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For the year Jan. 1–Dec. 31, 1993, or other tax year beginning , 1993, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 12.)

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

Presidential Election Campaign (See page 12.)

Form with fields for Name, Social Security Number, Home address, and City/ZIP code.

Your social security number Spouse's social security number

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

Table with Yes/No columns for Presidential Election Campaign questions.

Filing Status

(See page 12.)

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).
5 Qualifying widow(er) with dependent child

Exemptions

(See page 13.)

If more than six dependents, see page 14.

Exemptions section with sub-questions 6a, 6b, 6c, 6d, 6e and a table for dependents.

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.

If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

Income section with lines 7 through 23 for various types of income.

Adjustments to Income

(See page 20.)

Adjustments to Income section with lines 24a through 29.

Adjusted Gross Income

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

Tax Computation

(See page 23.)

32 Amount from line 31 (adjusted gross income)
33a Check if: [] You were 65 or older, [] Blind; [] Spouse was 65 or older, [] Blind.
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 \$81,350 or less, multiply \$2,350 by the total number of exemptions claimed on line 6e.
37 Taxable income. Subtract line 36 from line 35.
38 Tax. Check if from a [] Tax Table, b [] Tax Rate Schedules, c [] Schedule D Tax Worksheet, or d [] Form 8615
39 Additional taxes (see page 25). 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 24.

Credits

(See page 25.)

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 26). 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 26). 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. If required, 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 1993 estimated tax payments and amount applied from 1992 return
56 Earned income credit. Attach Schedule EIC
57 Amount paid with Form 4868 (extension request)
58a Excess social security, Medicare, and RRTA tax withheld (see page 28)
58b Deferral of additional 1993 taxes. Attach Form 8841
59 Other payments (see page 28). 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

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 1994 ESTIMATED TAX
64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, including what to write on your payment, see page 29
65 Estimated tax penalty (see page 29). 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