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For the year January 1-December 31, 1984, or other tax year beginning 1984, ending 19 OMB No. 1545-0074

Use IRS label. Otherwise, please print or type. Your first name and initial (if joint return, also give spouse's name and initial) Last name Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security number City, town or post office, State, and ZIP code Your occupation Spouse's occupation

Presidential Election Campaign Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes No Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. 4 Head of household (with qualifying person). (See page 5 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here. 5 Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of Instructions.)

Exemptions 6a Yourself 65 or over Blind Enter number of boxes checked on 6a and b 6b Spouse 65 or over Blind Enter number of children listed on 6c 6c First names of your dependent children who lived with you Enter number of other dependents Add numbers entered in boxes above 6d Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support? 6e Total number of exemptions claimed (also complete line 36)

Income 7 Wages, salaries, tips, etc. 8 Interest income (also attach Schedule B if over \$400) 9a Dividends (also attach Schedule B if over \$400) 9b Exclusion 9c Subtract line 9b from line 9a and enter the result. 10 Refunds of State and local income taxes, from the worksheet on page 9 of instructions (do not enter an amount unless you itemized deductions for those taxes in an earlier year—see page 9) 11 Alimony received 12 Business income or (loss) (attach Schedule C) 13 Capital gain or (loss) (attach Schedule D) 14 40% of capital gain distributions not reported on line 13 (see page 9 of Instructions) 15 Supplemental gains or (losses) (attach Form 4797) 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17 17a Other pensions and annuities, including rollovers. Total received 17a 17b Taxable amount, if any, from the worksheet on page 10 of Instructions 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 20a Unemployment compensation (insurance). Total received 20a 20b Taxable amount, if any, from the worksheet on page 10 of Instructions 21a Social security benefits. (see page 10 of Instructions) 21a 21b Taxable amount, if any, from the worksheet on page 11 of Instructions 22 Other income (state nature and source—see page 11 of Instructions) 22 23 Add lines 7 through 22. This is your total income 23

Adjustments to Income (See Instructions on page 11.) 24 Moving expense (attach Form 3903 or 3903F) 24 25 Employee business expenses (attach Form 2106) 25 26a IRA deduction, from the worksheet on page 12 26a 26b Enter here IRA payments you made in 1985 that are included in line 26a above 26b 27 Payments to a Keogh (H.R. 10) retirement plan 27 28 Penalty on early withdrawal of savings 28 29 Alimony paid 29 30 Deduction for a married couple when both work (attach Schedule W) 30 31 Add lines 24 through 30. These are your total adjustments 31

Adjusted Gross Income 32 Subtract line 31 from line 23. This is your adjusted gross income. If this line is less than \$10,000, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 12 of Instructions. 32

Tax Computation

(See Instructions on page 13.)

| | | | |
|------------|--|------------|--|
| 33 | Amount from line 32 (adjusted gross income) | 33 | |
| 34a | If you itemize, attach Schedule A (Form 1040) and enter the amount from Schedule A, line 26 Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 13 of the Instructions. Also see page 13 if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien. | 34a | |
| 34b | If you do not itemize deductions, and you have charitable contributions, complete the worksheet on page 14. Then enter the allowable part of your contributions here | 34b | |
| 35 | Subtract line 34a or 34b, whichever applies, from line 33 | 35 | |
| 36 | Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e | 36 | |
| 37 | Taxable income. Subtract line 36 from line 35. | 37 | |
| 38 | Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G | 38 | |
| 39 | Additional Taxes. (See page 14 of Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, or <input type="checkbox"/> Form 5544. | 39 | |
| 40 | Add lines 38 and 39. Enter the total | 40 | |

Credits

(See Instructions on page 14.)

| | | | |
|-----------|--|-----------|--|
| 41 | Credit for child and dependent care expenses (attach Form 2441) | 41 | |
| 42 | Credit for the elderly and the permanently and totally disabled (attach Schedule R) | 42 | |
| 43 | Residential energy credit (attach Form 5695) | 43 | |
| 44 | Partial credit for political contributions for which you have receipts | 44 | |
| 45 | Add lines 41 through 44. These are your total personal credits | 45 | |
| 46 | Subtract line 45 from 40. Enter the result (but not less than zero) | 46 | |
| 47 | Foreign tax credit (attach Form 1116) | 47 | |
| 48 | General business credit. Check if from <input type="checkbox"/> Form 3800, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5884, <input type="checkbox"/> Form 8 | 48 | |
| 49 | Add lines 47 and 48. These are your total business and other credits | 49 | |
| 50 | Subtract line 49 from 46. Enter the result (but not less than zero) | 50 | |

Other Taxes

(Including Advance EIC Payments)

| | | | |
|-----------|---|-----------|--|
| 51 | Self-employment tax (attach Schedule SE) | 51 | |
| 52 | Alternative minimum tax (attach Form 6251) | 52 | |
| 53 | Tax from recapture of investment credit (attach Form 4255) | 53 | |
| 54 | Social security tax on tip income not reported to employer (attach Form 4137) | 54 | |
| 55 | Tax on an IRA (attach Form 5329) | 55 | |
| 56 | Add lines 50 through 55. This is your total tax | 56 | |

Payments

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

| | | | |
|-----------|--|-----------|--|
| 57 | Federal income tax withheld | 57 | |
| 58 | 1984 estimated tax payments and amount applied from 1983 return | 58 | |
| 59 | Earned income credit. If line 33 is under \$10,000, see page 16 | 59 | |
| 60 | Amount paid with Form 4868 | 60 | |
| 61 | Excess social security tax and RRTA tax withheld (two or more employers) | 61 | |
| 62 | Credit for federal tax on gasoline and special fuels (attach Form 4136) | 62 | |
| 63 | Regulated Investment Company credit (attach Form 2439) | 63 | |
| 64 | Add lines 57 through 63. These are your total payments | 64 | |

Refund or Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 65 | If line 64 is larger than line 56, enter amount OVERPAID | 65 | |
| 66 | Amount of line 65 to be REFUNDED TO YOU | 66 | |
| 67 | Amount of line 65 to be applied to your 1985 estimated tax | 67 | |
| 68 | If line 56 is larger than line 64, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1984 Form 1040" on it (Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 17 of Instructions.) \$ | 68 | |

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____
 Spouse's signature (if filing jointly, BOTH must sign) _____

Paid Preparer's Use Only

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