Form **1040-T** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1995**

IRS Use Only — Do not write or staple in this space.

Label Use the IRS label. Otherwise, print in ALL CAPITAL LETTERS. Leave a single space between names and words. OMB No. 1545-1470

LABEL HERE

Your **last name (surname)**, space, first name, space, and middle initial. (If either person is deceased, see page 9 of the instructions.) — Your social security number

If filing jointly, spouse's **last name (surname)**, space, first name, space, and middle initial — Spouse's social security number

Home address (number and street). If P.O. box or foreign address, see page 15. — Apt./suite no.

City, state or province, and ZIP code or postal code

Foreign country. Do not abbreviate.

For Privacy Act and Paperwork Reduction Act Notice, see page 10.

Presidential Election Campaign Fund *See page 15.* Do you want $3 to go to this fund? ○ Yes ○ No
If filing a joint return, does your spouse want $3 to go to this fund? ○ Yes ○ No
Filling in "Yes" will not change your tax or reduce your refund.

Filing Status *See pages 15-16.* Fill in only one circle: ○ Single ○ Married filing jointly ○ Head of household (with qualifying person) ○ Married filing separately ○ Qualifying widow(er) with dependent child

If Married filing separately, Head of household, or Qualifying widow(er), see pages 15-16 for entry:

DO NOT FILE THIS RETURN, INFORMATION COPY ONLY.

Total Income and Adjusted Gross Income

1	Wages, salaries, tips, etc. Attach W-2 form(s).	1 $
2a	Taxable interest income. *See page 17.* If over $400, complete Section A now.	2a $
b	Tax-exempt interest. *See page 18.* 2b $	
3a	Dividend income. *See page 18.* If over $400, complete Section A now.	3a $
b	Capital gain distributions. **Caution: Pending tax law may reduce the amount taxed.** *See page 18.*	3b $
4	Taxable refunds, credits, or offsets of state and local income taxes. *See page 18.*	4 $
5a	Total IRA distributions. 5a $ — **b** Taxable amount. *See page 19.*	5b $
6a	Total pensions and annuities. 6a $ — **b** Taxable amount. *See page 19.*	6b $
7	Unemployment compensation. *See page 21.*	7 $
8a	Social security benefits. 8a $ — **b** Taxable amount. *See page 21.*	8b $
9	Other income from list on page 22.	9 $
10	**Total income.** Add the amounts in the far right column for lines 1 through 9.	10 $
11	Your IRA deduction. *See page 23.* 11 $	
12	Spouse's IRA deduction. *See page 23.* 12 $	
13	Penalty on early withdrawal of savings. 13 $	
14	Alimony paid. Enter recipient's SSN. *See page 26.* 14 $	
15	**Total adjustments.** Add lines 11 through 14. See page 26 for other adjustments.	15 $
16	**Adjusted gross income.** Subtract line 15 from line 10. If this amount is less than $26,673, see the statement at the right.	16 $

If line 1 and line 16 are each less than $26,673 and a child lived with you (less than $9,230 if a child didn't live with you), see Earned Income Credit on page 31.

Standard Deduction or Itemized Deductions

17 ○ Fill in circle and see page 26 if you are married filing separately and your spouse itemizes deductions.

18 ○ Fill in circle if your parents (or someone else) can claim you as a dependent on their return.

19 Fill in all that apply. **You were:** ○ Age 65 or older ○ Blind. **Spouse was:** ○ Age 65 or older ○ Blind.

20 Enter the **larger** of your standard deduction (see page 27) **OR** your itemized deductions from Section B, line t. Your Federal income tax will be less if you enter the **larger** amount here. 20 $

21 Subtract line 20 from line 16. 21 $

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Attach copy B of your Forms W-2, W-2G, and 1099-R here. If you didn't get a W-2, see page 17. **Enclose, but do not attach, your payment and payment voucher.** *See page 39.*

22 Enter the amount from line 21. — 22 $

Exemptions
- Complete Section C before you fill in 23c.
- If you filled in the circle on line 18 or are married filing separately, see page 27 before completing line 23.

23 Enter "1" for yourself — a + Enter "1" for spouse — b + Enter no. of dependents from Section C — c = Add a, b, and c — 23d

24 If line 16 is $86,025 or less, multiply $2,500 by the total number of exemptions claimed on line 23d. If line 16 is over $86,025, see the worksheet on page 29 for the amount to enter. — 24 $

25 **Taxable income.** Subtract line 24 from line 22. If line 24 is more than line 22, leave line 25 blank. — 25 $

Tax ○ Fill in circle if you want the IRS to figure your tax. *See page 28.*

26 Find the tax on the amount on line 25 and enter here. *See page 29.* Fill in circle that applies: ○ Tax Table, ○ Tax Rate Schedules, ○ Capital Gain Tax Worksheet, or ○ Form 8615 — 26 $

27 Credit for child and dependent care expenses. Complete Section D now. — 27 $

28 Subtract line 27 from line 26. If line 27 is more than line 26, leave line 28 blank. — 28 $

29 Advance earned income credit payments from Form W-2. — 29 $

30 Household employment taxes. Attach Schedule H. — 30 $

31 **Total tax.** Add lines 28, 29, and 30. Fill in circle if total tax includes: ○ Alternative minimum tax. *See page 30.* — 31 $

32 Federal income tax withheld. Fill in ○ if any is from Form(s) 1099. — 32 $

33 1995 estimated tax payments and amount applied from 1994 return. — 33 $

34 **Earned income credit.** If required, complete Section E. *See page 31.* — 34 $ — ○ *Fill in circle if you want the IRS to figure your earned income credit. Complete Section E if required. See page 31.*

35 Amount paid with Form 4868 (extension request). — 35 $

36 Excess social security and RRTA tax withheld. *See page 37.* — 36 $

37 **Total payments.** Add lines 32 through 36. — 37 $

If line 37 is **more** than line 31, figure your refund below.

38 Subtract line 31 from line 37. This is the amount you **overpaid.** — 38 $

39 Amount of line 38 you want **refunded to you.** — 39 $

40 Amount of line 38 you want **applied to your 1996 estimated tax.** — 40 $

If line 37 is **less** than line 31, figure the amount you owe.

41 **Amount you owe.** Subtract line 37 from line 31. See page 39 for details on how to pay and use the payment voucher. — 41 $ — ○ *Fill in circle if you did not pay the full amount shown on line 41.*

42 Estimated tax penalty. *See page 39.* Also, include this amount on line 41. — 42 $

43 **Additional Information** Use this space only as the instructions show. (More space on page 5 of this form.) *See page 40.*

Line	Entry item	Amount	Line	Entry item	Amount
		$			$
		$			$

Signature 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature. Please keep your signature inside the box.

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

Date MM-DD-YY — Your occupation.

Date MM-DD-YY — Spouse's occupation.

For paid preparer use only.

Paid preparer's signature.

Firm's name (preparer's name if self-employed) and address.

Date MM-DD-YY — Preparer's social security number

○ Fill in circle if you are self-employed — EIN

For Official Use Only — TC, TCE ○ — VITA ○ — Self-help ○ — IRS Prepared ○ — IRS Reviewed ○

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 Keep a copy of this return for your records.

Name Print your name and SSN as they appear on page 1. Your social security number

Section A Interest and Dividend Income *See page 61.*

- If you received interest from a seller-financed mortgage, see page 61.
- If you received a Form 1099-INT, Form 1099-OID, Form 1099-DIV, or substitute statement from a brokerage firm, enter the firm's name and the total interest and dividends shown on that form.

a Name of payer. If more than six payers, see page 61.	b Taxable interest	c Gross dividends
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
d Subtotals from page 5, line d of Interest and Dividend Income.	d $	$
e **Total taxable interest.** Also, enter this amount on line **2a.**	e $	
f Total gross dividends.		f $
g **Total capital gain distributions** included on line f. Also, enter on line **3b.**	g $	
h Nontaxable distributions included on line f.	h $	
i Add lines g and h.		i $
j **Total dividends.** Subtract line i from line f. Enter the result here and on line **3a.**		j $

Section B Itemized Deductions *See page 62.*

a Medical and dental expenses.	a $	
b Multiply line **16** by 7.5% (.075). Enter the result here.	b $	
c Subtract line b from line a. If line b is more than line a, leave line c blank.		c $
d State and local income taxes.		d $
e Real estate taxes.		e $
f Personal property taxes.		f $
g Other taxes. *See page 63.*		g $
h Home mortgage interest and points reported to you on Form 1098.		h $
i Home mortgage interest and points **not** reported to you on Form 1098. *See page 64.*		i $
j Investment interest. *See page 65.*		j $
k Charitable gifts made by cash or check. If any one gift is $250 or more, see page 65.		k $
l Other charitable gifts. If over $500 or any gift is $250 or more, see page 66.		l $
m Add lines c through l.		m $
n Unreimbursed employee expenses. If required, list on line **43.** *See page 67.*	n $	
o Other expenses from list on page 67. Also, list on line **43.**	o $	
p Add lines n and o.	p $	
q Multiply line **16** by 2% (.02). Enter the result here.	q $	
r Subtract line q from line p. If line q is more than line p, leave line r blank.		r $
s Other miscellaneous deductions from list on page 67. Also, list on line **43.**		s $
t Is line **16** over $114,700 (over $57,350 if married filing separately)? **NO.** Your deduction is not limited. Add lines m, r, and s. Also, enter on line **20** the **larger** of this amount or your standard deduction (see page 27). **YES.** Your deduction may be limited. See page 67 for the amount to enter.		t $

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If you have no entries on this page or page 4, do not send them in.

Name Print your name and SSN as they appear on page 1 **only if** you have no entries on page 3. Your social security number

Section C Dependents

If your dependent was born in 1995, see page 69 before completing. If you have more than five dependents, see page 69.

Print **last name (surname)**, then a space, and first name.

Fill in circle if child didn't live with you but is claimed under a pre-1985 agreement.

Dependent's name

Relationship to you — Dependent's SSN — Number of months lived in your home during 1995

Dependent's name

Relationship to you — Dependent's SSN — Number of months lived in your home during 1995

Dependent's name

Relationship to you — Dependent's SSN — Number of months lived in your home during 1995

Dependent's name

Relationship to you — Dependent's SSN — Number of months lived in your home during 1995

Dependent's name

Relationship to you — Dependent's SSN — Number of months lived in your home during 1995

No. of your children in Section C who:
- lived with you
- didn't live with you due to divorce or separation

No. of other dependents in Section C

Add numbers in boxes at left. Enter total here and on line **23c.**

Section D Credit for Child and Dependent Care Expenses *See page 70.*

a Care provider's name and address. If more than two, see page 71. **b** Provider's SSN or EIN **c** Amount paid. *See page 71.*

SSN $
EIN

SSN $
EIN

d Add amounts in column c. **d** $

e Number of **qualifying persons** cared for in 1995. *See page 70.* **e**

f Amount of **qualified expenses** you incurred and paid in 1995. DO NOT enter more than $2,400 for one qualifying person or $4,800 for two or more persons. *See page 71.* **f** $

g YOUR **earned income**. *See page 70.* Do not include your spouse's income here. **g** $

h If filing jointly, SPOUSE'S earned income. (If student or disabled, see page 71.) **All others,** enter amount from line g. **h** $

i Enter the **smallest** of line f, line g, or line h. **i** $

j Enter the decimal amount from page 71 that applies to you. **j**

k Multiply line i by line j. Enter the result. Then, see page 71 for the amount to enter on line **27.** **k** $

Section E Earned Income Credit

See page 28 if you want the IRS to figure your credit.

a Nontaxable earned income. *See page 34.* Enter type and amount. $

b Give the following information for your qualifying child or children. If the child was born in 1995, see page 72 before completing.

Print **last name (surname)**, then a space, and first name.

If the child was born before **1977,** fill in circle below if the child was: **A student under age 24.** *See page 72.* **Disabled.** *See page 72.*

Child's name

Relation-ship to you — Child's SSN

No. of months lived with you in U.S. in 1995 — Year of birth 1 9

Child's name

Relation-ship to you — Child's SSN

No. of months lived with you in U.S. in 1995 — Year of birth 1 9

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If you have no entries on this page or page 3, do not send them in.

Continuation Sheet for Form 1040-T *If you need more space, you can use photocopies of this page.*

Name Print your name and SSN as they appear on page 1. Your social security number

Section A—Interest and Dividend Income (continued)

a Name of payer	b Taxable interest	c Gross dividends
	$, .	$, .
	$, .	$, .
	$, .	$, .
	$, .	$, .
	$, .	$, .
d Subtotals. On page 3, include on line d.	d $, .	$, .

Seller-Financed Mortgages
See page 61 for interest received and page 64 for interest paid.

Name and address of person from whom you received interest, or to whom you paid interest

That person's SSN or EIN

SSN - -

EIN -

Interest was (fill in circle): Received Paid

Section C—Dependents (continued)

If your dependent was born in 1995, see page 69 before completing.

Print **last name (surname)**, then a space, and first name.

Fill in circle if child didn't live with you but is claimed under a pre-1985 agreement.

Dependent's name				○
Relationship to you	Dependent's SSN - -	Number of months lived in your home during 1995		
Dependent's name				○
Relationship to you	Dependent's SSN - -	Number of months lived in your home during 1995		
Dependent's name				○
Relationship to you	Dependent's SSN - -	Number of months lived in your home during 1995		
Dependent's name				○
Relationship to you	Dependent's SSN - -	Number of months lived in your home during 1995		

Section D—Credit for Child and Dependent Care Expenses (continued)

a Care provider's name and address	b Provider's SSN or EIN	c Amount paid. *See page 71.*
	SSN - -	$, .
	EIN -	
	SSN - -	$, .
	EIN -	
d Subtotal. Include in total on line d on page 4.		d $, .

43—Additional Information (continued)

Line	Entry item	Amount
		$, .
		$, .
		$, .

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If you have no entries on this page or page 6, do not send them in.

Section F Direct Deposit of Refund

Please print in ALL CAPITAL LETTERS in the spaces provided.

Your last name (surname), space, first name, space, and middle initial

Your social security number

1 Name of the financial institution

2 Routing transit number (RTN)

The first two numbers of the RTN must be 01 through 12 or 21 through 32.

3 Depositor account number (DAN)

4 Type of account

○ Checking ○ Savings

5 Ownership of account

○ Self ○ Spouse ○ Self and spouse

Purpose of Section

Use Section F to request that we deposit your tax refund into your account at a financial institution instead of sending you a check.

Why Use Direct Deposit?

- Takes less time than issuing a check.
- Is more secure—there's no check to get lost.
- Saves tax dollars. Making a direct deposit costs less than issuing a check.

Requesting Direct Deposit

Requesting direct deposit is easy. Just fill in the few lines in Section F and attach it to your tax return. If you have other forms or schedules to attach to your return, be sure to attach Section F directly behind Form 1040-T.

How To Fill In Section F

TIP *You can check with your financial institution—*

1. To make sure the financial institution will accept direct deposits.

2. To get the correct routing transit number (RTN) and depositor account number (DAN).

Line 1.—Fill in the name of your financial institution.

Line 2.—The routing transit number (RTN) **must** be **nine** digits. If it does not begin with 01 through 12 or 21 through 32, the direct deposit will be rejected and a check sent. See the sample check below for an example of where the RTN may be shown.

For accounts payable through a financial institution other than the one at which the account is located, check with your financial institution for the correct RTN. Do not use a deposit slip to verify the RTN.

Line 3.—The depositor account number (DAN) can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank. See the sample check below for an example of where the DAN may be shown.

Line 5.—The account designated to receive the direct deposit must be in your name. If you are married filing jointly, the account can be in either name or both your names. If you are married filing separately, the account can be in your name or in both your name and your spouse's name.

Caution: *The account cannot include the name of any other person except as noted above.* Some financial institutions will not allow a joint refund to be deposited into an individual account. Check with your financial institution.

Who Should Not File Section F

You should not file Section F if either of the following apply:

- You file electronically. Instead, you can request direct deposit on **Form 8453,** U.S. Individual Income Tax Declaration for Electronic Filing (or on Form 8453-OL).
- You are filing a return for a taxpayer who died, or filing a joint return as a surviving spouse.

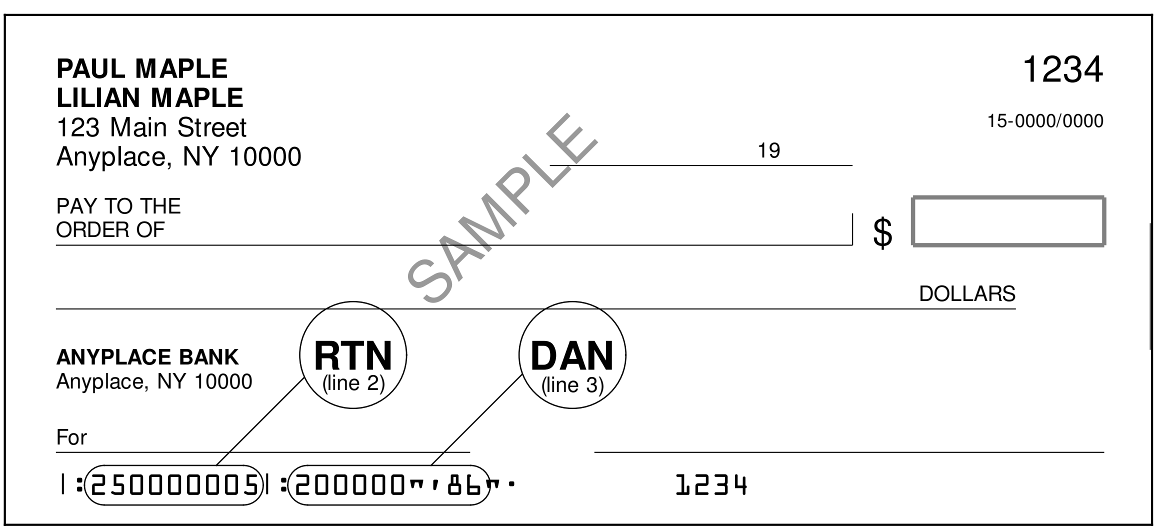
What Happens if There Is a Problem With My Direct Deposit Request?

If we are unable to honor your request for a direct deposit, we will send you a check instead. Some reasons for not honoring a request include:

- The name(s) on your tax return does not match the name(s) on the account. See the instructions for line 5.
- You have requested that the IRS figure your tax for you instead of figuring it yourself.
- The refund amount you claimed differs from the refund to which you are entitled by more than $50.
- The financial institution rejects the direct deposit because of an incorrect DAN.
- You enter an incorrect RTN or DAN, or do not fill in the correct circle for line 4 or 5.
- You asked to have your refund directly deposited into a foreign bank or a foreign branch of a U.S. bank. The IRS can only make direct deposits to accounts in U.S. financial institutions located in the United States.

Checking on Your Refund

Automated refund information is available on Tele-Tax. See page 44 of this instruction booklet for the telephone number to use. You can also contact your financial institution to find out if the direct deposit has been received.



Note: *The RTN and DAN may appear in different places on your check.*

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If you have no entries on this page or page 5, do not send them in.