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For the year Jan.–Dec. 31, 1991, or other tax year beginning , 1991, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 11.)

Use the IRS label. Otherwise, please print or type.

Label area with fields for first name, last name, spouse's name, home address, and city/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?

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

(See page 12.)

If more than six dependents, see page 13.

Exemption questions 6a-6e regarding dependents and exemptions.

No. of boxes checked on 6a and 6b. No. of your children on 6c who: lived with you, didn't live with you due to divorce or separation. No. of other dependents on 6c. Add numbers entered on lines above.

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 10.

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

Income section lines 7-23 including wages, interest, dividends, and other income.

Adjustments to Income

(See page 19.)

Adjustments to income section lines 24a-30 including IRA deductions, self-employment tax, and alimony.

Adjusted Gross Income

Line 31: Subtract line 30 from line 23. This is your adjusted gross income.

Tax Computation

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
b	If your parent (or someone else) can claim you as a dependent, check here	33b	
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 23 and check here	33c	
34	Enter the larger of your: <ul style="list-style-type: none"> Itemized deductions (from Schedule A, line 26), OR Standard deduction (shown below for your filing status). Caution: If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. <ul style="list-style-type: none"> • Single—\$3,400 • Married filing jointly or Qualifying widow(er)—\$5,700 • Head of household—\$5,000 • Married filing separately—\$2,850 	34	
35	Subtract line 34 from line 32	35	
36	If line 32 is \$75,000 or less, multiply \$2,150 by the total number of exemptions claimed on line 6e. If line 32 is over \$75,000, see page 24 for the amount to enter	36	
37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	
38	Enter tax. Check if from a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Schedule D, or d <input type="checkbox"/> Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 e _____)	38	
39	Additional taxes (see page 24). Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39.	40	

Credits

(See page 25.)

41	Credit for child and dependent care expenses (attach Form 2441)	41	
42	Credit for the elderly or the disabled (attach Schedule R)	42	
43	Foreign tax credit (attach Form 1116)	43	
44	Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.)	46	

Other Taxes

47	Self-employment tax (attach Schedule SE)	47	
48	Alternative minimum tax (attach Form 6251)	48	
49	Recapture taxes (see page 26). Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)	50	
51	Tax on an IRA or a qualified retirement plan (attach Form 5329)	51	
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your total tax .	53	

Payments

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

54	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	54	
55	1991 estimated tax payments and amount applied from 1990 return	55	
56	Earned income credit (attach Schedule EIC)	56	
57	Amount paid with Form 4868 (extension request)	57	
58	Excess social security, Medicare, and RRTA tax withheld (see page 27)	58	
59	Other payments (see page 27). Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54 through 59. These are your total payments .	60	

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID .	61	
62	Amount of line 61 to be REFUNDED TO YOU .	62	
63	Amount of line 61 to be APPLIED TO YOUR 1992 ESTIMATED TAX	63	
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." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.	64	
65	Estimated tax penalty (see page 28). Also include on line 64.	65	

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 joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

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