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Form 1040 U.S. Individual Income Tax Return 1984

Department of the Treasury - Internal Revenue Service For the year January 1, December 31, 1984, or other tax year beginning 1984, ending 19 OMB No. 1545-0074

Use IRS label. Other-wise, please print or type. Your first name and initial (if joint return, also give spouse's name and initial) Last name Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security number City, town or post office, State, and ZIP code Your occupation Spouse's occupation

Presidential Election Campaign Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Note: Checking Yes will not change your tax or reduce your refund.

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. 4 Head of household (with qualifying person) (See page 5 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here 5 Qualifying widow(er) with dependent child (Year spouse died 19 ) (See page 6 of Instructions.)

Exemptions 6a Yourself 65 or over Blind 6b Spouse 65 or over Blind 6c First names of your dependent children who lived with you 6d Other dependents: (1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support? 6e Total number of exemptions claimed (also complete line 36).

Income 7 Wages, salaries, tips, etc. 8 Interest income (also attach Schedule B if over \$400) 9a Dividends (also attach Schedule B if over \$400) 9b Exclusion 9c Subtract line 9b from line 9a and enter the result. 10 Refunds of State and local income taxes, from the worksheet on page 9 of Instructions (do not enter an amount unless you itemized deductions for those taxes in an earlier year—see page 9) 11 Alimony received 12 Business income or (loss) (attach Schedule C) 13 Capital gain or (loss) (attach Schedule D) 14 40% of capital gain distributions not reported on line 13 (see page 9 of Instructions) 15 Supplemental gains or (losses) (attach Form 4797) 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17 17a Other pensions and annuities, including rollovers Total received 17b Taxable amount, if any, from the worksheet on page 10 of Instructions 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 20a Unemployment compensation (insurance) Total received 20b Taxable amount, if any, from the worksheet on page 10 of Instructions 21a Social security benefits (see page 10 of Instructions) 21b Taxable amount, if any, from the worksheet on page 11 of Instructions 22 Other income (state nature and source—see page 11 of Instructions) 23 Add lines 7 through 22. This is your total income

Adjustments to Income 24 Moving expense (attach Form 3903 or 3903F) 25 Employee business expenses (attach Form 2106) 26a IRA deduction, from the worksheet on page 12 26b Enter here IRA payments you made in 1985 that are included in line 26a above 27 Payments to a Keogh (HR 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 Add lines 24 through 30. These are your total adjustments 32 Subtract line 31 from line 23. This is your adjusted gross income. If this line is less than \$20,000, see Form 1040-SS, page 50, for instructions.

GOVERNMENT EXHIBIT 35-98 CR 90-10880-00