1040 U.S. Individual Income Tax Return 1977

_															
		r January 1	-Dece	ember 3	1, 1977, or other tax	able year beginning				, 1977 ei	nding		_		, 19
	Otherwise, print or type.	First name	First name and initial (if joint return, give first names and initials of both)								ne		Yo	our social securit	y number
be	<u>آ</u> _ آ														
100	ë ë	Present ho	ome a	ddress	(Number and street, in	cluding apartment nu	mber, or ru	ral route)		For Dain	ann dat Na		Sp	ouse's social sec	urity no.
Ř	SE	Present home address (Number and street, including apartment number, or rural route) For Privacy Act Notice, see page 3 of Instructions.										, , ,		•	
ŝ	Po l	City, town	or po	st office	State and 7IP code					-				!	
Ď	₹	City, town or post office, State and ZIP code												• • • • • • • • • • • • • • • • • • • •	
							_			pation	Spouse	s 🕨			
	eside ectior				ant \$1 to go to t	his fund?							Note	: Checking "	los" will
	mpai	gn	50 3	ou wa	ant \$1 to go to t	nis tunar	• • • • •	••••	·	- Yes	/////	No		increase your t	
	nd		lf joi	int ret	urn, does your s	pouse want \$1 t	o go to th	is fund?	.	Yes		No		e your refund.	
Fi	ling	Status	1		Single							1			
			_	-	-	aint water									
C	Checl	k Only	2			oint return (eve									
(One Box 3 Arried filing separately. If spouse is also filing, give spouse's social secular and enter full name here												ce above		
			4		Unmarried He	ad of Household	d. Enter qu	alifying n	ame 🕨	•				See page 7 of In	structions.
			5		Qualifying wic	ow(er) with de	pendent o	child (Ye	ear sp	ouse died	1 🅨 19)	. See	page 7 of Inst	ructions.
Б	xem	otions		r—)		
A I.		ahaak	6a		Yourself		6	5 or ove				Blind	.	Enter number of	
		check urself"					0	5 01 046	-1		ليسيعا	DIIIC	' }	boxes checked	
	x. Ch		L		0			_						on 6a and b	▶ []
		oxes if	b		Spouse			5 or ove				Blind	- ,		
the	ey ap	piy.	С	First	names of your d	ependent childro	en who liv	ved with	you	▶	••••••			Enter number of	
	ı			_										children listed	
e			d	Other	r dependents:	(2) Relationship	(3) Numbe months li			ependent (come of	5) Did you than one				
Ĕ				(1) Nam	10					r more?	pendent's		rt? Enter numbe		
Ņ														of other dependents	
Š							-			-					
B						· · · · · · · · · · · · · · · · · · ·				<u> </u>					
ē			7	Total	number of suc									Add numbers entered in boxes	
Ĩ.		_	<u> </u>	Total	number of exe	nptions claimed	1		• • •	• • • • •	• • • • •	• • • •	••	above	کا
m	Inc	Income													
2	8	8 Wages, salaries, tips, and other employee compensation. able, see page 5 of Instructions.)									8				
ပိ	9	Interest income (If over \$400, attach Schodula R.)							9						
Ļ	10a	Dividend	ls ('	if over : Sch									10c		
tta			Dividends (If over \$400, attach Schedule B.), 10b less exclusion, Balance (See pages 9 and 17 of Instructions)												
Please Attach Copy B of Forms W-2 Here		(If yo	ou h	ave r					and	go to lin	e 21)				
ase	11	(If you have no other income, skip lines 11 through 20 and go to line 21.)									11				
Ple	12	State and local income tax refunds (does not apply if refund is for year you took standard deduction) . Alimony received								•••					
-												•••	12	-	
	13	Busine	Business income or (loss) (attach Schedule C)									•••	_13		
	14	Capital gain or (loss) (attach Schedule D)										_14			
	15	50% c	of ca	apital	gain distributior	s not reported	on Sched	iule D .					15		
_	16	50% of capital gain distributions not reported on Schedule D)ľ	16			
e	17	Fully ta	axat	ole pe	nsions and annu	ities not reporte	ed on Sch	edule E					17		
	18	Pensio	ns, a	annuil	ties, rents, royali	ies, partnershin	s. estated	or true	ts. etc	(attach	Schedule	E)	18		
후	19	Farm i	nco	me or	(loss) (attach S	Schedule F)	-,		, 616	- (uttaon -	concure	-/·	19		
2	20	Other ((state	natur	e and source-see	name Q of Instruct	•••••	••••	•••	• • • • •	• • • •	••••	20	·	
ซี	21	Total in		$mo \Delta r$	dd lines 8, 9, an	d 100 through (ulis) 🗩						<u> </u>	-	
<u></u>													21		<u>, </u>
Attach Check or Money Order Here					come (If non	-	-		nd ent	ter zero (on line 2	8.)			///////////////////////////////////////
	22	Moving	; exp	bense	(attach Form 39	03)			22						
	23				ess expenses (at			1-	23						///////////////////////////////////////
	24				individual retire		•								
					29, Part III)				24						///////////////////////////////////////
	2F								25						///////////////////////////////////////
	25				(eogh (H.R. 10)				[-						///////////////////////////////////////
t a	26				t penalty for pre				26						///////////////////////////////////////
	27				ee page 11 of Ir									<i>4111111111111111111111111111111111111</i>	(((((()))))))))))))))))))))))))))))))))
Please	_28	Total a	dju	stmen	ts. Add lines 22	through 27 .						· •	28		_
2	29	Subtra	ct li	ne 28	from line 21.								29		
	30												30		
	31		Disability income exclusion (sick pay) (attach Form 2440)												
					ur tax for you. s						-		31		

Form 1040 (1977) Page								
	32 33	Amount from line 31	32					
Computation		If you do NOT itemize deductions, enter zero. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here ▶ □ and see page 11 of the Instructions. Also see page 11 of the Instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien.	33					
Tax Comp	34	Tax Table Income. Subtract line 33 from line 32	34					
		Tax. Check if from Tax Tables or Schedule TC Schedule TC Additional taxes. (See page 12 of Instructions.) Check if from Form 4970, Form 4972, Form 5544, Form 5405, or Section 72(m)(5) penalty tax Section 72(m)(5) penalty tax	35 36					
	37	Total. Add lines 35 and 36	37					
	38	Credit for contributions to candidates for public office						
	39	Credit for the elderly (attach Schedules R&RP)						
	40	Credit for child and dependent care expenses (attach Form 2441) . 40						
ts		Investment credit (attach Form 3468)						
Credits		Foreign tax credit (attach Form 1116)						
ပ်		Work Incentive (WIN) Credit (attach Form 4874)						
		New jobs credit (attach Form 5884)						
		See page 12 of Instructions						
		Total credits. Add lines 38 through 45	46					
		Balance. Subtract line 46 from line 37 and enter difference (but not less than zero) >	47					
S		Self-employment tax (attach Schedule SE)	48					
Taxes	49	Minimum tax. Check here Þ 🥅 and attach Form 4625	49					
Ц	50	Tax from recomputing prior-year investment credit (attach Form 4255)	50					
er		Social security tax on tip income not reported to employer (attach Form 4137)	51					
Other		Uncollected employee social security tax on tips (from Form W-2)	52					
9	53	Tax on an individual retirement arrangement (attach Form 5329)	53					
	54	Total tax. Add lines 47 through 53	54					
	55	Total Federal income tax withheld (attach Forms W–2, W–2G, and						
		W-2P to front)						
	56	1977 estimated tax payments (include amount allowed as credit						
S		from 1976 return)						
en	57	Earned income credit. If line 31 is under \$8,000, see page 2 of						
Payments		Instructions. If eligible, enter child's name 57						
Pa	58	Amount paid with Form 4868						
	59	Excess FICA and RRTA tax withheld (two or more employers) 59						
	60	Credit for Federal tax on special fuels, etc. (attach Form 4136) 60						
		Credit from a Regulated Investment Company (attach Form 2439)						
	_	a See page 13 of Instructions 61a						
_		Total. Add lines 55 through 61a	62					
one	63	If line 62 is larger than line 54, enter amount OVERPAID	63					
2		Amount of line 63 to be REFUNDED TO YOU	<u>64</u>	l				
0		Amount of line 63 to be credited on 1978 estimated tax	<i>\ </i>	//////////////////////////////////////				
ň	66	If line 54 is larger than line 62, enter BALANCE DUE . Attach check or money order for full amount payable to "Internal Revenue Service." Write social security number on check or money order •	66					
Refund or Due		(Check \blacktriangleright \square if Form 2210 (2210F) is attached. See page 14 of Instructions.)						
Here	of	der penalties of perjury, I declare that I have examined this return, including accompanying schedules my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpaye ich preparer has any knowledge.						
T		IN						
Sign		Paid preparer's signature and ide	entifyin	g number (see instructions)				
ŝ	💌 Y	'our signature Date						
Please								
ā	3	pouse's signature (if filing jointly, BOTH must						
	S	ign even if only one had income)	iame, ad	dress, and identifying number) 235-057-1				