tment of the Treasury—Internal Revenue Ser . Individual Income Tax Retu	urn (0) 1993	IRS Use On	lyDo n	ot write or sta	ple in this space.		
e year Jan. 1-Dec. 31, 1993, or other tax year b		, 1993, ending		, 19	OMB No. 1545-0074		
r first name and initial	Last name			Your soci	Your social security number		
joint return, spouse's first name and initial	Last name			Spouse's	social security number		

§ 1040		Individual Income Tax Return	ot write	or stap	le in this space.	L			
		year Jan. 1-Dec. 31, 1993, or other tax year beginning , 1993, ending		19	OMB No. 1545-	0074			
Label		first name and initial Last name	Your	socia	al security numb	er			
(See					: :				
instructions B on page 12.) E	lf a jo	pint return, spouse's first name and initial Last name	Spo	Spouse's social security number					
Use the IRS L label. H Otherwise, E	Hom	e address (number and street). If you have a P.O. box, see page 12. Apt. no.		For Privacy Act and Paperwork Reduction					
please print R	City	town or post office, state, and ZIP code. If you have a foreign address, see page 12.		Act Notice, see page 4.					
or type.	City.		Yes	No	Note: Checking	·			
Presidential	<u>i</u>				will not change	your			
Election Campaign		Do you want \$3 to go to this fund?			lax or reduce ye refund.	our			
(See page 12.)	/		L			<u> </u>			
Ciling Status	1	Single							
Filing Status	2	Married filing joint return (even if only one had income)							
(See page 12.)	3	Married filing separate return. Enter spouse's social security no. above and full name here. Head of household (with qualifying person). (See page 13.) If the qualifying person	is a ch	ld bu	t not your dener	ndent			
Check only	4	enter this child's name here.	13 4 611			ident,			
one box.	5	Qualifying widow(er) with dependent child (year spouse died ► 19). (See	page	13.)					
<u></u>	 63	Yourself. If your parent (or someone else) can claim you as a dependent on his or her ta	1X) и	o. of boxes				
Exemptions	03	return, do not check box 6a. But be sure to check the box on line 33b on pag	je 2 .		hecked on 6a				
(See page 13.)	b	Spouse		ر (nd 6b _ o. ol your				
(See page 10.)	c	Dependents: (2) Check (3) If age 1 or older. (4) Dependent's (5) No. (of months in your	C	hildren on 6c				
			in 1993	-	no:				
					lived with you				
If more than six					didn't live with ou due to				
dependents,					ivorce or				
see page 14.					eparation (see age 15)				
				-	ependents on 6c				
				- n	of entered above				
	d	If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here	:►[و ر	dd numbers ntered on				
	e	Total number of exemptions claimed			ines above 🕨 📘				
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7						
Income	8.4	Taxable interest income (see page 16). Attach Schedule B if over \$400	- 100	~ W					
Attach	b	Tax-exempt interest (see page 17). DON'T include on line 8a 8b		1					
Copy B of your	9	Dividend income. Attach Schedule B if over \$400							
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 17)				÷			
1099-R here.	11	Alimony received				<u>+</u>			
فحم المثلم الم	12	Business income or (loss). Attach Schedule C or C-EZ				┼┘			
If you did not get a W-2, see	13	Capital gain or (loss). Attach Schedule D.							
page 10.	14	Capital gain distributions not reported on line 13 (see page 17)	1			+			
	15	Other gains or (losses). Attach Form 4797	1						
If you are	16a	Total IRA distributions . 16a b Taxable amount (see page 18)		_					
attaching a check or money	17a	Total pensions and annuities 17a b Taxable amount (see page 18)				+			
order, put it on	18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	_1			┼			
top of any	19	Farm income or (loss). Attach Schedule F.	1	·		ļ			
Forms W-2, W-2G, or	20	Unemployment compensation (see page 19)	. 2						
1099-R.	21a	Social security benefits 21a b Taxable amount (see page 19				+			
	22	Other income. List type and amount-see page 20		2					
	23	Add the amounts in the far right column for lines 7 through 22. This is your total income 1	2	3		ļ			
	24a	Your IRA deduction (see page 20)							
Adjustments	b	Spouse's IRA deduction (see page 20)							
to Income	25	One-half of self-employment tax (see page 21)							
	25 26	Self-employed health insurance deduction (see page 22)							
(See page 20.)	20 27	Keogh retirement plan and self-employed SEP deduction 27							
		Penalty on early withdrawal of savings							
	28 29	Alimony paid. Recipient's SSN ► 29							
	29 30	Add lines 24a through 29. These are your total adjustments		0					
Adjusted	31	2 there at less 20 from line 23. This is your adjusted gross income. If this amount is less that	an l						
Gross Incom	e	\$23,050 and a child lived with you, see page EIC-1 to lind out if you can claim the "Eame Income Credit" on line 56	¥ 3	11					
<u>a</u>					c. 1040	1			

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