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For the year Jan. 1–Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 10.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE

Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see page 10. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.

Your social security number
Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign

Do you want \$1 to go to this fund? Yes No
If a joint return, does your spouse want \$1 to go to this fund? Yes No

Filing Status

(See page 10.)

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 11.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (year spouse died 19). (See page 11.)

Exemptions

(See page 11.)

If more than six dependents, see page 12.

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
6b Spouse
6c Dependents: (1) Name (first, initial, and last name) (2) Check if under age 1 (3) If age 1 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1992
6d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
6e Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

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

Adjustments to Income

(See page 18.)

24a Your IRA deduction from applicable worksheet on page 19 or 20
24b Spouse's IRA deduction from applicable worksheet on page 19 or 20
25 One-half of self-employment tax (see page 20)
26 Self-employed health insurance deduction (see page 20)
27 Keogh retirement plan and self-employed SEP deduction
28 Penalty on early withdrawal of savings
29 Alimony paid. Recipient's SSN
30 Add lines 24a through 29. These are your total adjustments

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$22,370 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56

Tax Computation

(See page 22.)

32 Amount from line 31 (adjusted gross income)
33a Check if: [] You were 65 or older, [] Blind; [] Spouse was 65 or older, [] Blind.
33b If your parent (or someone else) can claim you as a dependent, check here
33c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here
34 Enter the larger of your: Itemized deductions from Schedule A, line 26, OR Standard deduction shown below for your filing status.
35 Subtract line 34 from line 32
36 If line 32 is \$78,950 or less, multiply \$2,300 by the total number of exemptions claimed on line 6e.
37 Taxable income. Subtract line 36 from line 35.
38 Enter tax. Check if from a [] Tax Table, b [] Tax Rate Schedules, c [] Schedule D, or d [] Form 8615
39 Additional taxes (see page 23). Check if from a [] Form 4970 b [] Form 4972
40 Add lines 38 and 39.

If you want the IRS to figure your tax, see page 23.

Credits

(See page 23.)

41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Foreign tax credit. Attach Form 1116
44 Other credits (see page 24). Check if from a [] Form 3800 b [] Form 8396 c [] Form 8801 d [] Form (specify)
45 Add lines 41 through 44
46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0-

Other Taxes

47 Self-employment tax. Attach Schedule SE. Also, see line 25.
48 Alternative minimum tax. Attach Form 6251
49 Recapture taxes (see page 25). Check if from a [] Form 4255 b [] Form 8611 c [] Form 8828
50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
51 Tax on qualified retirement plans, including IRAs. Attach Form 5329
52 Advance earned income credit payments from Form W-2
53 Add lines 46 through 52. This is your total tax.

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54 Federal income tax withheld. If any is from Form(s) 1099, check []
55 1992 estimated tax payments and amount applied from 1991 return
56 Earned income credit. Attach Schedule EIC
57 Amount paid with Form 4868 (extension request)
58 Excess social security, Medicare, and RRTA tax withheld (see page 26)
59 Other payments (see page 26). Check if from a [] Form 2439 b [] Form 4136
60 Add lines 54 through 59. These are your total payments

Refund or Amount You Owe

Attach check or money order on top of Form(s) W-2, etc., on the front.

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID.
62 Amount of line 61 you want REFUNDED TO YOU.
63 Amount of line 61 you want APPLIED TO YOUR 1993 ESTIMATED TAX
64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service."
65 Estimated tax penalty (see page 27). Also include on line 64

Sign Here

Keep a copy of this return for your records.

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

Your signature Date Your occupation
Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed [] Preparer's social security no.
Firm's name (or yours if self-employed) and address E.I. No.
ZIP code