General Description Booklet

for the

1994 PUBLIC USE TAX FILE

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INTRODUCTION

The Internal Revenue Service 1994 Public Use Tax File, which contains 96,384 records, was selected as part of the Statistics of Income program that was designed to tabulate and present statistical information for the 115.9 million Form 1040, Form 1040A, and Form 1040EZ Federal Individual Income Tax Returns filed for Tax Year 1994.

The Tax Files which have been produced since 1960, consist of detailed information taken from SOI sample records. The public use versions of these sample files are sold in an unidentifiable form, with names, Social Security Numbers (SSN), and other similar information omitted. The primary uses made of these files have been to simulate the administrative and revenue impact of tax law changes, as well as to provide general statistical tabulations relating to sources of income and taxes paid by individuals.

The Individual Tax File is designed for making national level estimates. The 1994 Tax File can be purchased through the Internal Revenue Service, Statistics of Income Division. Any questions concerning the cost and acquisition of the current Individual Tax File should be directed to:

Daniel F. Skelly, Director Statistics of Income Division CP:R:S Internal Revenue Service P.O. Box 2608 Washington, DC 20013-2608

Telephone number: (202) 874-0700 Fax number: (202) 874-1198

Individual Public Use Tax Files for each of the Tax Years 1960, 1962, and 1966 through 1978, and State Public Use Tax Files for Tax Years 1977 and 1978, are available through the National Archives and Records Service. Questions concerning cost, acquisition, and delivery of these historical tax model files, should be addressed to:

Reference Services
Center for Electronic Records, (NSXA)
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001
(301) 713-6630

The Archives order number for any of the above-mentioned historical Public Use Tax Model Files is 374-109-(A). In addition to the order number, the requester should also specify the tax year and version (Individual or State) of the file under consideration.

Please refer to the sections of this booklet titled "Individual Tax File Sample Description" for a more detailed discussion of the Tax File.

DISCLOSURE AVOIDANCE PROCEDURES

To preserve the character of the microdata file while also protecting the identity of individuals, we have incorporated the following procedural changes in the Individual Tax File.

First, to make sure that it will be impossible to know whether a given taxpayer is represented in the sample, we have subsampled our 100 percent sample ¹ at a 33 percent rate.

Second, those records that remain in our file from the 100 percent sample have been combined with other high income returns for the following processing changes:

As in past years, the State codes and all other geographic indicators have been removed for all high income records. Other codes and fields removed for these returns include: age and blindness indicators (for both primary and secondary taxpayers), alimony paid, and alimony received. Also, certain codes (age status, marital status, and exemptions for children living at home) have been modified (see section on Code Definitions for specific changes).

Then, all of the high income returns have been sorted from largest to smallest for the field "State and local income taxes deductions". In this field, for every three records, in descending order, the <u>average</u> State and local income taxes deduction has been determined and that value has been placed in the State and local income taxes deduction field for each of the three records. This has been done over that part of the sample containing non-zero values in these fields. If the last group of records contains fewer than three, these records have been combined with the group of three immediately before it. This method of disguising data is called "blurring".

¹Returns sampled at 100 percent for the Statistics of Income program include those with total income or loss of \$5,000,000 or more; those with business plus farm receipts of \$50,000,000 or more; and nontaxable returns with adjusted gross incomes or expanded incomes of \$200,000 or more.

High income returns have then been separated into 35 different classes based on age, marital status, the number of children living at home, and the size of salaries and wages. Within each of these 35 classes, returns have been sorted on salaries and wages. This field has then been blurred over consecutive records as described above for State and local income tax deductions. However, records have only been averaged with other records in the same class. Therefore, records within one of the 35 classes have not been averaged with records in any of the other 34 classes. The file was then sorted on real estate tax deductions (again, within the 35 classes), and on home mortgage financial institutions and the same blurring procedure was repeated on each field.²

Third, all lower income returns (records with an adjusted gross income of less than \$200,000 and not from our 100 percent sample) have been blurred, nationally, for alimony paid and alimony received and home mortgage interest paid to financial institutions. Then, all lower income returns were sorted by State. After this sort, the records were blurred for real estate tax deductions and State and local income taxes deduction (State of Wisconsin, only, for this last item) in the same manner as described above. The only difference between the processing of these records and that of the high income returns is that the lower income returns have been sorted for real estate tax deduction by individual state with no records from two different States being combined when averaging a field over a series of records.

Fourth, for all records on the file, all fields on the file have been rounded to the four most significant digits (e.g., \$14,371 = \$14,370 and \$228,867 = \$228,900).

Since individual records in this file may or may not contain data from just one tax return--and never contain the full item content of any one tax return--we request that researchers make these facts clear in publishing their findings. In particular, they should refrain from using any language that would imply that they had access to individual taxpayers' records.

The following table shows the number of returns in the sample for each State, and the number not State-coded for disclosure reasons as described above

²For greater details on this and other disclosure protection techniques used by the Statistics of Income Division, see: Strudler, Michael; Oh, H. Lock; and Scheuren, Fritz. "Protection of Taxpayer Confidentiality on the IRS Tax Model." <u>Statistics of Income and Related Administrative Record Research</u>: 1986, Internal Revenue Service.

SAMPLE BY STATE

STATE:	NUMBER OF RECORDS	WEIGHTED TOTAL
High Income ³	37,294	1,148,757
Alabama	8 09	1,802,012
Alaska	222	297,086
Arizona	912	1,780,766
Arkansas	518	1,059,563
California	7,876	13,172,409
Colorado	918	1,652,386
Connecticut	814	1,447,055
Delaware	168	324,034
District of Columbia	138	312,260
Florida	3,253	6,477,968
Georgia	1,483	3,079,051
Hawaii	288	522,729
Idaho	253	421,369
Illinois	2,697	5,326,914
Indiana	1,160	2,457,505
Iowa	755	1,393,108
Kansas	612	1,086,210
Kentucky	763	1,636,862
Louisiana	784	1,623,394
Maine	265	543,378
Maryland	1,185	2,434,323
Massachusetts	1,427	2,728,671
Michigan	2,017	4,290,088
Minnesota	1,148	2,166,425
Mississippi	470	969,226
Missouri	1,146	2,263,424
Montana	202	320,991
Nebraska	423	748,837
Nevada	378	687,851
New Hampshire	279	552,371
New Jersey	1,940	3,751,645
New Mexico	358	657,182
New York	3,880	7,515,077
North Carolina	1,494	3,243,317
North Dakota	168	253,178

 $^{^{3}}$ These returns do not include the state code.

SAMPLE BY STATE

STATE :	WEIGHTED TOTAL	NUMBER OF RECORDS
Ohio	2,286	4,994,574
Oklahoma	747	1,387,890
Oregon	743	1,384,090
Pennsylvania	2,577	5,215,252
Rhode Island	236	470,430
South Carolina	761	1,681,255
South Dakota	239	400,087
Tennessee	1,105	2,378,389
Texas	4,001	7,820,319
Utah	359	735,824
Vermont	159	281,961
Virginia	1,469	2,970,626
Washington	1,240	2,350,118
West Virginia	318	711,346
Wisconsin	1,123	2,223,514
Wyoming	121	222,904
APO/FPO	88	236,764
Puerto Rico/V.I.	15	48,669
Other Than Above	300	281,718

RECORD LAYOUT

2 Digit Codes
(all codes are 2 characters in length - PIC 99)

1. AGEX	14. F6251	27. TFORM
2. AGIR1	15. F8582	28. TXST
3. CYCLE	16. F86 06	29. XBI*
4. DSI	17. MARS	30. XFPT
5. EFI	18. PCI	31. XFST
6. EIC	19. PREP	32. XOCAH
7. ELECT	20. PSV	33. XOCAWH
8. FDED	21. REGION*	34. XOODEP
9. FLPDYR	22. SCHB	35. XOPAR
10. FLPDMO	23. SCHCF	36. XTOT
11. F244 1	24. SCHE	
12. F2555	25. SPECTX	
13. F38 00	26. STATE*	

^{*} Only present for returns that sampled at less than a 100% rate and where AGI was less than \$200,000.

1994 NON-PUBLIC USE FILE RECORD LAYOUT

Amount Fields and Large Codes

Field No	E Fields
Inco	ome
1.	Salaries and Wages 1/
2.	Taxable Interest
3.	Tax-exempt Interest Income
4.	Dividends
5.	State Income Tax Refunds
6.	Alimony Received ²
7.	Business or Profession Net Income Less Loss (Schedule C) (+/-)
8.	Sales of Capital Assets Reported on Sch. D Net Gain Less Loss in AGI (+/-)
9.	Capital Gain Distributions Reported On Form 1040
10.	Sales of Prop. other than Capital Assets Net Gain Less Loss (+/-)(Form 4797)
11.	Taxable IRA Distribution
12.	Total Pensions and Annuities
13.	Pensions and Annuities in AGI
14.	Schedule E Net Income Less Loss (+/-)
15.	Farm Net Income Less Loss (Schedule F) (+/-)
16.	Unemployment Compensation
17.	Total Social Security Benefits (SOI)
18.	Social Security Benefits in AGI
19.	RESERVED
20.	RESERVED
21.	RESERVED
Stat	utory Adjustments
22.	Payments to Individual Retirement Account (IRA) (Primary)
23.	Payments to Individual Retirement Account (IRA) (Secondary)
24.	Moving Expenses *
25.	Deduction for Self-employment Tax
26.	Self-Employed Health Insurance Deduction
27.	Payments to a Keogh Plan
28.	Forfeited Interest Penalty
29 .	Alimony Paid ²
30.	RESERVED
31.	RESERVED
32.	RESERVED

Note: See page 13 for this section's footnotes.

 33. Adjusted Gross Income Less Deficit (AGI) (+/-) Tax Computation 34. Standard Deduction (if used) or Itemized Deductions (whether or not used) 35. Exemption Amount 36. Taxable Income
 Standard Deduction (if used) or Itemized Deductions (whether or not used Exemption Amount
 Standard Deduction (if used) or Itemized Deductions (whether or not used Exemption Amount
 Standard Deduction (if used) or Itemized Deductions (whether or not used Exemption Amount
35. Exemption Amount
· · · · · · · · · · · · · · · · · · ·
37. Tax on Taxable Income
38. Computed Income Tax (SOI)
39. Income Tax Before Credits
40. Income Subject to Tax (SOI)
41. Marginal Tax Base (SOI)
42. Tax Generated - Tax Rate Tables (SOI)
·
Credits
43. Total Tax Credits (SOI)
44. Child and Dependent Care
45. Elderly or Disabled
46. Foreign Tax
47. General Business Credit
48. Other Tax Credits (Not Included in the Other Credit fields) (SOI)
49. Credit for Prior Year Minimum Tax
Other Taxes
50. Total Income Tax (SOI)
51. Income Tax after Credits (SOI)
52. Self-Employment Tax
53. Alternative Minimum Tax
54. Recapture Taxes (Includes Form 4255, Recapture Tax of Investment Credi
and Form 8611, Recapture of Low Income Housing Credit)
55. Social Security Tax on Tip Income Not Reported to Employer
56. Penalty Tax on Qualified Retirement Plans
57. Total Tax Liability (SOI)

Note: See page 13 for this section's footnotes.

Payments	
58.	Income Tax Withheld
59 .	Estimated Tax Payments
60.	Earned Income for Earned Income Credit (SOI)
61.	EIC Used to Offset Income Tax Before Credits (SOI)
62.	EIC Used to Offset All Other Taxes Except Advance EIC (SOI)
63.	EIC Refundable Portion (SOI)
64.	Amount Paid with Form 4868
65.	Excess Social Security/RRTA
66.	Credit for Federal Tax on Special Fuels and Oils
67 .	Regulated Investment Company Credit
68.	Total Tax Payments (SOI)
D 6 1	
	Amount You Owe
69.	Balance Due (Overpayment) (+/-)
70.	Overpayment Credited to Next Year's Tax
71.	Predetermined Estimated Tax Penalty
Itemized D	eductions (Schedule A):
Medica	l and Dental Expense Deductions
72.	Medical and Dental Expenses Subject to Reduction by AGI Limit
73.	Limited Medical and Dental Expenses Deduction
Tayes D	aid Deductions
74.	State and Local Income Taxes 1/
7 4 . 75	Real Estate Taxes ¹
76.	RESERVED
70. 77.	RESERVED
77.	RESERVED
Interest	Paid Deductions
78.	Home Mortgage Interest & Points Paid to Financial Institutions 3/
7 9.	Home Mortgage Paid to Individuals
80.	Deductible Points Not Reported on Form 1098
81.	Investment Interest Paid

Note: See page 13 for this section's footnotes.

Total Interest

82.

Gifts to	Charity
83.	Cash Contributions
84.	Other than Cash Contributions
85 .	RESERVED
86.	Contributions Deduction, Total
Miscella	aneous Deductions (Subject to 2% Limitation)
87.	Net Limited Miscellaneous Deductions
88.	Unreimbursed Employee Business Expense
89 .	Tax Preparation Fees
90.	Total Miscellaneous Deductions Subject to Agi Limitation
Other	
91.	Casualty or Theft Loss
92.	RESERVED
93.	RESERVED
Itemize	d Deduction Limitation
94.	Itemized Deduction Limitation (SOI)
71 .	Nonized Beddenon Emiliation (501)
Interest and	d Dividend Income (Schedule B)
95.	Nontaxable Distributions *
Combined	Schedule C Income and Some Deduction Items
96.	Net Receipts (+/-)
97 .	Cost of Goods Sold And/or Operations
98.	Business Receipts (+/-) (SOI)
99.	Total Income or Loss (+/-)
100.	Car and Truck Expenses
101.	Commissions and Fees
102.	Depreciation
103.	Insurance
104.	Mortgage Interest
105.	Other Interest
106.	Office Expenses
107.	Rent - Other Business Property
108.	Wages (Less Jobs Credit)
109.	Total Expenses 4/
110.	RESERVED

Note: See page 13 for this section's footnotes.

Capital G	ains (Schedule D)
111.	Short-term Gains
112.	Short-term Losses (Before Carryover)
113.	RESERVED
114.	Long Term Gain from Other Forms Carried to Schedule I
115.	Long Term Loss from Other Forms Carried to Schedule I
116.	Schedule D Capital Gain Distributions
117.	Long-term Gain
118.	Long-term Losses (Before Carryover)
119.	RESERVED

Supplemental Income and Loss (Schedule E)

Rental Real Estate and Royalties

- 120. Total Rents Received 121. Total Royalties Received 122. Rental Expenses: Mortgage Interest 123. Rent/royalty Expenses Other Interest 124. Royalty Depletion 125. Rental Depreciation Rent Net Income or Loss (+/-) 126. Royalty Net Income or Loss (+/-) 127. 128. Deductible Rental Real Estate Loss
- 129. **RESERVED**
- 130. Rent/royalty Net Income
- Rent/royalty Net Loss 131.

Partnerships

132.	Total Passive Income
133.	Total Non-passive Income
134.	Total Passive Loss
135.	Total Non-passive Loss
136.	Partnership Section 179 Expense Deduction

Note: See page 13 for this section's footnotes.

Smal	l Business Corporation
137.	Total Passive Income
138.	Total Non-passive Income
13 9.	Total Passive Loss Allowed
140.	Total Non-passive Loss
141.	Combined Partnership and S Corporation Net Income/loss (+/-)
142.	S-corp. Section 179 Expense Deduction
Estat	e or Trust
143.	Total Income
144.	Total Loss
Farm F	Rental
145.	Farm Rent Net Income or Loss (Not included in any other rent field) (+/-)
Schedu	lle SE - Self Employment Income
146.	Net Earnings from Self-Employment, Total (SOI)
147.	Net Earnings from Self-Employment, Secondary Taxpayer (SOI)
Child (Care Credit (Form 2441)
148.	Qualifying Expenses Limitation
149.	Earned Income Limitation (SOI)
150.	Qualified Expenses Limited to Earned Income (SOI)
Genera	al Business Credit (Form 3800)
151.	Investment (Included in General Business Credit)
152.	Jobs (Included in General Business Credit)
153.	Alcohol Used as Fuel (Included in General Business Credit)
154.	Increasing Research Activities (Included in General Business Credit)
155.	Low Income Housing (Included in General Business Credit)
Investr	nent Interest Expense Deduction (Form 4952)
156.	Disallowed Investment Interest Expense to be Carried Forward
	2 Date to the mit controlled interest Expense to be curred to made

Note: See page 13 for this section's footnotes.

157.

158.

Investment Interest Expense

Amount Elected for Inclusion in Investment Income

Alternative Minimum Tax Computation (Form 6251)

- 159. Accelerated Depreciation
- 160. Combined Tax Preferences (SOI)
- 161. Net Operating Loss Tax Preference (SOI) *
- Other Adjustments and Preferences (+/-)
- 163. Total Adjustments and Preferences (+/-)
- 164. Tentative Alternative Minimum Taxable Income
- 165. Alternative Tax Foreign Tax Credit

Passive Activity Loss Limitation (Form 8582)

- 166. Total Current Year Passive Net Income (SOI)
- 167. Total Current Year Passive Net Losses (SOI)
- 168. Total Losses Allowed from All Passive Activities for 1994
- 169. **RESERVED**

Minimum Tax Credit (Form 8801)

- 170. RESERVED
- 171. Minimum Tax Credit Carryforward to 1995

Miscelaneous Codes

- 172. Return Id
- 173. RESERVED
- 174. RESERVED
- 175. Decimal Weight
- 176. Sample Count
- 177. Population Count
- 178. Sample Code
- 179. Marginal Tax Rate Code (SOI)

* Indicates new field for 1994.

¹/Blurred for high income returns (note: State and local income taxes deduction is also blurred for low income returns in Wisconsin); See the section on Disclosure Avoidance Procedures for a more complete explanation.

² Blurred for lower income returns, reserved for high income returns.

³/ Blurred for all returns.

⁴ For Schedule C-EZ filers, no detail is available for this field.

CODE DEFINITIONS

1. AGEX	Age Indicator:
	(A) No Age Status for either taxpayer 0
	(B) Only primary taxpayer indicates age 65 or over 1
	(C) Only secondary taxpayer indicates age 65 or over 2
	(D) Both spouses indicate age 65 or over
NOTE: For hig	gh income returns with values greater than 1, this code was set equal to 1.
2. AGIR1	Adjusted Gross Income (AGI) Range:
	No AGI (includes deficit)
	\$ 1 under \$ 1,00001
	\$ 1,000 under \$ 2,00002
	\$ 2,000 under \$ 3,00003
	\$ 3,000 under \$ 4,00004
	\$ 4,000 under \$ 5,00005
	\$ 5,000 under \$ 6,00006
	\$ 6,000 under \$ 7,00007
	\$ 7,000 under \$ 8,000
	\$ 8,000 under \$ 9,00009
	\$ 9,000 under \$ 10,00010
	\$ 10,000 under \$ 11,00011
	\$ 11,000 under \$ 12,00012
	\$ 12,000 under \$ 13,00013
	\$ 13,000 under \$ 14,00014
	\$ 14,000 under \$ 15,00015
	\$ 15,000 under \$ 16,00016
	\$ 16,000 under \$ 17,00017
	\$ 17,000 under \$ 18,00018
	\$ 18,000 under \$ 19,00019
	\$ 19,000 under \$ 20,00020
	\$ 20,000 under \$ 25,00021
	\$ 25,000 under \$ 30,00022
	\$ 30,000 under \$ 40,00023
	\$ 40,000 under \$ 50,00024
	\$ 50,000 under \$ 75,00025
	\$ 75,000 under \$ 100,00026
	\$ 100,000 under \$ 200,00027
	\$ 200,000 under \$ 500,00028
	\$ 500,000 under \$ 1,000,00029
	\$1,000,000 or more30

3. CYCLE	CYCLE
	Individual Master File return posting cycle (week) code04-52 (Each number represents the nth week of the year)
4. DS I	Dependent Status Indicator:
	(A) Taxpayer not being claimed as a dependent on another tax return0 (B) Taxpayer claimed as a dependent on another tax return
5. EFI	Electronic Filing Indicator:
	(A) Return not filed electronically 0 (B) Return filed electronically 1
6. EIC	Earned Income Credit Code:
(Note: This field	(A) No children claimed 0 (B) One child claimed 1 (C) Two children claimed 2 d does not indicate whether the Earned Income Credit was claimed)
7. ELECT	President Elect Campaign Fund Boxes:
	(A) No "yes" boxes checked
8. FDED	Form of Deduction Code:
	(A) Itemized deductions 1 (B) Standard deduction 2 (C) Taxpayer did not use itemized or standard deduction 3

Note: Unused total itemized deductions may be shown in field 34 if provided by the taxpayer.

9. FLPDYR	Filing (Accounting), Year: Tax Year
10. FLPDMO	Filing (Accounting) Period:
	Month Taxpayer's year ended 01-12
11. F2441	Form 2441, Child Care Credit Qualified Individual:
	(A) No Form 2441 attached to return 0 (B) Number of qualifying individuals 1-9
NOTE: For	high income returns with values greater than 3, this code was set equal to 3
12. F2555	Form 2555, Foreign Earned Income:
	(A) No Form 2555 attached to the return 0 (B) Form 2555 attached to the return 1
13. F38 00	Form 3800, General Business credit:
	(A) No Form 3800 attached to return 0 (B) Form 3800 attached to return 1
14. F6251	Form 6251, Alternative Minimum Tax:
	(A) No Form 6251 attached to the return 0 (B) Form 6251 attached to the return 1
15. F8582	Form 8582, Passive Activity Loss Limitation:
	(A) No Form 8582 attached to return 0 (B) Form 8582 attached to return 1

16. F8 606	Form 8606, Nondeductible IRA Contributions:
	(A) No Form 8606 attached to return0
	(B) Number of Forms 8606 attached to return1-2
17 MARS	Marital (Filing) Status:
	(A) Single
	(B) Married filing a joint return.
	(C) Married filing separately and not claiming a spousal exemption3
	(D) Head of household
	(F) Married filing separately and claiming a spousal exemption
	(1) Matrice ming separately and claiming a spousar exemption
NOTE: For	r high income returns with values equal to 5, this code was set equal to 2.
18. PCI	Form 1040PC indicator
	(A) Return not filed as Form 1040PC 00 (B) Return filed as Form 1040PC 01
19. PREP	Tax Preparer:
	(A) No preparer other than taxpayer indicated on the form
	(B) Return prepared by paid tax preparer
	(C) IRS prepared return 2
	(D) IRS reviewed return
	(E) Voluntary Income Tax Assistance prepared return4
	(F) Self help5
	(G) Tax Counseling for the elderly
	(H) Outreach program7
20. PSV	Primary Stratifying Variable:
	(A) Positive Income GT OR EQ to Negative Income1 (B) Negative Income GT Positive Income2

21. REGION	IRS Regions:	
	(A) Central1	
	(B) Mid-Atlantic2	
	(C) Midwest 3	
	(D) North Atlantic4	
	(E) Southeast5	
	(F) Southwest6	
	(G) Western7	
NOTE: For I	high income returns this code was set equal to zero.	
22. SCHB	Schedule B Indicator:	
22. 00115	Schedule D Indicator.	
	(A) No Schedule B attached to return0	
	(B) Schedule B attached to return1	
23. SCHCF	Schedule C or F Indicator:	
	(A) N (d) (1 1 1 C) F	
	(A) Neither Schedule C or F present.	
	(B) Schedule C present only	
	(C) Schedule F present only	
	(D) Schedule C and F present Schedule C Gross Receipts Larger. 3	
	(E) Schedule C and F present Schedule F Gross Receipts Larger 4	ţ
24. SCHE	Schedule E Indicator:	
	(A) No Schedule E attached to the return 0	
	(B) Schedule E attached to the return	
	(b) Schedule D attached to the return	
AS CRECEN	G IIT G	
25. SPECTX	Special Tax Computation:	
	(A) No entry ()
	(B) Form 4970 tax used	
	(C) Form 4972 tax used	
	(D) Both Form 4972 and Form 4970 taxes used.	
	(E) Type not determinable or prior year return with any	
	combination of the additional taxes	1

26. **STATE**:

Code	STATE NAME	Code	e STATE NAME
1	Alabama	29	Nevada
2	Alaska	30	New Hampshire
3	Arizona	31	New Jersey
4	Arkansas	32	New Mexico
5	California	33	New York
6	Colorado	34	North Carolina
7	Connecticut	35	North Dakota
8	Delaware	36	Ohio
9	District of Columbia	37	Oklahoma
10	Florida	38	
11	Georgia	39	Oregon Pennsylvania
12	Hawaii	40	Rhode Island
13	Idaho	41	South Carolina
14	Illinois	41	
15	Indiana		South Dakota
16		43	Tennessee
	Iowa	44	Texas
17	Kansas	45	Utah
18	Kentucky	46	Vermont
19	Louisiana	47	Virginia
20	Maine	48	Washington
21	Maryland	49	West Virginia
22	Massachusetts	50	Wisconsin
23	Michigan	51	Wyoming
24	Minnesota	52	APO/FPO
25	Mississippi	53	Puerto Rico
26	Missouri	54	Virgin Islands
27	Montana	54	Guam
28	Nebraska	54	U.S. Citizens Abroad

NOTE: For high income returns this code was set equal to zero.

27. TFORM Form of Return:

(A) 1040 Return	0
(B) 1040A Return	1
(C) 1040EZ Return	2
(D) 1040PC Return	3

28. TXST	TAX STATUS:
	(A) No tax owed and IRS did not compute tax
	(B) Regular tax only, not computed by IRS
	(C) Taxes are owed and IRS computed tax
	(D) No taxes due as computed by IRS
	(E) Tax based on Form 8615, Schedule D tax has no entry
	(F) Form 8814 tax at children's 15% rate; Sched D tax has no entry
	(G) Form 8814 tax at children's 15% rate; Sched D tax has entry
	(H) Schedule D tax has an entry, no tax from Form 8615 or Form 8814 7
	(I) Tax based on Form 8615, Schedule D tax also has an entry8
29. XBI	Primary or Secondary Taxpayer Blindness Indicator:
	(A) Neither the primary nor secondary taxpayer is blind 0
	(B) Either the primary or secondary taxpayer is blind 1
	(C) Both the primary and secondary taxpayer is blind
30. XFPT	Primary Taxpayer Exemption:
	(A) No exemption for primary taxpayer (dep. of another taxpayer)
31. XFST	Secondary Taxpayer Exemption:
	(A) No secondary taxpayer or joint return filed be dependents 0
	(B) Secondary taxpayer exemption
32. XOCAH	Exemptions for Children Living at Home:
	Number of children 0-99
NOTE: For I	nigh income returns with values greater than 3, this code was set equal to 3.

33. XOCAWH	Exemptions for Children Living Away from Home:
	Number of children 0-99
NOTE: For hig was set equal to	gh income returns with values greater than 3 for XOCAH, this code, XOCAWH 0.
34. XOODEP	Exemptions for Other Dependents:
	Number of other dependents 0-99
NOTE: For hig was set equal to	th income returns with values greater than 3 for XOCAH, this code, XOODEP 0.
35. XOPAR	Exemptions for Parents Living at Home or Away from Home:
	Number of parents 0-9
NOTE: For hig set equal to 0.	th income returns with values greater than 3 for XOCAH, this code, XOPAR was
36. XTOT	Total Exemptions:
	Number of exemptions 01-99

EXPLANATION OF FIELDS NOT ABSTRACTED DIRECTLY FROM TAX FORMS

The following explanations define data fields contained in the 1994 Individual Tax File that have not been abstracted directly from a specific line on Forms 1040, 1040A, 1040EZ, or the accompanying schedules and forms. Field numbers not appearing in this section have been entered on the specific lines on the forms or schedules from which the data were abstracted. Refer to the "1994 Federal Tax Forms" section of this booklet for further information.

<u>Field</u> <u>Number</u> 9	Definition CAPITAL GAINS DISTRIBUTIONS REPORTED ON FORM 1040 Present when taxpayer has Capital Gain Distributions reported on Form 1099-DIV (or a substitute statement) but does not need to file Schedule D for other capital transactions.
17	TOTAL SOCIAL SECURITY BENEFITS Total Social Security Benefits for taxpayers with taxable social security benefits.
34	DEDUCTIONS This is either Total Standard Deduction or Total Itemized Deductions. Only one can appear on each return. (Note: If the taxpayer had no income, but still included the total itemized deductions for which he/she was eligible, this amount is shown in Field 34.)
38	COMPUTED INCOME TAX This is a computed amount arrived at by applying the Tax Rate Schedules to Taxable Income, without regard to the type of computation used by the taxpayer.
40	INCOME SUBJECT TO TAX For taxpayers filing current year returns, "Income Subject to Tax" is identical to taxable income except for: those dependents paying "kiddie" tax from Form 8615; and those returns with long-term capital gains taxed at the 28 percent rate (TXST equals 6 or 7). For dependents filing Form 8615 (TXST = 4 or 8), this is the income taxed at child's rate. For taxpayers with long-term capital gains, this is only the income taxed at the regular rates (not any capital gains that were taxed at the maximum capital gains rate of 28 percent). For prior year returns, "income

reported.

subject to tax" is computed by using the Tax Year tax rate schedule to impute a hypothetical taxable income amount necessary to yield the given amount of tax

41 MARGINAL TAX BASE

This is the amount of income subject to tax at the marginal tax rate applicable to the return (TXRT), using the 1994 Tax Rate Schedules for all returns. (See Income Subject to Tax).

42 TAX GENERATED

This is a computed amount arrived at by applying the Tax Rate Schedules to Income Subject to Tax.

43 TOTAL TAX CREDITS (SOI)

Total credits from Form 1040 (line 45) or 1040A (line 24c) plus EARNED INCOME CREDIT USED TO OFFSET INCOME TAX BEFORE CREDITS (F61).

48 OTHER TAX CREDITS (NOT INCLUDED IN THE OTHER CREDIT FIELDS)

The sum of the amounts for Other Tax Credits on Form 1040 line 44 for which seperate fields have not been listed.

50 TOTAL INCOME TAX

Income Tax After Credits (F51) plus Alternative Minimum Tax (F53).

51 INCOME TAX AFTER CREDITS (SOI)

Income Tax after Credits from Form 1040 (line 46) or 1040A (line 25) minus the amount of Earned Income Credit used to offset Income Tax Before Credits. For Form 1040EZ, which does not allow for any credits or any other taxes, this is the same as "Total Tax Liability."

57 TOTAL TAX LIABILITY (SOI)

Total tax liability (Form 1040, line 53, Form 1040A, line 27, Form 1040-EZ, line 8) minus Advance Earned Income Credit (line 52, Form 1040) payments minus EIC USED TO OFFSET INCOME TAX BEFORE CREDITS (F69) minus EIC USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC (F70).

61 EARNED INCOME CREDIT USED TO OFFSET INCOME TAX BEFORE CREDITS

This amount is the lesser of: Total Earned Income Credit or Income Tax Before Credits (F39) minus all credits except the Earned Income Credit.

- 62-63 If Total Earned Income Credit (EIC) is greater than Income Tax Before Credits (reduced by all credits except the Earned Income Credit), the following fields are computed:
 - 62 EARNED INCOME CREDIT USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC

The lesser of:

- 1. Total EIC minus Earned Income Credit used to offset Income Tax Before Credits (F61); or
- 2. The sum of all other taxes (fields 52 through 56).
- 63 EARNED INCOME CREDIT, REFUNDABLE PORTION EIC minus F61 minus F62 (see above for definitions and conditions).
- 68 TOTAL TAX PAYMENTS

Total payments shown on the tax form, minus the total Earned Income Credit (Form 1040 line 60 minus line 56). This is limited to zero if there is a refundable EIC.

- 98 BUSINESS RECEIPTS
 - Line 3 plus line 6 of Schedule C.
- NET EARNINGS FROM SELF-EMPLOYMENT INCOME

The lessor of line 6 (net Schedule SE earnings) or 9 (maximum amount subject to Social Security tax) on the combined Schedule SE. For the short form, Schedule SE, this is line 4.

NET EARNINGS FROM SELF-EMPLOYMENT INCOME, SECONDARY TAXPAYER

The lessor of line 6 (net Schedule SE earnings) or 9 (maximum amount subject to Social Security tax) on the secondary taxpayer's Schedule SE. For the short form, Schedule SE, this is line 4.

149 EARNED INCOME LIMITATION

The smaller of line 5 or 6 (primary or secondary earned income), Form 2441.

160 COMBINED TAX PREFERENCES

Sum of the amounts on lines 4, 7, 8, 9, 10, 11, 12 and 13, Form 6251. The amounts on lines 1, 2, 3, 5 and 6 can be determined from items on Form 1040 or Schedule A.

161	NET OPERATING LOSS TAX PREFERENCE Line 17 less line 20, Form 6251.
166	TOTAL CURRENT YEAR PASSIVE NET INCOME Lines 1A + 2A, Form 8582
167	TOTAL CURRENT YEAR PASSIVE NET LOSSES Lines 1b + 2b, Form 8582
172	RETURN ID A unique number assigned for each sampled tax return during processing.
175	DECIMAL WEIGHT This field was derived by dividing the computer population count of returns in a sample stratum by the number of sample returns for that stratum (carried to two decimal places). The decimal place is implied. All estimates derived from this file must be multiplied by this decimal weight and divided by 100.
176	SAMPLE COUNT The number of sampled tax returns found in the given sample code.
177	POPULATION COUNT The number of tax returns in the population for a given sample code.
178	SAMPLE CODE (A) Nonbusiness Nonfarm returns
179	MARGINAL TAX RATE Top rate from tax rate schedule that applies to income subject to tax. See definition for field number 40 (Income Subject to Tax)

TECHNICAL DESCRIPTION OF THE FILE

62

Each "data record" in the file, representing one SOI record, is composed of 1,830 characters. Blocks are made up of 12 data records and are separated by a 3/4 inch "inter record gap" (IRG). There is no special indication at the end of a block other than the IRG, and no indication of the end of a data record.

Tape characters are recorded in either EBCDIC or ASCII on a 3480 standard IBM cartridge; however, the user can also request the data on a nine-track, 6250 bytes per inch (BPI) magnetic tape.

Each code and data field is numeric and defined in character format. All codes are unsigned. The data fields are signed positive or negative, whichever is appropriate, in the last character position of the field.

Codes are defined as 2 characters in length with leading zeros. The largest value is 99. The fields in the file are 10 characters in length with leading zeros. Weight factors are provided to accommodate a decimal integer weighting system.

SAMPLE DESCRIPTION

This section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

Domain of Study

The data in this file are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, 1040EZ, 1040PC and 1040TEL (including electronic returns) filed by U.S. citizens and residents during Calendar Year 1995.

All returns processed during 1995 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information, were excluded in calculating estimates. This resulted in a small difference between the population total (116,878,243 returns) reported in Table A and the estimated total of all returns (115,943,150 returns) generated using the Public Use Tax File. In addition, the perfection of money amounts during Statistics of Income processing, as well as the blurring techniques used in creation of the Public Use File, may have shifted some returns from one income class to another, making it impossible to replicate Table A exactly from the Public Use sample.

The records found in this file are intended to represent all returns filed for Tax Year 1994. While about 97 percent of the returns processed during Calendar Year 1995 were for Tax Year 1994, a few were for noncalendar years ending during 1994 and 1995, and some were returns for prior years. Returns for prior years were used in place of 1994 returns received and processed after December 31, 1995. This was done in the belief that the characteristics of returns due, but not yet processed, could best be represented by the returns for previous income years that were processed in 1995. Therefore, data for Tax Year 1994 may include amounts for discontinued items, such as the interest deductible from credit cards, reported on select prior year returns processed in 1995.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is selected independently from each stratum. Strata are defined by:

1. Nontaxable with adjusted gross income or expanded income of \$200,000 or over and no alternative minimum tax.

- 2. High combined business and farm total receipts of \$50,000,000 or more.
- Presence or absence of special Forms or Schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Total gross positive or negative income. Sixty variables are used to derive positive and negative incomes.
- Potential usefulness of the return for tax policy modeling. Thirty-two variables are used to determine how useful the return is for tax modeling purposes.

Table A shows the population and sample count for each stratum after collapsing some strata with the same sampling rates. The sampling rates range from 0.02 percent to 100 percent.

Tax data processed to the IRS Individual Master File at the Martinsburg Computing Center during Calendar Year 1995 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their ending five digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample was loaded onto an online database at the Cincinnati Service Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record. The editors use a hardcopy of the taxpayer's return to enter the required information onto the online system. Data are also adjusted during editing in an attempt to achieve consistent statistical definitions. For example, a taxpayer may report director's fees on the other income line of the Form 1040 return. If this situation had been detected during editing, the amount of director's fees would have been entered into the salaries and wages field.

After the completion of service center review, data were further validated, tested, and balanced at the Detroit Computing Center. Adjustments and imputations for selected fields were used to make each record internally consistent.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 1994, 0.23 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns.

Table A.—Number of Individual Income Tax Returns in the Population and Sample by Sampling Strata for 1994

										Number of returns	Stulls
		Desci	Description of the sample strata	ample strata						Population counts	Sample
Grand total										116,878,243	96,384
Form 1040 returns only with AGI or expanded income of \$200,000 and over, with no income tax after credits and no additional tax for tax preferences, total (WSAMP 101, 129, and 130)	ne of \$200,000.	and over, with no	income tax aff	er credits and no	additional tax	for tax preferenc	es, total (WSA)	MP 101, 129, and	d 130)	2,944	086
Form 1040 returns only with combined Schedule C (business		or profession) total receipts of \$50,000,000 and over, total (WSAMP 201 and 230)	0,05\$ lo stdie	30,000 and over,	total (WSAM	P 201 and 230)				. 98	28
Other Returns, total										116,875,213	95,377
				Numbe	r of returns by	Number of returns by type of form attached	ched				
Description of the sample strata	Degree of interest 1	Form 1040, with Form 1116 or Form 2555 (WSAMP 401-424)	Form 1116 2555 31-424)	Form 1040, with Schedule C but without Form 1116 or Form 2555 (WSAMP 601-624)	040, dule C orm 1116 2555 01-624)	Form 1040, with Schedule F but without Form 1116 or Form 2555 (WSAMP 801-824)	040, dule F orm 1116 2555 01-824)	All other returns (WSAMP 001-024)	eturns 01-024)		
		Population counts	Sample	Population counts	Sample	Population counts	Sample counts	Population counts	Sample		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(6)		
Total		1,740,971	12,766	15,987,383	26,363	1,664,088	3,676	97,482,771	52,570		
3											
	₹	501	35	616	20 4	73	24	808	692	1,603	532
	₹	98	33	735	245	113	8 (839	8 8	1,782	282
X04	₹ ₹	358	פר ב	3,100	000,1	510	9,5	99L'S	- Lo	14 568	7.23U
	₹	1,663	3 4	17.377	517	200°C	119	13 753	382	36.697	1,079
	ΑII	3,484	32	42,212	389	10,547	87	30,107	281	86,350	789
X07 \$120,000 under \$250,000	Ψ	7,191	24	91,891	392	20,569	83	906,308	528	185,957	755
X08 \$60,000 under \$120,000	¥	10,782	23	130,684	287	22,644	53	107,373	584	271,483	647
X09 Under \$60,000	ΑH	14,049	21	362,493	333	44,861	88	458,086	383	879,489	772
Positive income	•							27 000 000	736.3	27 000 800	5 357
	- (: 200	: 8		; 203	100 007	; 9	20,090,090	000	20,000,000	900
	3.4	144 905	3 5	1,685,551	2,551	132,801	8 2	5.586.758	4.364	9 185 171	7 249
	1.2	151,993	8 8	1 732 284	805	203,443	65	19,378,062	5,729	21,465,782	6,353
	3 - 4	199,955	199	3,151,437	2,794	310,422	277	4,344,540	3,956	8,006,354	7,226
X15 \$60,000 under \$120,000	1.3	271,156	18	1,695,504	707	251,398	87	8,587,062	3,386	10,805,120	4,235
X16 \$60,000 under \$120,000	4	211,051	233	1,990,284	2,160	180,268	185	1,629,287	1,776	4,010,890	4,354
X17 \$120,000 under \$250,000	1 - 3	155,091	215	379,600	525	121,300	180	1,098,356	1,547	1,754,347	2,467
X18 \$120,000 under \$250,000	4	184,070	920	928,111	2,841	61,272	161	604,540	1,846	1,777,983	5,418
X19 \$250,000 under \$500,000	ΑII	160,754	1,030	384,418	2,600	57,026	382	346,245	2,230	948,443	6,242
X20 \$500,000 under \$1,000,000	¥	96,675	1,697	100,523	2,430	14,376	343	95,717	2,425	277,291	6,895
X21 \$1,000,000 under \$2,000,000	¥	24,456	3,115	23,301	2,916	3,577	436	27,922	3,485	79,256	9,952
X22 \$2,000,000 under \$5,000,000	¥	10,883	3,572	7,353	830	1,252	413	10,115	3,316	29,603	8,131
X23 \$5,000,000 under \$10,000,000	₹	2,716	903	1,355	451	214	7	1,959	653	6,244	2,078
X24 \$10,000,000 or more	All	1,517	505	629	200	93	. 31	1,031	343	3,270	1.088

This population includes an estimated 935,112 returns that were excluded from other tables in this report because they contained no income information or represented amended or tentative returns identified after sampling.

This population includes 160 Form 1040 returns that were misclassified because of bad data collected during revenue processing.

This population includes 49 records that were misclassified because of bad data collected during revenue processing.

Each population member is assigned a degree of interest based on how useful it is for tax modeling purposes. Degree of interest ranges from one (1) to four (4), with a one being assigned to returns that are the least interesting. All refers to income diasses for which returns with all four degrees of interest are assigned to those that are the most interesting. All refers to income diasses for which returns with all four degrees of interest are assigned.

Weighted counts for each code field

	AGEX
102,052,095 8,525,036 286,472 5,079,547	0 1 2 3
	AGIR1
953,220 2,389,107 3,209,436 3,179,422 2,851,283 3,002,808 2,767,003 2,809,761 2,943,296 2,896,753 2,818,285 2,678,102 2,720,198 2,681,230 2,812,299 2,573,086 2,583,907 2,370,672 2,14,942 2,102,700 2,138,663 9,663,352 8,121,014 12,013,762 9,024,082 13,126,612 4,783,921 3,404,725 890,284 149,292 69,934	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
	CYCLE
435,240 1,187,381 2,639,697 4,605,597 5,110,875 5,134,542 5,515,010 6,290,591 6,524,261 5,946,788 5,629,417 5,778,413 5,364,841 5,902,393 5,698,229 6,011,121 5,966,288 4,790,140 2,493,067 2,194,646 3,130,973 3,154,720 2,954,294 2,722,376	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27
•	31

1,528,695 28

1,754,811	29
	CYCLE
1,351,760 831,029 353,046 313,373 286,347 347,408 650,280 493,178 348,216 128,765 148,164 167,329 109,102 173,495 289,156 432,121 379,795 157,136 108,641 100,652 105,339 129,464 74,948	30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
	DSI
106,377,522 9,565,628	0 1
	EFI
104,040,588 11,902,562	0
	EIC
100,854,154 8,227,944 6,861,051	0 1 2
	ELECT
96,872,123 11,518,363 7,552,664	0 1 2

	FLPDYR
1,098 7,473 14,463 21,143 43,256	85 87 88 89

33,017,689 81,947,251 978,211

FDED

1 2 3

92,048 498,907 1,659,040 113,603,139 2,584	91 92 93 94 95
1,064 2,969 59 68 6	FLPDMO 1 2 3 4 5
212 77 333 1,956 1,426 14 115,934,964	6 7 8 9 10 11
	F2441
109,409,985 4,127,509 2,065,684 317,480 13,050 9,116 327	0 1 2 3 4 5 6
	F2555
115,672,898 270,252	0
	F3800
115,551,040 392,110	0
	F6251
111,780,085 4,163,065	0
	F8606
114,692,980 745,568 504,602	0 1 2
	F8582
112,435,485 3,507,665	0
	MARS
49,874,013 48,389,482 2,422,993 15,108,481	1 2 3 4

90,571 57,610	5 6
112,949,851 2,993,300	PCI 0 1
57,439,208 57,414,834 74,630 19,643 418,161 50,153 526,522	PREP 0 1 2 3 4 5 6
114,457,620 1,485,531	PSV 1 2
1,148,757 14,090,375 15,338,527 15,096,477 13,538,942 22,314,174 15,343,482 19,072,416	REGION 0 1 2 3 4 5 6 7
82,427,288 33,515,862	SCHB 0 1
98,094,819 15,583,499 1,696,548 344,167 224,117	SCHCF 0 1 2 3 4
101,636,528 14,306,622	SCHE 0 1
115,842,155 14,763 73,814 3 12,416	SPECTX 0 1 2 3 4
	STATE
1,148,757	0

1,802,012 297,086 1,780,766 1,059,563 13,172,409 1,652,386 1,447,055 324,034 312,260 6,477,968 3,079,051 522,729 421,369 5,326,914 2,457,505 1,393,108 1,086,210 1,636,862 1,623,394 543,378 2,434,323 2,728,671 4,290,088 2,166,425 969,226	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
2,263,424 320,991 748,837 687,851 552,371 3,751,645 657,182 7,515,077 3,243,317 253,178 4,994,574 1,387,890 1,384,090 5,215,252 470,430 1,681,255 400,087 2,378,389 7,820,319 735,824 281,961 2,970,626 2,350,118 711,346 2,223,514 222,904 236,764 48,669 281,718	STATE 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54
66,390,975 26,051,306 20,507,570 2,993,300	TFORM 0 1 2 3
23,118,528	TXST 0

1994 STATE NON	-I OBEIC OSE TAX I
90,682,900 92,015 135,559 247,629 113,862 20,657 1,530,825 1,177	1 2 3 4 5 6 7 8
	XBI
115,672,262 265,527 5,362	0 1 2
	XFPT
9,565,628 106,377,522	0 1
	XFST
67,502,687 48,440,464	0
	XOCAH
75,628,419 18,614,216 14,717,815 5,082,634 1,396,282 356,338 99,357 27,777 14,161 1,545 917 3,689	0 1 2 3 4 5 6 7 8 9 10
	XOCAWH
115,114,800 570,317 192,902 56,964 8,164	0 1 2 3 4 5
	XOODEP
113,742,043 1,659,922 389,154 86,834 46,371 6,724 8,740 3,362	0 1 2 3 4 5 6 7
	XOPAR
114,177,328	0
	36

1,490,414	_
1,490,414	<u> 2</u>
264,225	2
7,761	3
3,423	4

	XTOT
9,560,571 41,863,076 31,147,757 14,494,107 12,183,951 4,702,008 1,412,364 384,736 134,806 33,372 19,307 2,435 965	0 0 1 2 3 3 4 4 5 5 6 6 7 7 8 9 10 11 12
3,689 8	14 18

Weighted counts for each amount field

F1	•		F18	2507264036115			F57
3,026,692,777,080)	39 6/1 036 105		2-1.20.000110	E41	560 703 365 607	
F2		38,641,836,195	5 00		F41	560,703,365,607	
126,148,659,099			F22	1397387829340		F58	
F3		5,974,196,523		F42		460,753,160,303	
48,289,655,981			F23	515,439,671,978			F59
		2,414,441,452			F43	115,604,389,569	
F4			F24	8,907,985,837			F60
81,710,685,467		1,548,474,720			F44	203,786,577,888	
F5			F25	2,525,671,103			F61
11,861,495,680		13 107 039 535		_,,,		2 795 592 977	
F6		13,107,038,535		F45		2,785,592,877	
4,116,068,316			F26	46,600,588			F62
F7		1,183,686,285			F46	1,721,977,966	
166,835,224,143			F27	2,291,640,373			F63
		8,198,556,865		2,291,040,373	2.12	16,597,616,280	
F8			F28		F47		F64
137,472,440,964		136,972,872		690,449,038		19,770,109,570	
	F9	, ,	F29		F48		F65
2,745,846,906		4 151 001 500		113,078,645		024 005 221	
F10		4,151,991,568			F49	934,985,321	
-3,217,799,169		F33		374,661,548		F66	
	F11	3908189085803			F50	157,010,302	
22 110 000 630		3,0013,003003					F67
33,110,802,630			F34	534,513,331,543		39,634,538	
	F12	899,160,367,859			F51		F68
288,852,215,219			F35	532,338,388,872		597,270,800,713	
	F13	562,559,451,595			F52	, , , , , , , , , , , , , , , , , , , ,	F69
205,438,475,983			F36	26,232,423,116			
	F14	2596806675443			F53	-52,452,000,286	
137,236,106,473			F37	2,174,938,266			F70
F15		540,615,484,499		F54		14,385,487,776	
		540,615,464,499					F~1
-7,335,389,551			F38	32,956,126		704,379,328	
	F16	548,439,938,436	,		F55		F7.
20,284,895,971			F39	33,602,653		40,160,370,838	
	F17	541,246,675,125	,		F56	10,200,0 0,000	
112,336,922,269			F40	1,505,465,469			F

26,378,548,989	a		070 040 011	
20,370,340,70		778,227,545,502	878,048,911	F135
	F74 -	F97	F116	13,714,870,219
105,324,818,800)	301,516,053,788	8,488,456,598	
	F75	332, 323, 333, 733	F117	F136
63,130,868,580			165,733,329,499	1,134,880,020
	F78	F98		F137
179,281,605,468	-	790,419,541,543	F110	16,131,315,287
1.0,201,000,400		F99	F118	
	F79 -	488,905,580,194	37,155,553,600	F138
6,436,076,256	ō		F120	
	F80	F100	150,745,111,489	87,668,775,522
2,115,959,133	- 3	30,823,623,647	F121	F139
F81		F101		3,376,083,643
	•	9,127,837,852	6,745,323,193	F140
9,695,774,118	3	F102	F122	
	F82		39,818,576,817	25,073,720,987
197,529,666,942	!	26,078,643,580	F123	F141
	F83	F103	F123 4,179,274,645	115,650,461,343
EC 310 200 350		13,258,404,544		F142
56,212,208,356	1	F104	F124	3,480,687,681
	F84	3,785,041,748	667,379,343	
14,630,775,990			F125	F143
	F86	F105	33,764,517,985	6,181,399,358
70,586,992,322		5,184,507,724		F144
10,000,002,022		F106	F126	553,288,878
	F87	8,007,265,754	6,802,642,760	F145
29,449,823,684			F127	
	F88	F107	4,984,839,315	2,898,904,261
29,673,572,915		20,920,264,420	F128	F146
, , ,		F108		157,677,618,177
	F89	53,600,661,011	27,762,871,763	F147
2,618,207,266		F109	F130	21,591,667,203
F90			44,210,045,943	
43,424,273,908		318,969,552,815	F131	F148
F91		F111	31,164,073,015	12,960,122,509
		22,732,283,653	31,104,073,013	F149
3,438,839,387		F112	F132	131,275,456,289
	F94	25 222 177 700	19,778,008,546	
13,321,274,282		26,929,177,790	F133	F150
	F95	F114	52,911,560,095	12,763,345,427
5 202 014 201		57,066,006,656		F151
5,202,914,781		F115	F134 '	70,515,926
	F96		14,059,220,327	· ·

F152	F158	F163	F1
60,322,292		1103	
F153	1,077,729,631	56,744,756,874	28,140,959,712
7,914,344	F159		
F154	85,616,948		
		F164	P1 7.1
105,975,171		480,734,593,674	F171
F155	F1 60		1,715,787,850
481,517,407	F160	F165	
,	6,325,006,112	1,681,084,598	
7156	F161	F166	F175
	21,420,815,491	47,864,061,790	36063248124306
5,646,062,354	F162	F167	
F157	1,120,781,819	29,835,132,641	

1994 FEDERAL TAX FORMS (WITH ELEMENT NUMBERS REFERENCED)

FIELD NUMBERS

Field Numbers presented on the tax forms and schedules lines can be used to cross reference to the Core Record Layout. An example of this is line 7 on the Form 1040 which has a field number of 1.
7 Wages, salaries, tips, etc1
On the Core Record Layout it would appear as" 1" to the left of the Salaries and Wages line. See example below.
Record Layout
1. SALARIES AND WAGES
2. TAXABLE INTEREST INCOME
3. TAX-EXEMPT INTEREST INCOME
Another example, Line 8a, Taxable Interest Income, on the Form 1040 (see below) has a field number
of 2. This field number is cross referenced to the Taxable Interest Income line on the 1994 Core Record Layout, which contains the number 2 to the left of the line (see above).
8a Taxable Interest Income 2

<u>1040</u>	Dep U.S	artment of the Treasury—Internal Revenue Service 5. Individual Income Tax Return 1994	4 (99)	IRS Use O	nlyDon	lot write	or stan	le in this space.	
	Fort	he year Jan. 1–Dec. 31, 1994, or other tax year beginning		, ending	· ·		19	OMB No. 154	15-0074
Label (ur first name and initial Last name				You	r socia	l security nur	
(555)	.								
an agen 12 \	B I If	a joint return, spouse's first name and initial Last name				Spo	use's s	ocial security	number
I i						,			
Use the IRS	, Ho	me address (number and street). If you have a P.O. box, see page 12.		Apt. no.			- D-i-		
Otherwise,	Ε					_		racy Act ar	
	Ci	y, town or post office, state, and ZIP code. If you have a foreign addre	ess, see pa	ge 12.		Paperwork Reduction Act Notice, see page 4.			
or type.		STATE	, р	3 - · - ·	1				
Presidential 🔪 Election Campai	- 1			-		Yes	CT	Note: Checki will not chang	
(See page 12.)	" "	Do you want \$3 to go to this fund?	 42			ELI	EC I	tax or reduce refund.	your
, <u></u>			u:	<u> </u>	•			TEID/IG.	
Filing Status	1	Single							
•	-	Married filing joint return (even if only one had incom							
(See page 12.)	3	Married filing separate return. Enter spouse's social security							
Check only	4	Head of household (with qualifying person). (See page	: 13.) If the	qualifying p	erson i	s a ch	ild but	not your dep	endent,
one box.	MARS	enter this child's name here. ▶	·						
· · · · · · · · · · · · · · · · · · ·	5	Qualifying widow(er) with dependent child (year spot). (See		13.)		
Evametians	6a XFP1	Yourself. If your parent (or someone else) can claim you as						of boxes	
Exemptions			k the box	on line 33b	on pag	e2.		ecked on 6a d 6b	
(See page 13.)	XFST		<u></u> .	<u></u> .	<u>.</u> .		1		
	C	Dependents: (2) Check (3) If age 1 or older, if under dependent's social secur		Dependent's	(5) No. of			o of your ildren on 6c	
		(1) Name (first, initial, and last name) age 1 number	rny reia	tionship to you	lived in home in			10:	V004
f mass than siv							•	lived with you	XOCA
f more than six dependents,								didn't live with	
see page 14.						-		u due to XO	CAW
see page 14.								paration (see	
							-	ge 14)	XOODE
								pendents on 6c t entered above	
					_		_	d numbers	752.AI
	d	If your child didn't live with you but is claimed as your dependent under a		•	ck here	▶ _		tered on	
	e	Total number of exemptions claimed		· · · · ·	• •		lin	es above >	<u> </u>
ncome	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7		1	
income	8a	Taxable interest income (see page 15). Attach Schedule B i	f over \$40	0		8a	1	2	
Attach	ь	Tax-exempt interest (see page 16). DON'T include on line Ba	8b	3		_			
Copy B of your	9	Dividend income. Attach Schedule B if over \$400				9	Ш	4	
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income	e taxes (se	ee page 16)		10		5	
1099-R here.	11	Alimony received , , , , , , , , , , , , , , , , , , ,	(-	page,		11		6	
	12	Business income or (loss). Attach Schedule C or C-EZ	• • •			12		7	
f you did not	13	Capital gain or (loss). If required, attach Schedule D (see page	 до 16)		• •	13		8	
get a W-2, see page 15.	14	Other gains or (losses). Attach Form 4797	ge (o)			14		10	
ouge 10.	15a	lam I	 T		• •			11	
Enclose, but do	16a	40- 12		ount (see pa		15	_	13	
not attach, any				ount (see pa		16	+		
payment with	17	Rental real estate, royalties, partnerships, S corporations, trus	sts, etc. A	ttach Sched	lule E	17	+	14	+
our return.	18	Farm income or (loss). Attach Schedule F				18		15	
	19	Unemployment compensation (see page 18)				19)	16	
	20a			ount (see pa		20	b	18	
	21	Other income. List type and amount—see page 18				21			
	22	Add the amounts in the far right column for lines 7 through 21.	This is you	ur total inco	me ▶	22	:		
	23a	Your IRA deduction (see page 19)	23a	22		_			
Adjustments	ь	Spouse's IRA deduction (see page 19)	23b	23					
o Income	24	Moving expenses. Attach Form 3903 or 3903-F	24	24					
Saution: Coo	25	One-half of self-employment tax	25	25		7			
Caution: See		Self-employed health insurance deduction (see page 21)	26	26		7			
	27	Keogh retirement plan and self-employed SEP deduction	27	27	+	-			
	28		28	28	+	-			
	28 29	Penalty on early withdrawal of savings	29	29	+	-			
	30	Alimony paid. Recipient's SSN ► Add lines 23a through 29. These are your total adjustments					***		
\djusted		· · · · · · · · · · · · · · · · · · ·		· · · ·	. >	30	<u> </u>		+
iujusieu Gross Income	31	Subtract line 30 from line 22. This is your adjusted gross income. If les with you (less than \$9,000 if a child didn't live with you), see "Escand I			ld lived				

Form 1040 (1994)		XBI						F	age 2
Tax Computation (See page 23.)	32 33a b	Amount from line 31 (adjusted gross income) XBI. Check if: You were 65 or older, Blind; Spou Add the number of boxes checked above and enter the if your parent (or someone else) can claim you as a depo if you are married filing separately and your spouse item you are a dual-status alien, see page 23 and check here I temized deductions from Schedule A, line 29	se was total he endent, izes dec	65 or old re . check h ductions	der, □ B ▶ 3 ere . ▶ 3	lind. 33a 33b DSI 33c	32		age Z
	34	Enter the larger of your: Standard deduction shown below for your filing filing jointly or Qualifying widow(er)— Married filing separately—\$3,175	o find you action is old—\$5,	our stand zero. ,600	f you che d	cked ction.	34	34	
	35	Subtract line 34 from line 32					35		ļ
	36	If line 32 is \$83,850 or less, multiply \$2,450 by the total	number	of exem	ptions cla	imed on		35	
		line 6e. If line 32 is over \$83,850, see the worksheet on	page 24	for the	amount to	enter .	36		ļ
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36					37	36	
the IRS to figure your	38	Tax. Check if from a Tax Table, b Tax Rate Sche	dules, c	Сар	ital Gain Ta	x Work-		37	
tax, see	20	sheet, or d Form 8615 (see page 24). Amount from F	orm(s) 8	3814 ▶	e	ᆜ	38		
page 24.	39 40	Additional taxes. Check if from a Form 4970 b Add lines 38 and 39.					39	39	
	41			41	44	P	40		-
Credits	42	Credit for the olderly as the disabled. Attach Select to B	r	42					
(See page	43	Credit for the elderly or the disabled. Attach Schedule R Foreign tax credit. Attach Form 1116		43	45 46			FORM 3800 =	47
24.)	44	Foreign tax credit. Attach Form 1116 Other credits (see page 25). Check if from a Form 38		73				EODM 0004	40
	45	b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) _ Add lines 41 through 44	l	44			45	FORM 8801 =	49
	46	Subtract line 45 from line 40. If line 45 is more than line					46		
Other	47	Self-employment tax. Attach Schedule SE					47	52	
Taxes	48	Alternative minimum tax. Attach Form 6251					48	53	
	49	Recapture taxes. Check if from a Form 4255 b Form Form 4255					49	54	
(See page 25.)	50	Social security and Medicare tax on tip income not reported					50	55	
20.,	51	Tax on qualified retirement plans, including IRAs. If requi	ired, atta	ach Forn	n 5329 .		51	56	
	52	Advance earned income credit payments from Form W-2	2				52		
	53	Add lines 46 through 52. This is your total tax	• • •	· ·	<u> </u>	▶	53		
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶		54	58				
,	55	1994 estimated tax payments and amount applied from 1993 ret	t:	55	59				
Attach Forms W-2,	56	Earned income credit. If required, attach Schedule EIC (see p 27). Nontaxable earned income: amount ▶ and type ▶	oage	56					
W-2G, and	57	Amount paid with Form 4868 (extension request)	·····	57	64			FORM 2439 =	67
1099-R on the front.	58	Excess social security and RRTA tax withheld (see page	32)	58	65			FORM 4136 =	66
	59	Other payments. Check if from a Form 2439 b Form 4		59				FUNIVI 4130 =	00
	60	Add lines 54 through 59. These are your total payments				▶	60		
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	is the arr	ount vou	OVERPAID	•	61	69 (-)	
Amount	62	Amount of line 61 you want REFUNDED TO YOU					62		
You Owe	63	Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TA	x ►	63	70				
Tou owe	64	If line 53 is more than line 60, subtract line 60 from line 53		the AM	OUNT YO	U OWE.			
	65	For details on how to pay, including what to write on you Estimated tax penalty (see page 33). Also include on line	r paym	ent, see 65	page 32 71		64	69 (+)	
Sign	Under belief	penalties of perjury, I declare that I have examined this return and a they are true, correct, and complete. Declaration of preparer (other ti	ccompan	ying sche	dules and st	atements, and	d to the	best of my knowled	ige and
Here Keep a copy		our signature	Date	ayer) is ba	Your oce		vnicn p	reparer nas any knov	wiedge
of this return for your records.	S	pouse's signature. If a joint return, BOTH must sign.	Date		Spause	s occupation			
Preparer's	Prepar signati	THE PHEP	Date		Check if self-emp		Pre	eparer's social secur	rity no
		name (or yours employed) and				E.I. No.			
,	addres				[ZIP code			

Earned Income Credit Worksheet—Line 56 (keep for your records)

	ution: If you are a minister or member of a religious order, see Sp ge 29 before completing this worksheet.	ecial Rules on
1.	Enter the amount from Form 1040, line 7	1.
2.	If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here	2
3.	Subtract line 2 from line 1	3
4.	Enter any nontaxable earned income (see page 29). Types of nontaxable earned income include contributions to a 401(k) plan, which should be shown in box 13 of your W-2 form, and military housing and subsistence	4
5.	If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet on page 29	5
6.	Add lines 3, 4, and 5	6 60
7.	Look up the amount on line 6 above in the EIC Table on pages 30–31 to find your credit. Enter the credit here	
	If line 7 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 56.	
8.	Enter the amount from Form 1040, line 31	8
9.	Is line 8 less than—	
	\$5,000 if you don't have a qualifying child?	
	• \$11,000 if you have at least one qualifying child?	
	YES. Go to line 10 now.	
	NO. Look up the amount on line 8 above in the EIC Table on pages 30–31 to find your credit. Enter the credit here 9	
10.	Earned income credit.	
	• If you checked "YES" on line 9, enter the amount from line 7.	
	• If you checked "NO" on line 9, enter the smaller of line 7 or line 9	10
	Next: Take the amount from line 10 above and enter it on Form 1040, line 56.	
	AND	
	If you had any nontaxable earned income (see line 4 above), enter the amount and type of the income in the spaces provided on line 56.	
	AND	
	Complete Schedule EIC and attach it to your return ONLY if you have a qualifying child.	
Not	te: If you owe the alternative minimum tax (Form 1040, line 48) is	ubtract it from the

amount on line 10 above. Then, enter the result (if more than zero) on Form 1040.

line 56. Also, replace the amount on line 10 above with the amount entered on Form

Qualifying Child

1040, line 56.

A qualifying child is a child who:

- 1. Is your son, daughter, adopted child, grandchild, stepchild, or foster child, and
- 2. Was (at the end of 1994)-
- under age 19, or
- under age 24 and a student (see this page), or
- any age and permanently and totally disabled (see this page), and
- 3. Lived with you in the United States for more than half of 1994 (for all of 1994 if a foster child). If the child didn't live with you for the required time, see the **Exception** later.

A child doesn't have to be your dependent in most cases. But if the child was married or is also a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. See **Married Child** and

Qualifying Child of More Than One Person on this page.

Example. You are divorced and have a 7-year-old son. Although you had custody of your son, he is claimed as a dependent on his other parent's 1994 tax return. Your son is your qualifying child because he meets one condition from each of the three requirements listed earlier. Your son is not a qualifying child of his other parent because he did not live with the other parent for more than half of 1994 and the **Exception** on this page does not apply.

The following explains some of the terms used earlier.

- A foster child is any child you cared for as your own child. For example, if you acted as the parent of your niece or nephew, this child is considered your foster child.
- A child placed with you by an authorized placement agency for legal adoption is an adopted child even if the adoption isn't final.

- A grandchild is any descendant of your son, daughter, or adopted child. For example, a grandchild includes your greatgrandchild, great-grandchild, etc.
- A student is a child who-
- 1. Was enrolled as a full-time student at a school during any 5 months of 1994, or
- 2. Took a full-time, on-farm training course during any 5 months of 1994. The course had to be given by a school or a state, county, or local government agency.

A **school** includes technical, trade, and mechanical schools. It does not include on-the-job training courses or correspondence schools.

- A child is permanently and totally disabled if both of the following apply.
- 1. He or she cannot engage in any substantial gainful activity because of a physical or mental condition.
- 2. A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death. **Exception.** The child, including a foster child, is considered to have lived with you for all of 1994 if **both** of the following apply.
- 1. The child was born or died in 1994.
- 2. Your home was the child's home for the entire time he or she was alive during 1994.

Temporary absences, such as for school, vacation, or medical care, count as time lived at home.

Married Child. If your child was married at the end of 1994, that child is a qualifying child only if you can claim him or her as your dependent on Form 1040, line 6c. But if this child's other parent claimed him or her as a dependent under the rules on page 14 for Children of Divorced or Separated Parents, this child is your qualifying child.

Qualifying Child of More Than One Person. If a child meets the conditions to be a qualifying child of more than one person, only the person who had the highest adjusted gross income for 1994 may treat that child as a qualifying child. If the other person is your spouse and you are filing a joint return, this rule doesn't apply. If you cannot take the earned income credit because of this rule, enter "No" next to line 56.

Example. You and your 5-year-old daughter moved in with your mother in April 1994. You are not a qualifying child of your mother. Your daughter meets the conditions to be a qualifying child for both you and your mother. Your adjusted gross income for 1994 was \$10,000 and your mother's was \$14,000. Because your mother's adjusted gross income was higher, your daughter is your mother's qualifying child.

Label								te or staple in this OMB No. 1545-00	
ee page 16.)	1	our first name and initial	Li	ast name			Your se	ocial security nur	nber
L		a joint return comes 's first assess and initial						! !	
e the IRS E	- 1 '	a joint return, spouse's first name and initia	ı La	ast name			Spouse	's social security r	umber
label. L Otherwise, please print or type. H		ome address (number and street). If you have	e a P.O. box, see p	age 17.		Apt. no.	 	: :	
								rivacy Act an	d
R E		ity, town or post office, state, and ZIP code.		n address, see page 17.				rwork ction Act	
C			STATE					e, see page 4	
	P	residential Election Car	npaign Fui	nd (See page 17.)) [Yes No	Note:	Checking "Ye	s" will
	lf	o you want \$3 to go to this a joint return, does your sp	i fund? Ouse want !	\$3 to go to this	fund2	ELECT		hange your tax	or
heck the			Journal Walle	o to go to triis	idiid:		reduc	e your refund.	
ox for	2	_ ~	eturn (even i	f only one had in	rcome)				
our filing	3		ite return. Ei	nter spouse's so	icome, icial secui	rity numl	her		
tatus	М	AHS above and full name	e here. 🕨 🔔		_				
ee page 17.)	4	aa aaaaaaa	(with qualify	ing person). (Se	e page 18	3.) If the	qualifyin	g person is a	a child
eck only one	į	but not your depend Oualifying widow(er)	ent, enter thi	is child's name h	ere				
iauro VET								(See page 1	9.)
igure XFF	•		or sorneone erse check box 6a. B	e) can claim you as a But be sure to check t	dependent of the box on li	on his or he ne 18b on i	rtax page 2.	No. of boxes checked on	
our _{XFS} xemptions	Τ	b Spouse						6a and 6b	
ee page 20.)		C Dependents:		(3) If age 1 or older, dependent's social	(4) Depend relationsh		lo, of months	No. of your children on	
,555 page 25.,		(1) Name (first, initial, and last name)	age 1	security number	you		red in your me in 1994	6c who:	
nore than			ļ	<u> </u>				• lived with you	XOCA
even lependents, ee page 23.	_							• didn't live	
					 			with you due to divorce or	
	_		+		-			separation (see page 23)	KOCA'
									XOOE
								Dependents	
		d If your child didn't live w	rith you but i	s claimed as you	ır depend	ent		on 6c not entered above	AUPAI
		under a pre-1985 agree						Add numbers entered on	
•	7	e Total number of exempt			h a 1 - 5			lines above	<u> </u>
igure	•	Wages, salaries, tips, et form(s). Attach Form(s)	.C. 11115 SHOL W-2.	nd be snown in	DOX I OT	your w-	2 7	1	
our total	-8	a Taxable interest inco		age 25). If o	ver \$400) attac		<u>.</u>	+
icome		Schedule 1.	, μ	-gs, s	· · · · · · · · · · · · · · · · · · ·	, ditac	8a	2	
	_	b Tax-exempt interest. DO N			3				
ach Copy B of	_9	Dividends: ii over \$400; i	attach Sched	lule 1.			9	4	
ur Forms W-2 d 1099-R here.	10			10b	Taxable a				
		distributions. 10a		441	(see pag		10b	11	-
you didn't get a -2, see page 25.		Total pensions and annuities. 11a	12	116	Taxable a		116	13	
	12			page 30).	(see pag	C 21).	11b 12	16	+
close, but not attach,	_	a Social security	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13b	Taxable a	amount	12	. 10	+
y payment h your return.		benefits. 13a			(see pag		13b	18	
your recurre.	_								
	14	, , , , , , , , , , , , , , , , , , ,				ome.	▶ 14		
igure	15	Your IRA deduction (see	page 34).	15	a 22				
igure our		h Spausa's IDA daduation (s	00 0000 24)	4.5	b 23				
djusted		Spouse's IRA deduction (sAdd lines 15a and 15b.		15 our total adjust			15-		1
ross	16					me	15c		+
come		If less than \$25,296 and	a child lived	with you (less th	an \$9.000	if a child	i		
		didn't live with you), see	"Earned inco	me credit" on pa	ige 44.	0	▶ 16	33	

Figure	<u>17</u>	Enter the amount from line 16.		17		
your standard deduction exemption amount, and	, b	Check		DSI		
taxable income	19	Enter the standard deduction shown below for your filing status. B if you checked any box on line 18a or b, go to page 38 to find you standard deduction. If you checked box 18c, enter -0	ut			
		 Single—\$3,800 Married filing jointly or Qualifying widow(er)—\$ Head of household—\$5,600 Married filing separately—\$3,175 		0 19		
	20	Subtract line 19 from line 17. If line 19 is more than line 17, enter -0)_	20		+
	21	Multiply \$2,450 by the total number of exemptions claimed on line 6		21	35	+
	22	Subtract line 21 from line 20. If line 21 is more than line 20, enter This is your taxable income.		22	36	
Figure	23	Find the tax on the amount on line 22. Check if from: Tax Table (pages 62–67) or Form 8615 (see page 40).		23	37	
your tax, credits,	24a	Credit for child and dependent care expenses. Attach Schedule 2. 24a 44		,		_1
and payments	b	Credit for the elderly or the disabled. Attach Schedule 3. 24b 45				
If you want the IRS to figure	25	Add lines 24a and 24b. These are your total credits. Subtract line 24c from line 23. If line 24c is more than line 23, enter -0-		24c		-
your tax, see	26		•	25		+
the instructions		Advance earned income credit payments from Form W-2.		26		-
for line 22 on	27	Add lines 25 and 26. This is your total tax.		27		
page 39.	28a					
		is from Form(s) 1099, check here. ► □ 28a 58				
	b	1994 estimated tax payments and amount applied from 1993 return. 28b 59				
	С	Earned income credit. If required, attach Schedule EIC (see page 44). 28c Nontaxable earned income:				
		amount ▶ and type ▶				
-	d	Add lines 28a, 28b, and 28c (don't include nontaxable earned incor These are your total payments.	_	28d		
Figure	29	If line 28d is more than line 27, subtract line 27 from line 28d.				
your		This is the amount you overpaid.		29	69 (-)	
refund or	30	Amount of line 29 you want refunded to you.		30		
amount	31	Amount of line 29 you want applied to your 1995 estimated tax. 31 70				
you owe	32	If line 27 is more than line 28d, subtract line 28d from line 27. This the amount you owe . For details on how to pay, including what to	is			1
		write on your payment, see page 52.		32	69(+)	
	33	Estimated tax penalty (see page 52). Also, include on line 32. 33 71				
Sign your return	than the ta	alties of perjury. I declare that I have examined this return and accompanying schedules and states they are true, correct, and accurately list all amounts and sources of income I received during the kpayer) is based on all information of which the preparer has any knowledge. Date Your occupated Your occ	e tax ye	and to the ear. Declai	e best of my kn ation of prepar	owledge er (other
Keep a copy of this return for your records.	Spous	e's signature. If joint return, BOTH must sign. Date Spouse's occu	upation			
Paid preparer's	Preparer's signature	PPREP Check if Self-employed		Preparer	's social securi	ty no.
use only	Firm's nam	e (or yours EL No				
y	if self-empi address	oyed) and ZIP code				

Income Tax Return for Single and Joint Filers With No Dependents (99) 1994 1040EZ

	Print	your name (first, initial, last)			OMB No. 1545-0675
Use the IRS label	A B	int return, print spouse's n		ł, last)	Your	social security number
(See page 12.) Otherwise, please print.	E	address (number and street). If				's social security number
		own or post office, state and ZI STA	ATE		12.	
	See instr	uctions on back ar	nd in Form	1040EZ booklet.		
Presidential Election Campaign	Do you wa	king "Yes" will not chan int \$3 to go to this fu	und?		► ELECT	-
(See page 12.)	n a joint r	eturn, does your spo	use want \$	s to go to this fund?	_	•
Income Attach Copy B of	shoule	wages, salaries, and d be shown in box 1 orm(s). Attach your	of your	l.	<u> </u>	
Form(s) W-2 here. Enclose, but		ole interest income o \$400, you cannot use			2 2	
do not attach, any payment with your return.	3 Add li If less	ines 1 and 2. This is than \$9,000, see pa the earned income c	your adjus ge 15 to fin	ted gross income. d out if you can	 ₃ 33	
Note: You must check Yes or No.		our parents (or someo 'es. Do worksheet on back; enter amount from line G here.	No. If sin If ma For a	n you on their return, ngle, enter 6,250.00. arried, enter 11,250.0 an explanation of these unts, see back of form.	0. e	
		act line 4 from line , enter 0. This is you			<u>· 5</u> 36	
Payments and tax	your \	your Federal incom W-2 form(s).			_ ₆ 58	
	7 Earnand a	ed income credit (mount of nontaxable	see page 15 e earned inc	i). Enter type come below.	7	
		ines 6 and 7 (don't ine). These are your t	_		 8	
	tax ta	Use the amount on lable on pages 28-32 om the table on this	of the book		9 37	
Refund or		e 8 is larger than lin is your refund.	e 9, subtra	ct line 9 from line 8.	10 69 (-)	
amount you owe	This i	e 9 is larger than ling is the amount you o pay and what to w	owe. See pa	age 20 for details on		
Sign your	best of my k	this return. Under per nowledge and belief, th ounts and sources of inc	e return is tr	ue, correct, and accura	tely	
return Keep a copy of this form	Your signat			signature if joint retur		
for your records.	Date	Your occupation	Date	Spouse's occupation	n	

47

1994

Instructions for Form 1040EZ

Use this form if

- Your filing status is single or married filing jointly.
- You do not claim any dependents.
- You (and your spouse if married) were under 65 on January 1, 1995, and not blind at the end of 1994.
- Your taxable income (line 5) is less than \$50,000.
- You had **only** wages, salaries, tips, and taxable scholarship or fellowship grants, and your taxable interest income was \$400 or less. **But** if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See page 14.
- You did not receive any advance earned income credit payments.

Caution: If married and either you or your spouse had total wages of over \$60,600, you may not be able to use this form. See page 7.

If you are not sure about your filing status, see page 7. If you have questions about dependents, call Tele-Tax (see page 26) and listen to topic 354. If you can't use this form, call Tele-Tax (see page 26) and listen to topic 352.

Filling in your return

Because this form is read by a machine, please print your numbers inside the boxes like this:

9876543210

Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing income tax withheld (backup withholding).

Remember, you must report all wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income, including interest from banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.

If you paid someone to prepare your return, see page 21.

Works	sheet
for	
depen	dents
who	
check	ed
"Yes"	on
line 4	

Use this worksheet to figure the amount to enter on line 4 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, call Tele-Tax (see page 26) and listen to topic 354.

- A. Enter the amount from line 1 on the front.
- B. Minimum standard deduction.
- C. Enter the LARGER of line A or line B here.
- **D.** Maximum standard deduction. If single, enter 3,800.00; if married, enter 6,350.00.
- **E.** Enter the SMALLER of line C or line D here. This is your standard deduction.
- F. Exemption amount.
 - If single, enter 0.
 - If married and both you and your spouse can be claimed as dependents, enter 0.
 - If married and only one of you can be claimed as a dependent, enter 2,450.00.
- **G.** Add lines E and F. Enter the total here and on line 4 on the front.

F. _____

D. _____

E. ____

600.00

If you checked "No" on line 4 because no one can claim you (or your spouse if married) as a dependent, enter on line 4 the amount shown below that applies to you.

- Single, enter 6,250.00. This is the total of your standard deduction (3,800.00) and personal exemption (2,450.00).
- Married, enter 11,250.00. This is the total of your standard deduction (6,350.00), exemption for yourself (2,450.00), and exemption for your spouse (2,450.00).

Avoid mistakes

See page 21 of the Form 1040EZ booklet for a list of common mistakes to avoid. Errors will delay your refund.

Mailing your return

Mail your return by **April 17, 1995**. Use the envelope that came with your booklet. If you don't have that envelope, see page 33 for the address to use.

SCHEDULES A&B (Form 1040)

(Schedule B is on back)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

Schedule A—Itemized Deductions

Name(s) shown o		P 1040 ► Attach to Form 1040. ► See Instructions for School	edules A	and B (Form 10		Sequence No.	
Name(s) shown o	ii roff	II IU4U			You	r social security r	number
Medical	• • • • • • • • • • • • • • • • • • • •	Caution: Do not include expenses reimbursed or paid by others.				i :	Т
and	1	Medical and dental expenses (see page A-1)	1	72			
Dental	2	Enter amount from Form 1040, line 32. 2			\dashv		
Expenses	3	Multiply line 2 above by 7.5% (.075)	3				
•	4	Subtract line 3 from line 1. If line 3 is more than line 1, e	enter -0-		. 4	73	
Taxes You	5	State and local income taxes	5	74			+-
Paid	6	Real estate taxes (see page A-2)	6	75	\neg		
(See	7	Personal property taxes	7				
page A-1.)	8	Other taxes. List type and amount ▶					
	9	Add lines 5 through 8	8		. 9		
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	78	. 3		_
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid					
(See		to the person from whom you bought the home, see page A-3					
page A-2.)		and show that person's name, identifying no., and address					
-		, , , , , , , , , , , , , , , , , , , ,					
Note:			11	79			
Personal	12	Points not reported to you on Form 1098. See page A-3			\neg		
interest is not	-	for special rules	12	80		·	
deductible.	13	Investment interest. If required, attach Form 4952. (See					
		page A-3.)	13	81			
	14	Add lines 10 through 13			. 14	82	
Gifts to Charity	15	Gifts by cash or check. If any gift of \$250 or more, see	15	83			
•	40	page A-3	***********				
f you made a gift and got a	16	Other than by cash or check. If any gift of \$250 or more,	16	84			
penefit for it,	17	see page A-3. If over \$500, you MUST attach Form 8283 Carryover from prior year	17		-		
see page A-3.	18	Add lines 15 through 17			10	86	
Casualty and			· · · ·	<u>····</u>	18	- 00	
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page	A-4.) .	<u> </u>	. 19	91	
Job Expenses	20	Unreimbursed employee expenses—job travel, union					
and Most		dues, job education, etc. If required, you MUST attach					
Other		Form 2106 or 2106-EZ. (See page A-5.) ▶		ĺ			
Miscellaneous							
Deductions			20	88			
	21	Tax preparation fees	21	89			
See	22	Other expenses—investment, safe deposit box, etc. List		j			
page A-5 for expenses to		type and amount ▶		***			
deduct here.)			22				
	23	Add lines 20 through 22	23	90	_		
	24	Enter amount from Form 1040, line 32.	_				
	25	Multiply line 24 above by 2% (.02)	25				
	26	Subtract line 25 from line 23. If line 25 is more than line	23, enter	r -0	. 26	87	
Other Miscellaneous Deductions	27 28	Moving expenses incurred before 1994. Attach Form 3903 or 39 Other—from list on page A-5. List type and amount ▶.			27		
Total	29	Is Form 1040, line 32, over \$111,800 (over \$55,900 if ma	reind file				+-
temized		NO. Your deduction is not limited. Add the amounts in th	meu IIIIN e far rich	ig separately)?			
Deductions		for lines 4 through 28. Also, enter on Form 1040, line	34 the	larger of	20		
		this amount or your standard deduction.	, J-1, UIG	gc. 01 } .	▶ 29	L	
		YES. Your deduction may be limited. See page A-5 for the	amount	to enter			
			3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to cincit, /	P 000000000		

Line 20

Unreimbursed Employee Expenses

Enter the total job expenses you paid for which you were not reimbursed. (Amounts your employer included in box 1 of your W-2 form are not considered reimbursements.) But you MUST fill in and attach Form 2106, Employee Business Expenses, if either of the following applies:

- You claim any travel, transportation, meal, or entertainment expenses for your job, OR
 Your employer paid you for any of your
- job expenses reportable on line 20.

If you used your own vehicle and 2 does not apply, you may be able to file Form 2106-EZ, Unreimbursed Employee Business Expenses, instead.

If you don't have to file Form 2106 or 2106-EZ, list the type and amount of each expense on the dotted lines next to line 20. If you need more space, attach a statement showing the type and amount of each expense. Enter one total on line 20.

Examples of expenses to include on line 20 are:

- Travel, transportation, meal, or entertainment expenses.
- Union dues.
- Safety equipment, small tools, and supplies you needed for your job.
- Uniforms your employer said you must have, and which you may not usually wear away from work.
- Protective clothing required in your work, such as hard hats, safety shoes, and glasses.
- Physical examinations your employer said you must have.
- Dues to professional organizations and chambers of commerce.
- · Subscriptions to professional journals.
- Fees to employment agencies and other costs to look for a new job in your present occupation, even if you do not get a new job.
- Business use of part of your home, but only if you use that part exclusively and on a regular basis in your work and for the convenience of your employer. For details, including limits that apply, call Tele-Tax (see page 38) and listen to topic 509 or get **Pub.** 587, Business Use of Your Home.
- Educational expenses you paid that were required by your employer, or by law or regulation, to keep your salary or job. In general, you may also include the cost of keeping or improving skills you must have in your job. For more details, call Tele-Tax (see page 38) and listen to topic 513 or get Pub. 508, Educational Expenses. Some educational expenses are not deductible. See Examples of Expenses You May Not Deduct on page A-4.

Line 21

Tax Preparation Fees

Enter the total fees you paid for preparation of your tax return, including fees paid for filing your return electronically. But **do not** include fees deducted elsewhere, such as on Schedule C. C-EZ, E, or F.

Line 22

Other Expenses

Enter the total amount you paid to produce or collect taxable income and manage or protect property held for earning income. But do not include any expenses deducted elsewhere such as on Schedule C, C-EZ, E, or F. List the type and amount of each expense on the dotted lines next to line 22. If you need more space, attach a statement showing the type and amount of each expense. Enter one total on line 22.

Examples of expenses to include on line 22 are:

- Safe deposit box rental.
- · Certain legal and accounting fees.
- Clerical help and office rent.
- Custodial (e.g., trust account) fees.
- Your share of the investment expenses of a regulated investment company.
- Certain losses on nonfederally insured deposits in an insolvent or bankrupt financial institution. For details, including limits on the amount you may deduct, see Pub. 529.
- Deduction for repayment of amounts under a claim of right if \$3,000 or less.
- Certain expenses related to an activity not engaged in for profit. For details, get Pub. 535, Business Expenses.

Line 27

Moving Expenses Incurred Before 1994

If you incurred moving expenses in a year before 1994, but did not deduct them on a prior year's return, you may be able to take this deduction. The move must have been in connection with your job or business. For more details, get the instructions for Form 3903, Moving Expenses, or Form 3903-F, Foreign Moving Expenses.

Line 28

Other

Enter your total other miscellaneous deductions that are not subject to the 2% AGI limit. List the type and amount of each expense on the dotted lines next to line 28. If you need more space, attach a statement showing the type and amount of each expense. Enter one total on line 28. Only the expenses listed below can be deducted on this line:

- Gambling losses, but only to the extent of gambling winnings reported on Form 1040, line 21.
- Federal estate tax on income in respect of a decedent.
- Amortizable bond premium on bonds acquired before October 23, 1986.
- Deduction for repayment of amounts under a claim of right if more than \$3,000.
 Get Pub. 525, Taxable and Nontaxable Income, for details.
- Certain unrecovered investment in a pension. Get Pub. 575, Pension and Annuity Income (Including Simplified General Rule), for details.
- Impairment-related work expenses of a disabled person.

For more details on these expenses, see Pub. 529.

Total Itemized Deductions

Line 29

If the amount on Form 1040, line 32, is over \$111,800 (over \$55,900 if married filing separately), use the worksheet on this page to figure the amount to enter on line 29.

Itemized Deductions Wor	ksheet—Line 29	(keep for	vour record	15)
-------------------------	----------------	-----------	-------------	-----

1.	Add the amounts on Schedule A, lines 4, 9, 14, 18, 19, 26, 27, and 28	1		
2.	Add the amounts on Schedule A, lines 4, 13, and 19, plus any gambling losses included on line 28	2		
	Caution: Be sure your total gambling losses are clearly identified on the dotted line next to line 28.			
3.	Subtract line 2 from line 1. If the result is zero, stop here ; enter the amount from line 1 above on Schedule A, line 29, and see the Note below	3		
4.	Multiply line 3 above by 80% (.80) 4			
5.	Enter the amount from Form 1040, line 32 5.			
6.	Enter \$111,800 (\$55,900 if married filing separately) 6			
7.	Subtract line 6 from line 5. If the result is zero or less, stop here; enter the amount from line 1 above on Schedule A, line 29, and see the Note below			
8.	Multiply line 7 above by 3% (.03) 8.			
9.	Enter the smaller of line 4 or line 8	9	94	
10.	Total itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule A, line 29, and see the Note below	10		
	Note: Also enter on Form 1040, line 34, the larger of the amount you enter on Schedule A, line 29, or your standard deduction.			

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

Page 2

			1	1		
***		Schedule B—Interest and Dividend Income		Attac Sequ	hment ence N	o. 08
Part I	Note	a: If you had over \$400 in taxable interest income, you must also complete Part III.				
Interest Income		List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this		Amo	ount	
(See pages 15		interest first. Also show that buyer's social security number and address				
and B-1.)						
Note: If you						
received a Form 1099-INT, Form						
1099-OID, or substitute						
statement from			1			ļ
a brokerage firm, list the firm's			-			
name as the			-			<u> </u>
payer and enter the total interest						<u> </u>
shown on that form.						
iomi.						
	_	A.A.A.				
		Add the amounts on line 1	2			
		Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3			
D4 !!	Note	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ a: If you had over \$400 in gross dividends and/or other distributions on stock, you mus	4		No. 44 444	L
Part II Dividend			T also con		ount	
Income	5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶			Junt	
pages 16						
and B-1.)						
			-			<u> </u>
			-			<u> </u>
Note: If you received a Form		······				
1099-DIV or			5			
substitute statement from						
a brokerage firm, list the						
īrm's name as			-			
the payer and enter the total			-			
dividends						-
shown on that form.	6	Add the amounts on line 5	6			
	7	Capital gain distributions. Enter here and on Schedule D*. 7				
	8	Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8 95				
	9	Add lines 7 and 8	9			<u> </u>
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 . ► "If you do not need Schedule D to report any other gains or losses, enter your of Form 1040, line 13. Write "CGD" on the dotted line next to line 13.	tapital ga	in distr	ibutio	ns on
Part III Foreign	If you to, a	u had over \$400 of interest or dividends OR had a foreign account or were a grantor of foreign trust, you must complete this part.	or a tran	sferor	Yes	No
Accounts and		At any time during 1994, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or	over a fi	nancial		
Trusts		account? See page B-2 for exceptions and filing requirements for Form TD F 90	-22.1	nancial	p-10000000000	**************************************
See	b	If "Yes," enter the name of the foreign country ▶				
page B-2.)	12	Were you the grantor of, or transferor to, a foreign trust that existed during 1994, you have any beneficial interest in it? If "Yes" you may have to file Form 3520.	whether	or not		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

OMB No. 1545-0074 1994 Attachment Sequence No. **09**

	rtment of the Treasury lal Revenue Service (99) Attac	h to Fo			res, etc., must file Form 1065. See Instructions for Schedule C (E 4	040)	Attac	hment	
	e of proprietor						ecurity r		(SSN)	D. U9
									(3314)	
A	Principal business or profession	n, includ	ding product or service	e (see pa	ge C-1)	B Ente	r princi	pal bu	siness	code
c	Rusiness name If no consects						page C-6	·		
C	Business name. If no separate	ousines	is name, leave blank.			D Empi	oyer ID ı	number	(EIN), i	if any
	Business address (including su	ite or ro	nom no) ►			:			<u> </u>	
	City, town or post office, state,	and Zi	P code						••••	
F	Accounting method: (1)	Cash	(2) Accrual	(3)	☐ Other (specify) ▶					
G	Method(s) used to value closing inventory: (1)	Cost	Lower of c	ost		поt ар	plv (if		Yes	
Н	Was there any change in determine explanation	mining	quantities, costs, or va	luations	between opening and closing inver	itory? If	"Yes."	attach		
ı	Did you "materially participate"	in the	operation of this busing	ess durir	ng 1994? If "No." see page C-2 for I	limit on	Insses			
	If you started or acquired this b	usines	during 1994, check h	iere .	· · · · · · · · · · · · · · · · · · ·		<u>.</u>			P
	Income					, , , ,				,
1	Gross receipts or sales. Caution	n: If this	s income was reported	to you c	on Form W-2 and the "Statutory					
2	employee" box on that form wa Returns and allowances			f check i	nere ▶ 📋	2				+
3	• •			• •		3	<u>, </u>	96		<u> </u>
4	Cost of goods sold (from line 4)				• • • • • • • • • • • • • • • • • • • •	4		97		+
5	Gross profit. Subtract line 4 fro	om line	3	• •	· · · · · · · · · · · · · · ·	5				†
6	Other income, including Federa	l and st	tate gasoline or fuel ta	x credit	or refund (see page C-2)	6			_	1
7	Gross income. Add lines 5 and	16.				7	ç	9		
	Expenses. Enter ex		s for business use	of you	r home only on line 30.					
8	Advertising	8		L L	9 Pension and profit-sharing plans	19				
9	Bad debts from sales or			2	Rent or lease (see page C-4):					
	services (see page C-3)	9			a Vehicles, machinery, and equipment .	20a				-
10	Car and truck expenses	10	100		b Other business property	20b		107		-
11	(see page C-3)	11	101		1 Repairs and maintenance	21				-
12	Commissions and fees	12		2		22				-
	·	<u> </u>		─ 2		*********				+
13	Depreciation and section 179 expense deduction (not included			"	 Travel, meals, and entertainment Travel 	24a				
	in Part III) (see page C-3)	13	102		b Meals and en-					1
14	Employee benefit programs				tertainment					
	(other than on line 19)	14			c Enter 50% of					
15	Insurance (other than health) .	15	103		line 24b subject to limitations					
16	Interest:				(see page C-4) .					
a	Mortgage (paid to banks, etc.) .	16a	104		d Subtract line 24c from line 24b	24d				<u> </u>
Ь	Other	16b	105	2	5 Utilities	25				ļ
17	Legal and professional	47	İ	20	Wages (less employment credits) .Other expenses (from line 46 on	26		108		-
18	services	17 18	106	— *	page 2)					
28				A -4 -4	s 8 through 27 in columns.	27		109		+
29	Tentative profit (loss). Subtract I					29		100		+
20 30						30				+
31	Net profit or (loss). Subtract lin	e 30 fr	om line 29.	• •	• • • • • • • • • • • •					
	• If a profit, enter on Form 1040			dule SE	, line 2 (statutory employees					
	see page C-5). Estates and trus	ts, ente	er on Form 1041, line 3	3.	,	31				
	• If a loss, you MUST go on to				J					
32	If you have a loss, check the bo									
	• If you checked 32a, enter the	loss o	n Form 1040, line 12	, and Al	SO on Schedule SE, line 2	32a	☐ Ail in	vestme	ent is a	at risk.
	(statutory employees, see page • If you checked 32b, you MUS			er on For	m 1041, line 3.	32b	☐ Som		tment	is not
	you oncomed act, you wou	· · und	··· · OTIN U 170.		•		at ris	· K		

SCHEDULE D (Form 1040)

Capital Gains and Losses

▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

Attach to Form 1040.

► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

1994
Attachment
Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Your social security number

		n Capital Ga	ins and L	osses-	-Assets H			Less			
	(a) Description of property (Example:	(b) Date acquired	(c) Date so (Mo., day,		d) Sales price	(e) Cost other ba		(f) LOSS If (e) is more th		(g) GAII If (d) is more t	
1	100 sh. XYZ Co.)	(Mo., day, yr.)	(IVIO., day,	yr., (:	see page D-3)	(see page	D-3)	subtract (d) fro		subtract (e) fr	
·											
						 	: —		:		
							:				
2	Enter your short-te	rm totals, if a	ny. from						-		-
				2							
3	Total short-term s Add column (d) of	ales price am lines 1 and 2	ounts.	3							
4	Short-term gain from Forms 4684,	om Forms 211	9 and 6252		•		4				
5	Net short-term gair	or (loss) from			rporations, e				:		
_	trusts from Schedu						5			30000 300000000000000000000000000000000	
6	Short-term capital I 1993 Capital Loss	oss carryover.	Enter the a	mount, i	f any, from lir	ne 9 of your	6	113			
	1999 Capital E033	Carryover wor	Kaneer .								
7	Add lines 1, 2, and	4 through 6, in	n columns	(f) and (g)		7	(112)	111	
	Not short town on		laas) Car-	b	(0						
8	Net short-term ca	Capital Gai	ns and L	Dine col	Assets He	(g) of line 7		<u>.</u>	8		
9	Long-Term	Capital Gal	iis and L	73363-	-Masers He	and More 11	ian O	ne year	:		
							Ī		-		- i -
10	Enter your long-ter	m totals, if an	v from						:		
	line 23			10							
11	Total long-term sa	les price amo	unts.								
	Add column (d) of I			11							
12	Gain from Form 47	97; long-term	gain from	Forms	2119, 2439,			115			:
13	and long-term gain Net long-term gain					. ,	12		\vdots		-
	trusts from Schedul	le(s) K-1, .		is, 3 coi	porations, es	states, and	13				
						• • • •				440	
14	Capital gain distribu						14			116	
15	Long-term capital I	oss carryover.	Enter the	amount,	, if any, from	line 14 of	4.				
	your 1993 Capital L	.oss Carryover	worksnee	٠			15		+		<u> </u>
16	Add lines 9, 10, and	d 12 through 1	5, in colum	nns (f) ar	nd (g)		16	(118)	117	
17	Net long-term can	ital gain or flo	est Comi	aina aalı	umma (A amal	(-) -(!: 10		_			
' '	Net long-term cap Summary	of Parts I an		oine coil	umns (r) and	(g) or line 16	•	<u></u> . ▶	17		
18	Combine lines 8 an			19 If a	gain enter t	he gain on E	Orm 14	040 line 12	T		
-	Note: If both lines	17 and 18 are	gains, see	the Cap	gam, enter t ital Gain Ta.	x Worksheet	on pa	ige 25	18		_ :
19	If line 18 is a (loss),	enter here and	as a (loss)	on Forr	n 1040, line	13, the smal l	er of t	hese losses:			
a	The (loss) on line 18									(
b	(\$3,000) or, if married Note: See the Cap					if the less		10 04	19	(<u> </u>
	the loss on line 19	or if Form 104	0, line 35, i	is a loss	ы раде D-3	o ii uie ioss (лі ііпе	io exceeds			

SCHEDULE E (Form 1040)

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

+:	Show the kind and location of each	renta	real estate	prope	rty:	2 Fo	r each re	ntal real e	state		Yes] ز
						or	your fam	ted on line ily use it f or more th	or persona			
-						gre tot	ater of 1 al days r	4 days or ented at fa	10% of thair rental	В		_
	••••	• • • • • • • •		• • • • • • •			ge E-1.)	Jule tax y	rear (See	С		
_					Prop	erties		·		Tota	 le	1
0	me:	Ī	A			В		С	(Add	columns		ar
F	Rents received	3							3	120	,	1
F	Royalties received	4							4	121		1
Œ	enses:	1 1										1
	Advertising	5										
	Auto and travel (see page E-2) .	6										
(Cleaning and maintenance	7								•		
(Commissions	8		-								
	nsurance	9		-								1
	egal and other professional fees	10							_			1
	Management fees	11		-								
N	Mortgage interest paid to banks,					j						1
	tc. (see page E-2)	12							12	122		4
	Other interest	13						23	_			
+	Repairs	14		-					_			
	Supplies	15		-					_			
	axes	16		+								
	Itilities	''				- -						
١	Other (list)	-	1.000	 								-
-		18										j
٠	• • • • • • • • • • • • • • • • • • • •	· -	· · · · · · · · · · · · · · · · · · ·	+								
•	••••••			+								Ì
_	add lines 5 through 18	19		+			<u> </u>		19			
	·	10		† -		-			13			+
10	Depreciation expense or depletion see page E-2)	20	125		124				20			
	otal expenses. Add lines 19 and 20	21	***************************************						20			+
	ncome or (loss) from rental real											
е	state or royalty properties.											
S	subtract line 21 from line 3 (rents)											
	r line 4 (royalties). If the result is (loss), see page E-2 to find out											
if	you must file Form 6198	22	126		127							
	Peductible rental real estate loss.											
	aution: Your rental real estate											
10	oss on line 22 may be limited. See											
	age E-3 to find out if you must le Form 8582 . Real estate											
	rofessionals must complete line								· [
4	2 on page 2	23 (128)	() ()			
lr	ncome. Add positive amounts show	wn on I	ine 22. Do r	not incl	ude any l	osses.			. 24	130		
	osses. Add royalty losses from line 22						the total	losses here	25 (131		1

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

41 L	Jeiow. R	Income or				and S Cor		Not	e: If you repor	rt a loss fi	om an	at-risk	activity, you f	NUST	check
27				line 27 to		ur investment i	n the activity. (b) Enter P	See p	age E-4. If you	u check d	olumn 1) Emp	(f), you	u must attach	Form ent At	6198. Risk?
			(4) 144				partnership; for S corpora		foreign partnership	10	lentific numb		(e) All is at risk		
A															
В								_						ļ	
c														1	
D														 	
E		Passive Inc	rome an	d Loss		- I	<u> </u>	Nor	passive Ir	come	and I	055		<u> </u>	
	(a) Pa	ssive loss allower			sive income	- AND	npassive loss	1401	·	ion 179 e					
		orm 8582 if requi			hedule K-1		Schedule K-1			deduction n Form 4	562		(k) Nonpassiv from Sched		
A														ł	
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E				400'	107			00000000		***************************************		*********	4884		
	Totals	134/139		132/	13/	12	5/140		47	36/142			133/138	*******	*********
_	Totals		1 (2) 5 (1)	- 22		13:	Jr 140		1.	JO/ 142		29			
		olumns (h) and						٠			٠	30	()
3U 31		olumns (g), (i), artnership an				floss) Com	 hine lines 2	Qan	 d 30 Entor	the rec	uit	-55	•		,
J 1		nd include in									uit :	31	141		
		Income o	r Loss F	rom E	states an	d Trusts								,	
32					(a) N	lame						i	(b) Employ identification in		
A															
В															
		· ·	assive I	ncome	and Loss				Non	passive	e Inc	ome	and Loss		
		sive deduction of ach Form 8582		ed		I) Passive incomor Schedule K			(e) Deductio				f) Other incom Schedule I		1
A															
В								*******			********				
	Totals							*******						*******	
	Totals			- 22-								34	143	**********	8888888
		olumns (d) an									•	35	(144)
ან 36		olumns (c) and state and trus				 lines 34 and	 d 35. Enter t	the re	 esult here a	nd inclu	de	<u> </u>			
		total on line 4										36		,	
		Income o	r Loss F	rom R	eal Estat				Conduits	(REM	ICs)-	-Re	sidual Hol	der	
37	(a) Name			ployer		ss inclusion fro es Q, line 2c (s		(d) Taxable			(e) In	come from Sc	hedul	es Q,
			10	entification	on number		page E-4)		from Sched	iules Q, lir	ie ib	-	line 3b		
20	Combi	an anti-	d) and (=)	anl: 「	ntor the re-	rult horo a=	dinaluda :-	• h ~	total on line	40 5-1		20			
38	Combi	ne columns (Summary	u) and (e)	only. E	nter the res	suit riere and	a meluae in	me	total on line	40 Del	UW	38	1		L
20	Not fo			na\ {	- Farm 10	2E Alca ca	malata lia :	41 -	· · · · · · · · · · · · · · · · · · ·			39	145		
3 9 40		rm rental inco income or (loss)								 0 line 17	· •	40	175		
								, uniu	Shi Shii 104	5, mic 17					
41		nciliation of I													
		g and risning orm 1065), lir		•											
	-	ule K-1 (Form						41		• • • • • • • • • • • • • • • • • • • •					
42		ciliation for F	•	,		,	real estate								
7.2		sional (see pa													
	anywh	ere on Form	1040 fror	n all rei	ntal real es	tate activitie	es in which								
	you ma	aterially partic	apated ur	nder the	passive a	ctivity loss r	ules	42	1		1		.		:

Child and Dependent Care Expenses

► Attach to Form 1040.

► See separate instructions.

OMB No. 1545-0068
1994
Attachment
Sequence No. 21

Form 2441 (1994)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

You need to understand the following terms to complete this form: **Qualifying Person(s), Dependent Care Benefits, Qualified Expenses,** and **Earned Income.** See **Important Terms** on page 1 of the Form 2441 instructions.

1	(a) Care provider's name	1 .	(b) Address :. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions
	Harrie	(riamber, street, apr		(3314 01 E114)	(see instructions
	Add the amounts in co	olumn (d) of line 1		2	
	Enter the number of q	ualifying persons cared	d for in 1994		
		Did you receive	NO	Complete only Pa	irt II below.
		dependent care bene	fits? YES	Complete Part III	on the back now.
	Credit for Chi	ld and Dependent Ca	are Expenses		
	Enter the amount of q	ualified expenses you i	ncurred and paid in		
	1994. DO NOT enter	more than \$2,400 for on	e qualifying person		
	or \$4,800 for two or me the amount from line	nore persons. If you com	pleted Part III, enter	148	
	the amount nom and	23			
	Enter YOUR earned i	ncome			
	If married filing a joi	nt return, enter YOUR	SPOUSE'S earned		
		disabled, see the instru			
	enter the amount from	n line 5			
	Enter the smallest of	line 4, 5, or 6			150
	Enter the amount from	n Form 1040, line 32	8		
	Enter the amount nor	111 OIII 1040, IIIC 32 .			
		ecimal amount shown be	elow that applies to the amount	on line 8	
	If line 8 is— But not	Decimal amount	If line 8 is— But not	Decimal	
	Over over	is is	Over over	amount is	
	\$0—10,000	.30	\$20,000—22,000	.24	
	10,000—12,000	.29	22,000—24,000	.23	
	12,000—14,000	.28	24,000—26,000	.22 9	× ;
	14,000—16,000	.27	26,00028,000	.21	
	16,000—18,000	.26	28,000—No limit	.20	
	18,000—20,000	.25			

Cat. No. 11862M

For Paperwork Reduction Act Notice, see separate instructions.

	Dependent Care Benefits—Complete this part only if	you received these benef	îts.
11	Enter the total amount of dependent care benefits you received fo be shown in box 10 of your W-2 form(s). DO NOT include amount as wages in box 1 of Form(s) W-2	s that were reported to you	11
12	Enter the amount forfeited, if any. See the instructions		12
13	Subtract line 12 from line 11		13
14	Enter the total amount of qualified expenses incurred in 1994 for the care of the qualifying person(s)	14	
15	Enter the smaller of line 13 or 14	15	
16	Enter YOUR earned income	16	
17	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 16	17	
18	Enter the smallest of line 15, 16, or 17	18	
19	Excluded benefits. Enter here the smaller of the following:		
	 The amount from line 18, or \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17). 		19
20	Taxable benefits. Subtract line 19 from line 13. Also, include this line 7. On the dotted line next to line 7, write "DCB"	amount on Form 1040,	20
	To claim the child and dependent ca lines 21–25 below, and lines 4–10 or		
21	Enter the amount of qualified expenses you incurred and paid in this line any excluded benefits shown on line 19	1994. DO NOT include on	21
22	Enter \$2,400 (\$4,800 if two or more qualifying persons)	22	
23	Enter the amount from line 19	23	-
24	Subtract line 23 from line 22. If zero or less, STOP . You cannot ta you paid 1993 expenses in 1994, see the line 10 instructions	ke the credit. Exception. If	24
25	Enter the smaller of line 21 or 24 here and on line 4 on the front	of this form	25

General Business Credit

► Attach to your tax return.

► See separate instructions.

OMB No. 1545-0895

Department of the Treasury Internal Revenue Service Name(s) shown on return

arate instructions. Sequence Identifying number

		locality and training
	Tentative Credit	
		1a 151
	Current year investment credit (Form 3468, Part I)	1
	Current year jobs credit (Form 5884, Part I)	
C	Current year credit for alcohol used as fuel (Form 6478)	1c 153
d	Current year credit for increasing research activities (Form 6765, Part III)	1d 154
e	Current year low-income housing credit (Form 8586, Part I)	1e 155
f	Current year enhanced oil recovery credit (Form 8830, Part I)	1f
9	Current year disabled access credit (Form 8826, Part I)	1g
h	Current year renewable electricity production credit (Form 8835, Part I)	1h
i	Current year Indian employment credit (Form 8845, Part I)	1i
j	Current year credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846, Part I)	1j
L	Current year credit for contributions to selected community development corporations (Form	
	8847, Part I)	1k
	Current year general business credit. Add lines 1a through 1k	11
2	Passive activity credits included on lines 1a through 1k (see instructions)	2
3	Subtract line 2 from line 11	3
4	Passive activity credits allowed for 1994 (see instructions)	4
5	Carryforward of general business, WIN, or ESOP credit to 1994 (see instructions for the	
J	schedule to attach)	5
6	Carryback of general business credit to 1994 (see instructions)	6
7	Tentative general business credit. Add lines 3 through 6	7
	General Business Credit Limitation Based on Amount of Tax	
8a	Individuals. Enter amount from Form 1040, line 40	
	Corporations. Enter amount from Form 1120, Schedule J, line 3 (or Form 1120-A, Part I, line 1)	8
	Other filers. Enter regular tax before credits from your return (see instructions)	
9	Credits that reduce regular tax before the general business credit:	
	Credit for child and dependent care expenses (Form 2441, line 10)	
b	Credit for the elderly or the disabled (Schedule R (Form 1040), line 21)	7
c	Mortgage interest credit (Form 8396, line 11)	7
d	Foreign tax credit (Form 1116, line 32, or Form 1118, Sch. B, line 12) . 9d	1
	Possessions tax credit (Form 5735)	1
f	Orphan drug credit (Form 6765, line 10)	1
g	Credit for fuel from a nonconventional source	1
h	Qualified electric vehicle credit (Form 8834, line 19)	1 1
i	Add lines 9a through 9h	9i
10	Net regular tax. Subtract line 9i from line 8	10
11	Tentative minimum tax (see instructions):	
	Individuals. Enter amount from Form 6251, line 26	
	Corporations. Enter amount from Form 4626, line 13	11
	Estates and trusts. Enter amount from Form 1041, Schedule H, line 37	
12	Net income tax:	
a	Individuals. Add line 10 above and line 28 of Form 6251	
b	Corporations. Add line 10 above and line 15 of Form 4626	12
	Estates and trusts. Add line 10 above and line 39 of Form 1041, Schedule H	
13	If line 10 is more than \$25,000, enter 25% (.25) of the excess (see instructions)	13
14	Subtract line 11 or line 13, whichever is greater, from line 12. If less than zero, enter -0	14
15	General business credit allowed for current year. Enter the smaller of line 7 or line 14. Enter	
10	here and on Form 1040, line 44; Form 1120, Schedule J, line 4e; Form 1120-A,	
	Part I, line 2a; or the appropriate line of your tax return. (Individuals, estates, and trusts, see instructions if the credit for increasing research activities is claimed. C corporations, see	
	instructions for Schedule A if any regular investment credit carryforward is claimed. See the	
	instructions if the corporation has undergone a post-1986 "ownership change.")	15
		1 1

Scl	nedule A—Additional General Business Credit Allowed By Section 38(c)(2) (Before Revenue Reconciliation Act of 1990)—Only Applicable to C Corporations	Repeal by the
16	Enter the portion of the credit shown on line 5, page 1, that is attributable to the regular investment credit under section 46 (before amendment by the Revenue Reconciliation Act of 1990)	16
17	Tentative minimum tax (from line 11, page 1)	
18	Multiply line 17 by 25% (.25)	18
19 20	Enter the amount from line 14, page 1	
	amendment by the Revenue Reconciliation Act of 1990)	
21	Subtract line 20 from line 19 (if less than zero, enter -0-)	21
22 23	Subtract line 21 from line 16 (if less than zero, enter -0-) For purposes of this line only, refigure the amount on line 11, Form 4626, by using zero on line 6, Form 4626, and enter the result here.	22
24	Multiply line 23 by 10% (.10)	24
25	Net income tax (from line 12, page 1)	25
26	General business credit (from line 15, page 1)	26
27	Subtract line 26 from line 25	27
28	Subtract line 24 from line 27	28
29	Enter the smallest of line 18, line 22, or line 28	29
30	Subtract line 29 from line 17	30
31	Enter the greater of line 30 or line 13, page 1	31
32 33	Subtract line 31 from line 25	32
34	If line 32 is greater than line 33, enter the excess here (see instructions)	34

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping11 hr., 43 min. Learning about the law or the form . . Preparing and sending

the form to the IRS . . . 1 hr., 14 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

Department of the Treasury Internal Revenue Service (99)

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

Attachment Sequence No. 12/

Name(s) shown on return

Identifying number

	Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 1994. See instructions	1		
2	Disallowed investment interest expense from 1993 Form 4952, line 7	2		
3	Total investment interest expense. Add lines 1 and 2	3		
	Net Investment Income			
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a		
b	Net gain from the disposition of property held for investment 4b			
c	Net capital gain from the disposition of property held for investment			
d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d		
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions	4e	158	
f	Investment income. Add lines 4a, 4d, and 4e. See instructions	4f		
5	Investment expenses. See instructions	5		
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0	6		
	Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 1995. Subtract line 6 from line 3. If zero or less, enter -0-	7	156	
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	157	

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Copying, assembling sending the form to		S		10 min.
Preparing the form				21 min.
Learning about the law or the form				15 min.
Recordkeeping .				13 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Interest expense paid by an individual, estate, or a trust on a loan that is allocable to property held for investment may not be fully deductible in the current year. Form 4952 is used to figure the amount of investment interest expense deductible for the current

year and the amount, if any, to carry forward to future years.

For more details, get **Pub. 550,** Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, and you claim a deduction for investment interest expense, you must complete and attach Form 4952 to your tax return, unless all of the following apply:

- Your only investment income was from interest or dividends,
- You have no other deductible expenses connected with the production of interest or dividends.
- Your investment interest expense is not more than your investment income, and
- You have no disallowed investment interest expense from 1993.

Form 4952 (1994)

Alternative Minimum Tax—Individuals

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227
1994
Attachment
Sequence No. 32

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

Sequence No. 32

Your social security number

	Adjustments and Preferences	•		
1 2 3 4 5 6 7 8 9 10 11 12 13 14	If you itemized deductions on Schedule A (Form 1040), go to line 2. If you did not itemize deductions, enter your standard deduction from Form 1040, line 34, and skip to line 6. Medical and dental. Enter the smaller of Schedule A, line 4, or 2½% of Form 1040, line 32. Taxes. Enter the amount from Schedule A, line 9. Certain interest on a home mortgage not used to buy, build, or improve your home. Miscellaneous itemized deductions. Enter the amount from Schedule A, line 26. Refund of taxes. Enter any tax refund from Form 1040, line 10 or 21. Investment interest. Enter difference between regular tax and AMT deduction. Post-1986 depreciation. Enter difference between RMT and regular tax gain or loss. Incentive stock options. Enter excess of AMT income over regular tax income. Passive activities. Enter difference between AMT and regular tax income or loss. Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8. Tax-exempt interest from private activity bonds issued after 8/7/86. Other. Enter the amount, if any, for each item and enter the total on line 14. a Charitable contributions. b Circulation expenditures. i Mining costs. c Depletion. j Patron's adjustment d Depreciation (pre-1987) l Research and experimental f Intangible drilling costs. m Tax shelter farm activities. g Long-term contracts.	1 2 3 4 5 6 7 8 9 10 11 12 13	/60	
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	163	
	Alternative Minimum Taxable Income			
16 17 18 19 20 21	Enter the amount from Form 1040, line 35. If less than zero, enter as a (loss) Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount . If Form 1040, line 32, is over \$111,800 (over \$55,900 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A, line 29 Combine lines 15 through 18	16 17 18 19 20	(164	
	Exemption Amount and Alternative Minimum Tax $E_{61} = L_{17} - L_{2}$			
22	Exemption Amount. (If this form is for a child under age 14, see instructions.)			
	If your filing status is: And line 21 is not over: Single or head of household \$112,500 \$33,750 Married filing jointly or qualifying widow(er) 150,000	22		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23		
24	If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	10-	
25 26 27	Alternative minimum tax foreign tax credit. See instructions	25 26 27	165	
28	Alternative Minimum Tax. (If this form is for a child under age 14, see instructions.) Subtract line 27 from line 26. If zero or less, enter -0 Enter here and on Form 1040, line 48 >	28		

Cat. No. 13600G

Form **6251** (1994)

For Paperwork Reduction Act Notice, see separate instructions.

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Attachment Sequence No. 88

Identifying number

Department of the Treasury Internal Revenue Service

Name(s) shown on return

	1994 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on	pages :	7 and 8 before	completing	Pai	rt <i>I.</i>	
	ntal Real Estate Activities With Active Participation (For the de Active Participation in a Rental Real Estate Activity on page 3			ipation			
1a	Activities with net income (from Worksheet 1, column (a))	1a					
þ	Activities with net loss (from Worksheet 1, column (b))	1b	()			
С	Prior year unallowed losses (from Worksheet 1, column (c))	1c	()			
<u>d</u>	Combine lines 1a, 1b, and 1c			1	d		
All	Other Passive Activities						
2a	Activities with net income (from Worksheet 2, column (a))	2a					
b	Activities with net loss (from Worksheet 2, column (b))	2b	()		*	
C	Prior year unallowed losses (from Worksheet 2, column (c))	2c	[()			
d	Combine lines 2a, 2b, and 2c			2	2d		
3	Combine lines 1d and 2d. If the result is net income or zero, set this line and line 1d are losses, go to line 4. Otherwise, enter -0- Special Allowance for Rental Real Estate With A Note: Enter all numbers in Part II as positive amounts. (S	on line	9 and go to lir	ne 10 .	3	es.)	
				0 101 CABI	T		T
4	Enter the smaller of the loss on line 1d or the loss on line 3				4		
4 5	Enter the smaller of the loss on line 1d or the loss on line 3 Enter \$150,000. If married filing separately, see the instructions .	5				,	
4 5 6	Enter \$150,000. If married filing separately, see the instructions . Enter modified adjusted gross income, but not less than zero (see instructions)	6				,	
	Enter \$150,000. If married filing separately, see the instructions . Enter modified adjusted gross income, but not less than zero (see	6				,	
	Enter \$150,000. If married filing separately, see the instructions. Enter modified adjusted gross income, but not less than zero (see instructions)	6					
6	Enter \$150,000. If married filing separately, see the instructions. Enter modified adjusted gross income, but not less than zero (see instructions)	6	d filing separate	ely, see		,	
6	Enter \$150,000. If married filing separately, see the instructions. Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If	6 7 married		ely, see	4		
6 7 8	Enter \$150,000. If married filing separately, see the instructions. Enter modified adjusted gross income, but not less than zero (see instructions). Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If instructions	6 7 married		ely, see	8		
6 7 8	Enter \$150,000. If married filing separately, see the instructions. Enter modified adjusted gross income, but not less than zero (see instructions). Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If instructions Enter the smaller of line 4 or line 8	6 7 married		ely, see	8		

Credit For Prior Year Minimum Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

OMB No 1545-1073

Name(s) shown on return Identifying number **Net Minimum Tax on Exclusion Items** Combine lines 16 through 18 of your 1993 Form 6251. Estates and trusts, see instructions 1 Enter adjustments and preferences treated as exclusion items. See instructions 2 3 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$165,000 and you were married filing separately for 1993, see instructions Enter \$45,000 (\$33,750 if single or head of household for 1993, \$22,500 if married filing separately 5 Enter \$150,000 (\$112,500 if single or head of household for 1993, \$75,000 if married filling 6 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . 7 7 8 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see 9 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15, and go to Part II. Form 10 10 If line 10 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 10 by 26% 11 (.26). Otherwise, multiply line 10 by 28% (.28), and subtract \$3,500 (\$1,750 if married filing 11 12 12 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 13 Enter the amount from your 1993 Form 6251, line 27, or Form 1041, Schedule H, line 38c 14 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-15 Minimum Tax Credit and Carryforward to 1995 Enter the amount from your 1993 Form 6251, line 28, or Form 1041, Schedule H, line 39 . . . 16 16 17 17 Subtract line 17 from line 16. If less than zero, enter as a negative amount 18 18 1993 minimum tax credit carryforward. Enter the amount from your 1993 Form 8801, line 26 19 19 Enter the total of your 1993 unallowed orphan drug credit, 1993 unallowed nonconventional 20 source fuel credit, and 1993 unallowed qualified electric vehicle credit. See instructions Combine lines 18, 19, and 20. If zero or less, **stop here** and see instructions 21 21 Enter your 1994 regular income tax liability minus allowable credits. See instructions 22 Enter the amount from your 1994 Form 6251, line 26, or Form 1041, Schedule H, line 37 . . . 23 Subtract line 23 from line 22. If zero or less, enter -0-24 Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on the appropriate line of your 1994 tax return. See instructions 25

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 1 hr., 33 min.; Learning about the law or the form, 1 hr., 3 min.; Preparing the form, 1 hr.; Copying, assembling, and sending the form to the IRS, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the IRS and the Office of Management and Budget at the addresses listed in the instructions for the tax return with which this form is filed.

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Minimum tax credit carryforward to 1995. Subtract line 25 from line 21. See instructions

Form 8801 is used by individuals, estates, and trusts to figure the minimum tax credit, if any, for alternative

minimum tax (AMT) incurred in prior tax years after 1986. The form is also used to figure any minimum tax credit carryforward.

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Who Should File

Form 8801 should be filed by individuals, estates, and trusts that had:

- An AMT liability in 1993 and adjustments or preferences (other than exclusion items) in 1993,
- A minimum tax credit carryforward from 1993 to 1994, or
- A nonconventional source fuel credit, an orphan drug credit, or a qualified electric vehicle credit not allowed for 1993 (see the instructions for line 20).