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For the year Jan.—Dec. 31, 1987, or other tax year beginning 1987, ending

19

OMB No. 1545-0074

Label

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
Present home address (number and street or rural route). (If you have a P.O. Box, see page 6 of Instructions.)
PLACE LABEL HERE
City, town or post office, state, and ZIP code

Your social security number
Spouse's social security number
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

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

Filing Status

Check only one box.

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 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
5 Qualifying widow(er) with dependent child (year spouse died 19). (See page 7 of Instructions.)

Exemptions

(See Instructions on page 7.)

If more than 7 dependents, see Instructions on page 7.

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents' return), do not check box 6a. But be sure to check the box on line 32b on page 2.
6a Yourself 6b Spouse
c Dependents (1) Name (first, initial, and last name) (2) Check if under age 5 (3) If age 5 or over, dependent's social security number (4) Relationship (5) No. of months lived in your home in 1987
No. of boxes checked on 6a and 6b
No. of children on 6c who lived with you
No. of children on 6c who didn't live with you due to divorce or separation
No. of parents listed on 6c
No. of other dependents listed on 6c
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here.
e Total number of exemptions claimed (also complete line 35)

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of Instructions.

Please attach check or money order here.

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

Adjustments to Income

(See Instructions on page 12.)

23 Reimbursed employee business expenses from Form 2106
24a Your IRA deduction, from applicable worksheet on page 13 or 14
24b Spouse's IRA deduction, from applicable worksheet on page 13 or 14
25 Self-employed health insurance deduction, from worksheet on page 14
26 Keogh retirement plan and self-employed SEP deduction
27 Penalty on early withdrawal of savings
28 Alimony paid (recipient's last name and social security no.)
29 Add lines 23 through 28. These are your total adjustments

Adjusted Gross Income

30 Subtract line 29 from line 22. This is your adjusted gross income. If this line is less than \$15,432 and a child lived with you, see "Earned Income Credit" (line 56) on page 18 of the instructions. If you want IRS to figure your tax, see page 15 of the instructions

Tax Computation	31	Amount from line 30 (adjusted gross income)				31	
	32a	Check if <input type="checkbox"/> You were 65 or over <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or over <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here				32a	
	b	If you can be claimed as a dependent on another person's return, check here				32b	
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 15 and check here				32c	
	33a	Itemized deductions. See page 15 to see if you should itemize. If you don't itemize, enter zero. If you do itemize, attach Schedule A, enter the amount from Schedule A, line 26, AND skip line 33b				33a	
	← Caution: If you checked any box on line 32a, b, or c and you don't itemize, see page 16 for the amount to enter on line 33b.	b	Standard deduction. Read Caution to left. If it applies, see page 16 for the amount to enter. If Caution doesn't apply and your filing status from page 1 is: Single or Head of household, enter \$2,540 Married filing jointly or Qualifying widow(er), enter \$3,760 Married filing separately, enter \$1,880				33b
	34	Subtract line 33a or 33b, whichever applies, from line 31. Enter the result here				34	
	35	Multiply \$1,900 by the total number of exemptions claimed on line 6e or see chart on page 16				35	
	36	Taxable income. Subtract line 35 from line 34. Enter the result (but not less than zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here and see page 16 to see if you have to use Form 8615 to figure your tax.				36	
	37	Enter tax. Check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, <input type="checkbox"/> Schedule D, or <input type="checkbox"/> Form 8615				37	
38	Additional taxes (see page 16). Check if from <input type="checkbox"/> Form 4970 or <input type="checkbox"/> Form 4972				38		
39	Add lines 37 and 38. Enter the total				39		
Credits (See instructions on page 17.)	40	Credit for child and dependent care expenses (attach Form 2441)	40				
	41	Credit for the elderly or for the permanently and totally disabled (attach Schedule R)	41				
	42	Add lines 40 and 41. Enter the total				42	
	43	Subtract line 42 from line 39. Enter the result (but not less than zero)				43	
	44	Foreign tax credit (attach Form 1116)	44				
	45	General business credit. Check if from <input type="checkbox"/> Form 3800, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5884, <input type="checkbox"/> Form 6478, <input type="checkbox"/> Form 6765 or <input type="checkbox"/> Form 8586	45				
	46	Add lines 44 and 45. Enter the total				46	
47	Subtract line 46 from line 43. Enter the result (but not less than zero)				47		
Other Taxes (Including Advance EIC Payments)	48	Self-employment tax (attach Schedule SE)				48	
	49	Alternative minimum tax (attach Form 6251)				49	
	50	Tax from recapture of investment credit (attach Form 4255)				50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)				51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)				52	
	53	Add lines 47 through 52. This is your total tax				53	
Payments Attach Forms W-2, W-2G, and W-2P to front.	54	Federal income tax withheld (including tax shown on Form(s) 1099)	54				
	55	1987 estimated tax payments and amount applied from 1986 return	55				
	56	Earned income credit (see page 18)	56				
	57	Amount paid with Form 4868 (extension request)	57				
	58	Excess social security tax and RRTA tax withheld (see page 19)	58				
	59	Credit for Federal tax on gasoline and special fuels (attach Form 4136)	59				
	60	Regulated investment company credit (attach Form 2439)	60				
61	Add lines 54 through 60. These are your total payments				61		
Refund or Amount You Owe	62	If line 61 is larger than line 53, enter amount OVERPAID				62	
	63	Amount of line 62 to be REFUNDED TO YOU				63	
	64	Amount of line 62 to be applied to your 1988 estimated tax	64				
	65	If line 53 is larger than line 61, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1987 Form 1040" on it. Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 20. Penalty: \$				65	

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