General Description Booklet

for the

1992 INDIVIDUAL PUBLIC USE TAX FILE

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INTRODUCTION

The Internal Revenue Service 1992 Public Use Tax File, which contains 93,262 records, was selected as part of the Statistics of Income program designed to tabulate and present statistical information for the 113.6 million Form 1040, Form 1040A, and Form 1040EZ Federal Individual Income Tax Returns filed for Tax Year 1992.

The Tax Files which have been produced since 1960, consist of detailed information taken from actual tax returns. The public use versions of these sample files are sold in an unidentifiable form, with names, Social Security Numbers (SSN), and other identifying 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 1992 Tax File can be purchased through the Internal Revenue Service, Statistics of Income. Any questions concerning the cost and acquisition of the current Individual Tax File should be directed to:

Daniel F. Skelly, Director Statistics of Income CP:R:S Internal Revenue Service P.O. BOX 2608 Washington, DC 20013-2608 (202) 874-0700 (202) 874-0922 (FAX)

Individual Tax Files for each of the Tax Years 1960, 1962, and 1966 through 1978 are available through the National Archives and Records Administration. Questions concerning cost, acquisition, and delivery of these historical tax 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 Tax Model Files is 374-109-(A). Besides 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 learn 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, alimony received, and personal property tax. 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 tax 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".

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

¹Returns sampled at 100 percent 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.

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 the same blurring procedure has been repeated for real estate tax deductions.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. 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, the following changes have been made:

The fields containing other net income or loss, total adjustments, foreign housing adjustment, total taxes paid, personal property tax, industry code, primary social security number, and secondary social security number have been deleted and marked as "reserved." Also, 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).

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.

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

1992 INDIVIDUAL PUBLIC USE TAX FILE SAMPLE

<u>STATE</u> :	NUMBER OF RECORDS	WEIGHTED TOTAL
HIGH INCOME ALABAMA ALASKA	32,976 816	968,185 1,721,545
ARIZONA ARKANSAS	232 842 520	290,625 1,567,301
CALIFORNIA COLORADO	8,757 952	970,008 13,716,746 1,694,481
CONNETICUT DELAWARE	859 168	1,517,290 316,500
DISTRICT OF COLUMBIA FLORIDA	158 3,303	362,262 6,129,962
GEORGIA HAWAII	1,431 298	2,866,800 514,611
IDAHO ILLINOIS INDIANA	270 2,634	383,359 5,115,998
IOWA KANSAS	1,151 800 604	2,439,248 1,422,277
KENTUCKY LOUISI ANA	801 832	1,027,317 1,665,232 1,610,968
MAINE MARYLAND	272 1,197	549,136 2,365,598
MASSACHUSETTS MICHIGAN MINNESOTA	1,489 1,939	2,692,136 4,070,755
MISSISSIPPI MISSOURI	1,156 466	2,207,034 937,273
MONTANA NEBRASKA	1,134 201 414	2,264,294 321,375
NEVADA NEW HAMPSHIRE	360 308	689,946 637,907 538,926
NEW JERSEY NEW MEXICO	1,930 351	3,637,857 671,457
NEW YORK NORTH CAROLINA NORTH DAKOTA	4,006 1,451	7,359,476 3,015,765
OHIO OKLAHOMA	168 2,306 743	263,169 4,973,613
OREGON PENNSYLVANIA	743 745 2,646	1,283,042 1,310,053 5,271,170
RHODE ISLAND SOUTH CAROLINA	243 744	442,771 1,647,516
SOUTH DAKOTA TENNESSEE	226 1,074	356,139 2,292,199

1992 INDIVIDUAL PUBLIC USE TAX FILE SAMPLE

STATE:	NUMBER OF RECORDS	WEIGHTED TOTAL
TEXAS UTAH VERMONT VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING APO/FPO PUERTO RICO/V.I. OTHER THAN ABOVE*	4,009 359 170 1,462 1,318 316 1,121 117 109 20 288	7,454,680 690,546 297,186 2,817,470 2,445,230 698,229 2,240,163 201,578 316,213 49,460 294,430
TOTAL	93,262	113,604,508

Since individual records in this file may or may not contain data from just one tax return--and, anyway, 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.

^{*}These returns do not include the State code.

1992 INDIVIDUAL PUBLIC USE TAX FILE CORE RECORD LAYOUT (CODE AND AMOUNT FIELD DEFINITIONS)

*Indicates change from 1991 specifications.

**WSAMP (Sample Code) was moved to the end of the file because it is a larger code than in previous years.

Amount Fields: (all amount fields are 10 characters in length - PIC S9(10))

- 1. ADJUSTED GROSS INCOME (DEFICIT) (AGI) (+/-)
- 2. SALARIES AND WAGES 2/
- 3. TAXABLE INTEREST INCOME
- 4. TAX-EXEMPT INTEREST INCOME
- 5. DIVIDENDS INCLUDED IN AGI
- 6. STATE INCOME TAX REFUNDS
- 7. ALIMONY RECEIVED 3
- 8. BUSINESS OR PROFESSION (SCHEDULE C) NET PROFIT/LOSS (+/-)
- 9. NET CAPITAL GAIN OR LOSS (+/-)
- 10. CAPITAL GAIN DISTRIBUTIONS NOT REPORTED ON SCHEDULE D
- 11. SUPPLEMENTAL SCHEDULE NET GAIN OR LOSS (+/-)
- 12. TAXABLE IRA DISTRIBUTION
- 13. TOTAL PENSIONS AND ANNUITIES RECEIVED
- 14. PENSIONS AND ANNUITIES INCLUDED IN AGI
- 15. SCHEDULE E NET INCOME OR LOSS (+/-)
- 16. FARM (SCHEDULE F) NET PROFIT/LOSS (+/-)
- 17. UNEMPLOYMENT COMPENSATION IN AGI
- 18. GROSS SOCIAL SECURITY BENEFITS

- 19. SOCIAL SECURITY BENEFITS IN AGI
- 20. RESERVED

STATUTORY ADJUSTMENTS

- 21. RESERVED
- 22. ONE-HALF OF SELF EMPLOYMENT TAX*
- 23. PAYMENTS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) (PRIMARY)
- 24. PAYMENTS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) (SECONDARY)
- 25. PAYMENTS TO KEOGH ACCOUNTS
- 26. FORFEITED INTEREST PENALTY
- 27. ALIMONY PAID 3/
- 28. SE HEALTH INSURANCE DEDUCTION
- 29. RESERVED
- 30. STANDARD DEDUCTION OR
 ITEMIZED DEDUCTIONS OR
 ITEMIZED DEDUCTIONS (TAXPAYER)
- 31. EXEMPTION AMOUNT
- 32. TAXABLE INCOME
- 33. COMPUTED INCOME TAX
- 34. INCOME TAX BEFORE CREDITS
- 35. INCOME SUBJECT TO TAX
- 36. MARGINAL TAX BASE
- 37. TAX GENERATED (TAX RATE TABLES)

CREDITS

- 38. TOTAL TAX CREDITS (SOI)
- 39. CHILD AND DEPENDENT CARE
- 40. ELDERLY AND DISABLED
- 41. FOREIGN TAX
- 42. GENERAL BUSINESS CREDIT
- 43. INVESTMENT (INCLUDED IN GENERAL BUSINESS CREDIT)
- 44. JOBS (INCLUDED IN GENERAL BUSINESS CREDIT) CREDIT
- 45. ALCOHOL USED AS FUEL (INCLUDED IN GENERAL BUSINESS CREDIT)
- 46. RESEARCH AND EXPERIMENTATION (INCLUDED IN GENERAL BUSINESS CREDIT)
- 47. LOW INCOME HOUSING (INCLUDED IN GENERAL BUSINESS CREDIT)
- 48. OTHER CREDITS
- 49. CREDIT FOR PRIOR YEAR MINIMUM TAX
- 50. TOTAL INCOME TAX
- 51. INCOME TAX AFTER CREDITS (SOI)
- 52. ALTERNATIVE MINIMUM TAX (SOI)
- 53. SELF-EMPLOYMENT TAX

- 54. RECAPTURE TAXES, INCLUDES FORM 4255, RECAPTURE OF INVESTMENT CREDIT AND FORM 8611, RECAPTURE OF LOW INCOME HOUSING CREDIT
- 55. SOCIAL SECURITY TAX ON TIP INCOME
- 56. PENALTY TAX ON IRA
- 57. TOTAL TAX LIABILITY (SOI)
- 58. INCOME TAX WITHHELD
- 59. ESTIMATED TAX PAYMENTS
- 60. AMOUNT PAID WITH FORM 4868
- 61. EXCESS FICA/RRTA
- 62. CREDIT FOR FEDERAL TAX ON SPECIAL FUELS AND OILS
- 63. REGULATED INVESTMENT COMPANY CREDIT
- 64. TOTAL TAX PAYMENTS (SOI)
- 65. BALANCE DUE (OVERPAYMENT) (+/-)
- 66. CREDIT ELECT
- 67. PREDETERMINED ESTIMATED TAX PENALTY
- 68. EARNED INCOME FOR EARNED INCOME CREDIT (EIC)
- 69. EIC USED TO OFFSET INCOME TAX BEFORE CREDITS
- 70. EIC USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC
- 71. EIC REFUNDABLE PORTION

ITEMIZED DEDUCTIONS SCHEDULE A: MEDICAL AND DENTAL EXPENSE DEDUCTIONS

72. TOTAL DEDUCTION

- 73. ITEMIZED DEDUCTION LIMITATION*
- 74. MEDICAL AND DENTAL EXPENSES SUBJECT TO REDUCTION BY AGI LIMIT

TAXES PAID DEDUCTIONS

- 75. RESERVED
- 76. STATE AND LOCAL INCOME TAXES 2/
- 77. REAL ESTATE TAX DEDUCTIONS 4/
- 78. RESERVED

INTEREST PAID DEDUCTIONS

- 79. TOTAL INTEREST PAID DEDUCTION
- 80. TOTAL HOME MORTGAGE
- 81. _HOME MORTGAGE FINANCIAL
- 82. DEDUCTIBLE POINTS
- 83. INVESTMENT INTEREST PAID
- 84. PERSONAL INTEREST PAID
- 85. CONTRIBUTIONS DEDUCTION, TOTAL
- 86. CARRYOVER OF CONTRIBUTIONS
- 87. NON-LIMITED MISCELLANEOUS DEDUCTIONS
- 88. OTHER THAN CASH CONTRIBUTIONS
- 89. CASH CONTRIBUTIONS

- 90. NET CASUALTY OR THEFT LOSS
- 91. MOVING EXPENSES

MISCELLANEOUS DEDUCTIONS (SUBJECT TO 2% LIMITATION)

- 92. NET LIMITED MISCELLANEOUS DEDUCTIONS
- 93. UNREIMBURSED EMPLOYEE BUSINESS EXPENSE
- 94. TAX PREPARATION FEE
- 95. MISCELLANEOUS DEDUCTIONS SUBJECT TO AGI LIMITATION, TOTAL

COMBINED SCHEDULE C INCOME AND SOME DEDUCTION ITEMS

- 96. TOTAL INCOME OR LOSS (+/-)
- 97. NET RECEIPTS (+/-)
- 98. COST OF GOODS SOLD AND/OR OPERATIONS
- 99. TOTAL DEDUCTIONS 5/
- 100. CAR AND TRUCK
- 101. DEPRECIATION
- 102. COMMISSIONS
- 103. MORTGAGE INTEREST
- 104. OTHER INTEREST
- 105. OFFICE EXPENSES
- 106. INSURANCE
- 107. RENT
- 108. NET WAGES
- 109. BUSINESS RECEIPTS (+/-)
- 110. RESERVED

CAPITAL GAINS (SCHEDULE D)

- 111. SHORT-TERM GAINS
- 112. SHORT-TERM LOSSES
- 113. SHORT-TERM LOSS CARRYOVER
- 114. RESIDENCE GAIN
- 115. LONG-TERM GAIN
- 116. LONG-TERM LOSSES
- 117. LONG-TERM LOSS CARRYOVER
- 118. SCHEDULE D CAPITAL GAIN DISTRIBUTIONS
- 119. FORM 4797 GAINS

SUPPLEMENTAL INCOME (SCHEDULE E) RENT AND ROYALTIES

- 120. RENT/ROYALTY NET INCOME
- 121. RENT/ROYALTY NET LOSS
- 122. FARM RENT NET INCOME OR LOSS (+/-)
- 123. TOTAL RENTS RECEIVED
- 124. TOTAL ROYALTIES RECEIVED
- 125. ROYALTY DEPLETION
- 126. RENTAL DEPRECIATION
- 127. DEDUCTIBLE RENTAL LOSS
- 128. RENT NET INCOME OR LOSS (+/-)
- 129. ROYALTY NET INCOME OR LOSS (+/-)

PARTNERSHIPS

- 130. TOTAL PASSIVE INCOME
- 131. TOTAL NON-PASSIVE INCOME
- 132. TOTAL PASSIVE LOSS
- 133. TOTAL NON-PASSIVE LOSS

SMALL BUSINESS CORPORATION

- 134. TOTAL PASSIVE INCOME
- 135. TOTAL NON-PASSIVE INCOME
- 136. TOTAL PASSIVE LOSS
- 137. TOTAL NON-PASSIVE LOSS
- 138. COMBINED PARTNERSHIP AND S CORPORATION NET INCOME/LOSS (+/-)

ESTATE OR TRUST

- 139. TOTAL INCOME
- 140. TOTAL LOSS

SELF EMPLOYMENT INCOME (SCHEDULE SE)

- 141. TOTAL SELF-EMPLOYMENT INCOME
- 142. SELF-EMPLOYMENT INCOME, SECONDARY TAXPAYER

MINIMUM TAX CREDIT (FORM 8801)

- 143. CARRY FORWARD MINIMUM TAX CREDIT FROM 1991
- 144. CARRY FORWARD OF MINIMUM TAX CREDIT TO 1993

CHILD CARE CREDIT (FORM 2441)

- 145. QUALIFYING INDIVIDUALS' LIMITATION
- 146. EARNED INCOME LIMITATION
- 147. EXPENSE LIMITED TO EARNED INCOME

ALTERNATIVE MINIMUM TAX COMPUTATION (FORM 6251)

- 148. TAXABLE INCOME PLUS NET OPERATING LOSS LESS ITEMIZED DEDUCTION LIMITATION
- 149. ALTERNATIVE MINIMUM TAX TOTAL ADJUSTMENTS
- 150. TOTAL TAX PREFERENCES
- 151. ACCELERATED DEPRECIATION

PASSIVE ACTIVITY LOSS LIMITATION (FORM 8582)

- 152. TOTAL CURRENT YEAR PASSIVE LOSSES
- 153. TOTAL LOSSES ALLOWED FROM ALL PASSIVE ACTIVITIES FOR 1992
- 154. RETURN ID
- 155. RESERVED
- 156. RESERVED
- 157. DECIMAL WEIGHT
- 158. RESERVED
- 159. SAMPLE COUNT
- 160. POPULATION COUNT

- 161. RENT MORTGAGE INTEREST EXPENSES, SCHEDULE E
- 162. RENT/ROYALTY EXPENSES OTHER INTEREST, SCHEDULE E
- 163. DISALLOWED INVESTMENT INTEREST, FORM 4952
- 164. ALLOWED INVESTMENT INTEREST, FORM 4952
- 165. NONDEDUCTIBLE SUSPENDED LOSS CARRYOVER, RENTAL PROPERTIES (SCHEDULE E)
- 166. TOTAL PASSIVE NET INCOME (FORM 8582 LINES 1A AND 2A)
- 167. SUM OF PRIOR YEAR UNALLOWED LOSSES (FORM 8582 LINES 1C AND 2C)
- 168. TAX ON TAXABLE INCOME*

EARNED INCOME CREDIT COMPUTATION

- 169. HEALTH INSURANCE CREDIT*
- 170. EXTRA CREDIT FOR CHILD BORN IN 1992*
- 171. WSAMP SAMPLE CODE**
- *Indicates change from 1991 specifications.
- **Moved to the end because it is a larger code than in previous years.
- $\frac{1}{2}$ Only for lower income returns (returns with AGI less than \$200,000 and not in 100% sample).
- 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.
- Blurred for lower income returns, reserved for high income returns.
- 4/ Blurred for all returns.
- For Schedule C-EZ filers, no detail is available for this field.

1992 INDIVIDUAL PUBLIC USE TAX FILE CODE DEFINITIONS

1.	AGEX* Age or Blindness Status:
	(A) No Age or Blindness Status
	r high income returns records with values greater than 1, this e was set equal to 1.
2.	AGIR1 Adjusted Gross Income Range 1:
3.	NO ADJUSTED GROSS INCOME. 00 \$ 1,000 under \$ 1,000. 01 \$ 1,000 under \$ 2,000. 02 \$ 2,000 under \$ 3,000. 03 \$ 3,000 under \$ 4,000. 04 \$ 4,000 under \$ 5,000. 05 \$ 5,000 under \$ 6,000. 06 \$ 6,000 under \$ 7,000. 07 \$ 7,000 under \$ 8,000. 08 \$ 8,000 under \$ 9,000. 09 \$ 9,000 under \$ 11,000. 10 \$ 10,000 under \$ 11,000. 12 \$ 12,000 under \$ 13,000. 12 \$ 12,000 under \$ 14,000. 14 \$ 14,000 under \$ 15,000. 15 \$ 15,000 under \$ 16,000. 16 \$ 16,000 under \$ 17,000. 17 \$ 17,000 under \$ 19,000. 17 \$ 17,000 under \$ 19,000. 19 \$ 20,000 under \$ 20,000. 20 \$ 20,000 under \$ 30,000. 22 \$ 30,000 under \$ 40,000. 23 \$ 40,000 under \$ 50,000. 26 \$ 75,000 under \$ 50,000. 26 \$ 100,000 under \$ 50,000. 26 \$ 100,000 under \$ 50,000. 27 \$ 200,000 under \$ 1,000,000.<
3.	
	(A) No capital gain/loss transaction present
4.	RESERVED (See data field 171 explanation in the next section)

Ь.	Cycle	e Code04-52
6.	DSI	Dependent Status Indicator:
	(A) (B)	Taxpayer not being claimed by another taxpayer
7.	EIC	Earned Income Credit:
		Not present
8.	ELECT	President Elect Campaign Fund:
	(B)	No "yes" boxes checked
9.	FDED	Form of Deduction Code:
	(A) (B) (C)	Itemized deductions
10-	-11. FI	LPD Filing Period: (Accounting Period):
	(A) (B)	YR - Calendar Year ended
12	. EFI	Electronic Filing Indicator:
	(A) (B)	Return not filed electronically0 Return filed electronically1
13	. F2441	* Child care credit:
	(A) (B)	No Form 2441 attached to return
*F0	or high de was	n income returns records with values greater than 3, this set equal to 3.

14.	F8582	Passive Activity Loss Limitation:
	(A) (B)	No Form 8582 attached to return
15.	F6251	Alternative Minimum Tax:
	(A) (B)	No Form 6251 attached to the return
16.	F3800	General Business credit:
	(A) (B)	No Form 3800 attached
17.	MARS*	Marital Status:
	(A) (B) (C) (D) (E) (F)	Single Married filing a joint return Married filing separately and not claiming a spousal exemption Unmarried head of household
*For	high set e	income returns records with a value equal to 5, this code
18.	PREP	Tax Preparer:
	(A) (B) (C) (D) (E) (F) (G) (H)	No preparer other than taxpayer indicated on the form
19.	PSV	Primary Stratifying Variable:
	(A) (B)	Positive Income GT OR EQ to Negative Income

20.	REGION	N* IRS Regions:
	(A) (B) (C) (D) (E) (F) (G)	Central.1Mid-Atlantic.2Midwest.3North Atlantic.4Southeast.5Southwest.6Western.7
*Foi	high	income returns this code was set equal to zero.
21.	F2555	Foreign Earned Income:
	(A) (B)	No Form 2555 attached to the return
22.	SCHCF	Schedule C or F Indicator:
	(A) (B) (C) (D)	Neither Schedule C or F present
23.	SCHE	Schedule E Indicator:
	(A) (B)	No Schedule E Present
24.	F8606	Form 8606, Nondeductible IRA Contributions:
	(A) (B)	No Form 8606 attached to return0 Number of Forms 8606 attached to return1-2
25.	SPECT	X Special Tax Computation:
	(A) (B) (C) (D) (E)	No entry

26. STATE*:

	Code	STATE NAME	Code	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	Oregon
	11	Georgia	39	Pennsylvania
	12	Hawaii	40	Rhode Island
	13	Idaho	41	South Carolina
	14	Illinois	42	South Dakota
	15	Indiana	43	Tennessee
	16	Iowa	44	Texas
	17	Kansas		Utah
	18	Kentucky		Vermont
	19	Louisiana		Virginia
	20	Maine	48	Washington
	21	Maryland	49	West Virginia
	22	Massachusetts	50	Wisconsin
	23	Michigan		Wyoming
	24	Minnesota	52	APO/FPO
	25	Mississippi		Puerto Rico
	26	Missouri		U.S. Citizens Abroad
	27	Montana	54	Guam
	28	Nebraska	54	Virgin Islands
*For	high	income returns this co	ode wa	as set equal to zero.
27. 5	rform	Corrected Form of Re	turn:	
	(A) (B)			
	(C)			2

28. TOTXSZ Size of Total Income Tax:

		Returns with no total income tax
29.	TXNT	Taxable/Nontaxable Return:
	(A) (B)	Taxable Return
30.	TXRT	Marginal Tax Rate0, 15, 28, 31
31.	TXST	TAX STATUS:
(G) (H)	Regula Taxes No tax Form 8 Form 8 Sched	owed and IRS did not compute tax

32.	SCHB	Schedule B Indicator:
	(A) (B)	No Schedule B attached to return0 Schedule B attached to return1
33.	XFPT	Primary Taxpayer Exemption:
	(A) (B)	No exemption for primary taxpayer (dependent of another taxpayer)0 Regular taxpayer exemption1
34.	XFST	Secondary Taxpayer Exemption:
	(A) (B)	No secondary taxpayer or joint return filed by dependents
35.	XOCAH*	Exemptions for Children Living at Home:
		Actual number entered0-99
cod	e was	income returns records with values greater than 3, this set equal to 3 wherever XOCAH was modified, XOODEP, and set equal to zero.
36.	XOCAWH	Exemptions for Children Living Away from Home:
		Actual number entered0-99
37.	XOODEP	Exemptions of Other Dependents:
		Actual number claimed0-99
38.	XOPAR	Exemptions for Parents Living at Home or Away from Home:
		Actual number entered0-9
39.	XBI	Primary or Secondary Blindness Indicator:
		Neither the primary nor secondary taxpayer is blind0 Either the primary or secondary taxpayer is blind1 Both the primary and secondary taxpayer is blind2
4 0		
40.	TOTX	Total Exemptions:

EXPLANATION OF FIELDS NOT ABSTRACTED DIRECTLY FROM TAX FORMS 1992 INDIVIDUAL PUBLIC USE TAX FILE

The following explanations define data fields contained in the 1992 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 "1992 Federal Tax Forms" section of this booklet for further information.

<u>Field</u> <u>Number</u>	<u>Definition</u>
30	DEDUCTIONS This is either Total Standard Deduction or Total Itemized Deduction. 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 30.)
33	COMPUTED REGULAR 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.
35	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. For dependents filing Form 8615 (TXST = 4 or 8), this is the income taxed at the child's rate. For prior year returns, "income subject to tax" is computed by using the tax rate schedule to impute a hypothetical taxable income amount necessary to yield the given amount of tax reported.
36	MARGINAL TAX BASE This is the amount of income subject to tax at the marginal tax rate applicable to the return (TXRT), using the 1992 Tax Rate Schedules for all returns. (See Income Subject to Tax).
37	Tax generated (from tax rate tables) on income subject to tax.

<u>Field</u>	
<u>Number</u>	<u>Definition</u>
38	TOTAL TAX CREDITS (SOI) Total credits from Form 1040 (line 45) or 1040A (line 24c) plus the amount of Earned Income Credit used to offset Income Tax before Credits.
50	TOTAL INCOME TAX Income Tax After Credits (F51) plus Alternative Minimum Tax (F52).
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 1040EZ, line 7) minus Advance Earned Income Credit (line 52, Form 1040) payments minus EIC used to offset Income Tax Before Credits minus EIC used to offset all other taxes except advance EIC.
64	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.
69	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 (F34) minus all credits except the Earned Income Credit.
70-71	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:
	70 - Earned Income Credit Used to Offset All Other Taxes Except Advance EIC, which is the lesser of:

- Except Advance EIC, which is the lesser of:
 - Total EIC minus Earned Income Credit used to offset Income Tax Before Credits (F69); or
 - The sum of all other taxes (fields 52 through 56).
- 71 -Earned Income Credit Refundable Portion equals EIC minus F69 minus F70 (see above for definitions and conditions).

<u>Field</u> <u>Numbe</u>	
80	Total Home Mortgage Sum of Deductible home mortgage interest paid to financial institution(s), Schedule A line 9(a), and deductible home mortgage interest, paid to individual(s), Schedule A line 9(b).
109	Business receipts Line 3 plus line 6 of Schedule C.
141	Total of Self-Employment Income The sum of amounts shown for primary and secondary taxpayers on their individual Schedule SE. (line 6, long Form or line 4, short Form).
146	Earned Income Limitation The smaller of line 9 or 10, Form 2441.
152	Total Passive Losses (Form 8582) This is the combined amount of lines 1b and 2b, losses from Rental Real Estate Activities and losses from All Other Passive Activities.
157	Decimal Weight A method of estimation 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 with the help of this weight must be divided by 100.
171	WSAMP Weighting Sampled Code:
(B) (C) (D) (E) (F) (G) (H) (I)	Nonbusiness Nonfarm returns

TECHNICAL DESCRIPTION OF THE FILE 1992 INDIVIDUAL PUBLIC USE TAX FILE

Each "data record" in the file, representing one tax return, is composed of 1,790 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. The largest value is 99 with leading zeros. The fields in the file are 10 characters in length with leading zeros. Weight factors are provided to fit a decimal weighting system.

1992 INDIVIDUAL PUBLIC USE TAX FILE SAMPLE DESCRIPTION

Sources of the Data

The data in the 1992 Individual Tax File were compiled from a stratified probability sample of unaudited individual income tax returns, Forms 1040, 1040A, and 1040EZ, filed by U.S. citizens and residents. The sample was designated at the Martinsburg Computing Center and was processed in each of the ten Internal Revenue Service Centers during Calendar Year 1992. The total sample of 93,262 returns was selected from a population of 113.6 million returns.

The estimates obtained from this file are intended to represent all returns filed for Income Tax Year 1992. While most of the returns processed during 1992 were for Calendar Year 1992, a few were for prior years. Returns for prior years were used in place of 1992 returns received and processed after December 31, 1992. This was done on the assumption that the characteristics of returns not yet filed could best be represented by the returns for previous income years processed in 1992.

All returns processed during 1992 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.

Sample Design and Selection Criteria

Data from Forms 1040, 1040A, 1040EZ, 1040PC, and 1040TEL processed to the IRS Individual Master File System at the Martinsburg Computing Center during Calendar Year 1992 were classified, by computer, into sample strata. Initially, these data were used to assign a return record to one of 24 income classes based on the larger of positive income or negative income, and the usefulness of the return record for tax modeling purposes. The final sample strata were based on income class, the size of Adjusted Gross Income plus the absence of an income tax or Alternative Mininum tax and the size of business plus farm receipts, or the presence or absence of one or more of the following forms: a Form 2555, Foreign Earned Income; a Form 1116, Computation of Foreign Tax Credit; a Schedule C, Profit or Loss from Business or Profession; and a Schedule F, Farm Income and Sixty variables were used to derive positive and Expenses. negative income and 32 variables were used to decide the usefulness for tax modeling purposes. The end result was 145 strata identified by the sample code.

Returns were then selected from the sample strata using two methodologies. One method used certain ending digits of the social security number (SSN), and the second method used ending digits of numbers generated from transformations of the SSN. The sampling rates for the various strata ranged from 0.02 percent to 100 percent.

Method of Estimation

Sampling weights were obtained by dividing the computer population count of returns filed per sample stratum by the number of sample returns actually received for that stratum (computation carried to two implied decimal places). The file can be weighted with decimal weights by dividing each weight by 100.

Processing and Management of the Sample

While the sample was being selected, the selection process was monitored by applying prescribed sampling rates for each stratum to the population count for that stratum. A follow-up was required to reconcile differences between the actual number of returns selected and the expected number.

In transcribing and tabulating the information from the returns in the sample, checks were imposed to improve the quality of the resulting estimates. Incorrect or missing entries on the sampled record were altered during statistical editing to make them consistent with other entries on the return and accompanying schedules. Data were 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 statistical editing, the amount of director's fees would have been entered into the salaries and wages field of the sample record.

Quality of the basic data abstracted was controlled at the processing centers by means of a continuous verification system that used computer tests to check for mathematical errors and inconsistencies in the data. These tests were performed while the returns were still available to aid in resolving the error conditions. Before tabulation of the data at the Detroit Computing Center, additional computer tests were applied to each return record to decide the need for adjustments to the data. $\underline{1}/$

For more details on the techniques used to process the returns in the sample, particularly those steps designed to ensure the quality of the statistical data, see:

1/

Kilss, Beth and Scheuren, Fritz. "Statistics from Individual Income Tax Returns: Quality Issues," 1982 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 271-277.

Sailer, Peter; Hicks, Charles; Watson, David; and Trevors, Dan, "Results of Coverage and Processing Changes to the 1980 Individual Statistics of Income Program," 1982 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 452-458.

Durkin, Thomas M. and Schwartz, Otto, "The SOI Quality Control Program," 1981 Proceedings, American Statistical Association, Section on Survey Research Methods, pp. 478-483.

FEDERAL TAX FORMS (WITH FIELD 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. One example is line 7 on the Form 1040 that has a field number of 7 Wages, salaries, tips, etc. ----- 2 On the Core Record Layout it would appear as 2 to the left of the Salaries and Wages line. See the example below. -- Core Record Layout --ADJUSTED GROSS INCOME (DEFICIT) (AGI) (+/-) 1. SALARIES AND WAGES 2. TAXABLE INTEREST INCOME 3. TAX-EXEMPT INTEREST INCOME 4. Another example, Line 8a, Taxable Interest Income, on the Form 1040 (see below) has a field number of 3. This field number is cross referenced to the Taxable Interest Income line on the 1992 Core Record Layout, which contains the number 3 to the left of the line (see above).

8a Taxable Interest Income ----- 3

3 1 1 A E I		Individual Income Tax Return × 1992	RS U	Jse Oniy—Do no	ot write or :	staple in this space.	
	_		, 19 92 , ending		, 19		45-0074
abel	Your	first name and initial Last name			Your so	cial security nu	
				1		1	
uctions &	If a j	pint return, spouse's first name and initial Last name			Spouse	's social security	number
page 10.)						;	
ethe IRS - -	Hom	e address (number and street). If you have a P.O. box, see page 10.	Apt	, по.	For F	Privacy Act a	nd
erwise, E						rwork Reduc	
ase print R	City,	town or post office, state, and ZIP code. If you have a foreign address, se	ee page 10.		Act N	lotice, see p	age 4.
ype. sidential		STATE		ノ			
ction Campaign		Do you want \$1 to go to this fund? . ELECT	Yes			Note: Checking "	
e page 10.)	7	If a joint return, does your spouse want \$1 to go to this fund?	Yes			not change your : reduce your refur	
	1	Single					
ing Status	2	MARS Married filing joint return (even if only one had income)					
e page 10.)	3	Married filing separate return. Enter spouse's social security no. a	above and full	l name here.			
	4	Head of household (with qualifying person). (See page 11.) I				but not your de	oendent
eck only box.	•	enter this child's name here. ▶					
	5	Qualifying widow(er) with dependent child (year spouse d	died ▶ 19). (See	page 11	.)	
	6a	Yourself. If your parent (or someone else) can claim you as a de		his or her tax	<u>()</u>	No. of boxes	
emptions		return, do not check box 6a. But be sure to check the				checked on 6a and 6b	
e page 11.)	b	Spouse	<u> </u>	<u>.</u>	ل	No. of your	
•	c	Dependents: (2) Check (3) If age 1 or older,	(4) Dependent			children on 6c	
		(1) Name (first, initial, and last name) if under age 1 dependent's social security number	relationship : you		n 1992	whe:	KOCAI
						 lived with you 	
nore than six						 didn't live with you due to 	h
pendents,		:::				divorce or	XOCA
page 12.						separation (see page 13)	
							XOPA
						dependents on 6	• XOO
	d	If your child didn't live with you but is claimed as your dependent under a pre-	1085 anreeme	nt check here		Add numbers	
		Total number of exemptions claimed				entered on lines above >	KTO
	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	2	
come	8a	Taxable interest income. Attach Schedule B if over \$400			8e	з	
	ь	Tax-exempt interest income (see page 15). DON'T include on line 8a) <u> </u>	<u> </u>			
ach py Bofyour	9	Dividend income. Attach Schedule B if over \$400			9	5	
ms W-2,	10	Taxable refunds, credits, or offsets of state and local income taxes from	m worksheet	on page 16	10	5	
2G, and	11	Alimony received			11	7	
11 110101	12	Business income or (loss). Attach Schedule C or C-EZ			12	8	
ou did not	13	Capital gain or (loss). Attach Schedule D			13	9	
1 & W-2, 300		Capital gain distributions not reported on line 13 (see page 15)		· · · •	14	10	
-	14				15	11	
and about on	15	Other gains or (losses). Attach Form 4797	 Moie amount (s		16b	12	
nev order on	166	1002 1191 000000000000000000000000000000			450	14	
of any	17a		sble amount (:	oos hada 10)	18	15	
rms W-2, 2G, or	18	Rents, royalties, partnerships, estates, trusts, etc. Attach Sched			19	16	1
99-R.	19	Farm income or (loss). Attach Schedule F			20	17	
	20	Unemployment compensation (see page 17)				19	\neg
	21a		able amount (. •	22	20	\dashv
	22	Other income. List type and amount—see page 18			23	1 24	_
	23	Add the amounts in the far right column for lines 7 through 22. This is yo		1110	VIIIII	4	
ljustments	240	Your IRA deduction from applicable worksheet on page 19 or 20			 {//////	3	
•	þ	Spouse's IRA deduction from applicable worksheet on page 19 or 20			 {//////	4	
income	25	One-half of self-employment tax (see page 20)			{ //////	8	
e page 18.)	26	Self-employed health insurance deduction (see page 20)			\ /////	3	
	27	Keogh retirement plan and self-employed SEP deduction			\ /////	%	
	28	Penalty on early withdrawal of savings			\ /////	3	
	29	Alimony paid. Recipient's SSN ▶ 29				7	
31A : 1	30	Add lines 24a through 29. These are your total adjustments .	H this amoun		30	 	\dashv
djusted	31	Subtract line 30 from line 23. This is your adjusted gross income. \$22,370 and a child lived with you, see page EIC-1 to find out if you	n uns amoui You can clain	n the "Earne	a (1 1	İ
iross Income		Income Credit" on line 56			▶ 31	1 L	- 1

1

Form 1040 (1992)			-						Page 2
Tov	32	Amount from line 31 (adjusted gross income)					32		\Box
Tax	33a	Check if: You were 65 or older, Blind; Spou	se was 6	5 or olde	r, 🔲 Blin	d.]			
Compu- tation		Add the number of boxes checked above and enter the t	total here	AGEX	. ▶ 334	• 🖳			
		If your parent (or someone else) can claim you as a depe							
(See page 22.)	C	If you are married filing separately and your spouse item are a dual-status alien, see page 22 and check here .	nizes ded	luctions o	oryou De . ► 334				
	34	Enter the larger of your: Single—\$3,600	ng status find you uction is old—\$5,2	r standar zero.	ro u check d deductio	ed on.	34	30	
	35	Subtract line 34 from line 32					35		1
	36	If line 32 is \$78,950 or less, multiply \$2,300 by the total r	number o	of exempt	ions claim	ed on			
		line 6e. If line 32 is over \$78,950, see the worksheet on a	page 23 1	for the an	nount to e	nter ,	36	31	
If you want	37	Taxable income. Subtract line 36 from line 35. If line 36	is more	than line	35, enter	-0	37	32	ļ
the IRS to	38	Enter tax. Check if from a Tax Table, b Tax Rate				lule D,			
figure your tax, see page		or d Form 8615 (see page 23). Amount, if any, from					38	168	-
23.	39	Additional taxes (see page 23). Check if from a For	m 4970 l	bi ∐ For	m 4972 .		39	ļ	
	40	Add lines 38 and 39	· · ·	<u> </u>	<u></u> 39	<u>. ▶</u>	40	Signal 42 harden	+
Credits	41	Credit for child and dependent care expenses. Attach Form 2	<u>-</u>	7,	39	+		Field 42 backup Fields: If from	
	42	Credit for the elderly or the disabled. Attach Schedule R		76	41	-		Form: Fields: 3468 43	
(See page 23.)	43	Foreign tax credit. Attach Form 1116	· · ⊢	GERL E	us. Credit			5884 44	
,	44	Other credits (see page 24). Check if from a Form 3		P.Y. 44 Othe	Min taak	19 18		6478 45 6765 46	
	45	b Form 8396 c Form 8801 d Form (specify)		++ Oule		- PO	45	6765 46 8586 47	
	45 46	Add lines 41 through 44 Subtract line 45 from line 40. If line 45 is more than line	40 enter	 -n-			46		+
	47						47	53	_
Other	48	Self-employment tax. Attach Schedule SE. Also, see line	23			• •	48	52	+
Taxes	49	Alternative minimum tax. Attach Form 6251 Recapture taxes (see page 25). Check if from a Form 4255	 	 9611 a	□ Eom s		49	54	†
	50	Social security and Medicare tax on tip income not reported					50	55	
	51	Tax on qualified retirement plans, including IRAs. Attach	•	•			51	56	1
	52	Advance earned income credit payments from Form W-2					52		Ì
	53	Add lines 46 through 52. This is your total tax.	<u> </u>	· · ·		•	53		1
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check		54 58					
rayments	55	1992 estimated tax payments and amount applied from 1991 ret	tum , 📙	55 ⁵⁹	<u> </u>				
Attach	56	Earned income credit. Attach Schedule EIC		56					
Forms W-2,	57	Amount paid with Form 4868 (extension request)		57 60					1
W-2G, and 1099-R on	58	Excess social security, Medicare, and RRTA tax withheld (see page	26)	<u>58 ഖ</u>					
the front.	59	Other payments (see page 26). Check if from a Form 2	2439						
		b ☐ Form 4136	–	59 <u></u> €2,	ഒ	Щ			
2.4.1	60	Add lines 54 through 59. These are your total payments	<u>.</u>	• • •		. •	60		+-
Refund or	61	If line 60 is more than line 53, subtract line 53 from line 60. This	is the amo	ount you O	VERPAID.	. ▶	61	65 (-)	+
Amount	62	Amount of line 61 you want REFUNDED TO YOU.	;			. ▶	62	 	+-
You Owe	63	Amount of line 61 you want APPLIED TO YOUR 1993 ESTIMATED TA	AX ► L	63 6	6				
Attach check or money order on	64	If line 53 is more than line 60, subtract line 60 from line 53							
top of Form(s)		Attach check or money order for full amount payable to "in				•	//////	1 6 0	
W-2, etc., on the front.	65	name, address, social security number, daytime phone nu Estimated tax penalty (see page 27). Also include on line		65	67	on it	64	65 (+) 	
-	Unde	r penalties of perjury, I declare that I have examined this return and a	•	ring schedu	ules and sta	tements, a	nd to th	ne best of my know	edge and
Sign		, they are true, correct, and complete. Declaration of preparer (other	than taxpa		ed on all info	ormation of			
Here		Your signature	Date		Your occi	upation			
Keep a copy of this return									
or your		Spouse's signature. If a joint return, BOTH must sign.	Date		Spouse's	occupatio	n		
ecords.	<u> </u>				_	_			
Paid		arer's	Date	Ī	Check if	_	, P	reparer's social sec	curity no.
Preparer's	<u> </u>	Hure PREP			self-emple	oyed L	1	<u> </u>	
Use Only	Firm's name (or yours if self-employed) and				E.I. No.				
					1 -	710			

temized Deductions Worksheet—Line 26 (keep for your records)							
1.	Add the amounts on Schedule A, lines 4, 8, 12, 16, 17, 18, 24, and 25	1					
2.	Add the amounts on Schedule A, lines 4, 11, and 17, plus any gambling losses included on line 25	2					
	Caution: Be sure your total gambling losses are clearly identified on the dotted line next to line 25.						
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 26	3					
4.	Multiply line 3 above by 80% (.80) 4						
5.	Enter the amount from Form 1040, line 32 5						
6.	Enter \$105,250 (\$52,625 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 28 7						
8.	Multiply line 7 above by 3% (.03) 8	73					
9.	Enter the smaller of line 4 or line 8	9. <u>73</u>					
10.	Total Itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule A, line 26	10					

SCHEDULES A&B

Department of the Treasury Internal Revenue Service (X)

(Form 1040)

Schedule A-Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

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

Attachment Sequence No. **07**

iame(s) shown on	JIM	1040				TOUT	social security nur	1100
Medical and Dental Expenses	1 2 3 4	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-1) Enter amount from Form 1040, line 32	1	74	•	4	72	
Taxes You Paid	5 6	State and local income taxes	5 6	76 77			, 2	
See page A-1.)	7	Other taxes. List—include personal property taxes . ► Add lines 5 through 7	7		•	8		
		Home mortgage interest and points reported to you on Form 1098	9a	81			_	\vdash
nterest /ou Paid See page A-2.)	9a b	Home mortgage interest and points reported to you on Form 1098. If paid to an individual, show that person's name and address. ▶						
nterest is	10	Points not reported to you on Form 1098. See page A-3 for special rules	9b	82				
not leductib le .	11	Investment interest. If required, attach Form 4952. (See page A-3.)	11	83			70	
	12	Add lines 9a through 11		 	. •	12	79	Ļ
Gifts to Charity		Caution: If you made a charitable contribution and received a benefit in return, see page A-3.		89				
	13	Contributions by cash or check	13					
page A-3.)	14	Other than by cash or check. If over \$500, you MUST attach Form 8283	14	88				
	15 16	Carryover from prior year	15		. ▶	16	85	+
Casualty and Theft Losses Moving	17	Casualty or theft loss(es). Attach Form 4684. (See page	A-4.) <u>.</u>	<u> </u>	. ▶	17	90	+
Expenses	18	Moving expenses. Attach Form 3903 or 3903F. (See pag	e A-4.).		. ▶	18	91	
Job Expenses and Most	19	Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you MUST attach						
Other Miscellaneous		Form 2106. (See page A-4.) ▶	19	93				
Deductions (See	20	Other expenses—investment, tax preparation, safe deposit box, etc. List type and amount ▶94						
page A-5 for expenses to deduct here.)			20	95				
· ,	21 22	Add lines 19 and 20	21					
	23 24	Multiply line 22 above by 2% (.02)	23		, ▶	////// 24	92	
Other Miscellaneous Deductions	25	Other—from list on page A-5. List type and amount ▶			••••	25	87/	
Total Itemized Deductions	26	Is the amount on Form 1040, line 32, more than \$105,25 married filing separately)? • NO. Your deduction is not limited. Add lines 4, 8, 12, 16. • YES. Your deduction may be limited. See page A-5 for the second	, 17, 18,	24, and 25.	if . ►	26		
		Caution: Be sure to enter on Form 1040, line 34, the line 26 above or your standard deduction.			nt			

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

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

Attachment

OMB No. 1545-0074

Department of the Treasury

Sequence No. 09 ▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040). Internal Revenue Service Social security number (SSN) Name of proprietor B Enter principal business code Principal business or profession, including product or service (see page C-1) (from page 2) ▶ D Employer ID number (Not SSN) $\bar{\mathsf{c}}$ Business name Business address (including suite or room no.) ▶ E City, town or post office, state, and ZIP code Accounting method: (2) Accruai (3) ☐ Other (specify) ▶ Lower of cost Other (attach Does not apply (if Method(s) used to G No Yes (4) Checked, skip line H) value closing inventory: (1)
Cost (3) applanation (2) or market Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes." attach explanation Did you "materially participate" in the operation of this business during 1992? If "No," see page C-2 for limitations on losses . . . Was this business in operation at the end of 1992? How many months was this business in operation during 1992? . ▶ If this is the first Schedule C filed for this business, check here Part I Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory 1 employee" box on that form was checked, see page C-2 and check here ▶ 2 Returns and allowances 97 3 Subtract line 2 from line 1 98 4 Cost of goods sold (from line 40 on page 2) . 5 5 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) . ß Gross income. Add lines 5 and 6 Expenses (Caution: Do not enter expenses for business use of your home on lines 8-27. Instead, see line 30.) Part II 21 8 21 Repairs and maintenance . Advertising 22 22 Supplies (not included in Part III). Bad debts from sales or 23 9 services (see page C-3) . . 23 Taxes and licenses. . . . Car and truck expenses 10 24 Travel, meals, and entertainment. (see page C-3-also attach 100 24a 10 Form 4562) . . a Travel . 102 11 11 Commissions and fees, h Meals and en-12 Depletion. . 12 tertainment . Depreciation and section 179 c Enter 20% of line 13 expense deduction (not included 101 24b subject to 13 in Part III) (see page C-3) limitations (see page C-4) . . Employee benefit programs 24d 14 d Subtract line 24c from line 24b (other than on line 19) . . . 106 25 15 25 Utilities 15 Insurance (other than health) . 108 26 26 Wages (less jobs credit) . . 16 Interest: 103 16a 27a Other expenses (list type and amount): Mortgage (paid to banks, etc.) . 104 16b Other 17 17 Legal and professional services . 18 105 18 Office expense 19 19 Pension and profit-sharing plans. 20 Rent or lease (see page C-4): 20a Vehicles, machinery, and equipment 27b 107 27b Total other expenses Other business property 20b 99 28 Total expenses before expenses for business use of home. Add lines 8 through 27b in columns . > 28 29 Tentative profit (loss). Subtract line 28 from line 7 29 30 Expenses for business use of your home. Attach Form 8829 30 Net profit or (loss), Subtract line 30 from line 29. If a profit, enter here and on Form 1040, line 12. Also, 31 enter the net profit on Schedule SE, line 2 (statutory employees, see page C-5). If a loss, you MUST go 8 31 on to line 32 (fiduciaries, see page C-5) 32a All investment is at risk. If you have a loss, you MUST check the box that describes your investment in this activity (see page C-5) 32b Some investment is not at risk. If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees,

see page C-5). If you checked 32b, you MUST attach Form 6198.

Schedule C (Form 1040) 1992			Page 2
Part III Cost of Goods S	Sold (see page C-5)		
33 Inventory at beginning of year	. If different from last year's closing in	ventory, attach explanation	33
	withdrawn for personal use		34
35 Cost of labor. Do not include	salary paid to yourself		35
36 Materials and supplies			36
37 Other costs			37
38 Add lines 33 through 37			38
39 Inventory at end of year			39
	line 39 from line 38. Enter the result		40 98
	ss or Professional Activity C		the state of the s
business or profession that is the p	It describes your activity. Within the intrincipal source of your sales or receipt "Real Estate," and the code is "5521 Profit or Loss From Farming.	its. Enter this 4-digit code on page	1, line B. For example, real estate
Agricultural Services,	1552 Oil & gas	7708 Surveying services	Food & Beverages
Forestry, Fishing	1719 Quarrying & nonmetallic mining	8730 Teaching or tutoring 7880 Other business services	0612 Bakeries selling at retail 3086 Catering services
Code 1990 Animal services, other than	Real Estate	6882 Other personal services	3095 Drinking places (bars, tavems, pubs, saloons, etc.)
breeding 1933 Crop services	5538 Operators & lessors of buildings, including residential	Hotels & Other Lodging Places 7237 Camps & camping parks	3079 Eating places, meals & snacks
2113 Farm labor & management	5553 Operators & lessors of other real property	7096 Hotels, motels, & tourist homes	3210 Grocery stores (general line) 3251 Liquor stores
services 2246 Fishing, commercial	5520 Real estate agents & brokers	7211 Rooming & boarding houses Laundry & Cleaning Services	3236 Specialized food stores (meat. produce, candy, health food, etc.)
2238 Forestry, except logging 2212 Horticulture & landscaping	5579 Real estate property managers 5710 Subdividers & developers, except	7450 Carpet & upholstery cleaning	Furniture & General Merchandise
2469 Hunting & trapping 1974 Livestock breeding	cemeteries 6155 Title abstract offices	7419 Coin-operated laundries & dry cleaning	3988 Computer & software stores 3970 Furniture stores
0836 Logging		7435 Full-service laundry, dry cleaning,	4317 Home furnishings stores (china, floor coverings, drapes)
1958 Veterinary services, including pets	Services: Personal, Professional, & Business	& garment service 7476 Janitorial & related services	4119 Household appliance stores
Construction	Services	(building, house, & window cleaning)	4333 Music & record stores 3996 TV, audio & electronic stores
0018 Operative builders (for own account)	Amusement & Recreational Services	Medical & Health Services	3715 Variety stores 3731 Other general merchandise stores
Building Trade Contractors, Including	9670 Bowling centers 9688 Motion picture & tape distribution	9274 Chiropractors	Miscellaneous Retail Stores
Repairs 0414 Carpentering & flooring	& allied services	9233 Dentist's office or clinic 9217 Doctor's (M.D.) office or clinic	4812 Boat dealers
0455 Concrete work	9597 Motion picture & video production	9456 Medical & dental laboratories	5017 Book stores, excluding newsstands 4853 Camera & photo supply stores
0273 Electrical work 0299 Masonry, dry wall, stone, & tile	9639 Motion picture theaters 8557 Physical fitness facilities	9472 Nursing & personal care facilities 9290 Optometrists	3277 Drug stores 5058 Fabric & needlework stores
0257 Painting & paper hanging 0232 Plumbing, heating, & air conditioning	9696 Professional sports & racing, including promoters & managers	9258 Osteopathic physicians & surgeons 9241 Podiatrists	4655 Florists 5090 Fuel dealers (except gasoline)
0430 Roofing, siding & sheet metal 0885 Other building trade contractors	9811 Theatrical performers, musicians,	9415 Registered & practical nurses	4630 Gift, novelty & souvenir shops
(excavation, glazing, etc.)	agents, producers & related services	9431 Offices & clinics of other health practitioners (dieticians,	4838 Hobby, toy, & game shops 4671 Jeweiry stores
General Contractors	9613 Video tape rental 9837 Other amusement & recreational	midwives, speech pathologists, etc.)	4895 Luggage & leather goods stores 5074 Mobile home dealers
0075 Highway & street construction 0059 Nonresidential building	services	9886 Other health services	4879 Optical goods stores
0034 Residential building 3889 Other heavy construction (pipe	8813 Automotive rental or leasing,	Miscellaneous Repair, Except Computers	4697 Sporting goods & bicycle shops 5033 Stationery stores
laying, bridge construction, etc.)	without driver	9019 Audio equipment & TV repair	4614 Used merchandise & antique stores (except motor vehicle parts)
Element Indonesia 9	8953 Automotive repairs, general & specialized	9035 Electrical & electronic equipment repair, except audio & TV	5884 Other retail stores
Finance, Insurance, & Related Services	8839 Parking, except valet 6896 Other automotive services (wash,	9050 Furniture repair & reupholstery	Trade, Wholesale—Selling
6064 Brokers & dealers of securities	towing, etc.)	2681 Other equipment repair	Goods to Other Businesses, etc.
6080 Commodity contracts brokers & dealers; security & commodity	Business & Personal Services 7658 Accounting & bookkeeping	Trade, Retail—Selling Goods	Durable Goods, including Machinery Equipment, Wood, Metals, etc.
exchanges	7716 Advertising, except direct mail	to Individuals & Households	2634 Agent or broker for other firms-
6148 Credit institutions & mortgage _ bankers	7682 Architectural services 8318 Barber shop (or barber)	3038 Catalog or mail order	more than 50% of gross sales on commission
5702 Insurance agents or brokers 5744 Insurance services (appraisal,	8110 Beauty shop (or beautician) 8714 Child day care	3012 Selling door to door, by telephone or party plan, or from mobile unit	2618 Selling for your own account
consulting, inspection, etc.)	7872 Computer programming,	3053 Vending machine selling	Nondurable Goods, Including Food, Fiber, Chemicals, etc.
6130 Investment advisors & services 5777 Other financial services	processing, data preparation & related services	Selling From Showroom, Store, or Other Fixed Location	2675 Agent or broker for other firms-
B. B. a. a. a. d. a.	7922 Computer repair, maintenance, & leasing	Apparel & Accessories	more than 50% of gross sales on commission
Manufacturing, Including	7286 Consulting services	3921 Accessory & specialty stores &	2659 Selling for your own account
Printing & Publishing 0679 Apparel & other textile products	7799 Consumer credit reporting & collection services	furriers for women 3939 Clothing, family	Transportation,
1115 Electric & electronic equipment	8755 Counseling (except health practitioners)	3772 Clothing, men's & boys' 3913 Clothing, women's	Communications, Public Utilities, & Related Services
1073 Fabricated metal products 0638 Food products & beverages	7732 Employment agencies &	3756 Shoe stores 3954 Other apparel & accessory stores	6619 Air transportation
0810 Furniture & fixtures 0695 Leather footwear, handbags, etc	personnel supply 7518 Engineering services	Automotive & Service Stations	6312 Bus & limousine transportation 6676 Communication services
0836 Lumber & other wood products	(except computer or automotive)	3558 Gasoline service stations	6395 Courier or package delivery
1099 Machinery & machine shops 0877 Paper & allied products	8532 Funeral services & crematories 7633 Income tax preparation	3319 New car dealers (franchised) 3533 Tires, accessories, & parts	6361 Highway passenger transportation (except chartered service)
1057 Primary metal industries 0851 Printing & publishing	7914 Investigative & protective services	3335 Used car dealers	6536 Public warehousing 6114 Taxicabs
1032 Stone, clay, & glass products	7617 Legal services (or lawyer) 7856 Mailing, reproduction, commercial	3517 Other automotive dealers (motorcycles, recreational	6510 Trash collection without own dump
0653 Textile mill products 1883 Other manufacturing industries	art, photography, &	vehicles, etc.)	635 Travel agents & four operators 638 Trucking (except trash collection)
	stenographic services 7245 Management services	Building, Hardware, & Garden Supply	I need thilling I'm an an arm alousing
Mining & Mineral Extraction	8771 Ministers & chaplains 8334 Photographic studios	4416 Building materials dealers 4457 Hardware stores	6551 Water transportation
1537 Coal mining	7260 Public relations	4473 Nurseries & garden supply stores	6650 Other transportation services 8888 Unable to classify
1511 Metal mining	8733 Research services	4432 Paint, glass, & wallpaper stores	0000 Unable to Classify

SCHEDULE C-EZ (Form 1040)

Department of the Treasur,

Net Profit From Business

(Sole Proprietorship)

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

Attach to Form 1040 or Form 1041.

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

Internal Revenue Service Name of proprietor

Social security number (SSN)

Pai	t I Genera	Information							
	May Use Form	 Had gross receipts from your business of \$25,000 or less. Had business expenses of \$2,000 or less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as a sole proprietor. 	And You:	 Had no emple Are not required pepreciation this business for Schedule C-3 to find or Do not deduct business use Do not have passive active business. 	red to and . Se C, li ut if ct ex prior	to file Form Amortizative the instraine 13, on you must appenses for your home or year unal	n 450 on fouction page file.	62, or ns e	
A	Principal busines	s or profession, including product or service			В	Enter pri	ncipa	ıl busi	ness code
						om page 2	•		
C	Business name				D	Employe	r ID	numb	er (EIN)
	Rusiness address	s (including suite or room no.). Address not rec		iom 1040 nose 1					
F G Par	How many mor	ess in operation at the end of 1992? nths was this business in operation during Your Net Profit						Yes	□ No
1 2	reported to you Statutory Em	s. If more than \$25,000, you must use So on Form W-2 and the "Statutory employed ployees in the instructions for Scheme	ee" box on that form dule C, line 1, o	n was checked, s on page C-2 a ▶	ee	1 2	96 99		
3	Schedule SE, li less than zero,	tract line 2 from line 1. Enter the result h ne 2. (Statutory employees do not report you must use Schedule C	this amount on Sch	nedule SE, line 2.) If	3	3		
Pai	t III. Inform	ation on Your Vehicle. Complete Part	: III ONLY if you ar	e claiming car o	or tr	ruck exp	ense	s on	line 2.
4 5 a 6 7 8	Of the total nur Business Do you (or your Was your vehic a Do you have	place your vehicle in service for business inber of miles you drove your vehicle during b Commuting r spouse) have another vehicle available for use during off-duty hours e evidence to support your deduction? he evidence written?	for personal use?	number of miles c Other	you 	used you	ur ve	Yes Yes Yes Yes Yes	for: No No No No No

Instructions

Schedule C-EZ is new for 1992. You may use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship and you have met all the requirements listed above.

Line A.—Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or

Line B.—Enter on this line the four-digit code that identifies your principal business or professional activity. See page 2 for the list of codes.

Line D.—You need an employer identification number (EIN) only if you had a Keogh plan or were required to file an employment, excise, fiduciary, or alcohol, tobacco, and firearms tax return. If you don't have an EIN, leave line D blank. Do not enter your SSN.

Line E .- Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1—Gross Receipts.—Enter gross receipts from your trade or business. Be sure to include any amount you received in your trade or business that was reported on Form(s) 1099-MISC. You must show all items of taxable income actually or constructively received during the year

34

SCHEDULE D

(Form 1040)

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

➤ Attach to Form 1040.

► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

(X)▶ For more space to list transactions for lines 1a and 9a, get Schedule D-1 (Form 1040). Name(s) shown on Form 1040

Your social security number Caution: Add the following amounts reported to you for 1992 on Forms 1099-B and 1099-S (or on substitute statements): (a) proceeds from transactions involving stocks, bonds, and other securities, and (b) gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 9c, column (d), attach a statement explaining the difference. Short-Term Capital Gains and Losses—Assets Held One Year or Less (a) Description of property (b) Date acquired (c) Date sold (e) Cost or **M** LOSS (g) GAIN (Example, 100 shares 7% If (e) is more than (d), (Mo., day, yr.) other basis (Mo., day, yr.) (see page D-2) If (d) is more than (e), preferred of "XYZ" Co.) (see page D-3) subtract (d) from (e) subtract (e) from (d) 1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See page D-3. 1b Amounts from Schedule D-1, line 1b. Attach Schedule D-1 1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b . 1d Other Transactions Short-term gain from sale or exchange of your home from Form 2119, line 17 or 23. 2 Short-term gain from installment sales from Form 6252, line 26 or 37 3 Short-term gain or (loss) from like-kind exchanges from Form 8824 4 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries . 5 Short-term capital loss carryover from 1991 Schedule D, line 36 6 113 Add lines 1a, 1b, 1d, and 2 through 6, in columns (f) and (g). (112 Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7 8 Long-Term Capital Gains and Losses—Assets Held More Than One Year 9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See page D-3. 9b Amounts from Schedule D-1, line 9b. Attach Schedule D-1 Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b 9d Other Transactions. 10 Long-term gain from sale or exchange of your home from Form 2119, line 17 or 23. 10 114 Long-term gain from installment sales from Form 6252, line 26 or 37 . . . 11 11 12 Long-term gain or (loss) from like-kind exchanges from Form 8824. . . 12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries 13 13 Capital gain distributions 14 118 14 Gain from Form 4797, line 8 or 10 . . 119 15 15 Long-term capital loss carryover from 1991 Schedule D, line 43 117 16 16 Add lines 9a, 9b, 9d, and 10 through 16, in columns (f) and (g) . 116 17 17 115

Net long-term capital gain or (loss). Combine columns (f) and (g) of line 17

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, estates, trusts, REMICs, etc.)

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

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

Sequence No. 13
Your social security number

Pa	Income or Loss From Ren property on Schedule C or C	tal Re -EZ. A	al Estate and Report farm rent	Roya al inc	alties No	o te: ss fi	Report in	ncome and exp n 4835 on pag	penses fi ne 2, line	om ti 39.	he renta	l of pe	rsona
1 A		rent	al real estate	prop	erty:	2	property listed on line 1, did you or your family use it for personal						No
В							purpo greate	ses for more er of 14 days	than the	e of th	A	1	
<u> </u>							total days rented at fair rental value during the tax year? (See page E-1.)						
inc	Income:		A		Pro	per	rties	С		(Add	Totals (Add columns A, B, and C		
3	Rents received	3								3 4	123 124		
Ex	penses:										124		
•	Advertising	5		İ									
6	Auto and travel (see page E-2)	6											
7	Cleaning and maintenance	7		<u> </u>									
8	Commissions	8											
9	insurance	9			<u> </u>								
10	3 p p	10		<u> </u>									
11	Management fees	11		<u> </u>			_						
12	mortgage interest paid to baring,	1								1			
	etc. (see page E-2)	12		ļ	<u> </u>			161		12			
13	Other interest	13						162	 				}
14	Repairs	14		<u> </u>	 		_						
15	Supplies	15		 	 		_		 				
16	Taxes	16		├	 				 				
17	Utilities	17	 _	├	 				↓				
18			ļ	├					+-				
		18	 	├					+				
	••••••	10		-	+				 				
	•••••••••••••••••••••••••••••••••••••••			├	<u> </u>			<u> </u>	1-8				
19	Add lines 5 through 18	19			+	_	+			19		ļ	
20		20								20 1	L25,12)6	
21		21		_	_		- - -				123,12	.0	
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents)							128					
	or line 4 (royalties). If the result is a (loss), see page E-2 to find out if you must file Form 6198	22] 29					
23	Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must		Suspend	ed	loss ca	arr	yover	165 127					
04	file Form 8582	23		<u> </u>	<u>// </u>)				100		
24	income. Add positive amounts sho								· · ⊢	24	120		-
25	losses here								🗀	25	(121)
2 6	Total rental real estate and royalty ir If Parts II, III, IV, and line 39 on pag line 18. Otherwise, include this amo	e 2 do	not apply to	you.	also ente	r th	is amou	nt on Form 1	040.	26			

_	ne(s) shown on return. Do not o	otor com:	posial "				Attachi	ment Sequence	No. 1	<u> </u>	F	Page 2
Naill	ne(s) shown on return. Do not e	mer name and	social security ni	umber if showi	n on other side	∋.			You	r social secu	irity nui	m ber
Note	e: If you report amounts fro	om farming oi	r fishing on Sch	edule E. vou	must enter	vour	aross income	from those o	Ctivitic	: is on line 4:	l bole	•
Pa	rt II Income or L	oss From	Partnership	s and S (Corporation	ns	gross income	e iroin those a	CUVIUE	is on line 4	Delov	<u>v.</u>
if yo	ou report a loss from an	at-risk acti	vitv. vou MUS	T check eit	her column	(4)	or (f) of line	27 to donor	iha w			
acti	vity. See page E-3. If yo	u check co	lumn (f), you	must attach	Form 619	18.	01 (1) 01 11116	27 10 0650	ibe yo	Jur mvesu	nent i	n the
27		(a) Name			(b) Enter P	for	(c) Check if	(d) Emp			tment A	
					partnership for S corpora		foreign partnership	identific num		(e) Al	lisi(f) S k not	iome is at risk
<u>A</u>												
B						_						
C			_ _			_						
E						\dashv					_	
	Passive Incor	ne and Los		Т — —		Nor	naccive le	ncome and				
	(g) Passive loss allowed		assive income	#N No	npassive loss	1101		ion 179 expense				
	(attach Form 8582 if required		Schedule K-1		ichedule K-1			deduction n Form 4562		(k) Nonpas from Sch		
A								101111 4002				Τ
В												1
<u>c</u>												
D												
E				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,	,,,,,						
	Totals		/134							131/1	35	
	Totals 132/136	<u> </u>		133/1	37							
	Add columns (h) and (k	•				•			29			<u> </u>
30 31	Add columns (g), (i), and	id (j) of line	286						30	(
J 1	Total partnership and Shere and include in the	total on lin	n income or (i e 40 below						24	120		
Pai	rt III Income or L			Trusts	<u></u>	•	<u></u>	<u></u>	31	138		
20			_							(b) Empk		
32			(a) Na 	me 						identification		r
A L												
В												
C	Dae	sive Incom	e and Loss									
	(c) Passive deduction or los			Described to the second					ome and Loss			
	(attach Form 8582 if req			Passive incom n Schedule K -			(e) Deduction from Schedu		(f) Other incom Schedule		n
Α			<u> </u>									
В							 ,	_				\vdash
С												<u> </u>
33a	Totals											
b	Totals											
	Add columns (d) and (f)								34	139		
	Add columns (c) and (e								35	(140]
36	Total estate and trust in	come or (los	ss). Combine I	ines 34 and	35. Enter t	he re	esult here ar	nd include				
	in the total on line 40 b		Real Estata	Morteon				/DEMIO:	36	- i al - a - i - 1 - 1	14.	L
- (e l)					s inclusion fro					sidual Ho		
37	7 (a) Name (b) Employer identification number			Schedule	s Q, line 2c (s			come (net loss)	(e) In	come from S line 3b		88 Q,
					age E-4)		†					
		<u> </u>						- 1				_
38_	Combine columns (d) a	nd (e) only.	Enter the resu	It here and	include in	the t	otal on line	40 below	38			
	rt V Summary											
39	Net farm rental income	or (loss) fro	m Form 483 5	5. Also, con	nplete line	41 b	elow		39	122		
40	TOTAL income or (loss)	. Combine li	ines 26, 31, 36	5, 38, and 3	9. Enter th	e res	sult here and	on Form				
	1040, line 18 ·		,					•	40			L_
41	Reconciliation of Farr	ning and F	ishing Incom	ne: Enter yo	our gross							
	farming and fishing inc	ome reporte	ed in Parts II a	and III and	on line 39							
	(see page E-4)	<u> </u>	<u> </u>	<u> </u>	<u></u> .	41						

SCHEDULE EIC

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service

Earned Income Credit

► Attach to Form 1040A or 1040. ► See Instructions for Schedule EIC.

Why not let the IRS figure the credit for you? Give us only the information asked for on this page and we'll do the rest. OMB No. 1545-0074 Attachment

example, was born in 1992), see the Exception on page 61 of 1040A booklet (or page EIC-2 of 1040 booklet).

Sequence No. 43 Name(s) shown on return Your social security number Part I **General Information** You MUST have worked and earned LESS than \$22,370, AND To take this credit Your adjusted gross income (Form 1040A, line 16, or Form 1040, line 31) MUST be LESS than \$22,370, AND Your filing status can be any status except married filing a separate return, AND You MUST have at least one qualifying child (see boxes below), AND You cannot be a qualifying child yourself. A qualifying is your: was (at the end of 1992): child is a who (in 1992): child who: son under age 19 daughter or lived with you adopted child under age 24 and a full-time in the U.S. grandchild student for stepchild more than 6 months* or ٥r any age and permanently (or all year if a foster foster child and totally disabled child*) *If the child didn't live with you for the required time (for

Do you have You cannot take the credit. Enter "NO" next to line 28c of Form 1040A (or line 56 No of Form 1040). at least one qualifying child? Yes

Go to Part II. But if the child was married or is also a qualifying child of another person, first see page 61 of 1040A booklet (or page EIC-2 of 1040 booklet).

Part II Information About Your Two Youngest Qualifying Children For a child bom BEFORE (g) Number of months If more than two qualifying children, see page 62 of (e) If child was born 1974, check if child was-(f) Child's (b) Child's 1040A booklet (or page EIC-2 of 1040 booklet). BEFORE 1992, year of birth relationship to you child lived enter the child's (c) a student (for example, son. with you in the U.S. in (d) disabled social security under age 24 at end of 1992 grandchild, etc.) number 1(a) Child's name (first, initial, and last name) (see booklet) 1992 19 19 If a child you listed above was born in 1992 AND you chose to claim the credit or exclusion for child care expenses

Caution: for this child on Schedule 2 (Form 1040A) or Form 2441 (Form 1040), check here

Enter the amount from Form 1040A, line 16, or Do you want the IRS Fill in Part III below. Form 1040, line 31, here. ▶ to figure the credit Go to Part IV on the for you? No back now.

Part III Other Information

If you had any nontaxable earned income (see page 62 of 1040A booklet or page EIC-2 of 1040 booklet) such as military housing and subsistence or contributions to a 401(k) plan, enter the total of that income on line 2. Also, list type and amount here. ▶

2 3

Enter the total amount you paid in 1992 for health insurance that covered at least one qualifying child. (See page 63 of 1040A booklet or page EIC-2 of 1040 booklet.)

If you want the IRS to figure the credit for you, STOP!

Attach this schedule to your return. If filing Form 1040A, print "EIC" on the line next to line 28c. If filing Form 1040, print "EIC" on the dotted line next to line 56.

Pa	IT IV Figure Your Earned Income Credit—You can take ALL THREE parts of the cre	edit if you qualify	
ВА	SIC CREDIT		
4	Enter the amount from line 7 of Form 1040A or Form 1040 (wages, salaries, tips, etc.). If you received a taxable scholarship or fellowship grant, see page 64 of 1040A booklet (or page EIC-3 of 1040 booklet) for the amount to enter	4	
5	If you had any nontaxable earned income (see page 62 of 1040A booklet or page EIC-2 of 1040 booklet) such as military housing and subsistence or contributions to a 401(k) plan, enter the total of that income on line 5. Also, list type and amount here. ▶	5	
6	Form 1040 Filers Only: If you were self-employed or reported income and expenses on Sch. C or C-EZ as a statutory employee, enter the amount from the worksheet on page EiC-3 of 1040 booklet	6	
7	Add lines 4, 5, and 6. This is your earned income . If \$22,370 or more, you cannot take the earned income credit. Enter "NO" next to line 28c of Form 1040A (or line 56 of Form 1040)	7 68	
8	Use the amount on line 7 above to look up your credit in TABLE A on pages 65 and 66 of 1040A booklet (or pages EIC-4 and 5 of 1040 booklet). Then, enter the credit here		
9	Enter your adjusted gross income (from Form 1040A, line 16, or Form 1040, line 31). If \$22,370 or more, you cannot take the credit	9	
	YES. Use the amount on line 9 to look up your credit in TABLE A on pages 65 and 66 of 1040A booklet (or pages EIC-4 and 5 of 1040 booklet). Then, enter the credit here NO. Enter the amount from line 8 on line 11. If you answered "YES" to line 10, enter the smaller of line 8 or line 10 here. This is your basic credit. To take the health insurance credit, fill in lines 12–16. To take the extra credit for a child born in 1992, fill in lines 17–19. Otherwise, go to line 20 now.	11	
HE	ALTH INSURANCE CREDIT —Take this credit ONLY if you paid for health insurance that covered at least one qualifying child.		
	Look at the amount on line 7 above. Use that amount to look up your credit in TABLE B on page 67 of 1040A booklet (or page EIC-6 of 1040 booklet). Then, enter the credit here		
13	Look at the amount on line 9 above. Is line 9 \$11,850 or more? • YES. Use the amount on line 9 to look up your credit in TABLE B on page 67 of 1040A booklet (or page EIC-6 of 1040 booklet). Then, enter the credit here		
14 15	year and the state of the state		
16	Enter the smaller of line 14 or line 15 here. This is your health insurance credit	16 169	
EX	TRA CREDIT FOR CHILD BORN IN 1992 —Take this credit ONLY if: • You listed in Part II a child born in 1992, AND		
	• You did not take the credit or exclusion for child care expenses on Schedule 2 or Form 2441 for the same child.		
	You can take both the basic credit and the extra credit for your child born in 1992.		
	Look at the amount on line 7 above. Use that amount to look up your credit in TABLE C on page 68 of 1040A booklet (or page EIC-7 of 1040 booklet). Then, enter the credit here		
18	VES. Use the amount on line 9 above. Is line 9 \$11,850 or more? YES. Use the amount on line 9 to look up your credit in TABLE C on page 68 of 1040A booklet (or page EIC-7 of 1040 booklet). Then, enter the credit here		
	NO. Enter the amount from line 17 on line 19. If you answered "YES" to line 18, enter the smaller of line 17 or line 18 here. This is your extra credit for a child born in 1992	19 170	
TO 20	TAL EARNED INCOME CREDIT Add lines 11, 16, and 19. Enter the total here and on Form 1040A, line 28c (or on Form 1040, line 56). This is your total earned income credit	20	

SCHEDULE SE

(Form 1040)

Self-Employment Tax

OMB No. 1545-0074 Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service

► See Instructions for Schedule SE (Form 1040).

► Attach to Form 1040.

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income ▶

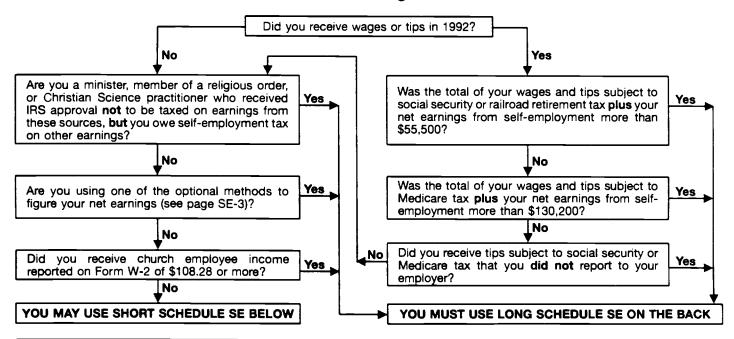
Who Must File Schedule SE

You must file Schedule SE if:

- Your wages (and tips) subject to social security AND Medicare tax (or railroad retirement tax) were less than \$130,200; AND
- Your net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were \$400 or more; OR
- You had church employee income (as defined on page SE-1) of \$108.28 or more.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed Form 4361 and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A—Short Schedule SE. Caution: Read above to see if you must use Long Schedule SE on the back (Section B).

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1_		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). See page SE-2 for other income to report	2_		
3	Combine lines 1 and 2	3		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	141 142	
5	Self-employment tax. If the amount on line 4 is:			
	• \$55,500 or less, multiply line 4 by 15.3% (.153) and enter the result.			
	 More than \$55,500 but less than \$130,200, multiply the amount in excess of \$55,500 by 2.9% (.029). Then, add \$8,491.50 to the result and enter the total. 			ŀ
	• \$130,200 or more, enter \$10,657.80.			
	Also, enter this amount on Form 1040, line 47	5		
	Note: Also, enter one-half of the amount from line 5 on Form 1040, line 25.			_

Child and Dependent Care Expenses

► Attach to Form 1040.

► See separate instructions.

OMB No. 1545-0068 Sequence No

Your social security number

Department of the Treasur/ Internal Revenue Service (X)

Name(s) shown on Form 1040

	<u> </u>				
Cau	ution: • If you have a cl	hild who was born in 19	92 and the amount on Form 1040 before completing this form.	, line 32, is less than \$	22,370, see A Change
	 If you paid casi 	h wages of \$50 or more	in a calendar quarter to an individ	lual for services perfor	med in your home, you
Pa	Persons or O	nployment tax return. Ge rganizations Who Propre space, use the bo	ovided the Care—You must o	omplete this part. (See the instructions.
				T	
1	(a) Care provider's name		(b) Address	(c) Identifying number	(d) Amount paid
		(number, street, apr	i. no., city, state, and ZIP code)	(SSN or EIN)	(see instructions)
<u> </u>	Add the amounts in co	olumn (d) of line 1		<u> </u>	
2	Next: Did you receive	employer-provided depe e Part III on the back no	endent care benefits?	<u>2</u>	
Рa		ld and Dependent Ca	era Evnancas		
3					
3	person. Caution: To	qualify, the persons cared qualify, the person(s) mu	for in 1992. See the instructions st have shared the same home w	to find out who is a quith you in 1992	ualifying ►
4	to find out which expen	nalified expenses you incurses qualify. Caution: If you benefits shown on line 25	urred and actually paid in 1992. See ou completed Part III on page 2, do	the instructions not include on	145
5		if you paid for the car		· · · · · ·	113
•		· · · · · · · · · · · · ·			
6			_ · · · · · 		
Ü	if any, from line 25.	III on page 2, enter the e	<u>6 </u>		
7	Subtract line 6 from line 14, and go to line 15	ne 5. If the result is zero	or less, skip lines 8 through 13; e	nter -0- on line	
8	Look at lines 4 and 7	. Enter the smaller of th	e two amounts here		
9			instructions for the definition of	earned income 9	
	Note: If you are not fi	ling a joint return, go to	"All other filers" on line 11 now.		
10	If you are filing a joint	return, you must enter y	our spouse's earned income. If you the amount to enter	our spouse was	
11		nt return, look at lines 8, 9			
• •	smallest of the three		, and to. Enter the	11	147
		at lines 8 and 9. Enter	the amaliar of the	· · · · · .	137
	two amounts here.	at lines o and s. Citter	the smaller of the		
12	Enter the amount from	n Form 1040 line 20		ı <i>/////</i>	
13			applies to the amount on line 12	13	×
		_		· · · · · .	
	<u>If line 12 is:</u>		If line 12 is: Decimal amo	ount is:	
	Over— But	t not er	Over- But not		
	\$0—10,		over— \$20,000—22,000 .24		
	10,000—12,0		22,000—24,000 .23		
	12,000—14,0 14,000—16,0		24,000—26,000 .22 26,000—28,000 .21		
	16,000—18,0	000 .26	28,000—No limit .20		
	18,000—20,0		1		
14		by the decimal amount			
15	Multiply any qualified	expenses for 1991 tha	t you paid in 1992 by the decim	al amount that	
	applies to the amoun	t on your 1991 Form 1	040, line 32, or Form 1040A, line		
12		attach a statement. See		15	
<u> 16</u>	Aud mies 14 and 15.	See the instructions for	the amount of credit you can clai	m 16	39

General Business Credit

► Attach to your tax return.

OMB No. 1545-0895

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

► See separate instructions.

Attachment Sequence No. 22 Identifying number

Pa	Tentative Credit		
12	Current year investment credit (Form 3468, Part I)	1a	43
b	Current year jobs credit (Form 5884, Part I)	1b	44
c	Current year credit for alcohol used as fuel (Form 6478)	1c	45
ď	Current year credit for increasing research activities (Form 6765, Part III)	1d	46
_	Current year low-income housing credit (Form 8586, Part I)	10	47
f	Current year enhanced oil recovery credit (Form 8830, Part I)	1f	
g	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 general business credit. Add lines 1a through 1h	11	
2	Passive activity credits included on lines 1a through 1h (see instructions)	2	
3	Subtract line 2 from line 1i	3	
4	Passive activity credits allowed for 1992 (see instructions)	4	-
_		-	
5	Carryforward of general business, WIN, or ESOP credit to 1992 (see instructions for the schedule to attach)	5	
6	Carryback of general business credit to 1992 (see instructions)	6	
7_	Tentative general business credit. Add lines 3 through 6	7	
Par			
	Individuals. Enter amount from Form 1040, line 40		
b	Corporations. Enter amount from Form 1120, Schedule J, line 3 (or Form 1120-A, Part I,		
	line 1)	8	
C	Other filers. Enter regular tax before credits from your return		
9	Credits that reduce regular tax before the general business credit—		
а	Credit for child and dependent care expense (Form 2441) 9a		
b	Credit for the elderly or the disabled (Schedule R (Form 1040)) 9b	_/////	
C	Foreign tax credit (Form 1116 or Form 1118)		
d	Possessions tax credit (Form 5735)		
0	Mortgage interest credit (Form 8396)		
f	Credit for fuel from a nonconventional source 91		
g	Orphan drug credit (Form 6765)		
h	Add lines 9a through 9g	9h	
10	Net regular tax. Subtract line 9h from line 8	10	
11	Tentative minimum tax (see instructions):		
а	Individuals. Enter amount from Form 6251, line 20		
b	Corporations. Enter amount from Form 4626, line 15	11	
	Estates and trusts. Enter amount from Form 1041, Schedule H, line 37		
12	Net income tax:		
а	Individuals. Add line 10 above and line 22 of Form 6251		
b	Corporations. Add line 10 above and line 17 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	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. Also enter this amount on Form 1040, line 44; Form 1120, Schedule J, line 4e; Form 1120-A, Part I, line 2a; or on the appropriate line of your 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	

Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

Sequence No. 72

General Instructions

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

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				13 min.
Learning about the				
law or the form				14 min.
Preparing the form.				11 min.
Copying, assembling	, a	nd		
sending the form to	the	IR	S	10 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.

Purpose of Form

Interest expense paid by an individual, estate, or a trust on a loan that is allocable to property held for investment (defined on page 2), 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, dividends, or capital gain distributions reported on Form 1040, line 14.
- You have no other deductible expenses connected with the production of interest, dividends, or capital gain distributions.
- Your investment interest expense is not more than your investment income, and
- You have no carryovers of investment interest expense from 1991.

Allocation of Interest Expense Under Temporary Regulations Section 1.163-8T

If you paid or accrued interest on a loan and you used the proceeds of the loan for more than one purpose, you may have to allocate the interest paid. This is necessary because of the different rules that apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 550.

Specific Instructions Line 1—Investment Interest Expense

Enter the investment interest paid or accrued during the tax year, regardless of when the indebtedness was incurred. Include interest paid or accrued on a loan (or part of a loan) that is allocable to property held for investment.

Be sure to include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include the following:

- Home mortgage interest,
- Interest expense that is properly allocable to a passive activity (see **Passive Activities** below),
- Any interest expense that is capitalized, such as construction interest subject to section 263A, or
- Interest expense related to tax-exempt interest income under section 265.

Passive Activities

Investment interest expense does not include any interest expense that is taken into account in determining your income or loss from a passive activity. However, interest expense that is properly allocable to portfolio income is investment interest expense and is not taken into account when determining your income or loss from a passive activity. Portfolio income includes income (not derived in the ordinary course of a trade or business) from interest, dividends, annuities, royalties, and net gain from the disposition of property held for investment. See the instructions for Schedule E (Form 1040) for the definition of passive activity.

Line 4—Net Investment Income

Net investment income is the excess, if any, of investment income over

Alternative Minimum Tax—Individuals

► See separate instructions.

19**92**Attachment
Sequence No. 32

OMB No. 1545-0227

Department of the Treasurv internal Revenue Service (X)

► Attach to Form 1040 or Form 1040NR.

Name	(s) shown on Form 1040	Your social security number					
_	Enter the amount from Form 1040 line 25 if lens than any	201.24			1	<u> </u>	$\overline{}$
1 2	Enter the amount from Form 1040, line 35. If less than zero, enter as a negative an				2		†
3	Net operating loss deduction, if any, from Form 1040, line 22. Enter as a positive a Overall itemized deductions limitation amount (see instructions).				3 (+
4	Combine lines 1, 2, and 3				4	148	+ -
5	Adjustments: (See instructions before completing.)	• •					
а	Standard deduction, if any, from Form 1040, line 34	5a					
b	Medical and dental expenses. Enter the smaller of the amount from Schedule A						
-	(Form 1040), line 4, or 2½% (.025) of Form 1040, line 32	5b					
С	Miscellaneous itemized deductions from Schedule A (Form 1040), line 24	5c					
d	Taxes from Schedule A (Form 1040), line 8	5d	_				
•	Refund of taxes	5e	()			
f	Certain home mortgage interest	5f					
g	Investment interest expense	5g					
h	Depreciation of tangible property placed in service after 1986	5h					
i	Circulation and research and experimental expenditures paid or incurred after 1986	5i					
j	Mining exploration and development costs paid or incurred after 1986	5j					ĺ
k	Long-term contracts entered into after 2/28/86	5k	_				
1	Pollution control facilities placed in service after 1986	51		<u> </u>			
m	Installment sales of certain property	5m					
n	Adjusted gain or loss	5n					
0	Incentive stock options ,	50					
P	Certain loss limitations	5p		\vdash			1
q	Tax shelter farm activities	5q		igwdown			
r	Passive activities	5r					
S	Beneficiaries of estates and trusts	5s		1		149	
t	Combine lines 5a through 5s				5t		
6	Tax preference items: (See instructions before completing.)	1 _	1	,			
а	Appreciated property charitable deduction	6a		+ -			
b	Tax-exempt interest from private activity bonds issued after 8/7/86	6b 6c	_				
C	Depletion	<u> </u>					
d	Accelerated depreciation of real property placed in service before 1987	6d 6e) 151	+			
•	Accelerated depreciation of leased personal property placed in service before 1987	6f					
T	Intangible drilling costs		<u>. </u>	1	/////// 6g	150	
_9	Add lines 6a through 6f				7		+
7	Combine lines 4, 5t, and 6g				8		
8 9	Energy preference adjustment for certain taxpayers. Do not enter more than 40%			ons	9		
10	Subtract line 8 from line 7				10		
11	Alternative minimum taxable income. Subtract line 10 from line 9. If married filing				11		
12	Enter: \$40,000 (\$20,000 if married filing separately; \$30,000 if single or head of ho				12		1
13	Enter: \$150,000 (\$75,000 if married filling separately; \$112,500 if single or head of				13		
14	Subtract line 13 from line 11. If zero or less, enter -0- here and on line 15 and go		•		14		
15	Multiply line 14 by 25% (.25)			•	15		
16	Exemption. Subtract line 15 from line 12. If zero or less, enter -0 If completing th			er ane			
10	14, see instructions for amount to enter				16		
17	Subtract line 16 from line 11. If zero or less, enter -0- here and on line 22 and skip				17		
18	Multiply line 17 by 24% (.24)		-		18		
19	Alternative minimum tax foreign tax credit. See instructions				19		
20	Tentative minimum tax. Subtract line 19 from line 18				20		
21	Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040 Form 4970 is entered on line 39 of Form 1040, also include the amount from Form	0, line	43. If an amoun		21		
22	Alternative minimum tax. Subtract line 21 from line 20. If zero or less, enter -0 1040, line 48. If completing this form for a child under age 14, see instructions for	. Enter	this amount on		22		

Passive Activity Loss Limitations

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

OMB No. 1545-1008

1992
Attachment
Sequence No. 88

Identifying number

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Pa	1992 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on	page 7	before completin	———— g Part I.	
Re see	ntal Real Estate Activities With Active Participation (For the de Active Participation in a Rental Real Estate Activity on page 3	finition	of active participa	777777777	
1a	Activities with net income (from Worksheet 1, column (a))	1a		+	
b	Activities with net loss (from Worksheet 1, column (b))	<u>1b</u>	(152		
С	Prior year unallowed losses (from Worksheet 1, column (c))	10			
d	Combine lines 1a, 1b, and 1c			1d	
	Other Passive Activities				
2a	Activities with net income (from Worksheet 2, column (a))	<u>2a</u>		+	
b	Activities with net loss (from Worksheet 2, column (b))	2b	152	 	
С	Prior year unallowed losses (from Worksheet 2, column (c))	2c	[(
d	Combine lines 2a, 2b, and 2c		<u></u>	2d	
Pai	Special Allowance for Rental Real Estate With A Note: Enter all numbers in Part II as positive amounts. (S	ctive F	articipation		s.)
5	Enter \$150,000. If married filing separately, see the instructions	. <u>5</u>	· · · · · · · · · · · · · · · · · · ·		
6	Enter modified adjusted gross income, but not less than zero (see instructions)	6			
	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.				
7	Subtract line 6 from line 5	. 7			
8	Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If instructions		d filing separately	, see	
9	Enter the smaller of line 4 or line 8		<u></u>	9	
Par	t III Total Losses Allowed				
10	Add the income, if any, on lines 1a and 2a and enter the total			10	
11	Total losses allowed from all passive activities for 1992. A instructions to find out how to report the losses on your tax returns to find out how to report the losses on your tax returns to the control of the contro	Add line	es 9 and 10. See	e the 11	153
For	Paperwork Reduction Act Notice, see separate instructions,	•	Cat. No. 63704F		Form 8582 (19

Credit For Prior Year Minimum Tax— Individuals and Fiduciaries

► Attach to your tax return.

OMB No. 1545-1073

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

Sequence No. 74
Identifying number

			_			_
Par	t I Net Minimum Tax on Exclusion Items		T			_
1	Enter the amount from line 4 of 1991 Form 6251. Form 1041 filers, see instructions	1_	-			
2	Enter adjustments and tax preference items treated as exclusion items. See instructions	2	<u> </u>			_
3	Minimum tax credit net operating loss deduction. See instructions	_3_	1			
4	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 \$155,000 and you were married filing separately for 1991, see instructions	4	-		- 	_
5	Enter the amount from line 12 of 1991 Form 6251. Form 1041 filers, enter \$20,000	<u>5</u>	<u> </u>			_
6	Enter the amount from line 13 of 1991 Form 6251. Form 1041 filers, enter \$75,000					_
7	and the second s					_
8	Multiply line 7 by 25% (.25)	8	↓			_
9	Subtract line 8 from line 5. If zero or less, enter -0 If completing for a child under 14, see instructions	9	ļ			_
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15, and go to Part II	10	+			_
11	Multiply line 10 by 24% (.24). Form 1040NR filers, see instructions	11	+			—
12	Minimum tax foreign tax credit on exclusion items. See instructions.	12				_
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	$\overline{}$			_
14	Enter the amount from line 21 of 1991 Form 6251, or line 38c of 1991 Form 8656	14	+-			
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15				_
Pa	Minimum Tax Credit and Carryforward to 1993	_	т—		—т—	_
16	Enter the amount from line 22 of 1991 Form 6251, or line 39 of 1991 Form 8656	16	$\overline{}$			—
17	Enter the amount from line 15 above	17	_		<u> </u>	_
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	$\overline{}$			—
19	1991 minimum tax credit carryforward. Enter the amount from line 26 of 1991 Form 8801	19	 	143		
20	Enter your 1991 unallowed credit for fuel produced from a nonconventional source, plus your		İ			
20	1991 unallowed orphan drug credit. See instructions	20	_			—
21	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21			_	—
22	Enter your 1992 regular income tax liability minus allowable credits. See instructions	22				—
23	Enter the amount from line 20 of 1992 Form 6251, or line 37 of 1992 Schedule H (Form 1041)	23				—
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	<u> </u>			
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on the		_		1	
	appropriate line of your 1992 tax return. See instructions	25		144		—
26	Minimum tax credit carryforward to 1993. Subtract line 25 from line 21. See instructions	20	5		L	—

General Instructions

(Section references are to the Internal Revenue Code.)

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 of the tax return with which this form is filed.

Purpose of Form

Form 8801 is used by individuals, trusts, and estates to compute 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 that may be used in future years.

Who Should File

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

- An AMT liability in 1991 and adjustments or tax preference items (other than exclusion items) in 1991;
- A minimum tax credit carryforward from 1991 to 1992; or

 A 1991 unallowed nonconventional source fuel credit or unallowed orphan drug credit (see the instructions for line 20).

Recordkeeping.—Use Form 8801 each year to see if you have a minimum tax credit and to keep track of any credit carryforward (see line 26 of your 1991 Form 8801).

Specific Instructions

The AMT is attributable to two types of adjustments and tax preference items—"exclusion items" and "deferral items." The minimum tax credit is allowed only on the AMT attributable to deferral items.

Deferral items are generally adjustments and tax preference items that do not cause a permanent difference in taxable income over a number of years. An example is depreciation. **Exclusion items**, on the other hand, cause a permanent difference in taxable income. An example is the standard deduction.

U.S. Individual Income Tay Return M

1992

1040A	U.S. Individual Income	iax Return 🔯	I 992 IRS Use	Only-Do not write or staple in this space.
Label		_		OMB No. 1545-0085
(See page 14.)	Your first name and initial	Last name		Your social security number
Use the IRS E	If a joint return, spouse's first name and initial	Last name		Spouse's social security number
Otherwise, please print H	Home address (number and street). If you have	a P.O. box, see page 15.	Apt. no.	For Privacy Act and Paperwork
RE	City, town or post office, state, and ZIP code, If	State		Reduction Act Notice, see page 4.
	Presidential Election Cam Do you want \$1 to go to this if If a joint return, does your spo	fund?		Note: Checking "Yes" will not change your tax or reduce your refund.
Check the box for your filing	 Single Married filing joint ret Married filing separate 	e return. Enter spous	· ·	MARS umber
Status (See page 15.)	above and full name 4 Head of household (value but not your depende	vith qualifying perso		the qualifying person is a child
Check only one box.				➤ 19). (See page 17.)
Figure your	6a Vourself. If your parent (or return, do not of		you as a dependent on his o check the box on line 18t	o on page 2. Checked on Se and 6b
exemptions (See page 18.)	C Dependents: (1) Name (first, initial, and last name)	(2) Check (3) if age 1 o dependent's age 1 security nu	social relationship to	(5) No. of months lived in your home in 1992
if more than seven dependents,				Ilved with XCLPH you didn't live
see page 21.				with you due to divorce or separation (see page 21)
		: :		No. of other dependents
	 d If your child didn't live wire under a pre-1985 agreer Total number of exemption 	nent, check here		Add numbers entered on lines above
Figure your total	7 Wages, salaries, tips, etc form(s). Attach Form(s) V		own in box 10 of you	ur W-2 7 2
income	8a Taxable interest income attach Schedule 1, Part	1.		ete and 8a 3
Attach Copy B of	b Tax-exempt interest. DO NO 9 Dividends. If over \$400, a			
your Forms W-2 and 1099-R here.	10a Total IRA distributions. 10a		10b Taxable amo (see page 25	i). 10b ¹²
If you didn't get a W-2, see page 22.	11a Total pensions and annuities. 11a	13	11b Taxable amo (see page 25	- A
Attach check or	12 Unemployment compens 13a Social security		13b Taxable amo	unt
money order on top of any Forms W-2 or 1099-R.	benefits. 13a 14 Add lines 7 through 13b (far	right column). This is v	(see page 29	<u>).</u> 136 ±2
Eigen	15a Your IRA deduction from			
Figure	b Spouse's IRA deduction			
your adjusted	sheet. Note: Rules for IRAs c Add lines 15a and 15b.	s begin on page 31.	15b 24	(15c) 21
gross income	16 Subtract line 15c from line If less than \$22.370, see	e 14. This is your adj	usted gross income.	

Name(s) shown o	n pag	e 1				You	r social security number	
							: ;	
Figure		<u>17</u>	Enter the amount from line 16.				17	_
your standard deduction	ì.		Check You were 65 or older Blind if: Spouse was 65 or older Blind	boxes chec	ked ► 18a		AGEX	
exemption amount,	•		If your parent (or someone else) can claim check here		▶ 18b		nsī	
and			If you are married filing separately and you and itemizes deductions, see page 3	ur spouse files	Form		_	
taxable income		19	Enter the standard deduction shown be if you checked any box on line 18a or standard deduction. If you checked box	low for your fil	ing status. E	Rut	•	
			● Single—\$3,600 ● Head of househo	old—\$5,250				
			 Married filing jointly or Qualifying widow 	w(er)—\$6,000				1
			 Married filing separately—\$3,000 				19 30	İ
		20	Subtract line 19 from line 17. (If line 19 is	more than lin	e 17. enter -	-0)	20	+
		<u>21</u>	Multiply \$2,300 by the total number of ex	cemptions clair	ned on line	6e.	21 31	_
		22	Subtract line 21 from line 20. (If line 21 i	s more than lir	ne 20, enter	-0)		
		23	This is your taxable income.			<u> </u>	22 32	
Figure		23	Find the tax on the amount on line 22. C Tax Table (pages 48-53) or Forn		27			
your tax,		24a	Credit for child and dependent care expe	n 8615 (see pa	ige 37).	Γ –	23 34	┵
credits,			Complete and attach Schedule 2.		20	ŀ		
and		b	Credit for the elderly or the disabled.		39	<u> </u>	-	
payments			Complete and attach Schedule 3.	24b	40			
If you want the		<u>C</u>	Add lines 24a and 24b. These are your to	otal credits.				1
IRS to figure your tax, see		25	Subtract line 24c from line 23. (If line 24c is	more than line	23, enter -0))	25	†
the instructions		26	Advance earned income credit payments	from Form W-	-2.		26	
for line 22 on page 36.		27	Add lines 25 and 26. This is your total ta			▶	27	
p_g0 00.		28a	Total Federal income tax withheld. If any		58		60 Amount	
		h	is from Form(s) 1099, check here. ▶ ☐	20a			paid with	
			1992 estimated tax payments and amo applied from 1991 return.	28b			Form 4868	
		C	Earned income credit. Complete and atta Schedule EIC.	ach 28c		_	•	
		d	Add lines 28a, 28b, and 28c. These are y	our total payn	nents.	▶	28d	1
Figure		29	If line 28d is more than line 27, subtract I	ine 27 from lin	e 28d.			
your			This is the amount you overpaid.				₂₉ 65(-)	
refund or		30_	Amount of line 29 you want refunded to				30	
amount		31	Amount of line 29 you want applied to you 1993 estimated tax.					
you owe		32		31	66			
Attach check or		U E	If line 27 is more than line 28d, subtract line amount you owe. Attach check or money of	3 280 from line order for full arm	27. This is th	ne o to		
money order on top of Form(s)			the "Internal Revenue Service". Write your	name, address.	social secur	e lo itv		1
W-2, etc., on			number, daytime phone number, and "1992	Form 1040A" (on it.	,	₃₂ 65(+)	
page 1.		<u>33</u>	Estimated tax penalty (see page 41).	33				<u> </u>
Sign your return		or penal belief, ti knowled	ties of perjury, I declare that I have examined this return and ney are true, correct, and complete. Declaration of preparer ige.	d accompanying sch- other than the taxpa	edules and stater yer) is based on	ments, all info	and to the best of my known and to the best of my known and the prep	owledge arer has
Keep a copy of	7	Your siq		Date	Your occupation	on		
this return for your records.	•	Spouse	's signature. If joint return, BOTH must sign.	Date	Spouse's occu	pation		
Paid preparer's	signa			Date	Check if self-employed		Preparer's social securit	ty no.
use only	if self	f-emplo	(or yours yed) and		E.I. No.			
	addre		7		ZIP code			

Child and Dependent Care Expenses for Form 1040A Filers (x)

1992

OMB No. 1545-0085

Name(s) shown on Form	n 1040)A				Your socia	security num	nber	
	Cau	\$22,37 0 , :	see A change to no	orn in 1992 and the an Ite on page 56 before () or more in a calendar	completing t	his schedi	ule.		
		<u>p</u> erfor med	d in your home, you	must file an employme	nt tax return	. Get Fon	m 942 for	details.	
Part I	_1	(a) Care provid name		(number, street, apt. no., tate, and ZIP code)	(c) Ident number (SS		(d) Amo (see pa	unt paid age 57)	
Persons or organizations who provided									
the care									
You MUST complete this part. (See page 57.)	_2	(If you need mor Add the amounts	2						
	_	Next: Did you re YES. Cor NO. Corr							
Part II Credit for child	3	Enter the number of qualifying persons cared for in 1992. You must have shared the same home with the qualifying person(s). See page 57 to find out who is a qualifying person.							
and dependent care expenses	4	Enter the amount paid in 1992. Se Caution: If you co							
	5	Enter \$2,400 (\$4	y excluded benefits ,800 if you paid for			4_	145		
		of two or more qualifying persons). 5 If you completed Part III on page 2, enter the							
		excluded benef							
	7	Subtract line 6 from line 5. If line 6 is equal to or more than line 5, STOP HERE; you cannot claim the credit.					_		
	8	Look at lines 4 a	8						
		You must enter your earned income . See page 58 for the definition of earned income.							
		Note: If you are n							
	10	If you are filing a joint return, you must enter your spouse's earned income. If your spouse was a student or disabled, see page 59 for the amount to enter.							
	11	 If you are filing a joint return, look at lines 8, 9, and 10. Enter the smallest of the three amounts here. All other filers, look at lines 8 and 9. Enter the smaller of the two amounts here. 							
							147		
	12	Enter the amoun	11_						
	13	Enter the decimaline 12.	on						
		If line 12 is—	Decimal	If line 12 is—	Decima	ıl			
		But not Over over	amount i s —	But not Over over	amoun i s —	t			
		\$0—10,000	.30	\$20,00022,000	.24	_			
		10,000—12,000	.29	22,000—24,000	.23				
		12,000—14,000	.28	24,000—26,000	.22				
		14,000—16,000	.27	26,000—28,000	.21				
		16,000—18,000 18,000—20,000	.26 .25	28,000No limit	.20	13		×	
	14	Multiply line 11 above by the decimal amount on line 13. Enter the result here and on Form 1040A, line 24a.			14	= 39			

Income Tax Return for

1040EZ Single Filers With No Dependents 🖎

1992

OMB No. 1545-0675

Name & address	Use the IRS label (see page 10). If you don't ha	Please print your numbers like this:			
	Print your name (first, initial, last)		9876543210		
	Home address (number and street). If you have a P.O. box, see	page 10 Apt. no.	Your social security number		
	City, town or post office, state, and ZIP code. If you have a fore	eign address, see page 10.			
	Please see instructions on the back. Also Form 1040EZ booklet.	Yes No			
	Presidential Election Campaign (See page 10.)	Elect			
	Do you want \$1 to go to this fund?	not change your tax or reduce your refund.	Dollars Cents		
Report your income	1 Total wages, salaries, and tips. This shou box 10 of your W-2 form(s). Attach your V		\square , \square 2. \square		
Attach Copy B of Form(s) W-2 here. Attach tax	2 Taxable interest income of \$400 or less. I more than \$400, you cannot use Form 10				
payment on top of					
Form(s) W-2.	3 Add lines 1 and 2. This is your adjusted 4 Can your parents (or someone else) claim you		لـــــا. لغلــــــا, لـــــــــا		
Note: You must check Yes or No.	Yes. Do worksheet on back; enter amoun No. Enter 5,900.00. This is the total standard deduction and persons	t from line E here. l of your			
	30	31-			
	5 Subtract line 4 from line 3. If line 4 is largenter 0. This is your taxable income.	ger than line 3,	32		
Figure your tax		_	Excess FICA: 61		
	6 Enter your Federal income tax withheld your W-2 form(s).				
	7 Tax. Look at line 5 above. Use the amou find your tax in the tax table on pages 22 booklet. Then, enter the tax from the tab	2-24 of the	1 , 1 314. 1		
Refund or amount	8 If line 6 is larger than line 7, subtract line This is your refund.	0,065			
you owe	9 If line 7 is larger than line 6, subtract line 6 from line amount you owe. Attach your payment for full am "Internal Revenue Service." Write your name, address number, daytime phone number, and "1992 Form 10".	□ · □ 65 · □			
Sign your	I have read this return. Under penalties of that to the best of my knowledge and belief correct, and complete.	For IRS Use Only — Please do not write in boxes below.			
return Keep a copy of this form for your records.	Your signature	Date			
	x	Your occupation			