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For the year Jan.—Dec. 31, 1989, or other tax year beginning 1989, ending 19 OMB No. 1545-0074

Label

Use IRS label. Otherwise, please print or type.

Label HERE Your first name and initial Last name If a joint return, spouse's first name and initial Last name Home address (number and street). (If a P.O. box, see page 7 of Instructions.) Apt. no. City, town or post office, state and ZIP code. (If a foreign address, see page 7.)

Your social security number Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Yes No

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

Filing Status

Check only one box.

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security no. above and full name here.
4 Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
5 Qualifying widow(er) with dependent child (year spouse died 19 ). (See page 7 of Instructions.)

Exemptions

(See Instructions on page 8.)

6a Yourself If someone (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.

b Spouse

c Dependents:

Table with 5 columns: (1) Name (first, initial, and last name), (2) Check if under age 2, (3) If age 2 or older, dependent's social security number, (4) Relationship, (5) No. of months lived in your home in 1989.

No. of boxes checked on 6a and 6b
No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 9)
No. of other dependents on 6c
Add numbers entered on lines above

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
e Total number of exemptions claimed

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of Instructions.

Please attach check or money order here.

Table for Income with lines 7 through 23. Includes categories like Wages, salaries, tips, interest income, dividend income, tax-exempt interest, etc.

Adjustments to Income

(See Instructions on page 14.)

Table for Adjustments to Income with lines 24 through 30. Includes IRA deduction, self-employed health insurance, Keogh retirement plan, etc.

Adjusted Gross Income

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

<b>Tax Computation</b>	<b>32</b> Amount from line 31 (adjusted gross income) . . . . .	<b>32</b>		
	<b>33a</b> Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here . . . . . ▶ <b>33a</b> <input type="checkbox"/>			
	<b>b</b> If someone (such as your parent) can claim you as a dependent, check here . . . . . ▶ <b>33b</b> <input type="checkbox"/>			
	<b>c</b> If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here . . . . . ▶ <b>33c</b> <input type="checkbox"/>			
	<b>34</b> Enter the <input type="checkbox"/> Your <b>standard deduction</b> (from page 17 of the Instructions), <b>OR</b> <input type="checkbox"/> Your <b>itemized deductions</b> (from Schedule A, line 26). of: If you itemize, attach Schedule A and check here . . . . . ▶ <input type="checkbox"/>			
	<b>35</b> Subtract line 34 from line 32. Enter the result here . . . . .			
	<b>36</b> Multiply \$2,000 by the total number of exemptions claimed on line 6e . . . . .			
	<b>37 Taxable income.</b> Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) <b>Caution:</b> If under age 14 and you have more than \$1,000 of investment income, check here ▶ <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.			
	<b>38</b> Enter tax. Check if from: <b>a</b> <input type="checkbox"/> Tax Table, <b>b</b> <input type="checkbox"/> Tax Rate Schedules, or <b>c</b> <input type="checkbox"/> Form 8615. (If any is from Form(s) 8814, enter that amount here ▶ <b>d</b> _____.)			
	<b>39</b> Additional taxes (see page 18). Check if from: <b>a</b> <input type="checkbox"/> Form 4970 <b>b</b> <input type="checkbox"/> Form 4972 . . . . .			
<b>40</b> Add lines 38 and 39. Enter the total . . . . . ▶				
<b>Credits</b> (See Instructions on page 18.)	<b>41</b> Credit for child and dependent care expenses (attach Form 2441)	<b>41</b>		
	<b>42</b> Credit for the elderly or the disabled (attach Schedule R)	<b>42</b>		
	<b>43</b> Foreign tax credit (attach Form 1116)	<b>43</b>		
	<b>44</b> General business credit. Check if from: <b>a</b> <input type="checkbox"/> Form 3800 or <b>b</b> <input type="checkbox"/> Form (specify) _____	<b>44</b>		
	<b>45</b> Credit for prior year minimum tax (attach Form 8801)	<b>45</b>		
	<b>46</b> Add lines 41 through 45. Enter the total . . . . .			
<b>47</b> Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) . . . . . ▶				
<b>Other Taxes</b> (Including Advance EIC Payments)	<b>48</b> Self-employment tax (attach Schedule SE)	<b>48</b>		
	<b>49</b> Alternative minimum tax (attach Form 6251)	<b>49</b>		
	<b>50</b> Recapture taxes (see page 18). Check if from: <b>a</b> <input type="checkbox"/> Form 4255 <b>b</b> <input type="checkbox"/> Form 8611	<b>50</b>		
	<b>51</b> Social security tax on tip income not reported to employer (attach Form 4137)	<b>51</b>		
	<b>52</b> Tax on an IRA or a qualified retirement plan (attach Form 5329)	<b>52</b>		
	<b>53</b> Add lines 47 through 52. Enter the total . . . . . ▶			
<b>Medicare Premium</b>	<b>54</b> Supplemental Medicare premium (attach Form 8808)	<b>54</b>		
	<b>55</b> Add lines 53 and 54. This is your <b>total tax</b> and any supplemental Medicare premium . . . . . ▶			
<b>Payments</b> Attach Forms W-2, W-2G, and W-2P to front.	<b>56</b> Federal income tax withheld (if any is from Form(s) 1099, check ▶ <input type="checkbox"/> )	<b>56</b>		
	<b>57</b> 1989 estimated tax payments and amount applied from 1988 return	<b>57</b>		
	<b>58</b> Earned income credit (see page 20)	<b>58</b>		
	<b>59</b> Amount paid with Form 4868 (extension request)	<b>59</b>		
	<b>60</b> Excess social security tax and RRTA tax withheld (see page 20)	<b>60</b>		
	<b>61</b> Credit for Federal tax on fuels (attach Form 4136)	<b>61</b>		
	<b>62</b> Regulated investment company credit (attach Form 2439)	<b>62</b>		
	<b>63</b> Add lines 56 through 62. These are your <b>total payments</b> . . . . . ▶			
<b>Refund or Amount You Owe</b>	<b>64</b> If line 63 is larger than line 55, enter amount <b>OVERPAID</b> . . . . . ▶			
	<b>65</b> Amount of line 64 to be <b>REFUNDED TO YOU</b> . . . . . ▶			
	<b>66</b> Amount of line 64 to be <b>APPLIED TO YOUR 1990 ESTIMATED TAX</b> ▶ <b>66</b> _____			
	<b>67</b> If line 66 is larger than line 63, enter <b>AMOUNT YOU OWE</b> . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1989 Form 1040" on it . . . . .			
	<b>68</b> Penalty for underpayment of estimated tax (see page 21) . . . . . <b>68</b> _____			

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

(Keep a copy of this return for your records.)	▶ Your signature	Date	Your occupation
	▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation
<b>Paid Preparer's Use Only</b>	▶ Preparer's signature	Date	Preparer's social security no. _____
	▶ Firm's name (or yours if self-employed) and address	Check if self-employed <input type="checkbox"/>	E.I. No. _____ ZIP code _____