General Description Booklet

for the

1984 INDIVIDUAL TAX MODEL FILE

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INTRODUCTION

The Internal Revenue Service 1984 Tax Model File (94,385 records) was selected as part of the Statistics of Income program that was designed to tabulate and present statistical information for the 99,438,708 Form 1040, Form 1040A, and Form 1040EZ Federal Individual Income Tax Returns filed for Tax Year 1984.

The Tax Model 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 purchased in an unidentifiable form, with names, Social Security Numbers (SSN), and other similar information omitted. The primary uses made of these files have been to simulate the administrative and revenue impact of tax law changes, as well as to provide general statistical tabulations relating to sources of income and taxes paid by individuals.

The Individual Tax Model File is designed for making national level estimates. The 1984 Tax Model File can be purchased through the Internal Revenue Service, Statistics of Income Division. Any questions concerning the cost and acquisition of the current tax model file should be directed to:

Dr. Fritz Scheuren, Director Statistics of Income Division D:R:S Internal Revenue Service 1111 Constitution Ave., N.W. Washington, D.C. 20224 (202) 376-0216

In order 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 Model.

First, in order to make sure that no record can be identified with 100 percent certainty, we have subsampled our 100 percent sample 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 (returns with an adjusted gross income of \$200,000 or more) 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 that been removed include: age and blindness indicators (for both primary and secondary taxpayers), total exemptions other than age or blindness, alimony paid, and alimony received. Also, certain codes (number of age exemptions, marital status, and exemptions for children living at home) have been modified (see section on Code and Amount Element Definitions for specific changes).

Then, all of the high income returns have been sorted from largest to smallest for the field of state and local income tax deductions. In this field, for every three records, in descending order, the average state and local income tax 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 less than three, these records have been combined with the group of three immediately before it. This method of disguising data is called blurring. The field for personal property tax deductions has also been blurred exactly as described above for all high income returns.

High income returns have then been separated into 35 different classes based on age, marital status, the number of children living at home, and the size of salaries and wages. Within each of these 35 classes, returns have been sorted on salaries and wages. This field has then been blurred over consecutive records as described above for state and local income tax deductions. However, records have only been averaged with other records in the same class. Therefore, records within one of the 35 classes have not been averaged with records in any of the other 34 classes. The file is 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. 1/

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 sorted by State. After this sort, the records have been blurred for real estate tax deductions, alimony paid, alimony received, and state and local income taxes (State of Wisconsin, only, for this last item) in the same manner as described above. The only difference between these records and the high income returns is that the lower income returns have been sorted for each field by individual State with no records from two different states being combined when averaging a field over a series of records.

1/F or greater details on this and other disclosure protection techniques used by the Statistics of Income Division, see:

Strudler, Michael; Oh, H. Lock; and Scheuren, Fritz. (1987)
"Protection of Taxpayer Confidentiality on the IRS Tax Model." Statistics of Income and Related Administrative Record Research: 1986, Internal Revenue Service.

Fourth, for all records on the file, the following changes have been made:

The fields containing total miscellaneous deductions, other net income less loss and total taxes paid deductions have been deleted and marked as "reserved." Motor vehicle tax deductions and general sales tax deductions have been combined and placed in the field for general sales tax deductions. For high income returns, this combined field has been blurred. 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).

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

Machine Readable Archives Division National Archives and Records Service General Services Administration Washington, D.C. 20408 (202) 523-3267

The Archives order number for any of the above-mentioned historical Tax Model files is 374-109-(A). In addition to the order number, the requestor 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 Model Sample Description" for a more detailed discussion of the Tax Model file.

CORE RECORD LAYOUT

(CODE AND AMOUNT ELEMENT DEFINITIONS)

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

```
1.
     AGEX
                                 21.
                                      SCHB
2.
     AGIR1
                                 22.
                                      SCHCF
3.
     CGIND
                                 23.
                                      SCHE
                                 24.
                                      SCHW
4.
     RESERVED
                                 25.
5.
     CYCLE
                                      SPECTX
                                      STATE 1/
                                 26.
     DEPINC
6.
7.
     EIC:
                                 27.
                                      TFORM
                                 28.
                                      TOTTXSZ
8.
     ELECT
     FDED
9.
                                 29.
                                      TXNT
                                 30.
                                      TXRT
10.
     FLPDYR
11.
     FLPDMO
                                 31.
                                      TXST
                                 32.
12.
     F2119
                                      W2IND
                                      XFPT 1/
13.
     F2441
                                 33.
                                      XFST 1/
14.
     F5695
                                 34.
                                 35.
                                      XOCAH
15.
     F6251
                                      XOCAWH
16.
     GENBUS
                                 36.
17.
                                      XOODEP
     MARS
                                 37.
18.
     PREP
                                 38.
                                      XOPAR
                                      XOTHER 1/
19.
     PSV
                                 39.
20. REGION \frac{1}{}
                                 40.
                                      XTOT
```

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

- ADJUSTED GROSS INCOME (DEFICIT) (AGI) (+/-) 1.
- SALARIES AND WAGES $\frac{2}{}$ 2.
- 3. INTEREST RECEIVED
- DIVIDENDS RECEIVED 4.
- 5. DIVIDEND EXCLUSION
- DIVIDENDS INCLUDED IN AGI
- STATE INCOME TAX REFUNDS ALIMONY RECEIVED $\frac{3}{2}$ 7.
- 8.
- 9. BUSINESS OR PROFESSION (SCHEDULE C) NET PROFIT/LOSS (+/-)
- 10. NET CAPITAL GAIN OR LOSS (+/-)
- CAPITAL GAIN DISTRIBUTIONS NOT REPORTED ON SCHEDULE D 11.
- 12. SUPPLEMENTAL SCHEDULE NET GAIN OR LOSS (+/-)
- 13. PENSIONS AND ANNUITIES FULLY INCLUDED IN AGI
- 14. TOTAL PENSIONS AND ANNUITIES NOT FULLY INCLUDED IN AGI
- 15. PENSIONS AND ANNUITIES NOT FULLY INCLUDED IN AGI THAT PART IN AGI
- SCHEDULE E NET INCOME OR LOSS (+/-) 16.
- 17. FARM (SCHEDULE F) NET PROFIT/LOSS (+/-)
- 18. GROSS UNEMPLOYMENT COMPENSATION
- 19. UNEMPLOYMENT COMPENSATION IN AGI
- 20. GROSS SOCIAL SECURITY BENEFITS
- 21. SOCIAL SECURITY BENEFITS IN AGI

STATUTORY ADJUSTMENTS 22. MOVING EXPENSE 23. **EMPLOYEE BUSINESS EXPENSE** 24. PAYMENTS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) PAYMENTS TO KEOGH ACCOUNTS 25.

- 26. FORFEITED INTEREST PENALTY
- ALIMONY PAID $\frac{3}{}$ 27.
- 28. DEDUCTION FOR WORKING MARRIED COUPLE
- 29. TOTAL SELF-EMPLOYMENT INCOME
- 30. SELF-EMPLOYMENT INCOME, SECONDARY TAXPAYER
- 31. SELF-EMPLOYMENT TAX, PRIMARY TAXPAYER
- 32. SELF-EMPLOYMENT TAX, SECONDARY TAXPAYER
- EXCESS ITEMIZED DEDUCTIONS (-) / UNUSED ZBA (+) 33.
- 34. CHARITABLE CONTRIBUTIONS DEDUCTION FOR NONITEMIZERS
- 35. TAX TABLE INCOME BEFORE EXEMPTIONS
- **EXEMPTION AMOUNT** 36.
- 37. ZERO BRACKET AMOUNT (ZBA)
- 38. TAXABLE INCOME (OLD CONCEPT WITHOUT ZBA)
- 39. TAXABLE INCOME
- 40. TAX GENERATED
- 41. COMPUTED REGULAR TAX
- 42. INCOME TAX BEFORE CREDITS (SOI)
- INCOME SUBJECT TO TAX (OLD CONCEPT) 43.
- 44. INCOME SUBJECT TO TAX

CREDITS

- 45. GENERAL BUSINESS
- 46. ELDERLY AND DISABLED
- 47. FOREIGN TAX
- 48. INVESTMENT (INCLUDED IN GENERAL BUSINESS CREDIT, TO CALCULATE TOTAL TAX CREDITS, ONLY USE THE GENERAL BUSINESS CREDIT)
- 49. POLITICAL CONTRIBUTIONS
- 50. CHILD CARE
- 51. JOBS (INCLUDED IN GENERAL BUSINESS CREDIT)
- 52. RESIDENTIAL ENERGY
- 53. RESEARCH AND EXPERIMENTATION
- 54. EIC USED TO OFFSET INCOME TAX BEFORE CREDITS
- 55. OTHER
- 56. TOTAL TAX CREDITS (SOI)
- 57. TOTAL TAX LIABILITY (SOI)
- 58. TOTAL INCOME TAX
- 59. INCOME TAX AFTER CREDITS (SOI)
- 60. MARGINAL TAX BASE
- ALTERNATIVE MINIMUM TAX (SOI) 61.
- 62. SELF-EMPLOYMENT TAX

- 63. TAX FROM RECOMPUTING PRIOR YEAR INVESTMENT CREDIT
- 64. SOCIAL SECURITY TAX ON TIP INCOME
- 65. PENALTY TAX ON IRA
- 66. TOTAL TAX PAYMENTS (SOI)
- 67. INCOME TAX WITHHELD
- 68. ESTIMATED TAX PAYMENTS
- 69. AMOUNT PAID WITH FORM 4868
- 70. EXCESS FICA/RRTA
- 71. CREDIT FOR FEDERAL TAX ON SPECIAL FUELS AND OILS
- 72. REGULATED INVESTMENT COMPANY CREDIT
- 73. BALANCE DUE (OVERPAYMENT) (+/-)
- 74. CREDIT ELECT
- 75. EARNED INCOME FOR EARNED INCOME CREDIT (EIC)
- 76. EIC USED TO OFFSET ALL OTHER TAXES EXCEPT ADVANCE EIC
- 77. EIC REFUNDABLE PORTION

GENERAL BUSINESS CREDIT: (FORM 3800)

- 78. JOBS CREDIT
- 79. ALCOHOL FUEL CREDIT
- 80. ESOP CREDIT
- 81. CURRENT YEAR GENERAL BUSINESS CREDIT
- 82. CREDITS CARRIED FORWARD FROM PREVIOUS YEAR
- 83. TENTATIVE GENERAL BUSINESS CREDIT
- 84. OTHER TAX CREDITS

ITEMIZED DEDUCTIONS:

MEDICAL AND DENTAL EXPENSE DEDUCTIONS

- 85. TOTAL MEDICAL AND DENTAL EXPENSE DEDUCTION
- 86. MEDICINE AND DRUGS
- 87. OTHER MEDICAL AND DENTAL EXPENSES
- 88. EXPENSES SUBJECT TO REDUCTION BY 5% OF AGI

89-90 RESERVED

TAXES PAID DEDUCTIONS

- 91. RESERVED
- 92. STATE AND LOCAL INCOME TAXES 2/
- 93. REAL ESTATE TAX DEDUCTIONS $\frac{4}{}$
- 94. GENERAL SALES TAX 2/ (COMBINATION OF MOTOR VEHICLE TAX DEDUCTION AND GENERAL SALES TAX DEDUCTION)
- 95. RESERVED
- 96. PERSONAL PROPERTY TAX $\frac{2}{}$
- 97. OTHER
- 98. TOTAL INTEREST PAID DEDUCTION
- 99. HOME MORTGAGE INTEREST PAID DEDUCTION

CHARITABLE CONTRIBUTIONS DEDUCTIONS

- 100. TOTAL CONTRIBUTIONS
- 101. CASH UNDER \$3,000
- 102. CASH OF \$3,000 OR MORE
- 103. OTHER THAN CASH
- 104. CARRYOVER
- 105. RESERVED
- 106. NET CASUALTY OR THEFT LOSS
- 107. TOTAL ITEMIZED DEDUCTIONS

CAPITAL GAINS (SCHEDULE D)

- 108. CURRENT SHORT-TERM GAINS
- 109. CURRENT SHORT-TERM LOSSES
- 110. POST 1969 SHORT-TERM LOSS CARRYOVER
- 111. RESIDENCE GAIN
- 112. CURRENT LONG-TERM GAIN
- 113. CURRENT LONG-TERM LOSSES
- 114. POST 1969 LONG-TERM LOSS CARRYOVER
- 115. SCHEDULE D CAPITAL GAIN DISTRIBUTIONS
- 116. FORM 4797 GAINS
- 117. ADDITIONAL LOSSES DUE TO PRE-1970 CARRYOVER COMBINED CAPITAL GAINS
- 118. EXCLUDED LONG-TERM GAINS
- 119. COMBINED NET CAPITAL GAINS LESS LOSS (+/-)

SUPPLEMENTAL INCOME (SCHEDULE E)

RENT AND ROYALTIES

- 121. FARM RENT NET INCOME OR LOSS (+/-)
- 122. DEPRECIATION OR DEPLETION
- 123. RENT NET INCOME OR LOSS (+/-)
- 124. ROYALTY NET INCOME OR LOSS (+/-)

PARTNERSHIPS

- 125. TOTAL INCOME
- 126. TOTAL LOSS
- 127. EXPENSE DEDUCTION

ESTATE OR TRUST

- 128. TOTAL INCOME
- 129. TOTAL LOSS

SMALL BUSINESS CORPORATION

- 130. TOTAL INCOME
- 131. TOTAL LOSS

- 132. WINDFALL PROFIT TAX REFUND
- 133. WINDFALL PROFIT TAX DEDUCTION

CHILD CARE CREDIT (FORM 2441)

- 134. QUALIFYING INDIVIDUALS' LIMITATION
- 135. EARNED INCOME
- 136. EARNED INCOME LIMITATION
- 137. CREDIT BASED ON PRIOR YEAR EXPENSES

DEDUCTION FOR MARRIED COUPLE

- 138. PRIMARY QUALIFIED EARNED INCOME
- 139. SECONDARY QUALIFIED EARNED INCOME

FORM 6251

- 140. ALTERNATIVE MINIMUM TAX TOTAL DEDUCTIONS
- 141. TOTAL TAX PREFERENCES FROM FORM 6251
- 142. EXCLUDED LONG-TERM CAPITAL GAINS
- 143. ACCELERATED DEPRECIATION

RESIDENTIAL ENERGY (FORM 5695)

- 144. CURRENT EXPENDITURES, ENERGY CONSERVATION
- 145. PRIOR YEAR EXPENDITURES, ENERGY CONSERVATION
- 146. ADDITIONAL FEDERAL SUBSÍDIES, ENERGY CONSERVATION
- 147. CREDIT (BEFORE LIMITATION), ENERGY CONSERVATION
- 148. CURRENT EXPENDITURES, RENEWABLE ENERGY
- 149. PRIOR YEAR EXPENDITURES, RENEWABLE ENERGY
- 150. ADDITIONAL FEDERAL SUBSIDIES, RENEWABLE ENERGY
- 151. CARRYOVER FROM 1983
- 152. RESERVED
- 153. RESERVED
- 154. RESERVED
- 155. RESERVED
- 156. RETURN ID
- 157. RESERVED
- 158. RESERVED
- 159. DECIMAL WEIGHT
- 160. INTEGER WEIGHT

 $\frac{1}{2}$ Only for lower income returns (returns with AGI less than \$200,000 and not in 100% sample).

2/ Blurred for high income returns (note: State and local income taxes is also blurred for low income returns in Wisconsin) see the Introduction for a more complete explanation.

 $\frac{3}{4}$ Blurred for lower income returns, reserved for high income returns.

4 Blurred for all returns

	CODE AND AMOUNT OF ELEMENT DEFINITIONS
AGEX*	Age Exemptions
	(Å) No exemptions00
	(B) Une exemption (Primary only)
	(C) One exemption (Secondary only)02
	(D) Two exemptions
AGIRI	Adjusted Gross Income Range B:
	NO ADJUSTED GROSS INCOME
	\$ 1 under \$ 1,00001
	\$ 1 under \$ 1,00001 \$ 1,000 under \$ 2,00002
	\$ 2,000 under \$ 3,000
	\$ 3,000 under \$ 4,000
	\$ 4,000 under \$ 5,000
	\$ 5,000 under \$ 6,000
	\$ 6,000 under \$ 7,000
	\$ 7,000 under \$ 8,000
	\$ 8,000 under \$ 9,00009 \$ 9,000 under \$ 10.000
	\$ 9,000 under \$ 10,000
	\$ 10,000 under \$ 11,000
	\$ 6,000 under \$ 7,000
	\$ 12,000 under \$ 13,00013
	\$ 13,000 under \$ 14,000
	\$ 14,000 under \$ 15,000
	\$ 15,000 under \$ 16,00016
	\$ 16,000 under \$ 17,000
	\$ 17,000 under \$ 18,00018
	\$ 18,000 under \$ 19,000
	\$ 19,000 under \$ 20,00020
	\$ 20,000 under \$ 25,00021
	\$ 25,000 under \$ 30,00022
	\$ 30,000 under \$ 40,00023
	\$ 40,000 under \$ 50,00024
	\$ 50,000 under \$ 75,00025
	\$ 75,000 under \$ 100,00026
	\$ 100,000 under \$ 200,000
	\$ 500,000 under \$1,000,00029
	\$1,000,000 or more
CGIND	Capital Gains Indicator
	emplication and the leader
	(A) No capital gain/loss
	(B) Capital gain/loss present
	- LOJ - UMDIUMI MUHH/1033 DICSCHUGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG

^{*}For high income returns, AGEX values of 2 or 3 have been changed to 1. 10

CYCLE	Cycle Code00-52
(A)	ned Income Credit Not present0 Present1
ELECT	President Elect Campaign Fund: (A) No boxes checked
FDED	Form of Deduction Code:
(B)	Itemized deduction
FLPD	Filing Period: (Accounting Period)
(A) (B)	YR - Calendar Year ended
F2119	Sale or Exchange of Principal Residence:
(A) (B)	No form attached
F2441	Child Care Credit:
(A) (B) (C)	No Form 2441 attached
F5695	Form 5695 (Residential Energy Credit):
(A) (B)	No form attached
F6251	Alternative Minimum Tax No Form 6251 attached to the return00 Form 6251 attached to the return

GENBUS	General Business Credit Form 3800 filed because more than one general business credit taken1 Jobs credit is only component of general business credit2 Investment credit is only component of general business credit3 Alcohol fuel credit is only component of general business credit4 Employee Stock Option Plan is only component of general business cr5
MARS*	Marital Status:
(A) (B) (C) (D) (E) (F)	Single
PREP	Tax Preparer
(A) (B) (C) (D) (E) (F) (G) (H)	No preparer other than taxpayer. Return prepared by paid tax preparer
PSV (A) (B) (C) (D) (E) (F)	Primary Stratifying Variable Sample Code 28 (AGI) and 38 (Schedule C net income)
REGION (A) (B) (C) (D) (E) (F) (G) (H)	IRS Regions Central Mid-Atlantic

^{*}For high income returns, MARS = 5 has been changed to MARS = 2.

(B)	Schedule B Indicator: Schedule B not present Schedule B present only
SCHCF	Schedule C or F Indicator:
(A) (B) (C) (D)	Neither Schedule C or F present. Schedule C present only. Schedule F present only. Schedule C and F present Schedule C Gross Receipts Larger. Schedule C and F present Schedule C and F present Schedule C and F present Schedule F Gross Receipts Larger.
SCHE (A) (B)	Schedule E Indicator No Schedule Present
SCHW (A) (B) (C)	Schedule W Indicator No Schedule W
SPECTX	Special Tax Computation:
(A) (B) (C) (D) (E) (F) (G) (H)	No entry

STATE

Code	e <u>STATE NAME</u>	Code	e <u>STATE NAME</u>	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 27 28	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska	29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 47 48 49 51 52 53 54 54 54	Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming APO/FPO Puerto Rico CP:IO Guam Virgin Islands	***
TFORM	Corrected Form of Ret	urn:		
(A) (B) (C)	1040 Return 1040A Return 1040EZ Return	• • • • •		1

Size of Total Income Tax Returns with no total income tax......00 \$1 under \$50.....01 \$50 under \$100......02 \$100 under \$200......03 \$200 under \$300.....04 \$300 under \$400......05 \$400 under \$500......06 \$500 under \$600.....07 \$600 under \$700......08 \$900 under \$1,000......11 \$1,000 under \$1,250.....12 \$1,750 under \$2,000.....15 \$2,500 under \$2,750......18 \$2,750 under \$3,000.....19 \$3,000 under \$3,500.....20 \$3,500 under \$4,000.....21 \$4,000 under \$5,000......22 \$5,000 under \$7,500.....23 \$7,500 under \$10,000.....24 \$25,000 under \$50,000......26 **TXNT** Taxable/Nontaxable Returns: Taxable Returns...... (A) Nontaxable Return.....2 Marginal Tax Rate.....0, 11-50 **TXRT TXST** TAX STATUS: No Tax...... (A) Regular Tax..... (B) (C) Non-Compute Regular Tax.....2 Non-Compute Nontaxable......3 (D) Schedule G (Income Averaging) Tax.....4 (E) Maximum/Regular Tax.....5 (F) Income Averaging/Alternative Tax.....6 (G) Maximum/Alternative Tax...... (H) Alternative Tax.....8 ÌΙΊ

TOTXSZ

W21ND	(A)	W2 Indicator Number of Forms W2 Present00-99
XFPT		Primary Taxpayer Exemption:
((A) (B) (C) (D)	Regular
XFST		Secondary Taxpayer Exemption:
((A) (B) (C) (D) (E)	No Secondary Taxpayer
XOCAH* A		Exemptions for Children Living at Home:
XOCAWH A	ctua	Exemptions for Children Living Away from Home:
XOODEP A		Exemptions of Other Dependents: 1 number claimed0-99
XOPAR Ad	ctua	Exemptions for Parents Living at Home or Away from Home: 1 number entered0-9
	A) (B) : C) : C) [Exemptions Other than Age or Blind One
XTOT Ac] ctual	Total Exemptions: I number punched01-99
*For hi to 3.	igh i	income returns, XOCAH with values greater than 3 have been changed

EXPLANATIONS OF ELEMENTS IN THE TAPE FILES

EXPLANATIONS OF ELEMENTS IN THE TAPE FILES

The following explanations define data elements contained in the 1984 Individual Tax Model File that have not been abstracted directly from a specific line on Forms 1040, 1040A, 1040EZ or the accompanying Schedules and Forms. Element 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 "1984 Federal Tax Forms" section of this booklet for further information.

Element Number	<u>Definition</u>
37	Zero Bracket Amount This amount was limited to the smaller of the statutory limit or Taxable Income (E39).
38	Taxable Income, Old Concept This is a computed amount equal to Adjusted Gross Income minus (Zero Bracket Amount or Total Itemized Deductions) minus Exemption Amount, but never less than zero. This concept does not include the Zero Bracket Amount, and as such is comparable to taxable income as shown for Tax Years prior to 1977. See (E39).
39	Taxable Income This is a computed amount equal to Adjusted Gross Income minus Excess Itemized Deductions (or plus unused Zero Bracket Amount) minus Exemption Amount. This concept includes the Zero Bracket Amount (Equivalent of the former Standard Deduction) and is thus not comparable to taxable income as shown for Tax Years prior to 1977. See (E70).
41	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.
43	Income Subject to Tax (Old Concept) Income Subject to Tax minus the Zero Bracket Amount.
44	Income Subject to Tax For taxpayers using the regular, alternative, or maximum tax computation methods, income subject to tax was the same as taxable income. For taxpayers using the income averaging method (Schedule G), income subject to tax was a reduced amount of taxable income computed for the statistics by working backwards from the tax itself.

Element Number	<u>Definition</u>
54	Earned Income Credit Used to Offset Income Tax Before Credits This amount was computed based on the lesser of: Earned Income Credit (E75) or Income Tax Before Credits minus all credits except the Earned Income Credit.
56	Total Tax Credits (SOI) Total credits from Form 1040 or 1040A plus the amount of Earned Income Credit used to offset Income Tax before Credits.
58	Total Income Tax Element (59) plus element (61).
59	Income Tax After Credits (SOI) Income Tax after Credits from Form 1040 or 1040A minus the amount of Earned Income Credit used to offset income tax before credits.
60	Marginal Tax Base This is the amount of income subject to tax at the highest tax rate applicable to the return (TXRT).
66	Total Tax Payments Total payments from 1040 or 1040A minus the total Earned Income Credit.
76-77	If Earned Income Credit (EIC) is greater than Income Tax Before Credits (E42), the following fields are computed:
:	76 - Earned Income Credit used to offset all other taxes. This value depends on whether the difference between EIC and EIC used to offset Income Tax Before Credit (E54) is less than the value calculated by Total Tax Liability minus Income Tax After Credits minus Advance Earned Income Credit payments. If it is less than this value, this field equals EIC minus E54. Also, E77 equals O. If this is not true, this field equals the value calculated by Total Tax Liability minus Income Tax After Credits minus Advance Earned Income Credit payments. Also, E77 is calculated (see below).
	77 - Earned Income Credit Refundable Portion This equals EIC minus E54 minus E76 (see above for definitions and conditions).
117	Additional Losses Due to Pre-1970 Carryover. See Form 4798, Line 30. If Line 30, Form 4798 exceeds Line 19 of Schedule D, this is the value.
118	Combined Capital Gains (Excluded Long-Term Gains). Sum of Line 22, Schedule D and 1.5 times Line 14, Form 1040.

Element Number	<u>Definition</u>
119	Combined Capital Gains (combined net Capital Gain Less Loss). Sum of Line 19, Schedule D, plus 2.5 times Line 14, Form 1040.
120	Combined Capital Gains (combined Long-Term Gains Included in AGI). If Net Short-Term Capital Gain are positive, the difference between Line 19, Schedule D and Excluded Long-Term Gains (El19 above). If Net Short-Term Capital Loss, subtract Line 8, Schedule D from above.
159 - 160	Weight:
	(a) Decimal - 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 2 decimal places) The decimal place is implied. If used, divide by 100.
	(b) Integer - A method of estimation in which the decimal weight is converted to an integer weight and then applied to each return.

TECHNICAL DESCRIPTION OF THE FILE

TECHNICAL DESCRIPTION OF THE FILES

Each "data record" in the file, representing one tax return, is composed of 1,680 characters. Blocks are made up of 6 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 Interchange on standard 2,400 foot, 1/2 inch, nine-track tape, and a density of 6,250 bytes per inch (BPI). In this mode, a 1-bit and 0-bit are recorded as signals of opposite polarity in ODD parity (a parity bit is set to 1 or 0 so that there is always an ODD number of 1-bits in a nine-bit character).

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 decimal value is 99 with leading zeroes. The fields in the file are 10 characters in length with leading zeroes. Weight factors are provided to accommodate either a decimal or an integer weighting system.

The file is a single data set on multiple volumes and is UNLABELLED (EBCDIC) or LABELLED (Interchange).

INDIVIDUAL TAX MODEL SAMPLE DESCRIPTION

Sources of the Data

The data in the 1984 Individual Tax Model 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 National Computer Center and was processed in each of the ten Internal Revenue Service Centers during Calendar Year 1985. The total sample of 94,385 returns was selected from a population of 99,438,708 returns.

The estimates that could be obtained from this file are intended to represent all returns filed for Income Year 1984. While most of the returns processed during 1985 were for Calendar Year 1984, a few were for prior years. Returns for prior years were used in place of 1984 returns received and processed after December 31, 1985. 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 that were processed in 1985.

All returns processed during 1985 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 on, while amended returns were excluded because the original returns had already been subjected to sampling.

Sample Criteria and Selection

Form 1040, 1040A and 1040EZ returns filed and processed into the Internal Revenue Service's Individual Master File System at NCC during 1985 were stratified, by computer, into 33 sample strata based on: the presence or absence of a Schedule C, Profit (or Loss) from Business or Profession; presence of Schedule F, Profit (or Loss) from Farms; the larger of total income or loss, and the size of business plus farm receipts; size of Positive Amounts Total income (the sum of specified income amounts valued greater than zero) or the size of Negative Amounts Total income (the sum of loss amounts only). Returns were then selected from the sample strata using the coding digits of the Social Security Number (SSN) at rates ranging 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. All decimal sampling weights were then converted to "integer weighting factors," which were placed on each sample return. For example, if a decimal weight of 44.24 was computed for a stratum, 24 percent

of the sample returns in the stratum were systematically given a weighting factor of 45, and 76 percent a weight of 44. The file can be weighted with either decimal or integer weights.

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 to 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. Prior to tabulation of the data at the IRS Data Center, additional computer tests were applied to each return record to determine the need for adjustments to the data. Also, as a further check on processing, the IRS Data Center conducted an independent reprocessing of a small subsample of the returns previously processed for the study.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:

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 (ELEMENT REFERENCE NUMBERS)

FIELD NUMBERS

Field Numbers presented on the tax forms and schedules lines can be used to cross reference to the Core Record Layout. An example of this is line 7 on the Form 1040 which has a field number of 2.

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 example below.

- -- Core Record Layout --
- 1. ADJUSTED GROSS INCOME (DEFICIT) (AGI) (+/-)
- 2. SALARIES AND WAGES 2/
- 3. INTEREST RECEIVED
- 4. DIVIDENDS RECEIVED

Another example, Line 8 (a), Interest Income, on the Form 1040 (see below) has a field number of 3. This field number is cross referenced to the Interest income line on the Core Record Layout, which contains the number 3 to the left of the line (see above).

8a Interest Income ----- 3

Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

Jse RS	Your first	name a	nd initial (if joint return, also give spouse's name and initial) Last name	, Gui s	ocial security number	
หอ abel. Other vise,	Present h	Spous	Spouse's social security number			
iease	City tow	n or nos	t office, State, and ZIP code Your occupation	_		
rint r type.	.City, tow	,, o, pos	Spouse's occupation			
	dial .	\ D	o you want \$1 to go to this fund?	No I	Note: Checking "Yes" will	
residen	rtiai Campaign		joint return, does your spouse want \$1 to go to this fund?. Yes	No	not change your tax reduce your refund.	
ICCHOIL	Campaign	. —	For Privacy Act and Paperwork Re	duction A	ct Notice, see Instruction	
:::: (Status	1	Single			
iling S	otatus	2	Married filing joint return (even if only one had income)			
heck or	niv	3	Married filing separate return. Enter spouse's social security no. above and full name here. Head of household (with qualifying person). (See page 5 of Instructions.) If the qualifying	ing nerso	n is your unmarried chi	
ne box.		4 .		 p. 0		
		5	but not your dependent, write child's name here. Qualifying widow(er) with dependent child (Year spouse died ▶ 19). (See page 6	of Instru	ctions.)	
- · · ·			Yourself XFPT 65 or over Blind	·)	Enter number of	
Evamo	tions	6a		}	boxes checked on 6a and b	
Exemp	เเบแว	, b	Shorze VI 21)	Enter number	
liways c		С	First names of your dependent children who lived with you XOCAH	}	of children	
he box i			Other dependents: (2) Relationship months lived have income of more than on			
Check of	ther	u	Other dependents: (1) Name (2) Relationship months lived have income of more than on dependent's factors more than on dependent's months lived have income of more than on dependent's factors more than on more than on		Enter number of other	
boxes if t apply.	tney	V C	CAWH XOPAR		dependents >	
C. A.		VC	ODED		Add numbers entered in	
		^\ e	Total number of exemptions claimed (also complete line 36). XT 0T.		boxes above >	
			Wages, salaries, tips, etc.		2	
incom	e .		Interest income (also attach Schedule B if over \$400)	8	3	
	•		Dividends (also attach Schedule B if over \$400) 4 , 9b Exclusion 5		6	
Please a		, حو	Subtract line 9b from line 9a and enter the result.	9с		
Copy B o	of your V-2, W-2G,	10	Refunds of State and local income taxes, from the worksheet on page 9 of Instructions (do not enter	· <i>\\\\\\\</i>	_	
	P here.	10	an amount unless you itemized deductions for those taxes in an earlier year—see page 9)	10	7	
16	" ·		Alimony received	11	8	
ir you do a W-2, s	not have ee	12	Business income or (loss) (attach Schedule C)	12	9	
page 4 c			Capital gain or (loss) (attach Schedule D)	13	10	
Instruct	ions.	14	40% of capital gain distributions not reported on line 13 (see page 9 of Instructions)	14	11	
		15	Supplemental gains or (losses) (attach Form 4797).	15	12	
•		16	Fully taxable pensions. IRA distributions, and annuities not reported on line 17	16	13	
:		17a	Other pensions and annuities, including rollovers. Total received 17a 14		15	
	• .	h	Taxable amount, if any, from the worksheet on page 10 of Instructions	17b		
ı		18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	16	
 .	-	19	Farm income or (loss) (attach Schedule F)	19	17	
-			Unemployment compensation (insurance). Total received 20a 18		10	
Please attach of	check		Taxable amount, if any, from the worksheet on page 10 of Instructions	20b	19	
or mone	ey	21a	Social security benefits. (see page 10 of Instructions)		21	
order he	ere.	b	Taxable amount, if any, from the worksheet on page 11 of Instructions	21b		
		22	Other income (state nature and source—see page 11 of Instructions)		1	
				22		
<u>:</u>		23	Add lines 7 through 22. This is your total income	23	 	
		24	Moving expense (attach Form 3903 or 3903F) 24 22 25 23	₹//////		
-	tments	25	Employee business expenses (attach Form 2106)	₩/////		
to inc	Income 26a IRA deduction, from the worksheet on page 12					
(See		t	Enter here IRA payments you made in 1985 that are included	\		
Instructions or			in line 26a above 27 25	\		
page 1		27	Payments to a keogn (H.R. 10) retirement plan	₩//////		
	•	28	Penalty on early withdrawal of Savings.	—₹//////		
		29	Alimony paid	 \\\\\\		
		30	Deduction for a married couple when both work (attach schedule W)	31		
		31	Add lines 24 through 30. These are your total adjustments Subtract line 31 from line 23. This is your adjusted gross income. If this line is less than	- -	+	
Adjus		32	\$10,000, see "Farned Income Credit" (line 59) on page 15 of Instructions, if you want ins	32	1	
Gross	Income		to figure your tax, see page 12 of Instructions	- <u> 32</u>		

' Form 1040 (1984)						
Tax	33	Amount from line 32 (adjusted gross income)			33		Page
Compu- tation	34a	If you itemize, attach Schedule A (Form 1040) and enter the amount for Caution: If you have unearned income and can be claimed as a		1 1 1 00	34-	33	
tation		check here I and see page 13 of the Instructions. Also as	13		n, ///////	: •	
(See		You are married filing a separate return and your spouse i You file Form 4563, OR You are a dual-status alie	temizes di	eductions, OR		ı	
Instruc- tions on	34b	If you do not itemize deductions, and you have charitable con		34			
page 13.)		on page 14. Then enter the allowable part of your contributions	et ////////////////////////////////////	34			
	35	Subtract line 34a or 34b, whichever applies, from line 33	nere .		35	35	-
	36	Multiply \$1,000 by the total number of exemptions claimed or	 1 Form 10		36	36	+-
	37	i axable Income. Subtract line 36 from line 35.				39	+-
	38		Tax Ra	te Schedule X, Y, or Z, o		40	
	39	Additional Taxes. (See page 14 of Instructions.) Enter here and Form 4972, or Form 5544	check if fr	orn Form 4970	o, //////		
	40_	Add lines 38 and 39. Enter the total		,	40	42 <u>*</u> /	
	41	Credit for child and dependent care expenses (attach Form 244	7) 41		111111111	<u>+८</u>	+-
Credits	42	Credit for the elderly and the permanently and totally disab	led		- ////////		f
		(attach Schedule R)	42	46	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		*
(See Instruc-	43	Residential energy credit (attach Form 5695)	43		- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
tions on	44	Partial credit for political contributions for which you have receip	ots 44	49			
page 14.)	45	Add lines 41 through 44. These are your total personal credits			45		
	46	Subtract line 45 from 40. Enter the result (but not less than zero)		46		
	47	Foreign tax credit (attach Form 1116)	47	47			
	48	General business credit. Check if from Form 3800. Form 34		45		*/	
	49	Add lines 47 and 48. These are your total business and other cre	dits (in	cludes 53,55)	49	56	
Other	50	Subtract line 49 from 46. Enter the result (but not less than zero)		50	59*/	<u> </u>
Taxes	51	Self-employment tax (attach Schedule SE)			51	62 ,	
1 axes	52	Alternative minimum tax (attach Form 6251).			52	61.4	
(Including Advance	53 54	Tax from recapture of investment credit (attach Form 4255).			53	63	
EIC	5 5	Social security tax on tip income not reported to employer (attack	Form 41	<i>37</i>)		64	
Payments)	33	Tax on an IRA (attach Form 5329)			55	65 */	
	56	Add lines 50 through 55. This is your total tax			56	57 [/]	ĺ
Payments	57	Federal income tax withheld	57	67	William		
	58	1984 estimated tax payments and amount applied from 1983 retu	rn. 58	68			
\+	59	Earned income credit. If line 33 is under \$10,000, see page 16.	59				
Attach Forms W-2,		Amount paid with Form 4868	60	69		*/	
N-2G, and N-2P		Excess social security tax and RRTA tax withheld (two or mo	re	70		66	
o front.		employers)	61	70			
	63	Credit for Federal tax on gasoline and special fuels (attach Form 4136)	62	71 72	- V ////////////////////////////////////	-	
		Regulated Investment Company credit (attach Form 2439)	63	12			
	64	Add lines 57 through 63. These are your total payments	<u> </u>	<u></u> .	64		
Refund or	65	f line 64 is larger than line 56, enter amount OVERPAID			65	73 (-)	
mount		Amount of line 65 to be REFUNDED TO YOU			66		
ou Owe	67 . 68	Amount of line 65 to be applied to your 1985 estimated tax	► 67	74			
	06	f line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach cher	ck or mone	y order for full amount		72 (1)	
	(payable to "Internal Revenue Service." Write your social security number at Check if Form 2210 (2210F) is attached. See page 17 of Instruct			68	73 (+)	mme.
lease	Under p belief, ti	enalties of perjury, I declare that I have examined this return and accomplete are true, correct, and complete. Declaration of preparer (other than tax)		hedules and statements, an	d to the be	st of my knowledge	<u>///////////</u> e and
ign	L	or prepare (other train (ax)	Jayer) IS Da	sed on all information of while	Ch preparer	has any knowledge.	,
ere	Ÿō.	r signature Date					
	Prepare			Spouse's signature (1 file			
aid reparer's	signatur	9		Check if self-employed	Prepare	or is secral security in	•1
se Only	Firm's n yours, if	self-employed)		E.I. No.	ļ.i		
	and add	ess		715° rode			

 * / Adjusted to take into account Earned Income Credit and/or Alternative Minimum Tax (see Definitions).

Subtract line 13 from line 10. Write the result. This is your adjusted gross income. 14

Add lines 11a and 12. Write the total. These are your total adjustments.

28

b Write IRA payments made in 1985 that you

12 Deduction for a married couple when both work. Complete and attach Schedule 1

included on line 11a: (\$

(Form 1040A), Part III.

Figure your

adjusted

gross income

1984	Form 1040A		
Step 6 Figure your	 Write the amount from line 14. Allowable part of your charitable contributions, from the worksheet 	15	1
axable icome	on page 21 of the instructions.	16_	34
	Subtract line 16 from line 15. Write the result.	17	35
	Multiply \$1,000 by the total number of exemptions claimed on line 5e.	18	36
	19 Subtract line 18 from line 17. Write the result. This is your taxable income.	19	39
tep 7	If You Want IRS to Figure Your Tax, See Page 21 of the Instructions.		,
gure your	Find the tax on the amount on line 19. Use the tax table, pages 31-36.	20_	40
edits, id ayments	21a Credit for child and dependent care expenses. Complete and attach Schedule 1 (Form 1040A), Part IV. 21a 50 .		
	b Partial credit for political contributions for which you have receipts. See page 24 of the instructions.	_	*/
	Add lines 21a and 21b. Write the total.	${22}$	56—
	Subtract line 22 from line 20. Write the result (but not less than zero). This is your total tax.	23	57*/
	24a Total Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s). (If line 6 is more than \$37,800, see page 24 of the instructions.)		
	Earned income credit, from the worksheet on page 26 of the instructions. See page 25 of the instructions.	.	
<u> </u>	25 Add lines 24a and 24b. Write the total. These are your total payments.	- 25	<u>*</u> / 66
tep 8	26 If line 25 is larger than line 23, subtract line 23 from line 25. Write the result. This is the amount of your refund.	26	73 (-)
gure your fund r amount ou owe	If line 23 is larger than line 25, subtract line 25 from line 23. Write the result. This is the amount you owe . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1984 Form 1040A" on it.	27	73 (+)
tep 9 ign your	Under penalties of perjury, I declare that I have examined this return and accompanying schedules of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other the information of which the preparer has any knowledge.	and stat an the t	tements, and to the axpayer) is based
eturn	Your signature Date	Your oc	ccupation
	<u>x</u>		
,	Spouse's signature (if joint return, both must sign) Date	Spouse'	's occupation
	x		
:	Paid preparer's Date signature	Prepare	er's social security no.
	<u>x</u>		
	Firm's name (or yours, if self-employed)	Employ	er identification no.
; ,	Address and ZIP code	Check is	f self-employed
	For Privacy Act and Paperwork Reduction Act Notice, see page 41. */ See Definitions.		

art III

Part I-Interest Income

Part II-Dividend Income

Part III—Deduction for a Married Couple When Both Work

Part IV—Credit for Child and Dependent Care Expenses

vame(s) as shown on Form 1040A.

Your social security number

You MUST complete and attach Schedule 1 to Form 1040A if you:

- Have over \$400 of interest income (complete Part I)
- Have over \$400 of dividend income (complete Part II)
- Claim the deduction for a working married couple (complete Part III)
- Claim the credit for child and dependent care expenses (complete Part IV)

Part I Interest income (See page 15)

Complete this part and attach Schedule 1 to Form 1040A if you received over \$400 in interest income. If you received any interest from an All-Savers Certificate (ASC), use Form 1040 instead of Form 1040A.

1 List name of payer	Amount	
	\$	<u> </u>
	\$	
	\$.	
	\$	
	\$	
1	\$	
	\$	
	\$	
	\$	
	\$	<u> </u>
2 Add amounts on line 1. Write the total	l here and on Form 1040A line	7 .

art II Dividend income (See page 16)

Complete this part and attach Schedule 1 to Form 1040A if you received over \$400 in dividends.

1 List name of payer	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	<u> </u>
	\$	•
	\$	
	\$	
	\$	
Add amounts on line 1. Write the total	l here and on Form 1040A, li	ne 8a.

Deduction for a married couple when both work (See page 20)

Complete this part to figure the amount you can deduct on Form 1040A, line 12. Attach Schedule 1 to Form 1040A.

_			(a) You		(b)	Your spous	se
1	Wages, salaries, tips, etc., from Form 1040A, line 6.	1				•	
2	IRA deduction, from Form 1040A, line 11a.	2		_ `			
<u>3</u>	Subtract line 2 from line 1. Write the result.	3 =	138		 =	139	<u> </u>
4	Write the amount from line 3, column (a) or (b) above	e. which	never is sm	aller	4		
5	Percentage used to figure the deduction (10%).				5		· 10
6	Multiply the amount on line 4 by the percentage of answer here and on Form 1040A, line 12.	on line	5. Write	your	6	<u> </u>	. 10
	, , , , , , , , , , , , , , , , , , , ,				0		•

2

OMB No. 1545 -Name(s) as shown on Form 1040A. (Do not complete if shown on other side.) Your social security nur. Part IV Credit for child and dependent care expenses (See pages 22–24) Complete this part to figure the amount of credit you can take on Form 1040A, line 21a. Attach Schedule 1 to Form 1040A. Write the number of qualifying persons who were cared for in 1984. (See the instructions for the definition of a qualifying person.) 1 2 Write the amount of expenses you incurred and actually paid in 1984, but DO NOT write more than \$2,400 (\$4,800 if you paid for the care of two or more qualifying persons). 134 3 • If unmarried at the end of 1984, write your earned income on line 3, OR • If married, filing a joint return for 1984, a. Write your earned income \$ b. Write your spouse's earned income \$ c. Compare the amounts on lines 3a and 3b, and write the smaller of the two amounts on line 3. 3 135 ⊁ 4 Compare the amounts on lines 2 and 3. Write the smaller of the two amounts here. 136 5 Write the percentage from the table below that applies to the amount on Form 1040A, line 15. Percentage Percentage If line 15 is: If line 15 is: is: But not But not Over— over— Over— over— 0-\$10,000 30% (.30) \$20,000—22,000 24% (.24) \$10,000—12,000 29% (.29) 22,000-24,000 23% (.23) 12,000 - 14,00022% (.22) 28% (.28) 24,000-26,000 14,000—16,000 27% (.27) 26,000-28,000 21% (.21) 16,000-18,000 26% (.26) 28,000 20% (.20) 18,000-20,000 25% (.25)

6 Multiply the amount on line 4 by the percentage on line 5. Write the

result here and on Form 1040A, line 21a.

5

6 =

1984

OMB No. 1545-0675

Form 1040EZ income Tax Return for Single filers with no dependents ∞

Name & address	Use the IRS mailing label. If you don't have one, please print:	Please print your numbers like this.
auuress		1234567890
	Print your name above (first, initial, last)	Social and it
	And the desire (that, dittal, last)	Social security number
	Present home address (number and street)	
	City, town, or post office, State, and ZIP code	1
	Presidential Election Campaign Fund Check box if you want \$1 of your tax to go to this fund. ▶	
Figure	your tail to go to this fund.	Dollars Cents
your tax	Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).)	
	 Interest income of \$400 or less. If the total is more than \$400, you cannot use Form 1040EZ. 	
Attach		
Attach Copy B of	3 Add line 1 and line 2. This is your adjusted gross income. 1 3	
Form(s) W-2 here	4 Allowable part of your charitable contributions. Complete	, , , , , , , , , , , , , , , , , , , ,
vv -2 nere	the worksheet on page 21 of the instruction booklet. Do not enter more than \$75.	
	. 1	
	5 Subtract line 4 from line 3. 35 5	
	6 Amount of your personal exemption. 36 6	1,000 00
	7 Subtract line 6 from line 5. This is your taxable income. 39 7	
	8 Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s). 67 8	
	9 Use the single column in the tax table on pages 31-36 of	
	the instruction booklet to find the tax on your taxable	
Refund	income on line 7. Enter the amount of tax. 40 9	
or	10 If line 8 is larger than line 9, subtract line 9 from line 8.	
amount	Enter the amount of your refund. 73 (-) 10	
Ou owe	11 If line 9 is larger than line 8, subtract line 8 from line 9. Enter the amount you own Attach sheel and 173 (+)	
ittach tax ayment here	Enter the amount you owe. Attach check or money order 73 (+) for the full amount, payable to "Internal Revenue Service." 11	
Sign	I have read this return. Under penalties of perjury I declare	
our eturn	that to the best of my knowledge and belief, the return is true, correct, and complete.	For IRS Use Only—Please
	Your signature Date	do not write in boxes below.
	- Jan	112345
:	·	

SCHEDULES A&B (Form 1040)

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

Schedule A—Itemized Deductions

(Schedule B is on back)

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

OMB No. 1545-0074

Your social security number Prescription medicines and drugs; and insulin 86 Medical and **Dental Expenses** Doctors, dentists, nurses, hospitals, insurance premiums 87 you paid for medical and dental care, etc. 2a (Do not include 87 expenses 2Ь. reimbursed or Other (list-include hearing aids, dentures, eyeglasses, etc.) paid by others.) 2c (See Înstruc-88 3 Add lines 1 through 2c, and write the total here tions on Multiply the amount on Form 1040, line 33, by 5% (.05) page 19) Subtract line 4 from line 3. If zero or less, write -0-. Total medical and dental . 5 92 6 State and local income taxes Taxes You 93 Paid 94 General sales tax (see sales tax tables in instruction booklet) (See 94 General sales tax on motor vehicles 8ь instruc-96 Other taxes (list—include personal property taxes) ▶ tions on page 20) 97 9 Add the amounts on lines 6 through 9. Write the total here. Total taxes Home mortgage interest you paid to financial institutions . . . Interest You Home mortgage interest you paid to individuals (show that Paid person's name and address) 99 (See 11_b Înstruc-12 Total credit card and charge account interest you paid 12 tions on page 20) Other interest you paid (list) 14 Add the amounts on lines 11a through 13. Write the total here. Total interest . 15 a Cash contributions. (If you gave \$3,000 or more to any one **Contributions** 15a You Made organization, report those contributions on line 15b.) . . . 101 Cash contributions totaling \$3,000 or more to any one (See organization. (Show to whom you gave and how much you Înstructions on page 20) 15b 102 16 Other than cash (attach required statement) 103 16 17 104 Carryover from prior year 17 18 Add the amounts on lines 15a through 17. Write the total here. Total contributions. 100 Casualty and Total casualty or theft loss(es). (You must attach Form 4684 or similar statement.) Theft Losses (see page 21 of Instructions) 19 20 20 Union and professional dues Miscellaneous 21 Tax return preparation fee . . . **Deductions** 21 22 Other (list type and amount) (See Instructions on page 21) Add the amounts on lines 20 through 22. Write the total here. Total miscellaneous. 23 Summary of 24 Add the amounts on lines 5, 10, 14, 18, 19, and 23. Write your answer here. Itemized 107 24 **Deductions** Filing Status box 2 or 5, write \$3,400 (See 25 If you checked Form 1040 25 37 Filing Status box 1 or 4, write \$2,300 Înstruc-Filing Status box 3, write \$1,700 tions on page 22) 26 Subtract line 25 from line 24. Write your answer here and on Form 1040, line 34a. (If line 25 is more than line 24, see the Instructions for line 26 on page 22.) 26 33

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (X

Capital Gains and Losses

(Also reconciliation of sales of stocks, bonds, and bartering income from Forms 1099-B)

➤ Attach to Form 1040.

► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

Name(s) as shown on Form 1040

Your social security number

Description of property Example, 100 shares 7% preferred of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or o basis (se instruction	e	f. LOSS If column (e) is m than (d) subtract from (e)		g. GAIN If column (d) is n than (e) subtract from (d)	
							1 1		
			1				1 1		
			1						1
							1 1		
							1 -		-
						 _	1		1
			<u> </u>		-		+ +		-
							+		<u> </u>
						_	+ +		Γ_
		<u> </u>							1
Short-term gain f	rom sale or excha	ange of a principa	I residence from Fo	rm 2119,			XIIIII)		
lines 7 or 11					2		XIIIIA.		<u> </u>
Short-term gain	from installmen	nt sales from Fo	orm 6252, lines :	22 or 30	3				<u> </u>
Net short-term g	ain or (loss) from	partnerships, S	corporations, and f	iduciaries	4	1.8			
J	` '		•			SILOSS		st gain	
Add lines 1 throu	igh 4 in columns	fandg			5	(109))		
			et gain or (loss)				6	·	
			ning after 1969				7	(110 >	CA
Net short-term or	ain or (loss) com	hine lines 6 and 7					8		
Long-tei	rm Capital Gaii	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84 ⊤
Long-tei	rm Capital Gair	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gaii	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-tel	rm Capital Gai	ns and Losses-	Assets Held Mor	e Than On	e Yea	r (6 months if	acqui	red after 6/22	2/84
					e Yea	r (6 months if	acqui	red after 6/22	2/84
Long-term gain fr	om sale or excha	nge of a principal	residence from Fo	rm 2119,		r (6 months if	acqui		2/84
Long-term gain fr	om sale or excha	nge of a principal	residence from For	rm 2119,	10	r (6 months if	acqui	111 / S	2/84
Long-term gain fr	om sale or excha	nge of a principal	residence from Fo	rm 2119,	10	r (6 months if	acqui		2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr	rom sale or excha	nge of a principal	residence from For	rm 2119,	10	r (6 months if	acqui		2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr	rom sale or excha	nge of a principal	residence from For	rm 2119,	10 11 12		acqui	111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga	rom sale or excha r 18 rom installment sa in or (loss) from	nge of a principal ales from Form 6 partnerships, S c	residence from For	rm 2119,	10 11 12			111	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro	rom sale or excha r 18 · · · · rom installment so in or (loss) from	nge of a principal	residence from Force 252, lines 22 or 30 orporations, and fig	rm 2119,	10 11 12 13	113)	111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro Combine column	rom sale or exchar 18 · · · · · rom installment sain or (loss) from ugh 12 in colum s f and g of line 1	nge of a principal	residence from Formula 1 and find the control of th	rm 2119,	10 11 12 13	113		111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro Combine column Capital gain dis	rom sale or exchar 18 · · · · · rom installment sain or (loss) from ugh 12 in colum s f and g of line 1 tributions · · ·	nge of a principal	residence from Force	rm 2119,	10 11 12 13	113)	111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro Combine column Capital gain dis Enter gain from	rom sale or exchar 18 · · · · · rom installment sain or (loss) from ugh 12 in colum s f and g of line 1 tributions · · Form 4797, line	nge of a principal ales from Form 6 partnerships, S c ns f and g	residence from For 252, lines 22 or 30 orporations, and fice	rm 2119,	10 11 12 13	113) 14 15	111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro Combine column Capital gain dis Enter gain from Combine lines 14	rom sale or exchar 18 · · · · · rom installment sain or (loss) from ugh 12 in colum s f and g of line 1 tributions · · Form 4797, line through 16 · ·	nge of a principal ales from Form 6 partnerships, S c ns f and g 3 and enter the n	residence from For 252, lines 22 or 30 orporations, and fice	rm 2119,	10 11 12 13	113) 14 15 16	111 /	2/84
Long-term gain fr lines 7, 11, 16, o Long-term gain fr Net long-term ga Add lines 9 thro Combine column Capital gain dis Enter gain from Combine lines 14 Long-term capita	rom sale or exchar 18 · · · · · · · · · · · · · · · · · ·	nge of a principal ales from Form 6 partnerships, S c ns f and g 3 and enter the n 6(a)(1) from years begin	residence from For 252, lines 22 or 30 orporations, and fice	m 2119,	10 11 12 13	113) 14 15 16 17	111 / \frac{112}{115} \frac{115}{116} / \frac{1}{2}	



SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service

Supplemental Income Schedule

(From rents and royalties, partnerships, estates, and trusts, etc.)

▶ Attach to Form 1040. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Name(s) as shown on Form 1040

Your social security number

Part I Rent and Royalty Income or	Loss		-						<u> </u>	
1 Did you or a member of your family us		rsonal nurnose	s any r	ental property	, listed	below for more	than t	ho gro		
of 14 days or 10% of the total days ren	ted at f	air rontal value	durina	the tay year?	HSLEG	pelow for infore	manı	ne grea	ater 🗆 🗸	
2 Description of Properties (Show kind	l and lo	an rental value	. uuriilg	tile tax year:				• •	L Ye	es ∐ No
Property B	·			• • • • • • • • • • • • • • • • • • • •				• • • • •	• • • • • • • •	
Property C	• • • • •							• • • • •	• • • • • • • • •	
				Properti	es				Totals	
Rental and Royalty Income		Α		В				(Add	columns A, E	3, and C)
3 a Rents received								1.		\top
b Royalties received						_		3		
Rental and Royalty Expenses										
4 Advertising	4									
5 Auto and travel	5				1 1					
6 Cleaning and maintenance	6				1 1	•				
7 Commissions	7				1 1					
8 Insurance	8									
9 Interest	9		1		1.					
10 Legal and other professional fees .	10									
11 Repairs	11				1 1					
12 Supplies	12									
13 Taxes (Do not include Windfall Profit										
Tax here. See Part III, line 37.).	13									
14 Utilities	14				1 1					
15 Wages and salaries	15				1 1					
16 Other (list) ▶										
	i									
				_	1 1					
•										
		•								
***************************************					1 1					
***************************************				-	1					
	· · · · · ·									
***************************************	· · · · · · · [1 1					
					1 1					
17 Total expenses other than depreciation					1 1	-	— r			
and depletion. Add lines 4 through 16	17						- 1	17		
18 Depreciation expense (see								-		_
Instructions), or depletion	18							18	122	-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
19 Total. Add lines 17 and 18	19									
20 Income or (loss) from rental or										
royalty properties. Subtract line 19										
from line 3a (rents) or 3b (royalties) .	20	123		124						
21 Add properties with profits on line 20,	and wri	te the total or	ofits he	re				21		
22 Add properties with losses on line 20, a							.	22 ()
23 Combine amounts on lines 21 and 22,	and wri	te the net prof	it or (lo	ss) here			:	23	_	
24 Net farm rental profit or (loss) from Fo			`			<u></u>		24	121	
25 Total rental or royalty income or (loss).			n lines	23 and 24 a	nd write	e the total here	, _{If}			
Parts II, III, and IV on page 2 do not a	oply to	you, write the	amoun	t from line 2	5 on Fo	rm 1040. line	18.	ĺ		
Otherwise, include the amount in line 3	9 on pa	ge 2 of Schedu	ıle E .					25		
For Paperwork Reduction Act Notice, see Form									E (Form 104	0) 1984

 	1-1	security	 Lav	_

	port a loss below, and have amou				7.85	Not loss		
	(a) Name		(b) Check if foreign partnership	(c) Employer identification numb	(see ins	Net loss tructions for limitations)	(e) Net incor	me
								+-
								+
	26 Add amounts in columns	(d) and (e) and write	the total(s) here	_	26 (12		125	╀-
	27 Combine amounts in colu	mns (d) and (e), line	26, and write th	e net income or (lo	ss) here	27	107	
	28 Deduction for section 179	property (from Form	1065, Schedule	K-1). (See Instruct	ions for limita	tions.) 28 (127	+
	29 Total partnership income include in line 39 below.	or (loss). Combine a	amounts on lines	27 and 28. Write	the total her	e and 29		
	include in line 39 below.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·				
								
	30 Add amounts in columns	(d) and (e) and write	e the total(s) here			29)	<u> 128</u>	
	31 Total estate or trust incom	ne or (loss), Combir	ne amounts in co	olumns (d) and (e)	, line 30. Wri	te the 31		
	total here and include in l	ne 39 below		· · · · · · ·		31		\dashv
					_			-
								_
	32 Add amounts in columns		e the total(s) her	e	32 (1:	31)	130	
	33 Combine amounts in colu	mns (d) and (e), lin	e 32, and write t	he net income or		33		L
	34 Deduction for section 179	property (from Form	1120S, Schedule	e K-1). (See Instruc	tions for limita	ations.)	(1
	35 Total S corporation incom	ne or (loss). Combi	ne amounts on I	ines 33 and 34. \	V rite the tota	il here		
	and include in line 39 belo		· · · · · ·	<u> </u>				
	Windfall Profit Tax Sun indfall profit tax credit or refund		and Instructions			36	132	
w	Indfall profit tax credit or retund Indfall profit tax withheld in 198	received in 1504 (4 (see Instructions)) .			37	(133	
	·							
C	ombine amounts on lines 36 and	37. Write the total	here and include	e in line 39 below	<u> </u>	38		
t	V Summary							1
T /	OTAL income or (loss). Combine	linos 25 20 31 35	and 38 Write t	otal here and on F	orm 1040. lin	e 18 ▶ 39		
	Farmers and fishermen: Write							
H	NCOME applicable to Parts I and	111.			40	:		
	V Depreciation Claimed i	n Part I.—Comple	te only if propert	y was placed in se	vice before Ja	nuary 1, 1981.	For more spa	ce,
t	separate sheet. If you placed	any property in serv	rice after Decemb	er 31. 1980. use Fo	rm 4562 for a	ii property; ao	MO1 complete	e ra
t					_		1	
t	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allow-	(e) Depreciati method	on (f) Life or rate	(g) Depreci	
t		(b) Date acquired	(c) Cost or	(d) Depreciation				
t		(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow-				
t 		(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
t		(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
		(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
	(a) Description of property	(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
	(a) Description of property	(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
	(a) Description of property	(b) Date acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
To	(a) Description of property stals (Property A)	acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
То	(a) Description of property Itals (Property A)	acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
Го	(a) Description of property stals (Property A)	acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
Γο	(a) Description of property stals (Property A)	acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				
Liopeity D	(a) Description of property stals (Property A)	acquired	(c) Cost or	(d) Depreciation allowed or allow- able in prior years				

Schedule W

(Form 1040)

Department of the Treasury Internal Revenue Service

Deduction for a Married Couple When Both Work

► For Paperwork Reduction Act Notice, see Form 1040 Instructions. Attach to Form 1040.

OMB No. 1545-0074

Your social security number

Names as shown on Form 1040

Step 1 Figure your earned income

			(a) You		(b) Your spouse
1	Wages, salaries, tips, etc., from Form 1040, line 7. (Do not include nondisability pensions or annuities.)	1		1	
2	Net profit or (loss) from self-employment (from Schedules C and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income)	2		2	
<u>3</u>	Add lines 1 and 2. This is your total earned income	3		3	

Step 2 Figure your qualified earned income

	Adjustments from Form 1040, lines 25, 26a, 27, and any repayment of sub-pay included on line 31. (See instructions below.)	4		4			
5	Subtract line 4 from line 3. This is your qualified earned income. (If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this deduction.)	5	138	5	139	*	

Step 3 Figure your deduction

6	Compare the amounts in columns (a) and (b) of line 5. Write the smaller amount here. (Write either amount if 5(a) and 5(b) are exactly the same.) Do not write more than \$30,000	6	
7	Percentage used to figure the deduction (10%)	7	x .10
	Multiply the amount on line 6 by the percentage on line 7. This is the amount of your deduction. Write the answer here and on Form 1040 line 30	8	

Instructions

Complete this schedule and attach it to your Form 1040 if you take the deduction for a married couple when both work. You may take the deduction if both you and your spouse:

- work and have qualified earned income, and
- file a joint return, and
- do not file Form 2555 to exclude income or to exclude or deduct certain housing costs, and
- do not file:Form 4563 to exclude income.

There are three steps to follow in figuring the deduction on Schedule W.

Step 1 (lines 1, 2, and 3).—Figure earned income separately for yourself and your spouse.

Step 2 (lines 4 and 5). — Figure qualified earned income separately for yourself and your spouse by subtracting certain adjustments from earned income.

Step 3 (lines 6, 7, and 8).—Figure the deduction based on the smaller of:

- the qualified earned income entered in column (a) or (b) of line 5, whichever is less, OR
- \$30,000.

Earned income.—This is generally income you receive for services you provide. It includes wages, salaries, tips, commissions, certain disability income, sub-pay, etc. (from Form 1040, line 7). It also includes income earned from self-employment (from Schedules C and F of Form 1040 and Schedule K-1 of Form 1065), and net earnings and gains (other than capital gains) from the disposition, transfer, or licensing of property that you created. Earned income does not include interest, dividends, social security or tier 1 railroad retirement benefits, IRA distributions, unemployment compensation, deferred compensation, or nontaxable income. It also does not include any amount your spouse paid

Caution: Do not consider community property laws in figuring your earned income.

Qualified earned income.—This is the amount on which the deduction is based. Figure it by subtracting certain adjustments from earned income.

These adjustments (and the related lines on Form 1040) are:

- Employee business expenses (from line 25).
- Payments to an IRA (from line 26a).
- Payments to a Keogh plan (from line
- Repayment of supplemental unemployment benefits (sub-pay) included in the total on line 31. See the instructions on repayment of sub-pay on page 12 of the Form 1040 Instructions.

Enter the total of any adjustments that apply to your or your spouse's earned income in the appropriate column of line 4.

Example.—You earned a salary of \$20,000 and had \$3,000 of employee business expenses (line 25 of Form 1040). Your spouse earned \$17,000 and put \$1,000 into an IRA (line 26a of Form 1040). Your qualified earned income is \$17,000 (\$20,000 minus \$3,000) and your spouse's is \$16,000 (\$17,000 minus \$1,000). Because your spouse's qualified earned income is less than yours, the deduction is figured on your spouse's income. Therefore, the deduction is \$1,600 (\$16,000 x .10).

Department of the Treasury

Internal Revenue Service

Credit for Child and Dependent Care Expenses

Attach to Form 1040.

OMB No. 1545-0068

Name(s) as shown on Form 1040

➤ See Instructions below

Your social security number

1 Write the number of qualifying					
Write the number of qualifying persons who were qualifying persons.)	e cared for in 1984.	(See the instructions below	for the def	finition of	T
2 If navments listed on line 2	Same and the second		ioi tile del	- 1	1
2 If payments listed on line 3 were made to an individual of the payments listed on line 3 were made to an individual of the payments are payments.	dual, complete the fo	flowing:			Yes No
			iome?	. 2	
b If "Yes," have you filed appropriate wage tax re c If the answer to b is "Yes," write your employer i	turns on wages for se	ervices in your home (see inst	ructions fo	r line 2)2 //	2a
				# ## 2)! 2	2b
Write the amount of qualified expenses you incurre	od and t 11		2c		
than \$2,400 (\$4,800 if you paid for the care of two	0 or more qualifying n	orașe)	re		
4 You must write your earned income on line 4. See income.	the instructions for the	oo 4 for the state was	3	134	
income.	me med dedons for m	ie 4 for the definition of earne	ed //////	••	
• If you were unmarried at the end of 1984, write y	VOUr earned income	on line 4. On			
 If you are married, filing a joint return for 1984, 	y surrice income (on line 4, OR	W//////		İ
a write your earned income \$					
b write your spouse's earned income \$, and	•			
C Compare amounts on lines 42 and 45 and	, and				7
c compare amounts on lines 4a and 4b, and write	te the smaller of the	two amounts on line 4.	4	135	
5 Compare amounts on lines 2 and 4 and 11 to					
 5 Compare amounts on lines 3 and 4, and write the sr 6 Write the percentage from the table below that are 	maller of the two amo	ounts on line 5.	5	136	
6 Write the percentage from the table below that ap line 33.	plies to the adjusted	gross income on Form 1040			
			6		
If line 33 is: Percentage is: Over— But not	If line 33 is:	Percentage is:			
over-	Over- But not				
0-\$10,000 30% (.30)	over \$20,000-22,000				
\$10,000-12,000 29% (.29)	22,000-24,000	- (/			
12,000–14,000 28% (.28)	24,000-26,000	- ()			
14,000–16,000 27% (.27)	26,000-28,000	·/	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
16,000–18,000 26% (.26)	28,000		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
18.000-20.000 25% (25)	•	20% (.20)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
/ Multiply the amount on line 5 by the percentage show	wn on line 6, and weit	a Alba a a a du			}
manufity any child and dependent care expenses for 1	1003 46 - 4		7		
8 Multiply any child and dependent care expenses for 1 applies to the adjusted gross income on Form 1040 instructions for the required statement.)	O line 22 to 1000	1984 by the percentage that			
instructions for the required statement	o, line 33, for 1983.	Write the result. (See line 8			
9 Add amounts on lines 7 and 8. Weite the trade!			8	137	
Add amounts on lines 7 and 8. Write the total here an amount of your credit for child and dependent care extended in the control of the	iu on Form 1040, line	41. This is the maximum			
eneral Instructions	.penses	<u> </u>	9		ł

Paperwork Reduction Act Notice. — We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

What Is the Child and Dependent **Care Expenses Credit?**

You may be able to take a tax credit for amounts you paid someone to care for your child or other qualifying person so you could work or look for work in 1984. The credit will lower the amount of your tax. The credit is based on a percentage of the amount you paid during the year. The most you may take as a credit is \$720 if you paid for the care of one qualifying person, or \$1,440 if you paid for the care of two or more qualifying persons.

Additional information.—For more information about the credit, please get Publication 503, Child and Dependent Care Credit, and Employment Taxes for Household Employers.

Who is a Qualifying Person?

A qualifying person is any one of the following persons:

- Any person under age 15 whom you claim as a dependent (but see the special rule later for Children of divorced or separated parents).
- Your disabled spouse who is mentally or physically unable to care for himself or
- Any disabled person who is mentally or physically unable to care for himself or herself and whom you claim as a dependent, or could claim as a dependent except that he or she had income of \$1,000 or more.

Children of divorced or separated parents.—If you were divorced, legally separated, or separated under a written agreement, you may be able to claim the credit even if your child is not your dependent. Your child is a qualifying person if all four of the following apply:

- 1. You had custody for the longer period during the year; and
- 2. The child received over half of his or her support from one or both of the parents;
- 3. The child was in the custody of one or both of the parents over half of the year;
- 4. The child was under age 15, or was physically or mentally unable to care for himself or herself.

(Continued on back)

3800

Department of the Treasury Internal Revenue Service

Name(s) as shown on return

General Business Credit

Attach to your tax return.

OMB No. 1545-0895

1984

35

Identifying number

Part I Tentative Credit		L	
1 Investment credit (Form 3468, line 14)	1	48	
2 Jobs credit (Form 5884, line 7)	2	78	
3 Credit for alcohol used as fuel (Form 6478, line 11)	3	79	
4 Employee stock ownership plan (ESOP) credit (Form 8007, line 3)	4	80	
5 Current year general business credit—Add lines 1 through 4	5	81	-+
6 Carryforward of investment, WIN, jobs, alcohol fuel, and ESOP credits from 1983	6	82	
7 Carryback of general business credit to 1984	7		
8 Tentative general business credit—Add lines 5, 6, and 7	8	83	+-
Paint I ax Liability Limitations			
9 a Individuals—From Form 1040, enter amount from line 46		·	
b Corporations — From Form 1120, Schedule J, enter tax from line 3 (or Form 1120-A, Part I, line 1)			
c Other filers—Enter tax before credits from return	9		
10 a Individuals—From Form 1040, enter credit from line 47, plus any orphan drug, nonconventional source fuel, and research credits included on line 49			*
b Corporations—From Form 1120, Schedule J, enter credits from lines 4(a) through 4(e) (Form 1120-A filers, enter zero)			
c Other filers—See instructions for line 10c	10	84	
11 Income tax liability as adjusted—Subtract line 10 from line 9	11	04	
12 a Enter smaller of line 11 or \$25,000 (See instructions for line 12)	12a		
b If line 11 is more than \$25,000—Enter 85% of the excess.	12h		
13 Credit limitation—Add lines 12a and 12b	13		
14 General business credit—Enter smaller of line 8 or line 13 here and on Form 1040, line 48; Form 1120, Schedule J, line 4(f); Form 1120-A, Part I, line 2; or the proper line on other returns			

General Instructions

(Section references are to the Internal Revenue Code.)

Paperwork Reduction Act Notice.— We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Purpose of Form. — The Tax Reform Act of 1984 revised and rearranged the order of many of the income tax credits. Beginning in 1984, there is a new "general business credit" consisting of the investment credit (Form 3468), jobs credit (Form 5884), alcohol fuel credit (Form 6478), and employee stock ownership plan (ESOP) credit (Form 8007). If you have more than one of these credits, you must summarize them here on Form 3800. If you have only one of these credits for 1984, you do not have to file Form 3800. Instead, use that particular form to claim the credit. For example, if you have only a 1984 investment credit or a carryforward of unused investment credit from 1983, you may use Form 3468 to claim your credit for 1984. You do not have to file Form 3800 in this case.

Please note that you do not have to take the jobs, alcohol fuel, or ESOP credits if you do not wish to.

For information on investment credit, see Form 3468, Computation of Investment Credit, or Publication 572, Investment Credit

For information on jobs credit, see Form 5884, Jobs Credit, or Publication 906, Jobs and Research Credits.

For information on the alcohol fuel credit, see **Form 6478**, Credit for Alcohol Used as Fuel

For information on the ESOP credit, see **Form 8007**, Credit for Employee Stock Ownership Plan.

Carryback and Carryforward of Unused Credit. — If you cannot use all of your 1984 general business credit because the current year general business credit on line 5 exceeds the tax liability limitation on line 13; you may carry any excess back to each of the three preceding tax years, beginning with the earliest. If you have an unused credit after carryback, it may be carried forward to each of the 15 years after the year of the credit.

Specific Instructions

Line 6.— All carryforwards of unused investment credit, jobs credit (and WIN credit carryover), alcohol fuel credit, and ESOP credit from 1983 are added together and become a business credit carryforward to 1984. However, if you have only one of these credits you may use just that particular form to claim the credit and you do not have to file Form 3800 this year.

Line 10c.—Other filers.—Before you can claim the general business credit against your income tax liability, you must reduce this tax liability by the credits listed below:

- Personal credits
- Foreign tax credit
- Possessions corporation tax credit
- Orphan drug credit
- Nonconventional source fuel credit
- Research credit

Line 12.—If your adjusted tax liability (line 11) is \$25,000 or less, your general business credit is limited to that liability. If the tax liability is more than \$25,000, your credit is limited to \$25,000 plus 85% of the excess.

If you and your spouse file separate returns, each must use \$12,500 instead of \$25,000. However, if only one has any business credit, that one may use the entire \$25,000.

Controlled corporate groups must divide the \$25,000 among all component members. See section 38(c)(3)(B).

Estates and trusts must first determine what percentage of the total income is allocable to the estate or trust itself, then apply that same percentage to the \$25,000 amount on line 12a.

See section 38(c)(3)(C) for limitations on the credit for mutual savings institutions, regulated investment companies, and real estate investment trusts.

Residential Energy Credit

Attach to Form 1040.

See instructions on back.

OMB No. 1545-0214

Your social security number

Department of the Treasury Internal Revenue Service (X)

Name(s) as shown on Form 1040

For Paperwork Reduction Act Notice, see Instructions on back.

Enter the address of your principal residence on which the credit is claimed if it is different from the address shown on Form 1040. If you have an energy credit carryover from a previous tax year and no energy savings costs this year, skip to Part III, line 24. Part I Fill in your energy conservation costs (but do not include repair or maintenance costs). Was your principal residence substantially completed before April 20, 1977? (See instructions) Yes Note: You MUST answer this question. Failure to do so will delay the processing of your return. If you checked the "No" box, you CANNOT claim an energy credit under Part I and you should not fill in lines 2a through 12 of this form. 2 a Ь Storm (or thermal) windows or doors. . 2b C 2c A replacement burner for your existing furnace that reduces fuel use . d 2d A device for modifying flue openings to make a heating system more efficient . e 2e An electrical or mechanical furnace ignition system that replaces a gas pilot light . f 2f * 2g A meter that shows the cost of energy used . . . 2h Total (add lines 2a through 2h). 3 3 Enter the part of expenditures made from nontaxable government grants and subsidized financing . 4 5 144 5 6 6 \$2,000 00 Enter the total energy conservation costs for this residence. Add lines 2 of your 1978, 1979, and 1980 7 7 145 8 8 Enter the total nontaxable grants and subsidized financing used to purchase qualified energy items for this residence. Add the amount on line 4 of this form and your 1981, 1982, and 1983 Forms 5695. 9 146 Subtract line 9 from line 8. If zero or less, do not complete the rest of Part I 10 10 11 Enter the amount on line 5 or line 10, whichever is less . : 11 Enter 15% of line 11 here and include in amount on line 23 below 12 147 12 Part II Fill in your renewable energy source costs (but do not include repair or maintenance costs). 13 13b Geothermal _____ 13c Wind 13d Enter the part of expenditures made from nontaxable government grants and subsidized financing . . . 14 14 15 148 15 16 **16 | \$**10,000 | 00 Enter the total renewable energy source costs for this residence. Add line 5 of your 1978 Form 5695, 17 line 9 of your 1979 and 1980 Forms 5695, and line 13d of your 1981, 1982, and 1983 Forms 5695 . $\,$ 17 Subtract line 17 from line 16. If line 17 exceeds line 16, enter zero here and on line 22 18 18 Enter the total nontaxable grants and subsidized financing used to purchase qualified energy items for this residence. Add the amount on line 14 of this form and your 1981, 1982, and 1983 Forms 5695 . . 19 20 Subtract line 19 from line 18. If zero or less, do not complete the rest of Part II 20 Enter the amount on line 15 or line 20, whichever is less 21 21 Enter 40% of line 21 here and include in amount on line 23 below 22 Part III Fill in this part to figure the limitation. 23 23 Enter your energy credit carryover from a previous tax year. Caution—Do not make an entry on this line 24 if your 1983 Form 1040, line 49, showed an amount of more than zero. 24 151 25 25 26 Enter the amount of tax shown on Form 1040, line 40 26 27 Add lines 41, 42, and 44 from Form 1040 and enter the total 27 28 28 Residential energy credit. Enter the amount on line 25 or line 28, whichever is less. Also, enter this amount on Form 1040, line 43. Complete Part IV below if this line is less than line 25 Fill in this part to figure your carryover to 1985 (complete only if line 29 is less than line 25) 30 Enter amount from Part III, line 25 30 31 Enter amount from Part III, line 29 31 Credit carryover to 1985 (subtract line 31 from line 30).

Department of the Treasury Internal Revenue Service

Name(s) as shown on tax return

Alternative Minimum Tax Computation

➤ Attach to Forms 1040, 1040NR, 1041 or 990-T (Trust).

OMB No. 1545-0227

Identifying number

1 Adjusted gross income from Form 1040, line 33 or Form 1040NR, line 32 (see instructions) 2 Deductions (see instructions): a (1) Medical and dental expense from Schedule A, line 5 2a(1) (2) Multiply Form 1040, line 33 by 5% (.05) (3) Subtract line 2a(2) from line 2a(1). (If zero or less, enter zero) 2a(3)2c d Qualified interest on property used as a residence from Schedule, A, line 11 2d e (1) Interest, other than line 2d above, from Schedule A, line 14 2e(1) (2) Net investment income (If zero or less, enter zero) 2e(2) (3) Enter the smaller of line 2e(1) or line 2e(2) 2e(3) f Gambling losses to the extent of gambling winnings from Schedule A, line 22 2f g Estate tax allowable under section 691(c) from Schedule A 140 2h 3 Subtract line 2h from line 1 4 Tax preference items: **b** 60% capital gain deduction 142 $\textbf{c} \ \, \textbf{Accelerated depreciation on nonrecovery real property or 15 (or 18)-year real property} \ \, .$ 143 d Accelerated depreciation on leased personal property or leased recovery property other than 15 (or 18)-year real property 4d 143 4e g Circulation and research and experimental expenditures h Reserves for losses on bad debts of financial institutions 4i 4j k Intangible drilling costs 141 5 Alternative minimum taxable income (add lines 3 and 4(I)) (short period returns, see instructions) 6 Enter: \$40,000, if married filling joint return or surviving spouse 6 \$20,000, if married filing separate return or estate or trust 7 Subtract line 6 from line 5. If zero or less; do not complete the rest of this form 7 8 9 Amount from Form 1040, line 50 or Form 1040NR, line 51 (Do not include Form 1040, line 39 or Form 1040NR, line 41.) (estates and trusts, see instructions) 9 10 Subtract line 9 from line 8. If zero or less, enter zero 10 11 12 Alternative minimum tax (subtract line 11 from line 10). Enter on Form 1040, or Form 1040NR, line 52, Form 1041, line 32, or Form 990-T, page 1, line 14 For more information, see Publication 909, Partners, Beneficiaries, etc.—If you are a: Alternative Minimum Tax.

Instructions

(Section References are to the Internal Revenue

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Who Must File. - File this form if: (a) You are liable for the alternative minimum tax; or (b) you have one or more tax preference items on lines 4c through 4k; or (c) you have an amount on line 2e(3), and line 2e(2) includes income other than interest and dividend income.

Individuals, estates or trusts may be liable if their adjusted gross income plus tax preference items listed on line 4 total more than line 6.

Minimum Tax Deferred From Earlier Year(s).—If a net operating loss carryover from an earlier year(s) reduces taxable income for 1984, and the net operating loss giving rise to the carryover resulted in the deferral of minimum tax in that earlier year(s), all or part of the deferred minimum tax may be includible as tax liability for 1984. Figure the deferred minimum tax at 15% and complete and attach a 1982 Form 4625, Computation of Minimum Tax-Individuals, lines 14 through 18. You may attach a schedule following the format of Form 4625. Enter the amount from line 18 on Form 1040, line 52, or Form 1041, line 32 and write "Form 4625."

- (1) Partner or shareholder of an S corporation, take into account separately your distributive share of items of income and deductions that enter into the computation of tax preference
- (2) Beneficiary of an estate or trust, see section 58(c).
- (3) Participant in a common trust fund, see section 58(e).
- (4) Shareholder or holder of beneficial interest in a regulated investment company or a real estate investment trust, see section 58(f).

Carryback and Carryover of Unused Credits.—It may be necessary to figure the carryback or carryover of certain unused credits. See section 55(c)(3).

(Continued on back)