Schedule A, lines 4, 13, and 19, plus any gambling losses included on line 28	2
	Caution: Be sure your total gambling losses are clearly identified on the dotted line next to line 28.	
3.	Subtract line 2 from line 1. If the result is zero, stop here ; enter the amount from line 1 above on Schedule A, line 29, and see the Note below	3
4.	Multiply line 3 above by 80% (.80) 4	
5.	Enter the amount from Form 1040, line 32 5	
6.	Enter \$111,800 (\$55,900 if married filing separately) 6	
7.	Subtract line 6 from line 5. If the result is zero or less, stop here ; enter the amount from line 1 above on Schedule A, line 29, and see the Note below	
8.	Multiply line 7 above by 3% (.03) 8	
9.	Enter the smaller of line 4 or line 8	9. <u>94</u>
10.	Total itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule A, line 29, and see the Note below	10
	Note: Also enter on Form 1040, line 34, the larger of the amount you enter on Schedule A, line 29, or your standard deduction.	

Your social security number

		Schedule B—Interest and Dividend Income		Attac	hment	
Part I	Not	e: If you had over \$400 in taxable interest income, you must also complete Part III.	-		ience N	o. U a
Interest Income (See pages 15 and B-1.)	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also show that buyer's social security number and address		Am	ount	
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2	Add the amounts on line 1	2			
	3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	_3_			
	4 Not	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	L		
Part II Dividend	NOU	e: If you had over \$400 in gross dividends and/or other distributions on stock, you mu	st also		Part III. I ount	
(See pages 16 and B-1.)	5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶				
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that			5			
form.	6	Add the amounts on line 5	6			
	7 8	Capital gain distributions. Enter here and on Schedule D*. Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8 95				
	9 10	Add lines 7 and 8	9 10 capital	gain distr	ibutio	ns or
Part III Foreign	If yo to, a	u had over \$400 of interest or dividends OR had a foreign account or were a grantor of foreign trust, you must complete this part.	f, or a t	ransferor	Yes	No
Accounts and Trusts	11a	At any time during 1994, did you have an interest in or a signature or other authorit account in a foreign country, such as a bank account, securities account, o account? See page B-2 for exceptions and filing requirements for Form TD F 90	r othei 1-2 2 .1	r financial		
(See page B-2.)	ь 12	If "Yes," enter the name of the foreign country Were you the grantor of, or transferor to, a foreign trust that existed during 1994 you have any beneficial interest in it? If "Yes," you may have to file Form 3520	, whetl	her or not		

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

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

1994
Attachment Sequence No. 09

Nam	e of proprietor					Social s	ecurity number	(SSN)	
A	Principal business or profession	ı, inclu	ding product or service	e (see paç	ge C-1)		r principal bu	siness	code
C	Business name. If no separate	busine	ss name, leave blank.			D Empl	oyer ID number	(EIN), i	f any
E	Business address (including sui City, town or post office, state,	te or re and Z	pom no.) ►						
F	Accounting method: (1)	Cast	(2) Accrual	(3)	Other (specify) >		_	_	
G	Method(s) used to value closing inventory: (1)		lower of c	ost		es not an	nlv (if	Yes	,
Н		nining	quantities, costs, or va	aluations I	between opening and closing inv	entory? If	"Yes," attach		
J	Did you "materially participate"	in the	operation of this busin	ess durin	g 1994? If "No," see page C-2 fo	r limit on	losses.		P
	Income						· · · ·		
1 2	Gross receipts or sales. Caution <i>employee" box on that form wa</i> Returns and allowances	s chec	ked, see page C-2 and	to you oid check h	n Form W-2 and the "Statutory ere	1 2	,		
3						3	96		
4 5	Cross profit Subtract line 4 fee	on pa	age 2)			4	97		+
6	Other income including Federa	mi iine Land c	tata gasaliga ar fuel ta		or refund (see page C-2)	_ 5 6			+
7	Gross income. Add lines 5 and	ianus 16.	tate gasoline or ruer ta	x cream o	or refund (see page C-2)	7	99		
	Expenses. Enter ex	pense	s for business use	of your	home only on line 30.				
8	Advertising	8		Ī.		19			Т
9	Bad debts from sales or			ŀ	 Pension and profit-sharing plans Rent or lease (see page C-4): 			-	<u> </u>
•	services (see page C-3)	9		I	a Vehicles, machinery, and equipment.				
10	Car and truck expenses				b Other business property		107		<u> </u>
	(see page C-3)	10	100		Repairs and maintenance	-			\vdash
11	Commissions and fees	11	101		Supplies (not included in Part III)				<u> </u>
12	Depletion	12			Taxes and licenses	23			_
13	Depreciation and section 179			I	Travel, meals, and entertainme	nt:			†
	expense deduction (not included				a Travel	1 1			
	in Part III) (see page C-3)	13	102		b Meals and en-				1
14	Employee benefit programs				tertainment .				
	(other than on line 19)	14			c Enter 50% of				
15	Insurance (other than health) .	15	103		line 24b subject				
16	Interest:				to limitations (see page C-4)				
а	Mortgage (paid to banks, etc.) .	16a	104		d Subtract line 24c from line 24b	24d			<u> </u>
b	Other	16b	105	25	Utilities	25			
17	Legal and professional			26	Wages (less employment credits)	26	108		\perp
	services	17	400	27	Other expenses (from line 46 on				
18	Office expense	18	106		page 2)				<u> </u>
28				Add lines	8 through 27 in columns >	28	109		↓
29	Tentative profit (loss). Subtract I					29			
30	Expenses for business use of you				· · · · · · · · · · · · · · ·	30		_	—
31	Net profit or (loss). Subtract lin				,				
	• If a profit, enter on Form 1040				line 2 (statutory employees,				
	see page C-5). Estates and trus			3.		31			1
	• If a loss, you MUST go on to)				
32	If you have a loss, check the bo					_			
	• If you checked 32a, enter the	loss o	on Form 1040, line 12	and AL	SO on Schedule SE, line 2	-	All investm		
	(statutory employees, see pageIf you checked 32b, you MUS			er on Forr	π 1041, line 3.	32Ь[Some inverse at risk.	stment	is not

SCHEDULE D (Form 1040)

Capital Gains and Losses

▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074
1994
Attachment

Name(s) shown on Form 1040

Department of the Treasury Internal Revenue Service

Sequence No. 12
Your social security number

Short-Term Capital Gains and Losses—Assets Held One Year or Less (a) Description of (b) Date (e) Cost or other basis (f) LOSS (q) GAIN (c) Date sold (d) Sales price property (Example: 100 sh. XYZ Co.) acquired (Mo., day, yr.) If (e) is more than (d), subtract (d) from (e) If (d) is more than (e), subtract (e) from (d) (Mo., day, yr.) (see page D-3) (see page D-3) Enter your short-term totals, if any, from Total short-term sales price amounts. Add column (d) of lines 1 and 2 Short-term gain from Forms 2119 and 6252, and short-term gain or (loss) Net short-term gain or (loss) from partnerships, S corporations, estates, and 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 113 6 112 Add lines 1, 2, and 4 through 6, in columns (f) and (g) 111 7 Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7 8 Long-Term Capital Gains and Losses—Assets Held More Than One Year Enter your long-term totals, if any, from 10 11 Total long-term sales price amounts. Add column (d) of lines 9 and 10. Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; 115 and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and 13 13 116 Capital gain distributions 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1993 Capital Loss Carryover Worksheet 15 118 117 Add lines 9, 10, and 12 through 15, in columns (f) and (g) 17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 17 Summary of Parts I and II Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 25 18 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: 19 a The (loss) on line 18; or **b** (\$3,000) or, if married filing separately, (\$1,500) 19 Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds

SCHEDULE E (Form 1040)

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

Shov	v the kind and location of each	rentai	real estate	e prope	erty:	2 For	each rental real	estate		Yes
						prop or y	perty listed on lir our family use it poses for more t	ne 1, did you for persona han the	il A	103
• • • • •			• • • • • • • • • • • • • • • • • • • •				iter of 14 days of			
_							I days rented at e during the tax		В	
••••						pad	e E-1.)	year? (See		
					Pror	erties			C	
ome:			A			B	С	(Add	Totals columns A	
Rents	s received	3						3	120	-, 0, 0
Roya	Ities received	4				_		4	121	
ense		† * †				_		•	121	
	rtising	5								
Auto	and travel (see page E-2)	6		+			 			
	ning and maintenance	7								
Com	missions	8		+						
	ance	9		+			 			
	I and other professional fees	10		+		_ -				
	agement fees	11		+			+			
		· ·				_	+			
	gage interest paid to banks, see page E-2)	12						12	122	
	r interest	13		+			123	12		
		14		+			+ 123			
Cupa	irs	15		+			+			
	lies	16		+-			 - 			
	S	17		+ -						
	es	''					+			
	r (list) ▶						+			
		18					 			
• • • • • •		'		1		_	-			
	••••••	-					+ - +			
7 dd 1	inos 5 through 10	19		+			 	10		
	ines 5 through 18	13		+			 	19		
Depre	eciation expense or depletion	20	125		124			20		
	page E-2)	21		+	124		-	20		
	expenses. Add lines 19 and 20	21		+						
	ne or (loss) from rental real e or royalty properties.									
	act line 21 from line 3 (rents)									
or line	e 4 (royalties). If the result is									
a (los	s), see page E-2 to find out	22	126		127					
	must file Form 6198	22	120	+	127					
	ctible rental real estate loss. on: Your rental real estate			1 1						
	on line 22 may be limited. See									
	E-3 to find out if you must									
file l	Form 8582. Real estate									
	ssionals must complete line	23 (128		(1,			
	page 2	<u> </u>		_11	\		<u> </u>	/	130	1
	ne. Add positive amounts show							24	131	
Losse	s. Add royalty losses from line 22	and rent	ai real estat	e losses	from line 2	23. Enter t	the total losses he	re 25 (131	

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

7,	Income or I					81-4-					
	Income or Le										
27		(a) Name			(b) Enter P f partnership; for S corporat	or ((c) Check if foreign partnership	(d) E	mployer tification	Investment (e) All is (f) at risk	At Risk? Some is
A							<u> </u>				
В					_						
c											
D						\perp					
Ε				1							
	Passive Inco			+		Non	passive in	icome an			
	(g) Passive loss allowed (attach Form 8582 if required		sive income chedule K-1		npassive loss ichedule K-1			deduction Form 4562		(k) Nonpassive if from Schedul	
A				t			11011	FU(III 4302			
В											
С											
D											
E		***************************************				******					_
28a	Totals	132	/137		440					133/138	
	Totals 134/139			135	√140		13	36/142	-		
	Add columns (h) and (30	(+
30 31	Add columns (g), (i), a Total partnership and	•		 loss) Comb		 O and	 130 Entor	the recult	_		'
3 I	here and include in the								31	141	ŀ
	Income or I	Loss From E								<u> </u>	
32			(a) Na	me						(b) Employer	
3 <u>Z</u>										identification num	ber —
A									-		
В	Dad	ssive Income	and I nee		1		Non	naccius	Income	and Loss	
	(c) Passive deduction or lo		T	Passive incom		_	(e) Deduction	· — —	-1	(f) Other income f	
	(attach Form 8582 if re			n Schedule K			from Sched			Schedule K-1	
A											
В											
3 3 a	Totals										
Ŀ	Totals						_			,	
	Add columns (d) and	• •							34	143	+
	Add columns (c) and	• •							35	144	'
36	Total estate and trust i in the total on line 40	•	sj. Combine l	iines 34 and	35. Enter t	ne re	suit nere ai	nd include	36		
		Loss From I	Real Estate	Mortgag	e Investm	ent	Conduits	(REMIC		sidual Holde	er
	(a) Name		mployer	(c) Exces	ss inclusion fro S Q, line 2c (s	m		ncome (net lo		come from Sche	dules Q,
37	(a) Name	identificat	tion number		age E-4)	ee	from Sched	lules Q, line 1	b	line 3b	
		1	<u> </u>	<u> </u>		<u> </u>	L				
38	Combine columns (d)	and (e) only, l	Enter the resi	ult here and	include in	the t	otal on line	40 below	38		
	Summary								20	145	
39 40	Net farm rental incom							 ∩ lino 17 ►	40	145	+
40	TOTAL income or (loss). C					ailu (1040	u, mie 17	40		
41	Reconciliation of Fa	•	•	,	•					İ	
	farming and fishing in K-1 (Form 1065), line										
	Schedule K-1 (Form 1				io es, and	41					
42		,		,	real estate						
76	professional (see page										
	anywhere on Form 10	040 from all re	ental real esta	ate activitie	s in which						
	you materially particip	ated under th	e passive act	tivity loss ru	ues	42	1			1	- 1

Child and Dependent Care Expenses

► Attach to Form 1040.

► See separate instructions.

OMB No. 1545-0068
1994
Attachment
Sequence No. 21

Form **2441** (1994)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

You need to understand the following terms to complete this form: **Qualifying Person(s), Dependent Care Benefits, Qualified Expenses,** and **Earned Income.** See **Important Terms** on page 1 of the Form 2441 instructions.

(a) Care provider's name	l .	(b) Address . no., city, state, and ZIP code)	(c) Identifying numbe (SSN or EIN)	(d) Amount paid (see instructions
Add the amounts in co	olumn (d) of line 1		2	
Enter the number of q	ualifying persons cared	l for in 1994	▶	
	Did you receive	NO		Part II below.
	dependent care benef	its? YES	Complete Part II	I on the back now.
Credit for Chi	ld and Dependent Ca	are Expenses		
	jualified expenses you i			
	more than \$2,400 for on nore persons. If you com			
the amount from line		4	148	
F . VOUD				
Enter YOUR earned i		<u>5</u>		
	nt return, enter YOUR disabled, see the instru			
enter the amount from		6		
Enter the smallest of	line 4, 5, or 6			150
Enter the amount from	n Form 1040, line 32	8		
Enter the amount nor	11 FOITH 1040, lifte 32 .			
Enter on line 9 the de	cimal amount shown be	low that applies to the amount	on line 8	
If line 8 is—	Decimal	If line 8 is—	Decimal	
But not Over over	: amount is	But not Over over	amount is	
\$0—10,000	.30	\$20,000—22,000	.24	
10,000—12,000	.29	22,000—24,000	.23	
12,000—14,000	.28	24,000—26,000	.22 9	X .
14,000—16,000	.27	26,000—28,000	.21	
16,000—18,000	.26	28,000—No limit	.20	
18,000—20,000	ا 25.		\$000000	10004

Cat. No. 11862M

For Paperwork Reduction Act Notice, see separate instructions.

	Dependent Care Benefits—Complete this part only if	you received these benef	its.
11	Enter the total amount of dependent care benefits you received for be shown in box 10 of your W-2 form(s). DO NOT include amounts as wages in box 1 of Form(s) W-2	that were reported to you	11
12	Enter the amount forfeited, if any. See the instructions		12
13 14	Subtract line 12 from line 11	14	13
15	Enter the smaller of line 13 or 14	15	
16	Enter YOUR earned income	16	
17	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 16	17	
18	Enter the smallest of line 15, 16, or 17	18	
19	Excluded benefits. Enter here the smaller of the following:		
20	 The amount from line 18, or \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17). Taxable benefits. Subtract line 19 from line 13. Also, include this 	amount on Form 1040,	19
_	line 7. On the dotted line next to line 7, write "DCB"	<u> </u>	20
	To claim the child and dependent ca lines 21–25 below, and lines 4–10 or		
21	Enter the amount of qualified expenses you incurred and paid in this line any excluded benefits shown on line 19	1994. DO NOT include on	21
22	Enter \$2,400 (\$4,800 if two or more qualifying persons)	22	
23	Enter the amount from line 19	23	
24	Subtract line 23 from line 22. If zero or less, STOP . You cannot tall you paid 1993 expenses in 1994, see the line 10 instructions	ke the credit, Exception. If	24
25	Enter the smaller of line 21 or 24 here and on line 4 on the front of	of this form	25
	Printed on recycled	paper	

3800

General Business Credit

► Attach to your tax return.

Attachment Sequence No. 22 Identifying number

OMB No. 1545-0895

Department of the Treasury Internal Revenue Service Name(s) shown on return

See separate instructions.

Tentative Credit 1a 1a Current year investment credit (Form 3468, Part I) 152 1b 153 154 Current year credit for increasing research activities (Form 6765, Part III) 1d 155 Current year low-income housing credit (Form 8586, Part I) 1e 1f 1h h Current year renewable electricity production credit (Form 8835, Part I) i Current year Indian employment credit (Form 8845, Part I) 1i i Current year credit for employer social security and Medicare taxes paid on certain employee 1j k Current year credit for contributions to selected community development corporations (Form 11 I Current year general business credit. Add lines 1a through 1k 2 Passive activity credits included on lines 1a through 1k (see instructions) 3 Passive activity credits allowed for 1994 (see instructions) 4 Carryforward of general business, WIN, or ESOP credit to 1994 (see instructions for the schedule to attach) 5 Carryback of general business credit to 1994 (see instructions) 6 Tentative general business credit. Add lines 3 through 6 7 7 **General Business Credit Limitation Based on Amount of Tax** R Corporations. Enter amount from Form 1120, Schedule J, line 3 (or Form 1120-A, Part I, line 1) c Other filers. Enter regular tax before credits from your return (see instructions). Credits that reduce regular tax before the general business credit: a Credit for child and dependent care expenses (Form 2441, line 10) 9a **b** Credit for the elderly or the disabled (Schedule R (Form 1040), line 21) 9b c Mortgage interest credit (Form 8396, line 11) d Foreign tax credit (Form 1116, line 32, or Form 1118, Sch. B, line 12). 9e f Orphan drug credit (Form 6765, line 10) 9f g Credit for fuel from a nonconventional source 9h h Qualified electric vehicle credit (Form 8834, line 19) 9i 10 10 Net regular tax. Subtract line 9i from line 8 11 Tentative minimum tax (see instructions): Individuals, Enter amount from Form 6251, line 26 11 Corporations. Enter amount from Form 4626, line 13 c Estates and trusts. Enter amount from Form 1041, Schedule H, line 37 12 Net income tax: a Individuals. Add line 10 above and line 28 of Form 6251 . . . 12 **b** Corporations. Add line 10 above and line 15 of Form 4626 c Estates and trusts. Add line 10 above and line 39 of Form 1041, Schedule H 13 13 If line 10 is more than \$25,000, enter 25% (.25) of the excess (see instructions) 14 Subtract line 11 or line 13, whichever is greater, from line 12. If less than zero, enter -0- . . . 14 General business credit allowed for current year. Enter the smaller of line 7 or line 14. Enter here and on Form 1040, line 44; Form 1120, Schedule J, line 4e; Form 1120-A, Part I, line 2a; or the appropriate line of your tax return. (Individuals, estates, and trusts, see instructions if the credit for increasing research activities is claimed. C corporations, see instructions for Schedule A if any regular investment credit carryforward is claimed. See the instructions if the corporation has undergone a post-1986 "ownership change.") 15

Scl	nedule A—Additional General Business Credit Allowed By Section 38(c)(2) (Before Revenue Reconciliation Act of 1990)—Only Applicable to C Corporations	epeal by the
16	Enter the portion of the credit shown on line 5, page 1, that is attributable to the regular investment credit under section 46 (before amendment by the Revenue Reconciliation Act of 1990)	16
17	Tentative minimum tax (from line 11, page 1)	
18	Multiply line 17 by 25% (.25)	18
19	Enter the amount from line 14, page 1	
20	Enter the portion of the credit shown on line 7, page 1, that is NOT attributable to the regular investment credit under section 46 (before amendment by the Revenue Reconciliation Act of 1990)	
21	Subtract line 20 from line 19 (if less than zero, enter -0-)	21
22	Subtract line 21 from line 16 (if less than zero, enter -0-)	22
23	For purposes of this line only, refigure the amount on line 11, Form 4626, by using zero on line 6, Form 4626, and enter the result here.	
24	Multiply line 23 by 10% (.10)	24
25	Net income tax (from line 12, page 1)	25
26	General business credit (from line 15, page 1)	26
27	Subtract line 26 from line 25	27
28	Subtract line 24 from line 27	28
29	Enter the smallest of line 18, line 22, or line 28	29
30	Subtract line 29 from line 17	30
31	Enter the greater of line 30 or line 13, page 1	31
32	Subtract line 31 from line 25	32
33	Enter the smaller of line 32 or line 10, page 1. Enter this amount also on line 15, page 1, instead of the amount previously figured on that line. Write "Sec. 38(c)(2)" in the margin next to your entry on line 15, page 1	33
34	If line 32 is greater than line 33, enter the excess here (see instructions)	34

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping11 hr., 43 min. Learning about the law or the form . . Preparing and sending the form to the IRS . . 1 hr., 14 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

Department of the Treasury

Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

1994

Attachment Sequence No. 12A

Total Investment Interest Expense

Investment interest expense paid or accrued in 1994. See instructions.

Disallowed investment interest expense from 1993 Form 4952, line 7.

Total investment interest expense. Add lines 1 and 2.

Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).

Net gain from the disposition of property held for investment.

С	Net capital gain from the disposition of property held for investment			
d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d		
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions	4e	158	
f	Investment income. Add lines 4a, 4d, and 4e. See instructions	4f		
5	Investment expenses. See instructions	5		
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0	6		

Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1995. Subtract line 6 from line 3. If zero or less, enter -0-	7	156	
8_	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	157	

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Copying, assembling sending the form to		S		10 min.
Preparing the form				21 min.
law or the form .				15 min.
Learning about the				
Recordkeeping .				13 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Interest expense paid by an individual, estate, or a trust on a loan that is allocable to property held for investment may not be fully deductible in the current year. Form 4952 is used to figure the amount of investment interest expense deductible for the current

year and the amount, if any, to carry forward to future years.

For more details, get **Pub. 550,** Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, and you claim a deduction for investment interest expense, you must complete and attach Form 4952 to your tax return, unless all of the following apply:

- Your only investment income was from interest or dividends.
- You have no other deductible expenses connected with the production of interest or dividends.
- Your investment interest expense is not more than your investment income, and
- You have no disallowed investment interest expense from 1993.

Form 4952 (1994)

Alternative Minimum Tax—Individuals

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

1994

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

Sequence No. 32

Your social security number

	Adjustments and Preferences		
1 2 3 4 5 6 7 8 9 10 11 12 13 14	If you itemized deductions on Schedule A (Form 1040), go to line 2. If you did not itemize deductions, enter your standard deduction from Form 1040, line 34, and skip to line 6. Medical and dental. Enter the smaller of Schedule A, line 4, or 2½% of Form 1040, line 32. Taxes. Enter the amount from Schedule A, line 9. Certain interest on a home mortgage not used to buy, build, or improve your home. Miscellaneous itemized deductions. Enter the amount from Schedule A, line 26. Refund of taxes. Enter any tax refund from Form 1040, line 10 or 21. Investment interest. Enter difference between regular tax and AMT deduction. Post-1986 depreciation. Enter difference between regular tax and AMT depreciation. Adjusted gain or loss. Enter difference between AMT and regular tax income. Passive activities. Enter difference between AMT and regular tax income or loss. Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8 Tax-exempt interest from private activity bonds issued after 8/7/86. Other. Enter the amount, if any, for each item and enter the total on line 14. a Charitable contributions. b Circulation expenditures. i Mining costs c Depletion j Patron's adjustment d Depreciation (pre-1987) l Research and experimental f Intangible drilling costs m Tax shelter farm activities.	1 2 3 4 5 6 7 8 9 10 11 12 13	/60
15	g Long-term contracts	14	162 163
	Alternative Minimum Taxable Income		100
16 17 18 19 20 21	Enter the amount from Form 1040, line 35. If less than zero, enter as a (loss) Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount . If Form 1040, line 32, is over \$111,800 (over \$55,900 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A, line 29 Combine lines 15 through 18	16 17 18 19 20	164
	Exemption Amount and Alternative Minimum Tax FIG1 = L17-L2	0	
22	Exemption Amount. (If this form is for a child under age 14, see instructions.) If your filing status is: And line 21 is not over: Enter on line 22: Single or head of household \$112,500 \$33,750 Married filing jointly or qualifying widow(er) 150,000 45,000 Married filing separately 75,000 22,500 If line 21 is over the amount shown above for your filing status, see instructions.	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23	
24	If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	165
25 26 27	Alternative minimum tax foreign tax credit. See instructions	25 26 27	165
28	Alternative Minimum Tax. (If this form is for a child under age 14, see instructions.) Subtract line 27 from line 26. If zero or less, enter -0 Enter here and on Form 1040, line 48	28	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13600G

Form **6251** (1994)

Passive Activity Loss Limitations

➤ See separate instructions.

➤ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Attachment Sequence No. 88

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

	1994 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on page 1	ages 7 and 8 before comple	tina P.	art I	
	ntal Real Estate Activities With Active Participation (For the define Active Participation in a Rental Real Estate Activity on page 3 c	ition of active participation			
1a	Activities with net income (from Worksheet 1, column (a))	1a			
b	Activities with net loss (from Worksheet 1, column (b))	1b (<u>J</u>		
С	Prior year unallowed losses (from Worksheet 1, column (c))	1c (
d	Combine lines 1a, 1b, and 1c	<u> </u>	1d		
All	Other Passive Activities				
2a	Activities with net income (from Worksheet 2, column (a))	2a			
b	Activities with net loss (from Worksheet 2, column (b))	2b ()		
С	Prior year unallowed losses (from Worksheet 2, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c	<u> </u>	2di		
	Special Allowance for Rental Real Estate With Act Note: Enter all numbers in Part II as positive amounts. (See	ive Participation	ехатр	oles.)	
4	Enter the smaller of the loss on line 1d or the loss on line 3		4		Sec. of
5	Enter \$150,000. If married filing separately, see the instructions .	5			
6	Enter modified adjusted gross income, but not less than zero (see instructions)	6			
	Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	7	_		
8	Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If m instructions	arried filing separately, see	8		
9	Enter the smaller of line 4 or line 8		9		
	Total Losses Allowed				
10	Add the income, if any, on lines 1a and 2a and enter the total .		10		
11	Total losses allowed from all passive activities for 1994. Adi instructions to find out how to report the losses on your tax return	d lines 9 and 10. See the	11	168	
For I	Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 63704F		Form 8582 (1	994)

Credit For Prior Year Minimum Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

OMB No 1545-1073

Name(s) shown on return Identifying number **Net Minimum Tax on Exclusion Items** Combine lines 16 through 18 of your 1993 Form 6251. Estates and trusts, see instructions 1 Enter adjustments and preferences treated as exclusion items. See instructions 2 3 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$165,000 and you were married filing separately for 1993, see instructions 4 Enter \$45,000 (\$33,750 if single or head of household for 1993, \$22,500 if married filing separately 5 Enter \$150,000 (\$112,500 if single or head of household for 1993, \$75,000 if married filling 6 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . 7 7 8 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see 9 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15, and go to Part II. Form 10 10 If line 10 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 10 by 26% 11 (.26). Otherwise, multiply line 10 by 28% (.28), and subtract \$3,500 (\$1,750 if married filing 11 Minimum tax foreign tax credit on exclusion items. See instructions 12 12 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 13 Enter the amount from your 1993 Form 6251, line 27, or Form 1041, Schedule H, line 38c 14 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-15 Minimum Tax Credit and Carryforward to 1995 Enter the amount from your 1993 Form 6251, line 28, or Form 1041, Schedule H, line 39 . . . 16 16 17 17 Subtract line 17 from line 16. If less than zero, enter as a negative amount 18 18 1993 minimum tax credit carryforward. Enter the amount from your 1993 Form 8801, line 26 19 19 Enter the total of your 1993 unallowed orphan drug credit, 1993 unallowed nonconventional 20 source fuel credit, and 1993 unallowed qualified electric vehicle credit. See instructions 20 21 21 Combine lines 18, 19, and 20. If zero or less, **stop here** and see instructions Enter your 1994 regular income tax liability minus allowable credits. See instructions 22 Enter the amount from your 1994 Form 6251, line 26, or Form 1041, Schedule H, line 37 . . . 23 Subtract line 23 from line 22. If zero or less, enter -0-24 Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on the

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appropriate line of your 1994 tax return. See instructions

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 1 hr., 33 min.; Learning about the law or the form, 1 hr., 3 min.; Preparing the form, 1 hr.; Copying, assembling, and sending the form to the IRS, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Minimum tax credit carryforward to 1995. Subtract line 25 from line 21. See instructions

Form 8801 is used by individuals, estates, and trusts to figure the minimum tax credit, if any, for alternative

minimum tax (AMT) incurred in prior tax years after 1986. The form is also used to figure any minimum tax credit carryforward.

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Who Should File

Form 8801 should be filed by individuals, estates, and trusts that had:

- An AMT liability in 1993 and adjustments or preferences (other than exclusion items) in 1993,
- A minimum tax credit carryforward from 1993 to 1994, or
- A nonconventional source fuel credit, an orphan drug credit, or a qualified electric vehicle credit not allowed for 1993 (see the instructions for line 20).