



# FILING SEASON SUPPLEMENT

for  
Electronic  
Return  
Originators  
(TY 1999)



## Tax Year 1999 IRS *e-file* Calendar

FOR RETURN TAX PERIOD -- January 1 - December 31, 1999 -- ONLY

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Begin transmitting <b>LIVE IRS <i>e-file</i> RETURNS</b>	January 14, 2000
Last date for transmitting <b>TIMELY FILED RETURNS</b>	April 17, 2000
Last date for transmitting <b>TIMELY FILED FORMS 4868</b>	April 17, 2000
Last date for retransmitting <b>REJECTED TIMELY FILED FORMS 4868</b>	April 19, 2000
Last date for retransmitting <b>REJECTED TIMELY FILED RETURNS</b>	April 22, 2000
Last date IRS will accept <b>TEST TRANSMISSIONS</b>	April 30, 2000
Last date for submitting <b>NEW APPLICATION FORMS 8633</b>	May 31, 2000
Last date for timely transmitting <b>RETURNS ON EXTENSION FROM FORM 4868</b>	August 15, 2000
Last date for retransmitting <b>REJECTED RETURNS ON EXTENSION FROM FORM 4868</b>	August 18, 2000
Last date for transmitting <b>LATE OR EXTENDED RETURNS</b>	October 16, 2000
Last date for retransmitting <b>REJECTED LATE OR EXTENDED RETURNS</b>	October 19, 2000

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**Filing Season Supplement  
for  
Electronic Return Originators**

**Tax Year 1999**

**Publication 1345A**

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Publication 1345 (Rev. 10-98)

This revision supersedes  
Publication 1345A (Rev. 12-98)



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# **PART I**

## **Information Directories**

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## The IRS *e-file* Telephone Directory

TOPIC	SERVICES OFFERED	NUMBER
<b>APPLICATION</b>	Answers to questions about the status of Forms 8633 and applying to participate in the IRS <i>e-file</i> program	1-800-691-1894
<b>CREDIT CARD PAYMENTS</b>	Taxpayers may pay balances due between January 14, 2000 and October 16, 2000	1-888-2PAYTAX 1-888-272-9829
<b>DIRECT DEBIT PAYMENTS</b>	Taxpayers may check the status or cancel warehoused (deferred) payments	1-888-353-4537
<b>ELECTRONIC FILING BULLETIN BOARD</b> (not toll free)	Requires modem; IRS <i>e-file</i> operations and administrative information, updated periodically; downloadable files	606-292-0137
<b>ETA COORDINATOR</b>	Get coordinator's name and contact information	1-800-691-1894
<b>FINGERPRINT CARDS</b>	Call to obtain for principals of your firm and responsible officials on new or revised applications	1-800-691-1894
<b>FORMS BY FAX</b> (not toll free)	Need 5 digit fax order number from tax package or catalogue	703-368-9694
<b>FRAUD</b>	Report suspicious activity in the IRS <i>e-file</i> program	1-800-829-0433
<b>PUBLICATIONS</b>	Order IRS publications and forms by phone	1-800-829-3676
<b>SOCIAL SECURITY ADMINISTRATION</b>	For assistance if returns reject due to problems with SSNs, name controls or dates of birth	1-800-772-1213
<b>SUITABILITY</b>	Questions regarding the suitability check process	1-800-691-1894
<b>TAX FORMS</b>	Order IRS forms and publications by phone	1-800-829-3676
<b>TAX HELP</b>	IRS tax assistance	1-800-829-1040
<b>TELETAX</b> (refund info)	Automated refund information--wait at least 3 weeks after acknowledgment before calling	1-800-829-4477
<b>TELETAX</b> (tax help)	Automated tax help--see topic numbers in tax package	1-800-829-4477
<b>TRANSMISSION</b> problems and <b>PATS TESTING</b> questions (call appropriate service center below)		
	<b>ANDOVER</b> Service Center (not toll free) . . . . .	978-474-9486
	<b>AUSTIN</b> Service Center (not toll free) . . . . .	512-460-8900
	<b>CINCINNATI</b> Service Center (not toll free) . . . . .	606-292-5621
	<b>MEMPHIS</b> Service Center (not toll free) . . . . .	901-546-2690
	<b>OGDEN</b> Service Center (not toll free) . . . . .	801-620-7444

# The IRS Digital Daily Web Site Directory

<http://www.irs.gov>

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The following areas exist within the **IRS Digital Daily Web Site**. We encourage you to **locate** and **bookmark** them for future reference. The following list is not all inclusive. To see what else is available, please visit the web site any time - 24 hours a day, 7 days a week!

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**ELECTRONIC SERVICES INDEX PAGE** (IRS *e-file* and electronic payment information for individuals and businesses)

**ELECTRONIC SERVICES: AUTHORIZED IRS *e-file* PROVIDER PAGE** (useful, current information intended for tax professionals participating in the IRS *e-file* program)

**IRS *e-file* PROVIDER LOCATOR SERVICE** (provides taxpayers with locations of the nearest Authorized IRS *e-file* Providers)

**IRS *e-file* PARTNERSHIP PAGE** (discover how the IRS is partnering with the private sector to expand the IRS *e-file* program)

**ETA COORDINATOR LISTING** (IRS personnel who can help you with the IRS *e-file* Program)

**STATE *e-file* COORDINATOR LISTING** (contacts for Federal/State and direct state *e-file* programs)

**TAX PROFESSIONAL'S CORNER** (useful, current information intended for tax professionals)

**WHAT'S HOT** (provides the latest information from the IRS)

**IRS LOCAL NEWS NET** (subscribe to receive local IRS information by e-mail)

**IRS DIGITAL DISPATCH** (subscribe to receive national IRS information by e-mail)

**TAXPAYER HELP AND EDUCATION** (find answers in prepared material through interactive sessions or via e-mail)

**TAX FORMS AND PUBLICATIONS** (current and prior year forms are available for download)

## The IRS *e-file* Address Book

<b>APPLICATIONS (Form 8633)</b> Send new applications, revised applications or revisions by letter (on your firm's official letterhead) to:	<b>Andover Service Center</b> EFU--Stop 983 P.O. Box 4099 Woburn, MA 01888-4099
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<b>FORMS 8453</b>	
(mail to the service center below from which the return was acknowledged as received)	
<u>Regular Mail</u>	<u>Overnight Mail</u>
<b>Andover Service Center</b> Attn: Shipping and Receiving Receipt and Control Branch 310 Lowell Street Andover, MA 05501	<b>Andover Service Center</b> Attn: Shipping and Receiving Receipt and Control Branch 310 Lowell Street Andover, MA 05501
<b>Austin Service Center</b> Attn: Shipping and Receiving Receipt and Control Branch P.O. Box 1231 Austin, TX 78767-1231	<b>Austin Service Center</b> Attn: Shipping and Receiving Receipt and Control Branch 3651 South IH 35 Austin, TX 78741
<b>Cincinnati Service Center</b> Internal Revenue Service Cincinnati, OH 45999	<b>Cincinnati Service Center</b> Attn: Shipping and Receiving, Stop 31 201 West Rivercenter Boulevard Covington, KY 41019
<b>Memphis Service Center</b> Internal Revenue Service P.O. Box 1898 Memphis, TN 38101	None
<b>Ogden Service Center</b> Internal Revenue Service Attn: Stop 6052 1160 West 1200 South Ogden, UT 84201	<b>Ogden Service Center</b> Internal Revenue Service Attn: Stop 6052 1160 West 1200 South Ogden, UT 84201

## IRS *e-file* Service Center Relationships

<b>SERVICE CENTER</b>	<p>Submit Form 8453 to the associated service center based on your business location listed below.</p> <p><b>NOTE:</b> If your clients file <b>Federal/State</b> returns, submit Form 8453 to the associated service center based on the states listed below.</p>
<b>ANDOVER</b>	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia
<b>AUSTIN</b>	Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Oklahoma, Texas, Wisconsin
<b>CINCINNATI</b>	Florida, Indiana, Kentucky, Michigan, Ohio, South Carolina, West Virginia
<b>MEMPHIS</b>	Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, Tennessee
<b>OGDEN</b>	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, North Dakota Oregon, South Dakota, Utah, Washington, Wyoming
<p><b>If your clients file Forms 2555 or 2555-EZ with their Forms 1040, submit Form 8453 to Andover</b></p>	

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## **PART II**

# **Tax Year 1999 Filing Season Information**

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# IRS *e-file* Program Updates for Tax Year 1999

## Debt Indicator (DI)

A Debt Indicator will be made available to Authorized IRS *e-file* Providers accepted under the Debt Indicator Request for Agreement (RFA) process. The Debt Indicator has been added to the Acknowledgment File and will contain a code designating type of debt obligation. The codes are:

“**N**” = None  
“**I**” = IRS Debt  
“**F**” = FMS Debt  
“**B**” = IRS and FMS Debt  
or **Blank**.

The IRS also announced that providers that did not present proposals to the original RFA or are not covered under one of the announced agreements may still apply to obtain the Debt Indicator under an amendment to the RFA (RFA TIRNO-99-H-0002, Project 6, Amendment 4). For more information, go to the IRS Digital Daily at [http://www.irs.gov/bus\\_info/tax\\_pro/di.html](http://www.irs.gov/bus_info/tax_pro/di.html)

## Advertising Standards

Any Authorized IRS *e-file* Provider that communicates that returns can be filed through IRS *e-file* without the appropriate income and withholding documentation may be suspended from participation in the IRS *e-file* Program. Section 12.01 of Revenue Procedure 98-50 prohibits the use or participation in the use of any form of public communication that contains a false, fraudulent, misleading, deceptive, unduly influencing, coercive, or unfair statement or claim.

## Attachments to Form 8453

Forms W-2, W-2G and 1099-R **should not be attached** to the Form 8453, *U.S. Individual Income Tax Declaration for an IRS e-file Return*, that is mailed to the IRS. Form 4852, *Substitute for Form W-2 and 1099-R...*, also should not be attached to Form 8453. Authorized IRS *e-file* Providers are still required to retain paper copies of Forms W-2, W-2G and 1099-R until the end of the calendar year in which the return was filed, as stated in Section 5.09 of Revenue Procedure 98-50.

## New Tolerances For Determining When To Prepare A New Form 8453

Preparation of a new Form 8453 continues to not be required for a change that is nonsubstantive. A nonsubstantive change is limited to corrections that do not exceed the new tolerances as further described for arithmetic errors, a transposition error, a misplaced entry, or a spelling error. The **new tolerances** are: (a) the amount of “Total Income” that does not differ from the amount on the electronic portion of the tax return by more than **\$50**; or (b) the amount of “Total Tax”, “Federal income tax withhold”, “Refund”, or “Amount you owe” does not differ from the amount on the electronic portion of the tax return by more than **\$14**.

# IRS e-file Program Updates for Tax Year 1999 (Continued)

## Submitting Form 8453

Authorized IRS e-file Providers may now submit the taxpayer's Form 8453, *U.S. Individual Income Tax Declaration for an IRS e-file Return*, to the service center that acknowledged acceptance of the electronic portion of the return within **three (3) business days** after the Authorized IRS e-file Provider receives the acknowledgment file.

## Change to Stockpiling Definition

Electronic Return Originators (EROs) **may collect or prepare returns and wait until January 14, 2000** to send the returns to IRS and not be considered stockpiling as defined in Section 5.14 of Revenue Procedure 98-50. EROs must advise taxpayers that the returns will not be transmitted to the IRS prior to January 14, 2000.

## Signing Form 8633

A responsible officer who acts and signs for your business in legal and/or tax matters may sign Form 8633, *Application to Participate in the IRS e-file Program*. This person does not have to be one of the principals listed on your original application or subsequent revisions. However, you must notify Andover Service Center in writing if anyone other than the principals listed will sign Form 8633. Your letter to Andover Service Center must include the name and title of the person(s) designated and must be signed by a principal listed on your current Form 8633.

## New Forms

Newly added forms eligible for IRS e-file include:

Schedule J, *Farm Income Averaging*  
Form 6781, *Gains and Losses From Section 1256 Contracts and Straddles*  
Form 8271, *Investor Reporting of Tax Shelter Registration Number*  
Form 8582-CR, *Passive Activity Credit Limitations*  
Form 8586, *Low-Income Housing Credit*

## Other Issues

- C Preparer Tax Identification Numbers (PTIN's) will be accepted for IRS e-file.
- C Form 9465, *Installment Agreement Request*, will allow payments to be automatically deducted from checking or savings accounts.
- C There is no change to the IRS e-file policy of not accepting amended returns or late-filed returns claiming relief from penalties due to disasters or other reasonable causes.
- C An improved process for addressing issues that may result in suspension from participation in the IRS e-file program should provide Authorized IRS e-file Providers with the **opportunity to resolve issues prior to suspension**. However, in appropriate circumstances, the Service will continue to immediately suspend an Authorized IRS e-file Provider without warning.

## Accepted Forms and Schedules Information

The following chart identifies the forms and schedules accepted in the TY 1999 IRS *e-file* program, the maximum number of each that may be submitted, and a reference to the appendix where an exhibit of the form or schedule may be found.

FORM OR SCHEDULE	MAXIMUM NUMBER	APPENDIX PAGES	FORM OR SCHEDULE	MAXIMUM NUMBER	APPENDIX PAGES
Form 1040	1	1, 2	Form 4835	2	60
Sch. A&B	1	3, 4	Form 4868	1***	61
Sch. C	5	5, 6	Form 4952	1	62
Sch. C-EZ	1 per taxpayer*	7	Form 4970	1	63
Sch. D	1	8, 9	Form 4972	1 per taxpayer*	64, 65
Sch. E	5**	10, 11	Form 5329	1 per taxpayer*	66, 67
Sch. EIC	1	12	Form 6198	5	68
Sch. F	2	13, 14	Form 6251	1	69, 70
Sch. H	1 per taxpayer*	15, 16	Form 6252	3	71
Sch. J	1	17	Form 6781	1	72
Sch. R	1	18, 19	Form 8271	1	73
Sch. SE	1 per taxpayer*	20, 21	Form 8283	2	74, 75
Form 1040A	1	22, 23	Form 8396	1	76
Sch. 1	1	24	Form 8582	1	77-79
Sch. 2	1	25, 26	Form 8582-CR	1	80, 81
Sch. 3	1	27, 28	Form 8586	1	82
Form 1040EZ	1	29, 30	Form 8606	1 per taxpayer*	83, 84
Form 1099-R	10	31	Form 8615	1	85
Form W-2	20	32	Form 8812	1	86
Form W-2G	30	33	Form 8814	3	87
Form 1116	8	34, 35	Form 8815	1	88
Form 2106	1 per taxpayer*	36, 37	Form 8828	1	89
Form 2210	1	38-40	Form 8829	5****	90
Form 2210F	1	41	Form 8839	1	91, 92
Form 2441	1	42, 43	Form 8853	1	93, 94
Form 2555	1 per taxpayer*	44-46	Form 8862	1	95, 96
Form 2555EZ	1 per taxpayer*	47, 48	Form 8863	1	97
Form 3903	2	49	Form 9465	1 or ***	98
Form 4136	1	50, 51	Form Pymt.	1	99
Form 4137	1 per taxpayer*	52			
Form 4255	1	53			
Form 4562	8	54, 55			
Form 4684	1	56, 57			
Form 4797	1	58, 59			

\* 2 per joint return

\*\* Maximum 15 properties (3 on each Sch. E)

\*\*\* Transmitted separate from return

\*\*\*\* 1 per each Sch. C

## Post of Duty Codes for Forms 2555 and 2555EZ

If the country is not listed, use Post of Duty Code "85" - Other Countries

Country	Code	Country	Code
Afars & Issas	84	Byelarus	85
Afghanistan	84	Cambodia	84
Albania	15	Cameroon	84
Algeria	84	Canada - Alberta	33
Andorra	08	Canada - British Columbia	32
Angola	84	Canada - Manitoba	33
Anguilla	85	Canada - New Brunswick	37
Antarctica	85	Canada - Newfoundland	37
Antigua & Barbuda	49	Canada - Northwest Territory	32
Arab Republic of Egypt	25	Canada - Nova Scotia	37
Argentina	54	Canada - Ontario	35
Armenia	85	Canada - Prince Edward Island	37
Aruba	49	Canada - Quebec	34
Ascension Island	84	Canada - Saskatchewan	33
Ashmore & Cartier Islands	85	Canton & Enderbury Islands	84
Australia	68	Cape Verde	43
Austria	13	Cayman Islands	43
Azerbaijan	15	Central African Republic	84
Azores	85	Ceylon	75
Bahamas	44	Chad	84
Bahrain Islands	25	Channel Islands	02
Baker Islands	85	Chile	54
Bangladesh	75	China (Taiwan)	65
Barbados	49	China, People's Republic	38
Bassas da India	85	Christmas Island (Indian Ocean)	85
Belarus	85	Christmas Island (Pacific Ocean)	84
Belgium	11	Clipperton Island	85
Belize	45	Cocos (Keeling) Islands	44
Benin	29	Colombia	45
Bermuda	44	Commonwealth of Independent States (USSR)	15
Bhutan	84	Comoro Islands	84
Bolivia	54	Congo	84
Botswana	84	Cook Islands	84
Bouvet Island	85	Coral Sea Islands Territory	85
Brazil	53	Costa Rica	45
British Honduras	45	Cuba	84
British Indian Ocean Territory	85	Cyprus	19
British Virgin Islands	49	Czech Republic	15
Brunei	84	Dahomey	84
Bulgaria	15	Burkina	84
Burma	75	Denmark	03
Burundi	84		

## Post of Duty Codes for Forms 2555 and 2555EZ

If the country is not listed, use Post of Duty Code "85" - Other Countries

Country	Code	Country	Code
Djibouti	84	Guinea-Bissau	84
Dominica	49	Guyana	49
Dominican Republic	44	Haiti	44
Ecuador	45	Heard Island & McDonald Island	84
Egypt	25	Holland	14
El Salvador	45	Honduras	45
Ellice Islands	84	Hong Kong	73
England	02	Howland Island	85
England - London	01	Hungary	15
Equatorial Guinea	84	Iceland	84
Estonia	85	India	75
Ethiopia	84	Indonesia	74
Europa Island	85	Iran	84
Falkland Islands	84	Iraq	84
Faroe Islands	84	Iraq - Saudi Arabia Neutral Zone	84
Federated States of Micronesia	85	Ireland	02
Fiji	84	Isle of Man	02
Finland	03	Israel	19
Formosa	65	Italy	19
France	08	Italy - Rome	18
France - Paris	07	Ivory Coast	84
French Guinea	84	Iwo Jima (Japan)	84
French Polynesia	84	Jamaica	44
French Southern & Antarctic Lands	85	Jan Mayen	84
Gabon	84	Japan	60
Gambia	84	Japan - Tokyo	59
Gaza Strip	84	Jersey	02
Georgia	15	Johnston Atoll	84
Germany	13	Jordan	84
Ghana	84	Juan de Nova Island	85
Gibraltar	09	Kampuchea	84
Gilbert Island	84	Kazakhstan	15
Glorioso Islands	85	Kenya	29
Great Britain	02	Kingman Reef	85
Great Britain - London	01	Kiribati	84
Greece	19	Korea, Democratic People's Rep. of	85
Greenland	84	Korea, Republic of	61
Grenada	84	Kuwait	25
Guadeloupe	49	Kyrgyzstan	15
Guatemala	45	Laos	84
Guernsey	02	Latvia	15
Guinea	84	Lebanon	84

## Post of Duty Codes for Forms 2555 and 2555EZ

If the country is not listed, use Post of Duty Code "85" - Other Countries

Country	Code	Country	Code
Lesotho	84	Niue (New Zealand)	84
Liberia	09	Norfolk Island	84
Libya	84	Northern Ireland	02
Lichtenstein	08	Norway	03
Lithuania	15	Okinawa (Japan)	60
Luxembourg	08	Oman	25
Macau	85	Other Countries	85
Madagascar	84	Pakistan	75
Malawi	84	Palau	85
Malaysia	74	Palmyra Atoll	85
Maldives	84	Panama	48
Mali	84	Papua-New Guinea	70
Malta	19	Paraguay	54
Marshall Islands	85	Persia	84
Martinique	85	Peru	54
Mauritania	84	Philippines	63
Mauritius	84	Pitcairn Islands	84
Mayotte	85	Poland	15
Mexico	42	Portugal	09
Mexico City	41	Portuguese Timor	74
Micronesia, Federal States of	85	Qatar	25
Midway Islands	85	Reunion Island	84
Moldova	85	Romania	15
Monaco	08	Russia	15
Mongolia	84	Rwanda	84
Montserrat	49	San Marino	19
Morocco	84	Sao Tome and Principe	84
Mozambique	29	Saudi Arabia	24
Muscat	25	Scotland	02
Myanmar	75	Senegal	84
Namibia	85	Seychelles	84
Nauru	70	Sierra Leone	84
Navassa Island	85	Singapore	74
Nepal	75	Slovakia (Slovic Republic)	15
Netherlands	14	Solomon Islands	84
Netherlands Antilles	49	Somalia	84
New Caledonia	84	South Africa	28
New Hebrides (Ranuatn)	70	South-West Africa	85
New Zealand	70	Southern Rhodesia	85
Nicaragua	45	Southern Yemen	84
Niger	85	Soviet Union	15
Nigeria	29	Spain	09

## Post of Duty Codes for Forms 2555 and 2555EZ

If the country is not listed, use Post of Duty Code "85" - Other Countries

Country	Code	Country	Code
Spratly Islands	85	Turks and Caicos Islands	43
Sri Lanka	75	Tuvalu	84
St. Christmas-Nevis	49	Uzbekistin	15
St. Christopher	49	Uganda	84
St. Helena	49	Ukraine	15
St. Kitts & Nevis	49	Union of Soviet Socialist Republics	85
St. Lucia Island	49	United Arab Emirates	25
St. Pierre & Miquelon	37	United Kingdom	02
St. Vincent and the Grenadines	49	United Kingdom - London	01
Sudan	84	Upper Volta	84
Suriname	84	Uruguay	54
Svalbard	84	Uzbekistan	85
Swaziland	84	Vanuatu	70
Sweden	03	Vatican City	18
Switzerland	10	Venezuela	49
Syria	84	Vietnam	84
Taiwan	65	Wake Island	85
Tajikistin	15	Wales	02
Tanzania, United Republic of	84	Wallis & Futuna	84
Thailand	75	West Bank	85
Tobago	49	West Indies	44
Togo	84	Western Sahara	85
Tokelau Islands	84	Western Samoa	84
Tonga	84	Yemen (Aden)	84
Trinidad & Tobago	49	Yemen (Sanaa)	24
Tromelin Island	85	Yugoslavia	15
Trust Territory of the Pacific Islands	85	Zaire	29
Tunisia	84	Zambia	84
Turkey	19	Zimbabwe	29
Turkmenistan	15		

# Form 8453, Page 1

**Form 8453, *U.S. Individual Income Tax Declaration for an IRS e-file Return*, was not available at the time of printing. The revised Form 8453 will be posted on the IRS Digital Daily at [http://www.irs.gov/elec\\_svs/e-pubs.html](http://www.irs.gov/elec_svs/e-pubs.html)**

## Form 8453, Page 2

**Form 8453, *U.S. Individual Income Tax Declaration for an IRS e-file Return*, was not available at the time of printing. The revised Form 8453 will be posted on the IRS Digital Daily at [http://www.irs.gov/elec\\_svs/e-pubs.html](http://www.irs.gov/elec_svs/e-pubs.html)**

# Form 9325

**Form 9325, *Acknowledgment and General Information for Taxpayers  
Who File Returns Electronically*,**  
was not available at the time of printing. The revised Form 9325 will be posted  
on the IRS Digital Daily at [http://www.irs.gov/elec\\_svs/e-pubs.html](http://www.irs.gov/elec_svs/e-pubs.html)

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## **PART III**

# **Error Reject Codes**

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## Error Reject Code (ERC) Explanations for Individual Income Tax Returns

See Appendix for assistance in identifying SEQ numbers.

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- 001** ' Page 1 of Form 1040, Form 1040A, or Form 1040EZ must be present.

' The Summary Record must be present.
- 002** ' Reserved.
- 003** ' Tax Return Record Identification Page 1 - Tax Period (Field 7) equal "199912". For Form 1040/1040A, Tax Period (Field 6) of Tax Return Record Identification Page 2 must also equal "199912".
- 004** ' Tax Form - Primary SSN (SEQ 010) must be within the valid ranges of SSN/ITIN's and cannot equal an ATIN. It must equal all numeric characters and cannot equal all blanks, zeros, or nines.

' Primary SSN (SEQ 010) is a required field.

' Primary SSN (SEQ 010) of the Tax Form must equal Primary Social Security Number (P-SSN) (Field 5) of Tax Return Record Identification Page 1.

' Primary Social Security Number (P-SSN) (Field 5) of Tax Return Record Identification Page 1 must be significant.
- 005** ' Statement Record - The maximum number of Statement References within a tax return is 30. (A Statement Reference is defined as "STMbnn"; the value of "nn" refers to the Statement Number.)
- 006** ' Tax Form - Only the following characters are permitted in the Primary Name Control (SEQ 050) and Spouse's Name Control (SEQ 055): alpha, hyphen, and space. The Name Control cannot contain leading or embedded spaces. The left-most position must contain an alpha character.

' Primary Name Control (SEQ 050) is a required field.

' Spouse's Name Control (SEQ 055) is a required field when Filing Status (SEQ 130) equals "2" or "3". On Form 1040EZ, Spouse's Name Control (SEQ 055) is a required field when Secondary SSN (SEQ 030) is significant.

' Form 8615 - Parent Name Control (SEQ 045) must be significant and correctly formatted.

' Form 8814 - Child Name Control (SEQ 015) must be significant and correctly formatted.
- 007** ' Tax Form - Street Address (SEQ 080) is alphanumeric and cannot have leading or consecutive embedded spaces. The left-most position must contain an alpha or numeric character. The only special characters permitted are space, hyphen (-), and slash (/).

' Street Address (SEQ 080) is a required field.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 008
  - ' Form 1040/1040A - Total Box 6a and 6b (SEQ 167) must equal the number of boxes checked for Exempt Self (SEQ 160) and Exempt Spouse (SEQ 163).
  - ' Filing Status (SEQ 130) is a required field.
- 009
  - ' State Record - The unformatted state record exceeds the maximum length.
- 010
  - ' Significant money amount fields must be right-justified (and zero-filled when transmitting in fixed format). Money amount fields must contain whole dollars (no cents). When a field is defined as "N (positive only)", the field must be present and must contain an amount greater than or equal to zero.
  - ' For numeric fields that can contain a literal value, entries must be left-justified and blank-filled when transmitting in fixed format. When transmitting in variable format, only significant characters are transmitted.
  - ' When transmitting in fixed or variable format, significant date fields must contain numeric characters in the following formats, unless otherwise specified:
    - Year fields with a length of four positions = YYYY
    - Date fields with six positions = MMYYYY
    - Date fields with eight positions = MMDDYYYY
  - ' All alphanumeric fields must be left-justified (and blank-filled when transmitting in fixed format) unless otherwise specified.
  - ' Form Payment - Taxpayer's Day Time Phone Number (SEQ 090) is a required field.
- 011
  - ' Form 1040/1040A - When Exempt Self (SEQ 160) equals "X", Total Exemptions (SEQ 360) must be greater than zero.
- 012
  - ' Form 1040/1040A - If Overpaid (SEQ 1260) is significant and ES Penalty Amount (SEQ 1310) is greater than Overpaid, then Amount Owed (SEQ 1290) must be significant. If Overpaid (SEQ 1260) is significant and ES Penalty Amount (SEQ 1310) is not greater than Overpaid, then Amount Owed (SEQ 1290) cannot be significant.
- 013
  - ' Reserved
- 014
  - ' When there is an entry in a field defined as "NO ENTRY", the return will be rejected.
  - ' Data may be entered in the following fields of the Tax Form only when the return is filed as part of the Practitioner PIN Pilot or the On-Line CSN Pilot: Primary Taxpayer Signature (SEQ 1321) and Spouse Signature (SEQ 1324). Data may be entered in the following fields of the Summary Record only when the return is an On-Line Return: Primary Date of Birth (Field 34) and Spouse Date of Birth (Field 35).
- 015
  - ' Schedule A - The following literal values cannot be present in Other Expenses Type (SEQ 420, 432) or in Other Expense Type (SEQ 475): "CASUALTY", "CHILD CARE", "CHILD-CARE", "CHILDCARE", "DEPENDENT CARE", "MEDICAL", "THEFT".
- 016
  - ' Tax Form - Zip Code (SEQ 095) must be within the valid ranges of zip codes listed for the corresponding State Abbreviation (SEQ 087). The zip code cannot end in "00", with the exception of 20500 (the White House zip code).

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 017** ' Form 4137 - Tip Income Name (SEQ 010) and Tip Income SSN (SEQ 020) must be significant.
- 018** ' Form 5329 - Name of Person Subject to Penalty Tax (SEQ 010) and SSN of Person Subject to Penalty Tax (SEQ 020) must be significant.
- 019** ' Tax Form - When Direct Deposit information is present, Routing Transit Number (SEQ 1272) (RTN) must contain nine numeric characters. The first two positions must be 01 through 12, or 21 through 32; the RTN must be present on the Financial Organization Master File (FOMF); and the banking institution must process Electronic Funds Transfer (EFT).

  - ' Depositor Account Number (SEQ 1278) must be alphanumeric (i.e., only alpha characters, numeric characters, and hyphens), must be left-justified with trailing blanks if less than 17 positions, and cannot equal all zeros.
  - ' If Routing Transit Number (SEQ 1272) or Depositor Account Number (SEQ 1278) is significant, then Checking Account Indicator (SEQ 1274) or Savings Account Indicator (SEQ 1276) must equal "X". Both cannot equal "X".
- 020** ' Tax Form - Name Line 1 (SEQ 060) cannot have leading or consecutive embedded spaces. The only characters permitted are alpha, space, ampersand (&), hyphen (-), and less-than sign (<). The left-most position must be alpha. The less-than sign replaces the intervening space to identify the primary taxpayer's last name and cannot be preceded by or followed by a space.

  - ' Name Line 1 (SEQ 060) is a required field.
  - ' DO NOT ENTER DECEDENT NAMES IN NAME LINE 1. DECEDENT RETURNS MAY NOT BE FILED ELECTRONICALLY.
- 021** ' Tax Form - Name Line 2 (SEQ 070) is alphanumeric and cannot have leading or consecutive embedded spaces. The only special characters permitted are space, ampersand (&), hyphen (-), slash (/), and percent (%).
- 022** ' Tax Form - State Abbreviation (SEQ 087) must be significant and consistent with the standard state abbreviations issued by the Postal Service.

  - ' State Abbreviation (SEQ 087) is a required field.
- 023** ' Tax Form - City (SEQ 083) must be left-justified and must contain a minimum of three alpha characters. This field cannot contain consecutive embedded spaces and must contain only alphabetic characters and spaces. Do not abbreviate the city name.

  - ' City (SEQ 083) is a required field.
- 024** ' Tax Form - If Military Ind (SEQ 097) equals "1" (Military Overseas Address), then City (SEQ 083) must equal "APO" or "FPO", and State Abbreviation (SEQ 087) must equal "AA", "AE", or "AP" with the appropriate Zip Code (SEQ 095). If State Abbreviation (SEQ 087) equals "AA", "AE", or "AP", then Military Ind (SEQ 097) must equal "1".
- 025** ' Summary Record - For an On-Line return, the following fields must be present: Jurat/Disclosure Version Indicator (SEQ 1319) of the Tax Form, and Signature Date (Field 33) and Primary Date of Birth (Field 34) of the Summary Record.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 026** ' Summary Record - For an On-Line return, if Filing Status (SEQ 130) of the Tax Form equals "2", then the following fields must be present: Jurat/Disclosure Version Indicator (SEQ 1319) of the Tax Form, Signature Date (Field 33) and Spouse Date of Birth (Field 35) of the Summary Record.
- 027** ' Summary Record - Electronic Return Originator Name (Field 4) must be significant.
- ' EFIN of Originator (Field 5) must be significant and equal to EFIN of Originator (Field 10b) of Tax Return Record Identification Page 1.
- 028** ' Tax Return Record Identification Page 1 - EFIN of Originator (Field 10b) must contain a valid District Office Code.
- 029** ' Tax Return Record Identification Page 1 - EFIN of Originator (Field 10b) must be for a valid electronic filer authorized at that service center.
- 030** ' The Record ID's of all data records in a tax return must contain the same Primary SSN.
- ' The data records of the tax return must be in the order of Return Sequence Number or Attachment Sequence Number.
- ' Schedule Occurrence Number (Field 3 of the Schedule Record Identification) and Form Occurrence Number (Field 3 of the Form Record Identification) must be significant and in ascending, consecutive numerical sequence beginning with "01". Note: For multiple occurrences of a schedule or form, the Page Number (Field 4 of the Schedule or Form Record Identifications) must be sequential within the Schedule Occurrence Number of a schedule or within the Form Occurrence Number of a form.
- ' All pages of a multiple-page schedule or form must be present. Listed below are exceptions to this rule:
- Page 2 may be present without Page 1 and vice versa for the following: Schedule E, Form 4684, Form 4797, Form 8283, and Form 8853.
  - Page 2 need not be transmitted if there are no entries for that page (but Page 2 cannot be present without Page 1) for the following: Schedule C, Schedule D, Schedule F, Schedule H, Schedule 2, Form 2106, Form 2441, Form 4562, Form 4972, Form 5329, Form 6251, Form 8582-CR, Form 8606, and Form 8839.
  - Page 2 and Page 3 are optional for Form 2210 and Form 8582, but neither Page 2 nor Page 3 can be present without Page 1.
  - Form 4136 Page 2 may be present without Page 1, but if Page 1 is present, then Page 2 must also be present.
  - State Record ST 0001 may be present without ST 0002, but ST 0002 cannot be present without ST 0001.
- ' The requirement for the presence of certain records is determined by the value of the Source Return Indicator (Field 3) of Tax Return Record Identification Page 1:
- Value of "0", indicating Form 1040: Form 1040 Pages 1 and 2 must be present, and the following cannot be present: Form 1040A Pages 1 and 2, Schedule 1, Schedule 2, Schedule 3, Form 1040EZ.
  - Value of "1", indicating Form 1040A: Form 1040A Pages 1 and 2 must be present, and the following cannot be present: Form 1040 Pages 1 and 2, Form 1040EZ.
  - Value of "2", indicating Form 1040EZ: Form 1040EZ must be present, and the following cannot be present: Form 1040 Pages 1 and 2, Form 1040A Pages 1 and 2.
- 031** ' Tax Return Record Identification Page 1 - Return Sequence Number (RSN) (Field 9) must be numeric.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 032** ' Tax Return Record Identification Page 1 - Declaration Control Number (DCN) (Field 10) must be numeric.
- 033** ' Fields within a record cannot be longer than specified.
- ' Name Line 1 (SEQ 060) of the Tax Form can have a maximum of 35 characters; any more than 35 will be dropped.
- 034** ' Record ID - For each record, significant data must be present following the Record ID.
- 035** ' Field Sequence Numbers within each record must be in ascending order and must be valid for that record.
- 036** ' Schedule C-EZ - Only one Schedule C-EZ is allowed for the Primary SSN and one for the Secondary SSN (a total of two Schedules C-EZ per tax return when Filing Status (SEQ 130) equals "2"). When a taxpayer files Schedule C-EZ, no Schedule C is allowed for that taxpayer.
- 037** ' Form 1040/1040A - The number of Dependent Name Controls (SEQ 172, 182, 192, 202, 212, 222, or in the related Statement Record), must equal the total of the following fields: Number of Children Who Lived with You (SEQ 240), Number of Children Not Living with You (SEQ 247), and Number of Other Dependents Listed (SEQ 350).
- 038** ' Form 1040A - Taxable Income (SEQ 820) must be less than \$50000 and only the following can be present: Schedule 1, Schedule 2, Schedule 3, Schedule EIC, Form W-2, Form 1099-R, Form 2210, Form 8606, Form 8615, Form 8812, Form 8815, Form 8839, Form 8862, Form 8863, Form 9465, and Form Payment.
- 039** ' Form 1040EZ - Primary taxpayer (and secondary taxpayer when Secondary SSN (SEQ 030) is significant) must be under age 65, Taxable Interest (SEQ 380) cannot exceed \$400, Taxable Income (SEQ 820) must be less than \$50000, and only the following can be present: Form W-2, Form 8862, Form 9465, and Form Payment.
- 040** ' Form 1040/1040A - Information for at least one dependent must be present when any of the following fields are significant: Number of Children Who Lived with You (SEQ 240), Number of Children Not Living with You (SEQ 247), Number of Other Dependents Listed (SEQ 350).
- 041** ' Form 1040/1040A - Dependent entries must start on Line 1 of the dependent information. No lines may be skipped when completing the dependent information.
- 042** ' Reserved
- 043** ' Form 1040/1040A - When Filing Status (SEQ 130) equals "4", at least one of the following fields must be significant:  
Qualifying Name for H of Household (SEQ 150) and SSN for Qual Name (SEQ 153);  
Number of Children Who Lived with You (SEQ 240);  
Number of Other Dependents Listed (SEQ 350).
- ' When Qualifying Name for H of Household (SEQ 150) is significant, SSN for Qual Name (SEQ 153) must be significant and within the valid ranges of SSN/ITIN/ATIN's and cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030).

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 044** ' Record ID - The record has an invalid Record ID. The error may be one of the following:
- The Primary SSN within the Record ID does not match Primary SSN (SEQ 010) of the Tax Form.
  - The schedule or form is invalid for electronic filing or the page number is incorrect or duplicated.
  - Each record must be followed by a record terminus character (#).
- 045** ' Record ID - The format and content of the Record ID that begins each record must be exactly as defined and must not duplicate another Record ID.
- ' If the Schedule/Form Occurrence Number is invalid, or is a duplicate, or exceeds the maximum number permitted for that record the return will be rejected. Refer to page 9 for the maximum number of schedules/forms permitted in an electronically filed tax return.
- 046** ' Schedule SE - SSN of Self-Employed (SEQ 020) on the first Schedule SE must be significant and equal to Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 047** ' Schedule SE - SSN of Self-Employed (SEQ 020) on the second Schedule SE must be significant and equal to Secondary SSN (SEQ 030) of Form 1040 and must not be equal to SSN of Self-Employed (SEQ 020) on the first Schedule SE. When both spouses are filing Schedule SE, the Schedule SE for the primary taxpayer must precede the Schedule SE for the secondary taxpayer.
- 048** ' Form 2106 - SSN of Taxpayer with Employee Business Expense (SEQ 003) on the first Form 2106 must be significant and equal to Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 049** ' Form 2106 - SSN of Taxpayer with Employee Business Expense (SEQ 003) on the second Form 2106 must be significant and equal to Secondary SSN (SEQ 030) of Form 1040 and must not be equal to SSN of Taxpayer with Employee Business Expense (SEQ 003) on the first Form 2106. When both spouses are filing Form 2106, the Form 2106 for the primary taxpayer must precede the Form 2106 for the secondary taxpayer.
- 050** ' Statement Record - The only valid entry in a Required Statement Record field (identified by an at-sign (@) in the Appendix) is a Statement Reference, i.e., "STMbnn".
- ' For Required Statement Records, Line 02 must be blank. Line 03 must be present and must contain significant data.
- ' For **Required Statement Records**, any Statement Reference number "STMbnn" occurring within a tax return must have a corresponding Statement Record.
- 051** ' Statement Record - For **Optional Statement Records** (identified by an asterisk (\*)), any Statement Reference number "STMbnn" occurring within a tax return must have a corresponding Statement Record.
- 052** ' Statement Record - Optional Statement Records (identified by an asterisk (\*)) are used only when the lines of data to be entered exceed spacing allowed on a schedule or form.
- ' For Optional Statement Records, Lines 01, 02, 03, and 04 must be present and must contain significant data.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 053 ' Statement Record - The number of Statement Records cannot exceed the number of Statement References within a tax return.
- 054 ' Form 4137 - Tip Income SSN (SEQ 020) on the first Form 4137 must equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 055 ' Form 8606 - SSN of Taxpayer with IRAs (SEQ 010) must be significant and equal to Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040/1040A.
- 056 ' Form 8606 - SSN of Taxpayer with IRAs (SEQ 010) on the second Form 8606 must be significant and equal to Secondary SSN (SEQ 030) of Form 1040/1040A and must not be equal to SSN of Taxpayer with IRAs (SEQ 010) on the first Form 8606. When both spouses are filing Form 8606, the Form 8606 for the primary taxpayer must precede the Form 8606 for the secondary taxpayer.
- 057 ' Form 5329 - SSN of Person Subject to Penalty Tax (SEQ 020) on the first Form 5329 must be significant and equal to Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 058 ' Form 5329 - SSN of Person Subject to Penalty Tax (SEQ 020) on the second Form 5329 must be significant and equal to Secondary SSN (SEQ 030) of Form 1040 and must not be equal to SSN of Person Subject to Penalty Tax (SEQ 020) on the first Form 5329. When both spouses are filing Form 5329, the Form 5329 for the primary taxpayer must precede the Form 5329 for the secondary taxpayer.
- 059 ' Form 4137 - Tip Income SSN (SEQ 020) on the second Form 4137 must equal Secondary SSN (SEQ 030) of Form 1040 and must not be equal to Tip Income SSN (SEQ 020) on the first Form 4137. When both spouses are filing Form 4137, the Form 4137 for the primary taxpayer must precede the Form 4137 for the secondary taxpayer.
- 060 ' Tax Return Record Identification Page 1 - Return Sequence Number (RSN) (Field 9) must be in ascending numerical sequence within a transmission. However, the RSN's within the transmission do not have to be consecutive.
- 061 ' Tax Return Record Identification Page 1 - Declaration Control Number (DCN) (Field 10) must be in ascending numerical sequence within the transmission. However, the DCN's within the transmission do not have to be consecutive.
- 062 ' Tax Return Record Identification Page 1 - The first two digits of the Declaration Control Number (DCN) (Field 10) must be zeros.
- 063 ' Tax Form - When Filing Status (SEQ 130) equals "2" or "3", both Primary SSN (SEQ 010) and Secondary SSN (SEQ 030) must be numeric. (The Filing Status of Form 1040EZ is considered to be "2" when Secondary SSN (SEQ 030) is significant.)
- 064 ' Tax Return Record Identification Page 1 - The Year Digit of Declaration Control Number (DCN) (Field 10) must be "0".
- 065 ' Form 1040/1040A - When Exempt Spouse Ind (SEQ 163) equals "X", Filing Status (SEQ 130) must equal "2".

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 066** ' Form 1040/1040A - If any field of the following "dependent group" is significant, then all fields in that group must be significant: Dependent First Name, Dependent Last Name, Dependent Name Control, Dependent's SSN, and Relationship.
- ' Dependent Name Control (SEQ 172, 182, 192, 202, 212, 222) must be in the correct format.
- 067** ' Form 1040/1040A - Dependent First Name (SEQ 170, 180, 190, 200, 210, 220) and Dependent Last Name (SEQ 171, 181, 191, 201, 211, 221) must contain only alpha characters and spaces. A space cannot be in the first position of either Dependent First Name or Dependent Last Name.
- 068** ' Form 1040/1040A - When Dependent's SSN (SEQ 175, 185, 195, 205, 215, 225) is significant, it must be within the valid ranges of SSN/ITIN/ATIN's and cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) or another Dependent's SSN. It must equal all numeric characters and cannot equal all zeros or all nines.
- 069** ' Form 1040/1040A - When Filing Status (SEQ 130) equals "2", Name Line 1 (SEQ 060) must contain an ampersand (&).
- ' Form 1040EZ - When Secondary SSN (SEQ 030) is significant, Name Line 1 (SEQ 060) must contain an ampersand (&).
- 070** ' Form 1040 - If Other Adjustments Literal (SEQ 720) equals "JURY PAY", then at least one Type of Other Income (SEQ 560) must equal "JURY PAY".
- 071** ' Tax Form - When Secondary SSN (SEQ 030) is significant, it must be within the valid ranges of SSN/ITIN's, cannot equal an ATIN, and cannot equal Primary SSN (SEQ 010). It must equal all numeric characters and cannot equal all zeros or all nines.
- 072** ' Tax Form - When EIC Eligibility (SEQ 1183) equals "NO", Earned Income Credit (SEQ 1180) cannot be significant.
- ' Form 1040/1040A - When Schedule EIC is present, Earned Income Credit SEQ (1180) must be significant.
- 073** ' Form 1040/1040A - When Year Spouse Died (SEQ 155) is significant, it must equal "1997" or "1998" (i.e., one of the two years prior to the tax year of the return) and Filing Status (SEQ 130) must equal "5".
- ' When Filing Status (SEQ 130) equals "5", Number of Children Who Lived with You (SEQ 240) must be significant.
- 074** ' Form 2441/Schedule 2 - Qualifying Person SSN (SEQ 214, 223) cannot equal another Qualifying Person SSN on the same Form 2441/Schedule 2 or in the related Statement Record.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 075** ' Tax Form - If Earned Income Credit (SEQ 1180) is significant, then at least one of the following must be present for the forms listed below.  
**Form 1040:** Household Help Literal (SEQ 366) and Household Help Amt (SEQ 368); Type of Other Income (SEQ 560) and Amount of Other Income (SEQ 570); Form W-2; Form 1099-R with Distribution Code (SEQ 190) equal to "3"; Schedule C; Schedule C-EZ; Schedule E with Part/S-Corp Ind (SEQ 1172, 1210, 1270, 1330, 1390) equal to "P"; Schedule F.  
**Form 1040A:** Household Help Literal (SEQ 366) and Household Help Amt (SEQ 368); Form W-2; Form 1099-R with Distribution Code (SEQ 190) equal to "3".  
**Form 1040EZ:** Household Help Literal (SEQ 366) and Household Help Amt (SEQ 368); Form W-2.
- 076** ' Form 1040/1040A - If Taxable Interest (SEQ 380) is greater than \$400, or if Taxable Interest (SEQ 290) of Schedule B/Schedule 1 is significant, then Taxable Interest (SEQ 380) of Form 1040/1040A must equal Taxable Interest (SEQ 290) from Schedule B/Schedule 1.
- 077** ' Form 1040/1040A - If Total Ordinary Dividends (SEQ 394) is greater than \$400, or if Total Ordinary Dividends (SEQ 525) of Schedule B/Schedule 1 is significant, then Total Ordinary Dividends (SEQ 394) of Form 1040/1040A must equal Total Ordinary Dividends (SEQ 525) from Schedule B/Schedule 1.
- 078** ' Form 1040 - Capital Gain/Loss (SEQ 450) must equal one of the following fields from Schedule D: Combined Net Gain/Loss (SEQ 1843) or Allowable Loss (SEQ 1846).
- 079** ' Form 1040 - Rent/Royalty/Part/Estates/Trusts Inc (SEQ 510) must equal Total Income or Loss (SEQ 1150) or Total Supplemental Income (Loss) (SEQ 2010) from Schedule E.
- 080** ' Form 1040 - Current Year Moving Expenses (SEQ 637) must equal Moving Exp Deduction (SEQ 180) from Form(s) 3903.
- 081** ' Form 1040 - If F4684 Literal (SEQ 460) is not significant, then Other Gain/Loss (SEQ 470) of Form 1040 must equal Redetermined Gain/Loss (SEQ 1030) from Form 4797.
- 082** ' Form 1040 - If F4684 Literal (SEQ 460) is not significant, then Other Gain/Loss (SEQ 470) of Form 1040 must equal Redetermined Gain/Loss (SEQ 1030) from Form 4797.
- 083** ' Form 1040/1040A - Credit for Child & Dependent Care (SEQ 925) must equal Credit for Child & Dependent Care (SEQ 330) from Form 2441/Schedule 2.
- 084** ' Form 1040/1040A - Credit for Elderly or Disabled (SEQ 930) must equal Credit (SEQ 250) from Schedule R/Schedule 3.
- 085** ' Schedule R/Schedule 3 - Taxable Disability (SEQ 150) must be significant when one of the following fields equals "X": Retire/Disabled (SEQ 020); Both Under 65, One Retired (SEQ 040); Both Under 65, Both Retired (SEQ 050); One Over 65, Other Retired (SEQ 060); Under 65, Did Not Live With Spouse (SEQ 090).
- 086** ' Form 1040 - If Exempt/Form 4361 Box (SEQ 025) of Schedule(s) SE and Exempt SE Tax Indicator (SEQ 1035) of Form 1040 are blank, then Self Employment Tax (SEQ 1040) of Form 1040 must equal Self-Employment Tax (SEQ 160) from Schedule(s) SE.
- 087** ' Form 1040 - Alternative Minimum Tax (SEQ 1050) must equal Alternative Minimum Tax (SEQ 340) from Form 6251.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 088** ' Form 1040/1040A - Overpaid (SEQ 1260) must equal the total of the following fields: Refund (SEQ 1270), Applied to ES Tax (SEQ 1280), and ES Penalty Amt (SEQ 1310).
- 089** ' Form 1040 - When Total Alimony Paid (SEQ 697) is significant, Recip Soc Sec No. (SEQ 693) must be significant, and vice versa.  
' When Recip Soc Sec No. (SEQ 693) is significant, it must be within the valid ranges of SSN/ITIN's, cannot equal an ATIN, and cannot equal Primary SSN (SEQ 010).
- 090** ' Form 2441/Schedule 2 - When Form 2441/Schedule 2 is present, at least one of the following fields must be significant: Credit for Child & Dependent Care (SEQ 330) of Form 2441/Schedule 2; Dependent Care Benefits Literal (SEQ 371) of Form 1040/1040A; Dependent Care Benefits (SEQ 210) of Form W-2.  
' If the Credit for Child and Dependent Care (SEQ 330) of Form 2441/Schedule 2 is not significant, the Tax (SEQ 915/860) of Form 1040/1040A must be zero.
- 091-093** ' Reserved
- 094** ' Form 6252 - If Line 24 Minus Line 25 (SEQ 290) or Line 35 Minus Line 36 (SEQ 460) is significant, then Schedule D or Form 4797 must be present.
- 095** ' Form 2441/Schedule 2 - If Total Qualified Expenses or Limit (SEQ 230), or Credit for Child & Dependent Care (SEQ 330), or Net Allowable Amount (SEQ 460) is greater than zero, then Qualifying Person SSN - 1 (SEQ 214) must be significant. The Qualifying Person information on Line 2 is not required when Prior Year Expense Literal (SEQ 318), Prior Year Qualifying Person Name (SEQ 324), and Prior Year Qualifying Person SSN (SEQ 326) are present and there are no current year expenses.  
' If Credit for Child & Dependent Care (SEQ 330) is significant, and Total Qualified Expenses or Limit (SEQ 230) or Net Allowable Amount (SEQ 460) is greater than zero, then Primary Earned Income (SEQ 260) (and Spouse's Earned Income (SEQ 270) when Filing Status (SEQ 130) of Form 1040/1040A equals "2") must be significant.
- 096** ' Reserved
- 097** ' Form 1040 - When Capital Distribution Box (SEQ 447) equals to "X", Capital Gain/Loss (SEQ 450) must be significant, Schedule D must not be present.  
  
When Capital Distribution Box (SEQ 447) is not equal to "X" and Capital Gain/Loss (SEQ 450) is significant, Schedule D must be present.
- 098** ' Schedule C - Gross Receipts Less Returns Allowances (SEQ 220) must equal Gross Receipts/Sales (SEQ 200) minus Returns/Allowances (SEQ 210).
- 099** ' Form 1040 - Business Income/Loss (SEQ 440) must equal the total of Net Profit (Loss) (SEQ 710) from Schedule(s) C plus Net Profit (Loss) (SEQ 710) from Schedule(s) C-EZ.
- 100** ' Schedule C - When Net Profit (Loss) (SEQ 710) is less than zero and Some Is Not At Risk (SEQ 730) equals "X", Form 6198 must be present.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 101** ' Form 4952 - At least one of the following fields must be greater than zero: Investment Interest Expense (SEQ 010), Carryover Disallowed Interest Expense (SEQ 020), Investment Interest Expense Deduction (SEQ 060).
- 102** ' Schedule E - If Some is Not At Risk (SEQ 1180, 1238, 1298, 1358, 1418) equals "X" on any Schedule E, and the corresponding Part/S-Corp Nonpassive Sch K-1 Loss (SEQ 1192, 1253, 1313, 1373, 1433) is significant, then Form 6198 must be present.
- 103** ' Tax Form - If Withholding (SEQ 1160) is greater than \$500, then at least one of the following must be present for the forms listed below.  
**Form 1040:** Other 1099 Withholding Literal (SEQ 1140); Withholding (SEQ 130) on Form W-2; Withholding (SEQ 160) on Form 1099-R; Withholding (SEQ 050) on Form W2-G.  
**Form 1040A:** Other 1099 Withholding Literal (SEQ 1140); Withholding (SEQ 130) on Form W-2; Withholding (SEQ 160) on Form 1099-R.  
**Form 1040EZ:** Other 1099 Withholding Literal (SEQ 1140); Withholding (SEQ 130) on Form W-2.
- 104** ' Reserved
- 105** ' Tax Form - When Direct Deposit information is present, the following fields must be significant: Routing Transit Number (SEQ 1272); Checking Account Indicator (SEQ 1274) or Savings Account Indicator (SEQ 1276); Depositor Account Number (SEQ 1278); and RAL Indicator (SEQ 1465).
- 106** ' Schedule E - If more than one Schedule E is present, only the first occurrence of Schedule E can contain entries in the following fields: SEQ 125, 155, 380, 1000, 1040, 1110, 1120, 1150, 1750, 1755, 1765, 1933, 1937, 1945, 1977, 1991, 2010, and 2020.
- 107** ' Schedule SE - If SST Wages/RRT Comp (SEQ 088) or Unreported Tips (SEQ 090) is significant, then Total Wages/Unreported Tips (SEQ 100) must be significant.
- 108** ' Form 1040/1040A - If Overpaid (SEQ 1260) is greater than zero, then Total Payments (SEQ 1250) must be greater than Total Tax (SEQ 1130).  
' Form 1040EZ - If Refund (SEQ 1270) is greater than zero, then Total Payments (SEQ 1250) must be greater than Total Tax (SEQ 1256).
- 109** ' Form 1040/1040A - If Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) is equal to an ITIN, then Earned Income Credit (SEQ 1180) cannot be significant and Schedule EIC cannot be present.  
' Form 1040EZ - If Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) is equal to an ITIN, then Earned Income Credit (SEQ 1180) cannot be significant.
- 110-111** ' Reserved

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 112** ' Form 1040 - When Retirement Tax Plan Literal (SEQ 1095) is blank, Tax on Retirement Plans (SEQ 1100) must equal the total of the following fields from Form(s) 5329: Total Section 72 Tax on Early Distributions (SEQ 078), Tax on Ed IRA Distrib Not Used for Educ Expenses (SEQ 091), Excess Contributions Tax on Traditional IRA (SEQ 160), Excess Contributions Tax on Roth IRA (SEQ 480), Excess Contribution Tax on Ed IRA (SEQ 570), Excess Contributions Tax on MSA (SEQ 660), and Tax on Excess Accumulations (SEQ 720).
- ' When Retirement Tax Plan Literal (SEQ 1095) equals "NO", Form 5329 does not have to be present, but Tax on Retirement Plans (SEQ 1100) of Form 1040 must be significant and Distribution Code (SEQ 190) of Form 1099-R must equal "1".
- 113** ' Schedule A - When Non-Cash/Check Contribution (SEQ 360) is greater than \$500, Form 8283 must be present.
- 114** ' Form 1040/1040A - If Taxable Amount of Social Security (SEQ 557) is significant, then Social Security Benefits (SEQ 553) must be significant.
- 115** ' Form 1040 - If Railroad Retire Indicator (SEQ 1070) is blank, then Social Security & Medicare Tax on Tips (SEQ 1080) of Form 1040 must equal F1040 Social Security Medicare Tax on Tips (SEQ 200) from Form(s) 4137.
- 116** ' Form 1040/1040A - If Total Payments (SEQ 1250) is not equal to Total Tax (SEQ 1130), then at least one of the following fields must be significant: Overpaid (SEQ 1260), Refund (SEQ 1270), Applied to ES Tax (SEQ 1280), Amount Owed (SEQ 1290).
- 117** ' Schedule C - At least one of the following fields must be significant: Gross Receipts/Sales (SEQ 200), Gross Income (SEQ 270), Total Expenses (SEQ 700), Tentative Profit/Loss (SEQ 702), Net Profit (Loss) (SEQ 710).
- 118** ' Form 5329 - Name of Person Subject to Penalty Tax (SEQ 010) must contain a less-than sign immediately preceding the last name. If the name includes a suffix, another less-than sign is entered between the last name and the suffix. Allowable characters are: Alpha, hyphen (-), less-than (<), and space.
- ' The following cannot be present: Two or more consecutive embedded spaces, a space or less-than sign in the first position, a less-than sign in the last position, more than two less-than signs, a space preceding or following a less-than sign.
- 119** ' Form 1040/1040A - If Filing Status (SEQ 130) equals "3", then State Abbreviation (SEQ 087) cannot equal any of the following states: AZ (Arizona), CA (California), ID (Idaho), LA (Louisiana), NM (New Mexico), NV (Nevada), TX (Texas), WA (Washington), and WI (Wisconsin).
- ' **Exception:** If Filing Status equals "3" and Military Indicator (SEQ 097) equals "2" (Military Stateside Address), then the State Abbreviation (SEQ 087) may equal one of the Community Property states listed above.
- 120** ' Form 1040/1040A - Total IRA Distributions Received (SEQ 475) cannot equal Taxable IRA Amount (SEQ 480).
- 121** ' Form 1040/1040A - Pensions Annuities Received (SEQ 485) cannot equal Taxable Pensions Amount (SEQ 495).

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 122 ' Form W-2 - Employer Identification Number (SEQ 040) must be numeric, the first two digits of Employer Identification Number (SEQ 040) must equal a valid District Office Code, Employer Name Control (SEQ 045) must be significant, and W-2 Indicator (SEQ 510) must equal "N" or "S". Refer to Attachment 7 for District Office Codes.
- ' **Note:** The value "N" (Non-Standard) indicates that the Form W-2 was altered, handwritten, or typed, or that a cumulative Earnings Statement or a substitute Form W-2 was used. The value "S" (Standard) identifies a Form W-2 that is a computer-produced print, an IRS form, or an IRS-approved facsimile.
- 123 ' Form W-2 - The following fields must be significant: Employer Name (SEQ 050), Employer Address (SEQ 060), Employee Name (SEQ 090), Employee Address (SEQ 100); Employee City (SEQ 110), Employee State (SEQ 113), Employee Zip Code (SEQ 115), and Wages (SEQ 120).
- ' **Exception:** The check for Wages (SEQ 120) is bypassed when Combat Pay has been excluded from Wages.
- 124 ' Form W-2G - The following fields must be significant: Payer Name Control (SEQ 015), Payer Name (SEQ 020), and Payer Identification Number (SEQ 026).
- 125 ' Form 1099-R - The following fields must be significant: Payer Name Control (SEQ 015), Payer Name (SEQ 020), and Payer Identification Number (SEQ 050).
- 126 ' Tax Form - If Paid Preparer information (SEQ 1340, 1350, 1360, 1370, 1380, 1390, 1400, 1410) is significant, then either Preparer SSN/Preparer TIN (SEQ 1360) or Preparer Firm EIN (SEQ 1380) must be significant.
- ' If Preparer SSN (SEQ 1360) is significant, it must equal all numeric characters and cannot equal all zeros or all nines.
- ' If Preparer TIN (SEQ 1360) is significant, the first position must equal "P" and the last positions must be numeric characters and cannot equal all zeros or all nines.
- ' If Preparer Firm EIN (SEQ 1380) is significant, it must equal all numeric characters and cannot equal all zeros or all nines.
- ' When Paid Preparer information (SEQ 1340-1410) is significant, Non-Paid Preparer (SEQ 1330) cannot be significant, and vice versa.
- 127 ' Form 1040/1040A - If Total Payments (SEQ 1250) is greater than Total Tax (SEQ 1130), and the total of Applied to ES Tax (SEQ 1280) plus ES Penalty Amount (SEQ 1310) is equal to Overpaid (SEQ 1260), then Refund (SEQ 1270) cannot be significant.
- 128 ' Form 1040/1040A - If Total Payments (SEQ 1250) is greater than Total Tax (SEQ 1130), and the total of Applied to ES Tax (SEQ 1280) plus ES Penalty Amount (SEQ 1310) is less than Overpaid (SEQ 1260), then Refund (SEQ 1270) must be greater than zero.
- 129 ' Form 1040/1040A - If Total Payments (SEQ 1250) equals Total Tax (SEQ 1130), then the following fields cannot be significant: Overpaid (SEQ 1260), Refund (SEQ 1270), and Applied to ES Tax (SEQ 1280).

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 130** ' Form 1040/1040A - If Total Itemized or Standard Deduction (SEQ 789) contains one of the following amounts: \$4450, 5300, 5350, 6400, 7400, 8050, 8450, 8900, 9750, and 10600; and, for Form 1040, Schedule A is not present then at least one of the following fields must equal "X": Self 65 or Over Box (SEQ 772), Self Blind Box (SEQ 774), Spouse 65 or Over Box (SEQ 776), Spouse Blind Box (SEQ 778).
- 131** ' Form 1040/1040A - If Number of Children Not Living with You (SEQ 247) is significant, then at least one Relationship (SEQ 177, 187, 197, 207, 217, 227) must equal "CHILD", "DAUGHTER", "GRANDCHILD", or "SON".
- 132** ' Form 1040 - When Capital Distribution Box equals to "X", Capital Gain/Loss (SEQ 450) must contain a positive amount.
- 133** ' Schedule R/Schedule 3 - If Nontaxable SSB/RRB (SEQ 163) or Nontaxable Other (SEQ 167) is significant, then Pensions & Annuities (SEQ 170) must be significant.
- 134** ' Form 1040 - If Exempt Self (SEQ 160) equals "X", and Must Itemize Indicator (SEQ 786) and Itemized Election Ind (SEQ 788) are blank, and Schedule A is not present, then Total Itemized or Standard Deduction (SEQ 789) must equal a valid standard deduction.
- ' Form 1040A - If Exempt Self (SEQ 160) equals "X", and Must Itemize Indicator (SEQ 786) is blank, then Total Itemized or Standard Deduction (SEQ 789) must equal a valid standard deduction.
- 135** ' Form 1040 - When F4684 Literal (SEQ 460) equals "F4684", Form 4684 must be present.
- 136** ' Form 1040 - If Form 2210 or Form 2210F is present, then ES Penalty Amount (SEQ 1310) of Form 1040 must equal Underpayment Penalty/Short Method (SEQ 240) or Total Underpayment Penalty (SEQ 720) from Form 2210, or Underpayment Penalty/Farmers Fishermen (SEQ 180) from Form 2210F.
- ' Form 1040A - If Form 2210 is present, then ES Penalty Amount (SEQ 1310) of Form 1040A must equal Underpayment Penalty/Short Method (SEQ 240) or Total Underpayment Penalty (SEQ 720) from Form 2210.
- 137** ' Form 2441/Schedule 2 - When SSN/EIN 1 or 2 (SEQ 040, 090) is significant, the corresponding Amount Paid 1 or 2 (SEQ 050, 100) must be significant.
- 138** ' Form 1040/1040A - Total Exemptions (SEQ 360) must equal the total of the following fields: Total Box 6a and 6b (SEQ 167); Number of Children Who Lived with You (SEQ 240); Number of Children Not Living with You (SEQ 247); and Number of Other Dependents Listed (SEQ 350).
- 139** ' Form W-2 - Employee SSN (SEQ 080) must equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of the Tax Form.
- 140** ' Form 1040 - Farm Income (SEQ 520) must equal Net Farm Profit or Loss (SEQ 680) from Schedule(s) F.
- 141** ' Schedule F - At least one of the following fields must be significant: Gross Income Amount (SEQ 280), Total Expenses (SEQ 650), Net Farm Profit or Loss (SEQ 680).

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 142** ' Schedule F - Accounting Method Cash Indicator (SEQ 050) or Accounting Method Accrual Indicator (SEQ 060) must equal "X". Both indicators cannot equal "X".
- 143** ' Schedule F - Materially Participate Yes Indicator (SEQ 100) and Materially Participate No Indicator (SEQ 110) cannot both equal "X" and cannot both equal blank.
- 144-145** ' Reserved
- 146** ' Tax Form - When Unemployment Compensation (SEQ 552) is significant, it must be numeric and greater than zero.
- 147** ' Reserved
- 148** ' Form 2210 - When Waiver Box (SEQ 020) equals "X", either Waiver Explanation/Short Method (SEQ 237) or Waiver Explanation (SEQ 717) must equal "STMbnn".  
' Form 2210F - When Waiver of Penalty Box (SEQ 013) equals "X", Waiver Explanation (SEQ 177) must equal "STMbnn".
- 149** ' Schedule C - When Other Clos Inv Method (SEQ 744) equals "X", Other Meth Explanation (SEQ 746) must equal "STMbnn".
- 150** ' Form 1040 - When F4255 Literal (SEQ 1121) and F4255 Amount (SEQ 1122) are significant, Form 4255 must be present and Total Increase Tax (SEQ 530) of Form 4255 must be significant.  
' When Form 4255 is present, F4255 Literal (SEQ 1121) and F4255 Amount (SEQ 1122) of Form 1040 must be significant.
- 151** ' Summary Record - Number of Logical Records in Tax Return (Field 7) must equal the total logical record count computed by the IRS.
- 152** ' Summary Record - Number of Forms W-2 (Field 8) must equal the number of Forms W-2 computed by the IRS.
- 153** ' Summary Record - Number of Forms W-2G (Field 9) must equal the number of Forms W-2G computed by the IRS.
- 154** ' Summary Record - Number of Forms 1099-R (Field 10) must equal the number of Forms 1099-R computed by the IRS.
- 155** ' Summary Record - Number of Schedule Records (Field 11) must equal the number of schedule records computed by the IRS.
- 156** ' Summary Record - Number of Form Records (Field 12) must equal the number of form records computed by the IRS.
- 157** ' Summary Record - Number of Statement Record Lines (Field 13) must equal the number of statement record lines computed by the IRS.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 158** ' Form 1040/1040A - If Credit for Elderly or Disabled (SEQ 930) is significant, and Self 65 or Over Box (SEQ 772) and Spouse 65 or Over Box (SEQ 776) are blank, then one of the following fields from Schedule R/Schedule 3 must be significant: Retire/Disabled (SEQ 020); Both Under 65, One Retired (SEQ 040); Both Under 65, Both Retired (SEQ 050); Under 65, Did Not Live with Spouse (SEQ 090).
- 159** ' Form 1040EZ - If Dependent No-Ind (SEQ 785) equals "X", then Combined Standard Deduction and Personal Exemption (SEQ 815) must equal \$7050 when Secondary SSN (SEQ 030) is not significant, and must equal \$12700 when Secondary SSN (SEQ 030) is significant.
- ' If Dependent Yes-Ind (SEQ 784) equals "X", then Combined Standard Deduction and Personal Exemption (SEQ 815) cannot exceed \$4300 when Secondary SSN (SEQ 030) is not significant, and cannot exceed \$9950 when Secondary SSN (SEQ 030) is significant.
- 160** ' Reserved
- 161** ' Form 1040EZ - Dependent Yes-Ind (SEQ 784) and Dependent No-Ind (SEQ 785) cannot both equal "X" and cannot both equal blank.
- 162** ' Form 1040EZ - Earned Income Credit (SEQ 1180) cannot exceed \$347 and Adjusted Gross Income (SEQ 750) must be less than \$10200.
- ' When Dependent Yes-Ind (SEQ 784) equals "X", Earned Income Credit (SEQ 1180) cannot be significant.
- 163** ' Schedule R/Schedule 3 - One of the following fields must be significant: SEQ 010, 020, 030, 040, 050, 060, 070, 080, 090.
- 164** ' Reserved
- 165** ' Form 1040 - If Self-Employed Deduction Schedule SE (SEQ 640) of Form 1040 is significant, then Schedule SE must be present. If Schedule SE is present and Exempt-Notary Literal (SEQ 050) of Schedule SE is not significant, then Self-Employed Deduction Schedule SE (SEQ 640) of Form 1040 must be significant.
- 166** ' Tax Form - If Nontaxable Earned Income Amt (SEQ 1176) is significant, then Nontaxable Earned Income Type (SEQ 1175) must be significant. If Nontaxable Earned Income Type (SEQ 1175) is significant and does not contain a statement reference, then Nontaxable Earned Income Amt (SEQ 1176) must be significant and must equal Total NEI Amt (SEQ 1177).
- ' If Nontaxable Earned Income Type (SEQ 1175) contains a statement reference, then the total of Nontaxable Earned Income Amt from the related Statement Record must equal Total NEI Amt (SEQ 1177).
- 167** ' Form 9465 - Monthly Payment Date (SEQ 310) must be significant and must be within the 01 to 28 range.
- 168** ' Form 9465 - Monthly Payment (SEQ 300) must be equal to or greater than \$25.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 169** ' Schedule E - At least one of the following fields must be significant on the first occurrence of Schedule E: Total Rents Received (SEQ 125); Total Royalties Rec'd (SEQ 155); Rental & Royalty Deduction (SEQ 1000); Total Income (SEQ 1110); Total Losses (SEQ 1120); Part/S-Corp Name A (SEQ 1170); Tot Part/S-Corp Income (SEQ 1750); Tot Part/S-Corp Loss and Sec 179 Deduction (SEQ 1755); Tot Estate/Trust Inc (SEQ 1933); Tot Estate/Trust Loss (SEQ 1937); Total REMIC Income (SEQ 1977); Net Farm Rental Income/Loss (SEQ 1991); Farming/Fishing Share (SEQ 2020); Net Rental Real Estate Income/Loss (SEQ 2030).
- 170** ' Schedule A - Casualty/Theft Loss (SEQ 390) must equal Line 16 Minus Line 17 (SEQ 450) from Form 4684, when either field is significant.
- 171** ' Form 4797 - When Form 4684 is present, Gain/Loss for Entire Year (Form 4684 Sec B Gain) (SEQ 440) of Form 4797 must equal Loss Equal to or Smaller than Gain (SEQ 1120) from Form 4684.
- 172** ' Form 9465 - Amount Owed on Tax Return (SEQ 280) cannot be greater than \$10000.
- 173** ' Reserved
- 174** ' Form 4684 - When Line 16 minus Line 17 (SEQ 450) is significant, Line 13 more than Line 14 (SEQ 430) must be significant.
- 175** ' Form 1040 - When Other Adjustment Amount (SEQ 730) or Total Other Adjustments (SEQ 735) is significant, Total Adjustments (SEQ 740) must be significant.
- 176** ' Reserved
- 177** ' Tax Form - If Earned Income Credit (SEQ 1180) is significant and Schedule E is not present, then the total of the following fields cannot exceed \$2350 unless Form 4797 is attached: Taxable Interest (SEQ 380), Tax-Exempt Interest (SEQ 385), Total Ordinary Dividends (SEQ 394) of Form 1040/1040A, and Capital Gain/Loss (SEQ 450) (when greater than zero) of Form 1040.
- 178** ' Form 1040 - When Other Form Block (SEQ 1006) equals "X", Form 8586 must be present and vice versa.
- 179** ' Form 1040 - When Nonconventional Source Fuel Credit Literal (SEQ 1017) is significant, Nonconventional Source Fuel Credit Amount (SEQ 1018) must be significant and vice versa.
- ' When Nonconventional Source Fuel Credit Literal (SEQ 1017) equals "FNS", Form 8586 must be present.
- 180** ' Form 4835 - When one Form 4835 is present, Net Farm Rental Income/Loss (SEQ 1991) of Schedule E must equal one of the following fields from Form 4835: Net Farm Rent Profit (SEQ 610) or Net Farm Rent (Loss) (SEQ 630).
- ' When two Forms 4835 are present, Net Farm Rental Income/Loss (SEQ 1991) of Schedule E must equal the sum of the following from Forms 4835: Net Farm Rent Profit (SEQ 610) (when greater than zero) minus Net Farm Rent (Loss) (SEQ 630).
- ' **Note:** Net Farm Rent (Loss) (SEQ 630) of Form 4835 is assumed to be a loss; the minus sign is not transmitted.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 181 ' Form 4835 - If Some is Not at Risk (SEQ 620) equals "X" on one or both Form(s) 4835, then Form 6198 or Form 8582 must be present.
- 182 ' Schedule F - When Net Farm Profit or Loss (SEQ 680) is less than zero and Some Is Not at Risk Indicator (SEQ 700) equals "X", Form 6198 must be present.
- 183 ' Schedule C - If Car/Truck Expenses (SEQ 293) is significant, then Vehicle Service Date (SEQ 820) and Business Miles (SEQ 830) must be significant, or Form 4562 must be present.
- 184 ' Schedule E - If Net Farm Rental Income/Loss (SEQ 1991) on the first occurrence of Schedule E is present, then Form 4835 must be present.
- ' When one Form 4835 is present, Net Farm Rental Income/Loss (SEQ 1991) of Schedule E must equal one of the following fields from Form 4835: Net Farm Rent Profit (SEQ 610) or Net Farm Rent (Loss) (SEQ 630).
- ' When two Forms 4835 are present, Net Farm Rental Income/Loss (SEQ 1991) of Schedule E must equal the sum of the following from Forms 4835: Net Farm Rent Profit (SEQ 610) (when greater than zero) minus Net Farm Rent (Loss) (SEQ 630).
- ' **Note:** Net Farm Rent (Loss) (SEQ 630) of Form 4835 is assumed to be a loss; the minus sign is not transmitted.
- 185 ' Reserved
- 186 ' Form 8829 - Home Business Expense (SEQ 703) of Schedule C must equal Schedule C Allowable Expenses (SEQ 450) from Form 8829.
- 187 ' Schedule C - Employer ID Number (SEQ 060) cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 188 ' Form 1040/1040A - When Filing Status (SEQ 130) equals "3", Earned Income Credit (SEQ 1180) cannot be significant.
- 189 ' Form 1040 - If Total Adjustments (SEQ 740) is significant, then at least one of the following fields must be significant: SEQ 626, 628, 630, 637, 640, 645, 650, 680, 697, 730, 735.
- 190 ' Reserved
- 191 ' Form 1040 - Total Credits (SEQ 1020) must equal the total of the following fields: Credit for Child & Dependent Care (SEQ 925), Credit for Elderly or Disabled (SEQ 930), Child Tax Credit (SEQ 940), Education Credits (SEQ 950), Adoption Credit (SEQ 960), Foreign Tax Credit (SEQ 990), and Other Credits (SEQ 1015).
- ' Form 1040A - Total Credits (SEQ 1020) must equal the total of the following fields: Credit for Child & Dependent Care (SEQ 925), Credit for Elderly or Disabled (SEQ 930), Child Tax Credit (SEQ 940), Education Credits (SEQ 950), and Adoption Credit (SEQ 960).

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 192** ' Tax Form - At least one of the following fields must be significant for the forms listed below.  
**Form 1040/1040A:** Total Income (SEQ 600), Adjusted Gross Income (SEQ 750), AGI Repeated (SEQ 770), Tax (SEQ 915), Total Credits (SEQ 1020), Total Tax (SEQ 1130), Total Payments (SEQ 1250).  
**Form 1040EZ:** Adjusted Gross Income (SEQ 750), Taxable Income (SEQ 820), Withholding (SEQ 1160), Total Tax (SEQ 1256), Refund (SEQ 1270), Amount Owed (SEQ 1290).
- 193** ' Form 8829 - Total Hours Available (SEQ 065) cannot exceed the maximum number of available hours (24 hrs x the number of days in the year).
- 194** ' Form 1040EZ - If Taxable Interest (SEQ 380) is not significant, then Adjusted Gross Income (SEQ 750) must equal the total of Wages, Salaries, Tips (SEQ 375) plus Unemployment Compensation (SEQ 552).
- 195** ' Schedule SE - When Self-Employment Tax (SEQ 160) is significant, Deduction for 1/2 of Self Employment Tax (SEQ 165) must be significant, and vice versa.
- ' If Self-Employed Deduction Schedule SE (SEQ 640) of Form 1040 is significant, it must equal Deduction for 1/2 of Self Employment Tax (SEQ 165) from Schedule(s) SE. If Deduction for 1/2 of Self Employment Tax (SEQ 165) of Schedule SE is significant, and Exempt-Notary Literal (SEQ 050) is not significant, then Self-Employed Deduction Schedule SE (SEQ 640) of Form 1040 must be significant.
- 196** ' Form 1040 - When Social Security & Medicare Tax on Tips (SEQ 1080) is significant, Form 4137 must be present.
- ' When F1040 Social Security Medicare Tax on Tips (SEQ 200) of Form 4137(s) is significant, Social Security & Medicare Tax on Tips (SEQ 1080) of Form 1040 must be significant.
- 197** ' Schedule A - When Other Expense Amount (SEQ 485) is significant, Total Other Expenses Limit (SEQ 495) must be significant.
- 198** ' Form 1040 - Total Payments (SEQ 1250) must equal the total of the following fields: Withholding (SEQ 1160), ES Payments (SEQ 1170), Earned Income Credit (SEQ 1180), Additional Child Tax Credit (SEQ 1186), F4868 Amount (SEQ 1190), Excess SS Tax (SEQ 1200), and Other Payments (SEQ 1210).
- ' Form 1040A - Total Payments (SEQ 1250) must equal the total of the following fields: Withholding (SEQ 1160), ES Payments (SEQ 1170), Earned Income Credit (SEQ 1180), Additional Child Tax Credit (SEQ 1186), F4868 Amount (SEQ 1190), and Excess SS Tax (SEQ 1200).
- 199** ' Reserved
- 200** ' Form 1040/1040A - When Earned Income Credit (SEQ 1180) is greater than \$347, Schedule EIC must be present.
- 201** ' Schedule EIC - If any field of the following "qualifying child group" is significant, then all fields in that group must be significant: Qualifying Child Name Control (SEQ 007, 077); Qualifying Child First Name (SEQ 010, 080); Qualifying Child Last Name (SEQ 011, 081); Year of Birth (SEQ 020, 090); Qualifying SSN (SEQ 050, 120); Relationship (SEQ 060, 130); and Number of Months (SEQ 070, 140).
- ' Qualifying Child Name Control (SEQ 007, 077) must be in the correct format.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 202** ' Schedule EIC - Year of Birth (SEQ 020, 090) cannot be greater than current tax year.
- 203** ' Schedule EIC - Relationship (SEQ 060, 130) must equal one of the following: "CHILD", "DAUGHTER", "FOSTERCHILD", "GRANDCHILD", or "SON".
- 204** ' Form 1040/1040A - If Earned Income Credit (SEQ 1180) is significant and Schedule EIC is not present, then the primary taxpayer and/or the secondary taxpayer must be at least age 25 but not older than age 64.
- ' Form 1040EZ - If Earned Income Credit (SEQ 1180) is significant, then the primary taxpayer and/or the secondary taxpayer must be at least age 25 but not older than age 64.
- 205** ' Schedule EIC - When Qualifying SSN (SEQ 050, 120) is significant, it must be within the valid ranges of SSN's. It must equal all numeric characters and cannot equal all zeros or all nines.
- 206** ' Schedule EIC - If Year of Birth (SEQ 020, 090) is greater than "1975" and less than "1981", then the corresponding Student "Yes" Box (SEQ 030, 100) or the corresponding Disabled "Yes" Box (SEQ 040, 110) must equal "X".
- 207** ' Schedule EIC - If Relationship (SEQ 060, 130) equals "CHILD", "DAUGHTER", "GRANDCHILD", or "SON" and Year of Birth (SEQ 020, 090) does not equal "1999", then Number of Months (SEQ 070, 140) must be equal to or greater than "07".
- ' If Relationship (SEQ 060, 130) does not equal one of the above literal values and Year of Birth (SEQ 020, 090) does not equal "1999", then Number of Months (SEQ 070, 140) must equal "12".
- 208** ' Schedule H - Cash Wages Over \$1100 Paid Yearly - Yes (SEQ 040) and Cash Wages Over \$1100 Paid Yearly - No (SEQ 045) cannot both equal "X" and cannot both equal blank.
- 209** ' Schedule H - Employer SSN (SEQ 020) on the first Schedule H must be significant and equal to Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 210** ' Schedule H - Employer SSN (SEQ 020) on the second Schedule H must be significant and equal to Secondary SSN (SEQ 030) of Form 1040 and must not be equal to Employer SSN (SEQ 020) on the first Schedule H. When both spouses are filing Schedule H, the Schedule H for the primary taxpayer must precede the Schedule H for the secondary taxpayer.
- 211** ' Schedule H - Employer Identification Number (SEQ 030) cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 212** ' Schedule H - Name of State Where Unemployment Contributions Paid (SEQ 200) must equal a standard state abbreviation.
- 213** ' Schedule H - Employer SSN (SEQ 020) and Employer Identification Number (SEQ 030) must be significant, must equal all numeric characters and cannot equal all blanks or all zeros.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 214 ' Schedule H - When two Schedules H are present, Employer Identification Number (SEQ 030) of the second Schedule H cannot equal Employer Identification Number of the first Schedule H.
- 215 ' Schedule H - Federal Income Tax Withheld - Yes (SEQ 050) and Federal Income Tax Withheld - No (SEQ 055) cannot both equal "X".  
' Cash Wage Over \$1000 Paid Qtrly - No (SEQ 060) and Cash Wage Over \$1000 Paid Qtrly - Yes (SEQ 065) cannot both equal "X".  
' Cash Wages Over \$1000 Paid Qtrly - No (SEQ 150) and Cash Wages Over \$1000 Paid Qtrly - Yes (SEQ 155) cannot both equal "X".
- 216 ' Schedule EIC - Qualifying SSN - 1 (SEQ 050) cannot equal Qualifying SSN - 2 (SEQ 120). Qualifying SSN - 1 and - 2 (SEQ 050, 120) cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040/1040A.
- 217 ' Schedule EIC - When Year of Birth (SEQ 020, 090) is less than "1976", the corresponding Disabled "Yes" Box (SEQ 040, 110) must equal "X".
- 218 ' Schedule EIC - When Year of Birth (SEQ 020, 090) equals "1999", the corresponding Number of Months (SEQ 070, 140) must equal "12".
- 219 ' Schedule H - Page 2 must be present when all of the following fields equal "X": Cash Wage Over \$1100 Paid Yearly - No (SEQ 045), Federal Income Tax Withheld - No (SEQ 055), and Cash Wage Over \$1000 Paid Qtrly - Yes (SEQ 065).
- 220 ' Schedule H - When all of the following fields equal "X", Schedule H cannot be filed: Cash Wage Over \$1100 Paid Yearly - No (SEQ 045), Federal Income Tax Withheld - No (SEQ 055), and Cash Wage Over \$1000 Paid Qtrly - No (SEQ 060).
- 221 ' Form 1040/1040A - Advanced EIC Payments (SEQ 1105) must equal the total of Advance EIC Payment (SEQ 200) from Form(s) W-2.
- 222 ' Schedule EIC - If Qualifying SSN - 1 (SEQ 050) is significant and Qualifying SSN - 2 (SEQ 120) is not significant, then Earned Income Credit (SEQ 1180) of Form 1040/1040A cannot exceed \$2312 and Adjusted Gross Income (SEQ 750) of Form 1040/1040A must be less than \$26928.  
' If Qualifying SSN - 1 (SEQ 050) and Qualifying SSN - 2 (SEQ 120) are significant, then Earned Income Credit (SEQ 1180) of Form 1040/1040A cannot exceed \$3816 and Adjusted Gross Income (SEQ 750) of Form 1040/1040A must be less than \$30580.
- 223 ' Schedule H - When Federal Income Tax Withheld - Yes (SEQ 050) equals "X", Federal Income Tax Withheld (SEQ 110) must be significant.
- 224 ' Schedule H - If Cash Wage Over \$1100 Paid Yearly - No (SEQ 045) and Federal Income Tax Withheld - Yes (SEQ 050) equal "X", then Cash Wage Over \$1000 Paid Qtrly - No (SEQ 060) and Cash Wage Over \$1000 Paid Qtrly - Yes (SEQ 065) must be blank.
- 225 ' Schedule H - When Cash Wage Over \$1100 Paid Yearly - Yes (SEQ 040) equals "X", Social Security Wages (SEQ 070) and Medicare Wages (SEQ 090) must each be equal to or greater than \$1100.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 226** ' Schedule H - When Cash Wage Over \$1100 Paid Yearly - Yes (SEQ 040) equals "X", the following fields must be blank: Federal Income Tax Withheld - Yes (SEQ 050), Federal Income Tax Withheld - No (SEQ 055), Cash Wage Over \$1000 Paid Qtrly - No (SEQ 060), and Cash Wage Over \$1000 Paid Qtrly - Yes (SEQ 065).
- 227** ' Schedule H - When Page 2 is present, Cash Wages Over \$1000 Paid Qtrly - No (SEQ 150) cannot equal "X".
- ' When Page 2 is not present, Cash Wages Over \$1000 Paid Qtrly - Yes (SEQ 155) cannot equal "X".
- 228** ' Schedule H - Social Security Wages (SEQ 070) cannot be greater than Medicare Wages (SEQ 090).
- 229** ' Schedule H - When Page 2 is present, Total Taxes from Line 8 (SEQ 520) must equal Total Taxes Less Advance EIC Payments (SEQ 140) from Page 1.
- 230** ' Form 1116 - When only one Form 1116 is present, Tentative Foreign Tax Credit (SEQ 1180) must equal Gross Foreign Tax Credit (SEQ 1090), and the following fields must be blank: Alt. Min. Tax Literal (SEQ 010) and SEQ 1100, 1110, 1120, 1130, 1140, 1150, 1160, and 1170.
- 231** ' Form 1116 - When more than one Form 1116 is present, only the first occurrence of Form 1116 can have significant data in the following fields: SEQ 1100, 1110, 1120, 1130, 1135, 1160, 1175, and 1177.
- ' **Exception:** If there is more than one Form 1116 with Alt. Min. Tax Literal (SEQ 010), then the first occurrence of Form 1116 with Alt. Min. Tax Literal equal to "ALT MIN TAX" may have significant data in the following fields: SEQ 1100, 1110, 1120, 1130, 1135, 1160, 1175, and 1177.
- 232** ' Form 1116 - On each Form 1116, only one of the following fields can equal "X": SEQ 020, 030, 040, 050, 060, 070, 080, 093, 096, 098.
- ' When more than one Form 1116 is present, the same box (SEQ 020 through 098) cannot equal "X" on more than one Form 1116.
- ' **Exception:** The same box (SEQ 020 through 098) can equal "X" on two Forms 1116 if Alt. Min. Tax Literal (SEQ 010) is significant on one of the two Forms 1116.
- 233-234** ' Reserved
- 235** ' Schedule H - When Page 2 is present, Total Taxable Wages for FUTA (Section A) (SEQ 230) must be significant.
- 236** ' Form 1040 - Household Employment Taxes (SEQ 1107) must equal the total of the following fields from Schedule(s) H: Total Taxes Less Advance EIC Payments (SEQ 140) plus FUTA Tax (SEQ 240).
- 237-239** ' Reserved
- 240** ' Schedule C-EZ - Total Expenses (SEQ 700) cannot be greater than \$2500 and Net Profit (SEQ 710) cannot be less than zero.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 241 ' Schedule C-EZ - At least one of the following fields must be significant: Gross Receipts/Sales (SEQ 200), Total Expenses (SEQ 700), Net Profit (SEQ 710).
- 242 ' Schedule C-EZ - Employer ID Number (SEQ 060) cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- 243 ' Form 1040 - If Schedule A is not present and Must Itemize Indicator (SEQ 786) equals "X" OR Itemized Election Ind (SEQ 788) equals "IE", then Total Itemized or Standard Deduction (SEQ 789) must equal zero.  
' Form 1040A - If Must Itemize Indicator (SEQ 786) equals "X", then Total Itemized or Standard Deduction (SEQ 789) must equal zero.
- 244 ' Reserved
- 245 ' Form 1040 - When Form 8396 Block (SEQ 1004) equals "X", Form 8396 must be present.  
' When Other Credits (SEQ 1015) of Form 1040 is significant, Mortgage Interest Credit (SEQ 170) of Form 8396 must be significant or Passive Activity Credit (SEQ 160) of Form 8586 must be significant, and vice versa.
- 246 ' Form 6251 - When Amount from Schedule D Line 27 (SEQ 370) is significant, Subtract Line 26 from Line 22 (SEQ 1930) of Schedule D must be significant.
- 247 ' Form 6251 - When Unrecaptured Section 1250 Gain (SEQ 380) is significant, Unrecaptured Section 1250 Gain (SEQ 1909) of Schedule D must be significant.
- 248 ' Form 6251 - When Amount from Schedule D Line 22 (SEQ 400) is significant, Subtract Line 21 from Line 20 (SEQ 1880) of Schedule D must be significant.
- 249 ' Form 6251 - When Amount from Schedule D Line 36 (SEQ 480) is significant, it must equal Subtract Line 35 from Line 34 (SEQ 2025) from Schedule D.
- 250 ' Schedule D - When Investment Capital Gain (SEQ 1870) is significant, Form 4952 must be present. Investment Capital Gain (SEQ 1870) of Schedule D must equal Investment Capital Gain (SEQ 036) from Form 4952.
- 251 ' Form 8615 - Child Taxable Income (SEQ 100) must equal Taxable Income (SEQ 820) from Form 1040/1040A.
- 252 ' Form 1040/1040A - When Form 8615 is present, Tax (SEQ 915) of Form 1040 or Tax (SEQ 860) of Form 1040A must equal Form 8615 Tax (SEQ 290) from Form 8615.
- 253 ' Form 8615 - Parent Filing Status (SEQ 060) must equal "1", "2", "3", "4", or "5".
- 254 ' Reserved
- 255 ' Form 8615 - Gross Unearned Income (SEQ 070) must be greater than \$1400.
- 256 ' Form 8615 - Child Name (SEQ 010) must equal Name Line 1 (SEQ 060) of Form 1040/1040A.
- 257 ' Form 8615 - Parent Name (SEQ 040) and Parent SSN (SEQ 050) must be significant.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 258 ' Form 8615 - Child SSN (SEQ 020) must be significant and within the valid ranges of SSN/ITIN's.
- 259 ' Tax Form - When Workfare Payments Literal (SEQ 376) equals "WP", Workfare Payments Amount (SEQ 377) must be significant, and vice versa.
- 260 ' Form 1040 - When Form 8814 is present, Form 8814 Block (SEQ 853) of Form 1040 must equal "X" and Form 8814 Amount (SEQ 857) of Form 1040 must be significant. When Form 8814 Block (SEQ 853) equals "X", Form 8814 must be present and Form 8814 Amount (SEQ 857) must be significant.
- 261 ' Form 8814 - When one Form 8814 is present, Multiple F8814 Indicator (SEQ 030) cannot be significant. When more than one Form 8814 is present, Multiple F8814 Indicator (SEQ 030) of the first Form 8814 must be significant.
  - ' Form 8814 Amount (SEQ 857) of Form 1040 must equal Form 8814 Tax (SEQ 220) from Form(s) 8814.
- 262 ' Form 8814 - Child Taxable Unearned Income (SEQ 170) must be greater than \$700 and less than \$7000.
- 263 ' Form 1040 - If Form 1040 Other Income (SEQ 200) of Form 8814 is significant, then Type of Other Income (SEQ 560) of Form 1040 must equal "FORM 8814" and Total Other Income (SEQ 590) of Form 1040 must be significant.
- 264 ' Form 8814 - When Tax Exempt Literal (SEQ 040) is significant, Tax Exempt Amount (SEQ 050) must be significant.
  - ' When Nominee Dist. Literal 1 (SEQ 060) is significant, Nominee Dist. Amount 1 (SEQ 070) must be significant.
  - ' When Non-Taxable Literal (SEQ 080) is significant, Non-Taxable Amount (SEQ 090) must be significant.
- 265 ' Form 8814 - When Nominee Dist. Literal 2 (SEQ 120) is significant, Nominee Dist. Amount 2 (SEQ 130) must be significant.
- 266 ' Form 8814 - Child Name (SEQ 010) must be significant. Child SSN (SEQ 020) must be significant and within the valid ranges of SSN/ITIN/ATIN's.
- 267 ' Form 8814 - Tax Amount Basis (SEQ 210) cannot be less than zero. When Tax Amount Basis (SEQ 210) is greater than zero and less than \$700, Form 8814 Tax (SEQ 220) must be significant. When Tax Amount Basis (SEQ 210) is equal to or greater than \$700, Form 8814 Tax (SEQ 220) must equal \$105.
- 268-269 ' Reserved
- 270 ' Form 1040 - When Form 4972 Block (SEQ 880) equals "X", Form 4972 must be present.
- 271 ' Form 4972 - None of the following fields can equal "X": Distribution of Qualified Plan No Box (SEQ 026), Rollover Yes Box (SEQ 030), Prior Yr Distribution Yes Box (SEQ 190), and Beneficiary Distribution Yes Box (SEQ 201).
  - ' All of the following fields must equal "X": Distribution of Qualified Plan Yes Box (SEQ 024), Rollover No Box (SEQ 040), and Prior Yr Distribution No Box (SEQ 200).

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 272** ' Form 4972 - Only one of the following fields can equal "X": Beneficiary of Qual Participant No Box (SEQ 044) or Qual Age - Five Yr Member No Box (SEQ 086).
- 273-274** ' Reserved
- 275** ' Form 4972 - At least one of the following fields must be significant: Capital Gain Election (SEQ 220), Ordinary Income (SEQ 240), 5 Yr Method Average Tax (SEQ 450), 10 Yr Method Average Tax (SEQ 690).
- 276** ' Form 4972 - Recipient SSN (SEQ 020) from the second Form 4972 cannot equal Recipient SSN (SEQ 020) of the first Form 4972.
- 277** ' Form 1040 - When Other Tax Literal (SEQ 1110) equals "ADT", Form 4970 must be present, and vice versa.
- 278** ' Form 4970 - Accumulation Dist. Attributable Tax (SEQ 670) must be significant.
- 279** ' Form 4972 - For each of the following, one box must equal "X", but both cannot equal "X": Beneficiary of Qual Participant Yes Box (SEQ 042)/Beneficiary of Qual Participant No Box (SEQ 044); Qual Age - Five Yr Member Yes Box (SEQ 084)/Qual Age - Five Yr Member No Box (SEQ 086).
- 280** ' Schedule B/Schedule 1 - When Excludable Savings Bond Interest (SEQ 289) is significant, Form 8815 must be present. Excludable Savings Bond Interest (SEQ 289) of Schedule B/Schedule 1 must equal Excludable Savings Bond Interest (SEQ 290) from Form 8815.
- 281** ' Form 1040/1040A - When Filing Status (SEQ 130) equals "3", Form 8815 cannot be present.
- 282** ' Form 8815 - Taxable Expenses (SEQ 190) must be greater than zero.
- 283** ' Form 8815 - If Filing Status (SEQ 130) of Form 1040/1040A equals "2" or "5", then Modified AGI (SEQ 240) of Form 8815 must be less than \$109650. If Filing Status equals "1" or "4", then Modified AGI (SEQ 240) must be less than \$68100.
- 284** ' Reserved
- 285** ' Form 1040 - If Schedule D is present and Tax (SEQ 2236) of Schedule D is significant, then Tax (SEQ 915) of Form 1040 must be equal to or greater than Tax (SEQ 2236) of Schedule D.
- 286** ' Schedule E - When Non Passive Activity Literal (SEQ 1130) is present, Non Passive Activity Amount (SEQ 1140) must be present, and vice versa.
- 287** ' Form 1040 - When F8828 Literal (SEQ 1123) equals "FMSR", Form 8828 must be present.
- ' When F8828 Amount (SEQ 1124) is significant, Recapture Tax Due (SEQ 280) of Form 8828 must be significant, and vice versa.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 288 ' Form 8828 - Original Loan Closing Date (SEQ 100) cannot be before January 1, 1991 (01011991).
- 289 ' Form W-2 - When Advance EIC Payment (SEQ 200) is significant, taxpayer cannot file Form 1040EZ.
- 290 ' Form W-2 - Employer State (SEQ 073) and Employer Zip Code (SEQ 075) must be significant and valid. Employer Zip Code (SEQ 075) must be consistent with Employer State (SEQ 073).
  - ' **Exception:** This check is not performed when Employer State (SEQ 073) contains a period (.), indicating a foreign address. See Section 7.06 for foreign address format.
- 291 ' Form W-2 - Employer City (SEQ 070) must contain at least three characters.
- 292-294 ' Reserved
- 295 ' Form W-2 - For each occurrence, neither Withholding (SEQ 130) nor Social Security Tax (SEQ 150) can be greater than 1/2 (50%) of Wages (SEQ 120). **Exception:** This check is bypassed when Combat Pay has been excluded from Wages.
  - ' Form W-2G - For each occurrence, Withholding (SEQ 050) cannot be greater than 1/2 (50%) of Gross Winnings, etc. (SEQ 040).
  - ' Form 1099-R - For each occurrence, Withholding (SEQ 160) cannot be greater than 1/2 (50%) of Gross Distribution (SEQ 110).
- 296 ' Form 2441/Schedule 2 - If any field of the following "qualifying person group" is significant, then all fields in that group must be significant: Qualifying Person First Name (SEQ 110, 217); Qualifying Person Last Name (SEQ 115, 218); Qualifying Person Name Control (SEQ 120, 221); and Qualifying Person SSN (SEQ 214, 223).
- 297 ' Reserved
- 298 ' Form 2441/Schedule 2 - When Qualifying Person SSN (SEQ 214, 223) is significant, it must be within the valid ranges of SSN/ITIN/ATIN's. Refer to Attachment 8 for valid ranges of Social Security/Taxpayer Identification Numbers.
- 299 ' Tax Form - RAL Indicator (SEQ 1465) must equal "Y" or "N".
  - ' RAL Indicator (SEQ 1465) is a required field.
- 300-302 ' Reserved
- 303 ' Form 1040/1040A - If Amount Owed (SEQ 1290) is greater than zero and ES Penalty Amount (SEQ 1310) is not significant, then Total Tax (SEQ 1130) must be greater than Total Payments (SEQ 1250).
  - ' Form 1040EZ - If Amount Owed (SEQ 1290) is greater than zero, then Total Tax (SEQ 1256) must be greater than Total Payments (SEQ 1250).
- 304-349 ' Reserved for Electronically Transmitted Documents (ETD), Forms 4868 and 9465.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 350** ' Form 8853 - Policyholder SSN (SEQ 286) must be numeric and within the valid range for an SSN or an ITIN.
- ' Insured SSN (SEQ 310) must be numeric and within the valid range for an SSN or an ITIN.
- 351** ' Form 8853 - MSA Acct Holder SSN (SEQ 005) must equal either the Primary SSN (SEQ 010) or the Secondary SSN (SEQ 030) of Form 1040.
- 352** ' Form 8853 - If Primary New MSA for Current Tax Year - Yes (SEQ 010) is equal to "X", then either [Primary Previously Uninsured Acct Holder - Yes (SEQ 030) or Primary Previously Uninsured Account Holder - No (SEQ 040) must equal "X"] and either [Primary Self HDHP Coverage Box (SEQ 050) or Primary Family HDHP Coverage Box (SEQ 060) must equal "X"].
- 353** ' Form 8853 - If Spouse New MSA for Current Tax Year - Yes (SEQ 070) is equal to "X", then either [Spouse Previously Uninsured Acct Holder - Yes (SEQ 090) or Spouse Previously Uninsured Acct Holder - No (SEQ 100) must equal "X"] and either [Spouse Self HDHP Coverage Box (SEQ 110) or Spouse Family HDHP Coverage Box (SEQ 120) must equal "X"].
- 354** ' Form 8853 - One box of the following pair must equal "X", both cannot equal "X", and both cannot equal space: (The error sequence number will always be set to the "yes" box.)
- Primary New MSA for Current Tax Year - Yes (SEQ 010)
  - Primary New MSA for Current Tax Year - No (SEQ 020)
- ' When Filing Status (SEQ 130) of Form 1040 is **NOT** equal to "2", the following fields must be blank: Spouse New MSA for Current Tax Year - Yes (SEQ 070), Spouse New MSA for Current Tax Year - No (SEQ 080), Spouse Previously Uninsured Acct Holder - Yes (SEQ 090), Spouse Previously Uninsured Acct Holder - No (SEQ 100), Spouse Self HDHP Coverage Box (SEQ 110), and Spouse Family HDHP Coverage Box (SEQ 120).
- 355** ' Form 8853 - If Employer Contributions - Yes (SEQ 140) equals "X", then Total Employer Contributions for Current Tax Year (SEQ 160) must be significant.
- 356** ' Form 8853 - If Employer Contributions - Yes (SEQ 140) equals "X", then Employer Contributions - No (SEQ 150) must be blank, and vice versa. Both cannot be blank.
- 357** ' Form 1040 - Medical Savings Account Deduction (SEQ 630) must equal Medical Savings Account Deduction (SEQ 200) from Form 8853, when either field is significant.
- 358** ' Form 1040 - When Medical Savings Account Deduction (SEQ 630) is significant, Form 8853 must be present.
- 359** ' Form 8853 - One box of the following pairs must equal "X", both cannot equal "X", and both cannot equal space: (The error sequence number will always be set to the "yes" box.)
- Payments or Death Benefits - Yes (SEQ 320)
  - Payments or Death Benefits - No (SEQ 330)
- AND**
- Insured Terminally Ill - Yes (SEQ 340)
  - Insured Terminally Ill - No (SEQ 350).
- 360** ' Form 1040 - If Type of Other Income (SEQ 560) equals "MSA" and the corresponding Amount of Other Income (SEQ 570) is present, then Form 8853 must be present.
- ' If Taxable MSA Distributions (SEQ 250) of Form 8853 is significant, then Type of Other Income (SEQ 560) of Form 1040 must equal "MSA" and the corresponding Amount of Other Income (SEQ 570) of Form 1040 must be present.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 361** ' Form 1040 - If Other Tax Literal (SEQ 1110) equals "MSA" and the corresponding Other Tax Amount (SEQ 1120) is present, then Form 8853 must be present.
- ' If Total Taxable MSA Distributions (SEQ 270) of Form 8853 is significant, then Other Tax Literal (SEQ 1110) of Form 1040 must equal "MSA" and the corresponding Other Tax Amount (SEQ 1120) of Form 1040 must be present.
- 362** ' Form 8853 - If Taxable MSA Distributions (SEQ 250) is significant, and Exceptions to 15% Tax Box (SEQ 260) is blank, then Total Taxable MSA Distributions (SEQ 270) must be significant.
- If Taxable MSA Distributions (SEQ 250) is significant, and Exceptions to 15% Tax Box (SEQ 260) is equal to "X", then Total taxable MSA Distributions (SEQ 270) must be blank.
- 363** ' Form 8853 - If Taxable MSA Distributions (SEQ 250) is significant, then either Exceptions to 15% Tax Box (SEQ 260) or Total Taxable MSA Distributions (SEQ 270) must be significant.
- 364** ' Form 1040 - If Type of Other Income (SEQ 560) equals "LTC" and the corresponding Amount of Other Income (SEQ 570) is present, then Form 8853 must be present.
- ' If Taxable Payments (SEQ 450) of Form 8853 is greater than zero, then Type of Other Income (SEQ 560) must equal "LTC" and the corresponding Amount of Other Income (SEQ 570) must be present.
- 365** ' Form 8853 - If Primary Self HDHP Coverage Box (SEQ 050) equals "X" or Spouse Self HDHP Coverage Box (SEQ 110) equals "X", then Limitation Amount (SEQ 180) cannot exceed \$2250.
- ' Primary Family HDHP Coverage Box (SEQ 060) equals "X" or Spouse Family HDHP Box (SEQ 120) equals "X", then Limitation Amount (SEQ 180) cannot exceed \$4500.
- 366** ' Form 8853 - When Taxable Medicare & Choice MSA Distributions (SEQ 276) is significant and Exception to 50% Tax Box (SEQ 278) is blank, then Total Taxable Medicare & Choice MSA Distributions (SEQ 279) must be significant,OR
- ' When Taxable Medicare & Choice MSA Distributions (SEQ 276) is significant and Exception to 50% Tax Box (SEQ 278) is equal to "X", then Total Taxable Medicare & Choice MSA Distributions (SEQ 279) must be blank.
- 367-369** ' Reserved
- 370** ' Form 1040/1040A - When any occurrence of Eligibility for Child Tax Credit (SEQ 178, 188, 198, 208, 218, 228) is significant, the corresponding Relationship (SEQ 177, 187, 197, 207, 217, 227) must equal either SON, DAUGHTER, GRANDCHILD, or FOSTERCHILD and the Dependent's age must be under 17.
- 371** ' Reserved

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 372**     '   Form 1040/1040A - When Child Tax Credit (SEQ 940) is significant, at least one Eligibility for Child Tax Credit (SEQ 178, 188, 198, 208, 218, 228) must equal "X".
- 373**     '   Form 1040/1040A - When Additional Child Tax Credit (SEQ 1186) is significant, at least three Eligibility for Child Tax Credit (SEQ 178, 188, 198, 208, 218, 228) must equal "X" and Form 8812 must be present.
  - '   When Form 8812 is present, Additional Child Tax Credit (SEQ 1186) must be significant and at least three Eligibility for Child Tax Credit (SEQ 178, 188, 198, 208, 218, 228) must equal "X".
- 374**     '   Form 1040/1040A - When Form 8812 is present, Additional Child Tax Credit (SEQ 1186) of Form 1040/1040A must equal Additional Child Tax Credit (SEQ 140) from Form 8812.
- 375-378**   '   Reserved
- 379**     '   Form 8863 - The student entries in Part I and in Part II must begin on Line 1 in each part. No lines may be skipped when completing the student information in either part.
- 380**     '   Form 8863 - Student's SSN (SEQ 035, 105, 175, 275, 315, 355, 395, 435) may be used only once to claim an education credit (Hope or Lifetime Earning). No Student's SSN may be used in Part I (Hope Credit) and Part II (Lifetime Learning Credit). Student's SSN must be within the valid ranges of SSN/ITIN/ATIN's.
- 381**     '   Form 8863 - When student data is present in either Part I or Part II, each of the following fields must be significant for each student: Student's First Name, Student's Last Name, Student's Name Control, Student's SSN.
- 382**     '   Form 1040/1040A - If Education Credits (SEQ 950) is significant, Form 8863 must be present. If Form 8863 is present, Education Credits (SEQ 950) must be significant.
- 383**     '   Form 8863 - To be eligible for Education Credit, the student must be either the Primary taxpayer, Spouse or a dependent. On Form 8863, each Student's SSN must equal either the Primary SSN (SEQ 010), the Secondary SSN (SEQ 030) or one of the Dependent SSN's (SEQ 175, 185, 195, 205, 215, 225). When the dependent information is on a statement, the Dependent SSN's from the statement are part of the requirement.
- 384**     '   Form 1040/1040A - When the filing status is "Married Filing Joint" and Education Credits (SEQ 950) is significant, the Adjusted Gross Income (SEQ 750) must be less than \$100,000. When the filing status is "Single" or "Head of Household" and Education Credits (SEQ 950) is significant, the Adjusted Gross Income (SEQ 750) must be less than \$50,000.
- 385**     '   Form 8863 - Qualified Expenses Paid in the Current Tax Year (SEQ 040, 110, 180) for each student may not be over \$2000.
- 386**     '   Form 1040/1040A - When Adjusted Gross Income (SEQ 750) plus Student Loan Interest Deduction (SEQ 628) is more than \$75,000 for "Married Filing Joint" or is more than \$55,000 for "Single" or "Head of Household" or "Qualifying Widow(er)", the Student Loan Interest Deduction (SEQ 628) is not allowed.
- 387**     '   Form 1040/1040A - The Education Credits cannot exceed \$5500.
  - '   Form 8863 - Hope Scholarship Credit (SEQ 240) cannot exceed \$1500. Lifetime Learning Credit (SEQ 470) cannot exceed \$1000.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 388**     '   Form 1040/1040A - When Student Loan Interest Deduction (SEQ 628) is significant, the filing status cannot equal "Married Filing Separately".
- 389**     '   Form 1040/1040A - Student Loan Interest Deduction (SEQ 628) must not exceed \$1500.
- 390**     '   Schedule J - Amount from Line 6 (SEQ 100) must equal One-third Elected Farm Income (SEQ 060).
  - '   One-third Elected Farm Income (SEQ 140) must equal One-third Elected Farm Income (SEQ 060).
- 391**     '   Schedule J - The following fields must contain an amount greater than or equal to zero: SEQ 040, SEQ 050, SEQ 060, SEQ 070, SEQ 080, SEQ 090, SEQ 110, SEQ 120, SEQ 130, SEQ 150, SEQ 160, SEQ 180, SEQ190, SEQ 200, and SEQ 210.
- 392**     '   Schedule J - Taxable Income (SEQ 010) must equal Taxable Income (SEQ 820) of Form 1040.
- 393**     '   Schedule J - When Add Lines 4, 8, 12, and 16 (SEQ 170) is greater than zero, then one of the following fields must be greater than zero: Tax on Line 3 (SEQ 040) or Tax on Line 7 (SEQ 080) or Tax on Line 11 (SEQ 120) or Tax on Line 15 (SEQ 160).
- 394**     '   Reserved
- 395**     '   Form Payment - Primary SSN (SEQ 010) must equal Primary SSN (SEQ 010) of the Tax Form.
  - '   When Filing Status (SEQ 130) equals "2", Secondary SSN (SEQ 020) must equal Secondary SSN (SEQ 030) of the Tax Form .
- 396**     '   Form Payment - Routing Transit Number (SEQ 030) (RTN) must contain numeric characters. The first two positions must be 01 through 12, or 21 through 32; the RTN must be present on the Financial Organization Master File (FOMF); and the banking institution must process Electronic Funds Transfer (EFT).
  - '   Bank Account Number (SEQ 040) must be present, must be alphanumeric (i.e., only alpha characters, numeric characters, and hyphens), must be left-justified with trailing blanks if less than 17 positions, and cannot equal all zeros or all blanks.
  - '   Type of Account (SEQ 050) must equal "1" or "2".
- 397**     '   Form Payment - When the return is transmitted to the IRS on or before April 17 of the current processing year, the Requested Payment Date (SEQ 080) cannot be later than April 17.
  - '   When the return is transmitted to IRS after April 17, the Requested Payment Date (SEQ 080) cannot be later than the current processing date.
  - '   The year of the Required Payment Date (SEQ 080) must equal the current processing year.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 398-399** ' Reserved
  
- 400** ' State Record - The Generic Record must be present in the state data packet.
  - ' An Unformatted Record was present without the Generic Record, or the Unformatted Record preceded the Generic Record.
  
- 401** ' State Record - The State Code (SEQ 010) in the Header Section of the Generic Record must be valid for the processing service center.
  - ' The State Code must be consistent throughout Generic and associated Unformatted Records for the return.
  
- 402** ' State Record - All "Required Entry" fields in the Entity Section of the Generic Record (SEQ 060, 075, 085, 095, 100) must be present.
  
- 403** ' State Record - Any entry present in the Consistency Section of the Generic Record must equal the corresponding federal Tax Form entry.
  
- 404** ' State Record - The DCN (SEQ 020) of the Generic Record must equal the DCN of the federal Tax Form.
  - ' The DCN (SEQ 020) of the Generic Record must equal the DCN (SEQ 020) of the Unformatted Record.
  
- 405** ' State Record Form W-2 - Each Form W-2 associated with a State Record must contain a valid State Abbreviation in State Name (SEQ 370, 440) when there is a significant entry in State Income Tax (SEQ 400, 470).
  
- 406** ' State Record - If the EFIN contains an out of service center DO, and Form 2555 or Form 2555EZ is not present, then State Data must be present.
  
- 407** ' State Record - The Return Sequence Number (RSN) (SEQ 023) of the Generic Record must equal the RSN of the Federal Tax Form.
  
- 408** ' State Record - When On-Line-State-Return (SEQ 049) of the Generic Record is equal to "O", the Transmission Type Code (Field 15) of the TRANS Record A (TRANA) must equal "O", and vice versa.
  
- 409-419** ' Reserved
  
- 420** ' Form 1040 - When Form 4136 Block (SEQ 1205) is equal to "X", Other Payments (SEQ 1210) must be significant, and vice versa.
  
- 421** ' Form 1040 - When Other Payments (SEQ 1210) is significant, Total Payments (SEQ 1250) must be significant.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 422**
- ' Form 4136 - When any of the "amount of credit" fields is greater than zero, then at least one of the associated "gallons" fields must be significant. **For example:**
  - ' When Nontaxable Use of Gasoline Credit Amount (SEQ 050) is greater than zero, at least one of the following must be significant: SEQ 010, 020, 039, or 049.
  - ' When Nontaxable Use of Gasohol Credit Amount (SEQ 120) is greater than zero, at least one of the following must be significant: SEQ 070, 090, or 110.
  - ' When Nontaxable Use of Aviation Gas Tax Credit Amt (SEQ 144) is greater than zero, then at least one of the following must be significant: SEQ 126, 138, or 143.
  - ' When Nontaxable Use of Diesel Fuel/Kerosene Credit Amt (SEQ 178) is greater than zero, then at least one of the following must be significant: SEQ 162 or 174.
  - ' When Non Taxable of Train Use Credit Amt (SEQ 188) is greater than zero, then Diesel Fuel/Kerosene Train Use Gallons (SEQ 186) must be significant.
  - ' When Certain Intercity and Local Bus Use Credit Amt (SEQ 202) is greater than zero, then Certain Intercity and Local Bus Use Gallons (SEQ 196) must be significant.
  - ' When Nontaxable Use of Aviation Fuel Tax Credit Amt (SEQ 248) is greater than zero, then at least one of the following must be significant: SEQ 208, 218, or 242.
  - ' When Sales by Vendors of Undyed Diesel Credit Amount (SEQ 294) is greater than zero, then at least one of the following must be significant: SEQ 286 or 292.
  - ' When Sales by Vendors of Undyed Kerosene Credit Amount (SEQ 329) is greater than zero, then at least one of the following must be significant: SEQ 309, 314, or 322.
  - ' When Use of LPG in Certain Buses Credit Amount (SEQ 346) is greater than zero, then at least one of the following must be significant: SEQ 336 or 342.
  - ' When Gasohol Blenders Tax Credit Amount (SEQ 390) is greater than zero, then at least one of the following must be significant: SEQ 360, 363, 370, 373, 380 or 383.
- 423**
- ' Form 4136 - If Evidence of Dyed Diesel Fuel/Kerosene Exception Box (SEQ 152) equals "X", Evidence of Dyed Diesel Fuel/Kerosene Explanation (SEQ 146) must equal "STMbnn" and vice versa.
- 424**
- ' Form 4136 - If Evidence of Dyed Diesel Fuel Exception Box (SEQ 278) equals "X", then Evidence of Dyed Diesel Fuel Explanation (SEQ 274) must equal "STMbnn" and vice versa; and Undyed Diesel Fuel UV Registration No (SEQ 272) must be significant.
  - ' If Evidence of Dyed Kerosene Exception Box (SEQ 302) equals "X", then Evidence of Dyed Kerosene Explanation (SEQ 299) must equal "STMbnn" and vice versa; and at least one of the following must be significant: Undyed Kerosene UV Registration No (SEQ 297), or Undyed Kerosene UP Registration No (SEQ 298).
- 425**
- ' Form 4136 - If Total Income Tax Credit Amount (SEQ 450) is significant, then at least one of the "credit amounts" (SEQ 050, 120, 144, 178, 188, 202, 248, 294, 329, 346, 390) must be significant.

## Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)

- 426** ' Form 1040 - Other Payments (SEQ 1210) must equal Total Income Tax Credit Amount (SEQ 450) from Form 4136, when either field is significant.
- 427** ' Form 4136 - When any of the "gallons" fields is greater than zero, then the associated "type of use" field must be significant. **For example:**
- ' When Nontaxable Use of Gasoline Gallons (SEQ 039 or 049) is greater than zero, then Nontaxable Use of Gasoline Type (SEQ 031 or 041) must be significant.
  - ' When Gasohol 10% Alcohol Gallons (SEQ 070) is greater than zero, then Gasohol 10% Alcohol Type (SEQ 060) must be significant.
  - ' When Gasohol 7.7% Alcohol Gallons (SEQ 090) is greater than zero, then Gasohol 7.7% Alcohol Type (SEQ 080) must be significant.
  - ' When Gasohol 5.7% Alcohol Gallons (SEQ 110) is greater than zero, then Gasohol 5.7% Alcohol Type (SEQ 100) must be significant.
  - ' When Nontaxable Use of Aviation Gasoline Gallons (SEQ 138 or 143) is greater than zero, then Nontaxable Use of Aviation Gasoline Type (SEQ 132 or 139) must be significant.
  - ' When Nontaxable Use of Diesel Fuel Gallons (SEQ 162) is greater than zero, then Nontaxable Use of Diesel Fuel Type (SEQ 156) must be significant.
  - ' When Nontaxable Use of Diesel Kerosene Gallons (SEQ 174) is greater than zero, then Nontaxable Use of Diesel Kerosene Type (SEQ 166) must be significant.
  - ' When Nontaxable Use of Aviation Fuel Gallons (SEQ 218 or 242) is greater than zero, then Nontaxable Use of Aviation Fuel Type (SEQ 212 or 232) must be significant.
- 428-429** ' Reserved
- 430** ' Form 8271 - If any one of the following Investor group items is significant, then all must be significant: Investor's Name (SEQ 010), Investor's Identifying Number (SEQ 020), Investor's Tax Year Ended (SEQ 030).
- 431** ' Reserved
- 432** ' Form 8271 - When Form 8271 is present, one of the following Tax Shelter group items must be present on the first occurrence: Tax Shelter Name - 1 (SEQ 040) or Tax Shelter Registration Number - 1 (SEQ 050) or Name of Person Who Applied for Registration - 1 (SEQ 060) or Tax Shelter Identifying Number - 1 (SEQ 070).
- 433-434** ' Reserved
- 435** ' Form 8582-CR - When Multiply Line 11 by 50% (SEQ 200) is significant, it cannot be greater than \$25000.
- ' When Multiply Line 23 by 50% (SEQ 330) is significant, it cannot be greater than \$25000.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 436
  - ' Form 8582-CR - When Special Allowance for Rental Activity (SEQ 210) is significant, it must equal Special Allowance for Rental Activity (SEQ 135) of Form 8582.
  - ' When Special Allowance for Rental Activity (SEQ 340) is significant, it must equal Special Allowance for Rental Activity (SEQ 135) of Form 8582.
- 437
  - ' Form 8582-CR - Modified Adjusted Gross Income (SEQ 310) cannot be less than zero.
- 438-439
  - ' Reserved
- 440
  - ' Tax Form - For the On-Line ECN Pilot, the *e-file* Customer Number (ECN) in the Primary Taxpayer Signature (SEQ 1321) must match data from the IRS Master File.
  - ' For the On-Line ECN Pilot, if Filing Status (SEQ 130) equals "2", then the *e-file* Customer Number (ECN) in the Spouse Signature (SEQ 1324) must match data from the IRS Master File.
- 441
  - ' Tax Form - For the On-Line ECN Pilot, if Filing Status (SEQ 130) equals "2" and an *e-file* Customer Number (ECN) is present in either the Primary Taxpayer Signature (SEQ 1321) or the Spouse Signature (SEQ 1324) of the Tax Form, then the ECN must be present in both fields.
  - ' For the Practitioner PIN Pilot, if Filing Status (SEQ 130) equals "2" and a Personal Identification Number (PIN) is present in either the Primary Taxpayer Signature (SEQ 1321) or the Spouse Signature (SEQ 1324) of the Tax Form, then the PIN must be present in both fields.
- 442
  - ' Tax Form - For On-Line ECN Pilot, if an *e-file* Customer Number (ECN) is present in either the Primary Taxpayer Signature (SEQ 1321) or the Spouse Signature (SEQ 1324) of the Tax Form, then the On-Line Jurat/Disclosure Version Indicator (SEQ 1319) of the Tax Form and the Signature Date (Field 33) of the Summary Record must be present.
  - ' For the Practitioner PIN Pilot, if a Personal Identification Number (PIN) is present, then the Jurat/Disclosure Version Indicator (SEQ 1319) of the Tax Form and the Signature Date (Field 33) of the Summary Record must be present.
- 443
  - ' Tax Form - For the Practitioner PIN Pilot, the first six positions of the Name of Paid Preparer (SEQ 1340) must equal the Electronic Filer ID Number (EFIN) in the Declaration Control Number (DCN).
- 444
  - ' Reserved
- 445
  - ' Tax Form - For the Practitioner PIN Pilot, if Primary Taxpayer Signature (SEQ 1321) or Spouse Signature (SEQ 1324) is significant, then Name of Paid Preparer (SEQ 1340) must be numeric.
  - ' Data may only be entered in the following fields of the Tax Form when the return is filed as part of the Practitioner PIN Pilot or the On-Line ECN Pilot: Primary Taxpayer Signature (SEQ 1321) and Spouse Signature (SEQ 1324).
- 446
  - ' Form 4136 - When Undyed Diesel Fuel UV Registration No (SEQ 272) is present, then Use of Undyed Diesel for Farming Purpose Gallons (SEQ 286) OR Use of Undyed Diesel by State or Local Gov Gallons (SEQ 292) must be present, and vice versa.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 447** ' Form 4136 - When Undyed Kerosene UV Registration No (SEQ 297) is present, then Use of Undyed Kerosene for Farming Purpose Gallons (SEQ 309), or Use of Undyed Kero by State or Local Gov Gallons (SEQ 314) must be present and vice versa.
- When Other Sales of Undyed Kerosene Gallons (SEQ 322) is present, then Undyed Kerosene UP Registration No (SEQ 298) must be present and vice versa.
- 448-449** ' Reserved
- 450** ' Form 8606 - Nondeductible IRA Name (SEQ 005) and SSN of Taxpayer with IRAs (SEQ 010) must be significant.
- 451** ' Form 8606 - Nondeductible IRA Name (SEQ 005) must contain a less-than sign immediately preceding the last name. If the name includes a suffix, another less-than sign is entered between the last name and the suffix. Allowable characters are: Alpha, hyphen (-), less-than (<), and space.
- ' Nondeductible IRA Name (SEQ 005) cannot contain the following: Two or more consecutive embedded spaces, a space or less-than sign in the first position, a less-than sign in the last position, more than two less-than signs, a space preceding or following a less-than sign.
- 452** ' Form 2555/2555EZ - When only one Form 2555/2555EZ is present, Taxpayer SSN (SEQ 007) must equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040.
- ' When two Forms 2555/2555EZ are present, Taxpayer SSN (SEQ 007) of the first Form 2555/2555EZ must equal Primary SSN (SEQ 010) of Form 1040 and Taxpayer SSN (SEQ 007) of the second Form 2555/2555EZ must equal Secondary SSN (SEQ 030) of Form 1040. One occurrence of either Form 2555 or Form 2555EZ can be present for the Primary SSN (SEQ 010). One occurrence of either Form 2555 or Form 2555EZ can be present for the Secondary SSN (SEQ 030).
- 453** ' Form 2555EZ - Total Foreign Earned Income (SEQ 1210) cannot exceed \$74000.
- 454** ' Form 1040 - Earned Income Credit (SEQ 1180) cannot be significant when Form 2555 or Form 2555EZ is present.
- 455** ' Form 2555 - Foreign Earned Income Exclusion (SEQ 1220) cannot exceed Foreign Earned Income (SEQ 1050). Foreign Earned Income Repeated (SEQ 1070) must equal Foreign Earned Income (SEQ 1050).
- ' Form 2555EZ - Max. Of Foreign Earned Inc. Exclusion (SEQ 1260) cannot exceed Total Foreign Earned Income (SEQ 1210).
- 456** ' Form 1040 - When Housing/Foreign Earned Income Exclusion Literal (SEQ 574) equals "FORM 2555", Form 2555 must be present.
- ' When Housing/Foreign Earned Income Exclusion Literal (SEQ 574) equals "FORM 2555-EZ", Form 2555EZ must be present.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 457** ' Form 1040 - The absolute value of Housing/Foreign Earned Income Exclusion Amount (SEQ 577) must equal the total of the following fields: Max. of Housing and Foreign Earned Inc. Exclusions (SEQ 1260) from Form 2555(s) plus Max. of Foreign Earned Inc. Exclusion (SEQ 1260) from Form(s) 2555EZ.
- 458** ' Form 1040 - When Other Adjustments Literal (SEQ 720) equals "FORM 2555", Form 2555 must be present.
- 459** ' Form 1040 - If Other Adjustments Literal (SEQ 720) equals "FORM 2555", then Other Adjustment Amount (SEQ 730) must equal Total Housing Deduction (SEQ 1310) from Form(s) 2555.
- 460** ' Form 2555/2555-EZ - Taxpayers must qualify for the Foreign Exclusion under the Bona Fide Residence or Physical Presence test. Both tests will be verified prior to the return being accepted. This Error Reject Code will be set in any case where the taxpayer did not qualify under either of the tests.
- ' Form 2555 - When the taxpayer is qualifying under Bona Fide Residence: When Date Bona Fide Residence Ended (SEQ 225) is equal to 1231 of the current tax year or is equal to "CONTINUE", then Date Bona Fide Residence Began (SEQ 220) must equal 0101 of the current tax year or must be prior to the current tax year; **OR** When Date Bona Fide Residence Ended (SEQ 225) is prior to 1231 of the current tax year (i.e., 10311999), then Date Bona Fide Residence Began (SEQ 220) must equal 0101 of the previous tax year or earlier than the previous tax year (i.e., 01011998).
- ' Form 2555 - When the taxpayer is qualifying under Physical Presence: The difference, in number of days, between Physical Presence Test From (SEQ 530) and Physical Presence Test Through (SEQ 540) minus the total of Number of Days in US on Business - 1 through - 4 (SEQ 610, 670, 730, 790) must be at least 330 days.
- ' Form 2555EZ - When the taxpayer is qualifying under Bona Fide Residence: When Date Bona Fide Residence Ended (SEQ 040) is equal to 1231 of the current tax year or is equal to "CONTINUE", then Date Bona Fide Residence Began (SEQ 030) must equal 0101 of the current tax year or must be prior to the current tax year; **OR** When Date Bona Fide Residence Ended (SEQ 040) is prior to 1231 of the current tax year (i.e., 10311999), then Date Bona Fide Residence Began (SEQ 030) must equal 0101 of the previous tax year or earlier than the previous tax year (i.e., 01011998).
- ' Form 2555EZ - When the taxpayer is qualifying under Physical Presence: The difference, in number of days, between Physical Presence Test From (SEQ 070) and Physical Presence Test Through (SEQ 080) minus the total of Number of Days in US on Business - 1 through - 9 (SEQ 310, 350, 390, 430, 470, 510, 550, 590, 630) must be at least 330 days.
- 461** ' Form 2555 - Statement to Authorities - Yes (SEQ 300) and Req'd to Pay Income Tax - No (SEQ 330) cannot both be significant.
- 462** ' Form 2555 - If No Travel Statement (SEQ 560) is significant, then the following fields cannot be significant: Country Name (SEQ 570), Arrival Date (SEQ 580), Departure Date (SEQ 590), Full Days in Country (SEQ 600), Number of Days in US on Business (SEQ 610), and Income Earned in the US on Business (SEQ 620).

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 463 ' Form 2555 - Foreign Address (SEQ 010) must be significant. Post of Duty (SEQ 015) must be significant and equal to a valid Post of Duty code. See "Post of Duty Codes" on page 10.
- ' Form 2555EZ - Foreign Address (SEQ 110) must be significant. Post of Duty (SEQ 115) must be significant and equal to a valid Post of Duty code. See "Post of Duty Codes" on page 10.
- 464 ' Form 2555 - If Separate Foreign Residence - Yes (SEQ 170) is significant, then Yes - City & Country of Foreign Residence (SEQ 190) and Number of Days at That Address (SEQ 200) must be significant.
- 465 ' Form 2555 - Housing Exclusion (SEQ 1140) cannot be greater than Employer-Provided Amounts (SEQ 1120).
- 466 ' Form 2555 - Total Housing and Foreign Earned Income Exclusions (SEQ 1230) must equal the total of Housing Exclusion (SEQ 1140) plus Foreign Earned Income Exclusion (SEQ 1220).
- 467 ' Form 2555EZ - If Bona Fide Residence - Yes (SEQ 010) is significant, then Date Bona Fide Residence Began (SEQ 030) and Date Bona Fide Residence Ended (SEQ 040) must be significant.
- 468 ' Form 2555EZ - If Physically Present - Yes (SEQ 050) is significant, then Physical Presence Test From (SEQ 070) and Physical Presence Test Through (SEQ 080) must be significant.
- 469 ' Form 2555EZ - Tax Home Test - Yes (SEQ 090) must be significant.
- 470 ' Form 2555EZ - For each of the following, only one box can equal "X":  
Bona Fide Residence - Yes (SEQ 010) or Bona Fide Residence - No (SEQ 020);  
Physically Present - Yes (SEQ 050) or Physically Present - No (SEQ 060);  
Revoked Exclusions - Yes (SEQ 220) or Revoked Exclusions - No (SEQ 230).
- 471 ' Form 2555 - Part II or Part III must be present, but not both.
- 472 ' Form 2555/2555EZ - Must be transmitted to the Austin Service Center using an Andover Service Center EFIN.
- 473-474 ' Reserved
- 475 ' Form 8812 - The following fields cannot equal "X": Amount on Line 5 - "No" Box (SEQ 043), Amount on Line 8 - "No" Box (SEQ 073).
- 476 ' Schedule EIC - The following fields cannot equal "X": Disabled "No" Box - 1 (SEQ 045) or Disabled "No" Box - 2 (SEQ 115).
- 477-479 ' Reserved
- 480 ' Form 8839 - When Identifying Number Child (SEQ 080, 160) is significant, it must be within the valid ranges of SSN/ITIN/ATIN's.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 481** ' Form 8839 - Eligible Child First Name - 1 (SEQ 010), Eligible Child Last Name - 1 (SEQ 020), Eligible Child Name Control - 1 (SEQ 030), Year of Birth - 1 (SEQ 040), and Identifying Number Child - 1 (SEQ 080) must be significant.

' If any field of the following "eligible child group" is significant, then all fields in that group must be significant: Eligible Child First Name (SEQ 010, 090); Eligible Child Last Name (SEQ 020, 100); Eligible Child Name Control (SEQ 030, 110); Year of Birth (SEQ 040, 120); and Identifying Number Child (SEQ 080, 160).

' Eligible Child Name Control (SEQ 030, 110) must be in the correct format.
- 482** ' Form 8839 - Year of Birth - 1 (SEQ 040) and Year of Birth - 2 (SEQ 120) cannot be greater than current tax year.
- 483** ' Form 8839 - Identifying Number Child - 2 (SEQ 160) cannot equal Identifying Number Child - 1 (SEQ 080). Identifying Number Child - 1 (SEQ 080) and Identifying Number Child - 2 (SEQ 160) cannot equal Primary SSN (SEQ 010) or Secondary SSN (SEQ 030) of Form 1040/1040A.
- 484** ' Form 8839 - If Year of Birth - 1 or - 2 (SEQ 040, 120) is prior to "1981", then the corresponding Disabled Over 18 Box - 1 or - 2 (SEQ 049, 129) must equal "X".
- 485** ' Form 8839 - Modified AGI (SEQ 240) and Modified AGI (SEQ 390) must be less than \$115000.
- 486** ' Form 1040/1040A - When Adoption Credit (SEQ 960) is significant, Form 8839 must be present.
- 487** ' Form 8839 - If Eligible Child First Name - 1 (SEQ 010) is significant and Special Needs Box - 1 (SEQ 060) is significant and Foreign Child Box - 1 (SEQ 070) is not significant, then Allowed Tax Credit Child - 1 (SEQ 170 or 310) must equal \$6000; otherwise, the maximum Allowed Tax Credit Child - 1 (SEQ 170 or 310) must be \$5000.

' If Eligible Child First Name - 2 (SEQ 090) is significant and Special Needs Box - 2 (SEQ 140) is significant and Foreign Child Box - 2 (SEQ 150) is not significant, then Allowed Tax Credit Child - 2 (SEQ 200 or 330) must equal \$6000; otherwise, the maximum Allowed Tax Credit Child - 2 (SEQ 200 or 330) must be \$5000.
- 488-489** ' Reserved
- 490** ' Summary Record - Year of the Electronic Postmark Date (Field 39) must equal the current processing year.
- 491** ' Summary Record - The following three fields must be present: Electronic Postmark Date (Field 39), Electronic Postmark Time (Field 40), Electronic Postmark Time Zone (Field 41).
- 492** ' Form 1040/1040A/1040EZ - When the Electronic Postmark fields are present, then the ETIN of the Return Sequence Number must be a valid ETIN for that processing Service Center.
- 493** ' Summary Record - Software Identification Number (Field 32) must be present.
- 494-499** ' Reserved

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 500 ' Primary SSN (SEQ 010) and Primary Name Control (SEQ 050) of the Tax Form must match data from the IRS Master File.
- 501 ' Qualifying SSN (SEQ 050, 120) of Schedule EIC and the corresponding Year of Birth (SEQ 020, 090) must match data received from the Social Security Administration.  
' Qualifying SSN (SEQ 050, 120) of Schedule EIC and the corresponding Qualifying Child Name Control (SEQ 007, 077) must match data from the IRS Master File.
- 502 ' Employer Identification Number (SEQ 040) of Form W-2, Payer Identification Number (SEQ 026) of Form W-2G, and Payer Identification Number (SEQ 050) of Form 1099-R must match data from the IRS Master File.
- 503 ' Secondary SSN (SEQ 030) and Spouse's Name Control (SEQ 055) of the Tax Form must match data from the IRS Master File.
- 504 ' Dependent's SSN (SEQ 175, 185, 195, 205, 215, 225) of Form 1040/1040A and corresponding Dependent Name Control (SEQ 172, 182, 192, 202, 212, 222) must match data from the IRS Master File.
- 505 ' Employer Identification Number (SEQ 040) of Form W-2, or Payer Identification Number (SEQ 026) of Form W-2G, or Payer Identification Number (SEQ 050) of Form 1099-R was issued in the current processing year.
- 506 ' Qualifying SSN (SEQ 050, 120) of Schedule EIC was previously used for the same purpose.
- 507 ' Dependent's SSN (SEQ 175, 185, 195, 205, 215, 225) of Form 1040/1040A was previously used for the same purpose.
- 508 ' Primary SSN (SEQ 010) has been used as a Secondary SSN (SEQ 030) on another return with filing status 2-Married Filing Joint status (SEQ 130); **OR** Secondary SSN (SEQ 030) has been used as a Primary SSN (SEQ 010) on another return.
- 509 ' Secondary SSN (SEQ 030) was previously used as a Dependent's SSN or as a Schedule EIC Qualifying SSN on a previous or current return; or Dependent's SSN was used as a Secondary SSN on a previous or current return; or Schedule EIC Qualifying SSN was used as a Secondary SSN on a current or previous return.
- 510 ' Primary SSN (SEQ 010) and/or Secondary SSN (SEQ 030) where the SSN was claimed as an exemption (SEQ 160) on the return and was also used as a Dependent's SSN (SEQ 175, 185, 195, 205, 215, 225) on another return.
- 511 ' Primary SSN (SEQ 010) was used with the Filing Status (SEQ 130) other than "3" or "4", and was also used as a Secondary SSN (SEQ 030) on another return with filing status "3".
- 512 ' Student's Name Control (SEQ 030, 100, 170, 270, 310, 350, 390, 430) of Form 8863 and corresponding Student's SSN (SEQ 035, 105, 175, 275, 315, 355, 395, 435) of Form 8863 must match data from the IRS Master File.
- 513 ' Secondary SSN (SEQ 030) was used as a Secondary SSN more than once.
- 514 ' Insured Name Control (SEQ 295) and Insured SSN (SEQ 310) of Form 8853 must match data from the IRS Master File.

## **Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 515** ' Primary SSN (SEQ 010) was used as a Primary SSN more than once.
- 516-517** ' Reserved
- 518** ' Employer Identification Number (SEQ 040) of Form W-2, or Payer Identification Number (SEQ 026) of Form W-2G, or Payer Identification Number (SEQ 050) of Form 1099-R has an operational date on the IRS Master File that is equal to the current processing year. The operational date must be prior to the current processing year.
- 519** ' Reserved
- 520** ' Employer Name Control (SEQ 015) and Employer Identification Number (SEQ 030) of Schedule H must match data from the IRS Master File.
- 521** ' Date of Birth for the following cannot equal the current processing year: Primary SSN (SEQ 010) and Secondary SSN (SEQ 030) of the Tax Form; Dependent's SSN (SEQ 175, 185, 195, 205, 215, 225) of Form 1040/1040A; and Qualifying SSN - 1 (SEQ 050) and Qualifying SSN - 2 (SEQ 120) of Schedule EIC.
- 522** ' Primary Date of Birth (Field 34) in the Summary Record of an On-Line Return does not match data from the IRS Master File.
- 523** ' Spouse Date of Birth (Field 35) in the Summary Record of an On-Line Return does not match data from the IRS Master File.
- 524** ' Qualifying Person Name Control - 1, - 2 (SEQ 120, 221) and Qualifying Person SSN - 1, - 2 (SEQ 214, 223) of Form 2441/Schedule 2 do not match data from the IRS Master File.
- 525** ' Eligible Child Name Control - 1, - 2 (SEQ 030, 110) and Identifying Number Child - 1, - 2 (SEQ 080, 160) of Form 8839 do not match data from the IRS Master File.
- 526** ' Qualifying Person SSN - 1, - 2 (SEQ 214, 223) of Form 2441/Schedule 2 was previously used for same purpose.
- 527** ' Identifying Number Child - 1, - 2 (SEQ 080, 160) of Form 8839 was previously used for same purpose.
- 528** ' Student's SSN (SEQ 035, 105, 175, 275, 315, 355, 395, 435) of Form 8863 was previously used to claim Education Credit on another tax return.
- 529-599** ' Reserved
- 600** ' Tax Form - IRS Master File indicates that the taxpayer must file Form 8862 to Claim Earned Income Credit after disallowance. Form 8862 is missing from the tax return and it is required.
- 601** ' Reserved
- 602** ' Form 8862- Year for Which You Are Filing This Form (SEQ 010) must equal the current tax year.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 603 ' Form 8862 - Qualifying Child of Another Person (SEQ 030) must equal "X". If Qualifying Child of Another Person (SEQ 030) does not equal "X", the taxpayer is not eligible to file Form 8862 and claim Earned Income Credit.
- 604 ' Form 8862 - When Schedule EIC is not present, Part II of Form 8862 must contain significant entries.
- 605 ' Form 8862 - When Schedule EIC is present, Part III of Form 8862 must contain significant entries.
- 606 ' Tax Form - IRS Master File indicates that the taxpayer is not allowed to claim the Earned Income Credit for this tax year.
- 607-649 ' Reserved
- 650 ' Form 8586 - When Regular Tax Before Credits (SEQ 170) is significant, it must equal Tax (SEQ 915) of Form 1040.
- 651 ' Form 8586 - When Credit for Child and Dependent Care Exp (F2441) (SEQ 180) is significant, it must equal Credit for Child and Dependent Care (SEQ 330) of Form 2441 or Credit for Child and Dependent Care (SEQ 925) of Form 1040.
- 652 ' Form 8586 - When Credit for the Elderly or the Disabled (Sch R) (SEQ 190) is significant, it must equal Credit (SEQ 250) of Schedule R or Credit for Elderly or Disabled (SEQ 930) of Form 1040
- 653 ' Form 8586 - When Child Tax Credit (F1040) (SEQ 200) is significant, it must equal Child Tax Credit (SEQ 940) of Form 1040.
- 654 ' Form 8586 - When Education Credits (F8863) (SEQ 210) is significant, it must equal Education Credits (SEQ 590) of Form 8863 or Education Credits (Form 8633) (SEQ 950) of Form 1040.
- 655 ' Form 8586 - When Mortgage Interest Credit (F8396) (SEQ 220) is significant, it must equal Mortgage Interest Credit (SEQ 170) of Form 8396.
- 656 ' Form 8586 - When Adoption Credit (F8839) (SEQ 230) is significant, it must equal Add Lines 12 and 13 (SEQ 289) of Form 8839 or Adoption Credit (SEQ 960) of Form 1040.
- 657 ' Form 8586 - Flow-through Entity EIN (SEQ 120) must be numeric and the first two digits must equal a valid District Office Code.
- 658 ' Form 8586 - When Foreign Tax Credit (SEQ 250) is significant, it must equal Foreign Tax Credit (SEQ 990) of Form 1040.
- 659 ' Form 8586 - When Credit for Fuel from a Nonconventional Source (SEQ 270) is significant, Nonconventional Source Fuel Credit (SEQ 1025) of Form 1040 must equal "STMbnn".
- 660 ' Form 8586 - When Tentative Minimum Tax (SEQ 330) is significant, Form 6251 must be present.

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

<b>661-699</b>	'	Reserved
<b>700</b>	'	Form 6781 - When Mixed Straddle Account Election Box (SEQ 040) equals "X", Statement Required by Regulations (SEQ 050) must equal "STMbnn".
<b>701</b>	'	Form 6781 - When Form 1099-B Adjustments (SEQ 200) is significant, Form 1099-B Adjustment Schedule (SEQ 190) must contain "STMbnn".
<b>702-709</b>	'	Reserved
<b>710</b>	'	Form 9465 - When Direct Debit information is present, Routing Transit Number (SEQ 330) (RTN) must contain nine numeric characters. The first two positions must be 01 through 12, or 21 through 32; the RTN must be present on the Financial Organization Master File (FOMF); and the banking institution must process Electronic Funds Transfer (EFT).
	'	Bank Account Number (SEQ 330) must be alphanumeric (i.e., only alpha characters, numeric characters, and hyphens), must be left-justified with trailing blanks if less than 17 positions, and cannot equal all zeros.
	'	If Routing Transit Number (SEQ 330) or Bank Account Number (SEQ 340) is significant, then Checking Account Indicator (SEQ 350) or Savings Account Indicator (SEQ 360) must equal "X". Both cannot equal "X".
<b>711-804</b>	'	Reserved
<b>805</b>	'	TRANS Record B (TRANB) must be present.
<b>806</b>	'	TRANS Record A (TRANA) - Processing Site (Field 5) must equal a valid Electronic Filing site: "A" = Cincinnati, "B" = Ogden, "C" = Andover, "D" = Memphis, "E" = Austin.
<b>807-821</b>	'	Reserved
<b>822</b>	'	TRANS Record A (TRANA) - Transmission Sequence for Julian Day (Field 9) matches a previously accepted transmission (Duplicate Transmission).
<b>823</b>	'	Unrecognizable Transmission - If there are any unrecognizable or inconsistent control data, the transmission will be rejected.
<b>824</b>	'	TRANS Record A (TRANA) - Transmitter EFIN (Field 12) must be present.
<b>825</b>	'	Invalid Sequence of Records in Transmission - The data records of the transmission must be in the following sequence: TRANA, TRANB, Form Records (1-500 for dial-up or 1-999 for dedicated/leased line), and RECAP.
	'	The format and content of the TRANA, TRANB, and RECAP Records must be exactly as defined.
<b>826-829</b>	'	Reserved

**Error Reject Code (ERC) Explanations for Individual Income Tax Returns (cont.)**

- 830 ' RECAP Record - Total EFT (Field 3) does not equal program-computed count. Total EFT Count is a count of Direct Deposit Requests and is incremented for each return that contains a non-blank character in any one of the Direct Deposit data fields (SEQ 1272, 1274, 1276, 1278) of the Tax Form. If an extraneous character is present within those fields, it will be counted as an EFT.
  
- 831 ' RECAP Record - Total Return Count (Field 4) does not equal program-computed count. Total Return Count is a count of returns transmitted and is incremented each time the Primary SSN within a Record ID changes.
  
- 832-839 ' Reserved
  
- 840 ' RECAP Record - The following fields must equal those in the Trans Record A (TRANA):

IDENTIFICATION	TRANA	RECAP
ETIN plus Transmitter's Use Code	Field 7	Field 5
Julian Day of Transmission	Field 8	Field 6
Transmission Sequence Number for Julian Day	Field 9	Field 7
  
- 841-899 ' Reserved
  
- 900 ' Primary SSN (SEQ 010) of the Tax Form cannot duplicate Primary SSN or Secondary SSN of any previously accepted electronic return for the current tax year.
  
- 901 ' Reserved
  
- 902 ' Declaration Control Number (DCN) (Field 10) of the Tax Return Record Identification Page 1 cannot duplicate a DCN on a previously accepted electronic return for the current processing year, and cannot be duplicated in the same "drain" of returns from the FEPS within a transmission.
  
- 903 ' Secondary SSN (SEQ 030) of the Tax Return cannot duplicate the Secondary SSN of any previously accepted return for the current tax year. The Secondary SSN cannot have been filed previously as a Primary SSN for the current tax year.
  
- 904 ' Primary SSN (SEQ 010) of the Tax Return cannot duplicate a Primary SSN within the same "drain" of returns.
  
- 905 ' Declaration Control Number (DCN) (Field 10) of the Tax Return cannot duplicate a DCN within the same "drain" of returns.
  
- 906 ' Secondary SSN (SEQ 030) of the Tax Return cannot duplicate a Secondary SSN within the same "drain" of returns.
  
- 907-998 ' Reserved
  
- 999 ' A maximum of 96 Error Reject Codes can be provided in the acknowledgment file. If more than 96 reject conditions are identified, the 96th Error Reject Code will be replaced with "999".



## Error Reject Code (ERC) Explanations for Forms 4868 and 9465

See Appendix for assistance in identifying SEQ numbers.

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- 001** ' The Summary Record must be present.
  
- 003** ' The Tax Period must be "199912".
  
- 004** ' Form 4868 - Primary SSN (SEQ 090) must be within the valid ranges of SSN/ITIN's and cannot equal an ATIN. It must equal all numeric characters and cannot equal all blanks, zeros, or nines.
  - ' Form 4868 - Primary SSN (SEQ 090) is a required field.
  - ' Form 4868 - Primary SSN (SEQ 090) must be all numeric and equal Field 5 of Record ID and Field 3 of the Summary Record.
  - ' Form 9465 - Primary SSN (SEQ 020) must be within the valid ranges of SSN/ITIN's and cannot equal an ATIN. It must equal all numeric characters and cannot equal all blanks, zeros, or nines.
  - ' Form 9465 - Primary SSN (SEQ 020) is a required field.
  - ' Form 9465 - Primary SSN (SEQ 020) must be all numeric and equal Field 5 of Record ID and Field 3 of the Summary Record.
  
- 006** ' Form 4868 - Only the following characters are permitted in the Primary Name Control (SEQ 010) and Spouse's Name Control (SEQ 020): alpha, hyphen, and space. The Name Control cannot contain leading or embedded spaces. The two left-most positions must contain an alpha character.
  - ' Form 4868 - Primary Name Control (SEQ 010) is a required field.
  - ' Form 9465 - Only the following characters are permitted in the Primary Name Control (SEQ 015) and Spouse Name Control (SEQ 035): alpha, hyphen, and space. The Name Control cannot contain leading or embedded spaces. The left-most position must contain an alpha character.
  - ' Form 9465 - Primary Name Control (SEQ 015) is a required field.
  - ' Form 9465 - Spouse Name Control (SEQ 035) is a required field when Spouse Name (SEQ 030) is present and must meet the same validation criteria as Primary Name Control (SEQ 015).
  
- 007** ' Form 4868 - Street Address (SEQ 040) and Form 9465 - Street Address (SEQ 050) are required fields, are alphanumeric and cannot have leading or consecutive embedded spaces. The left-most position must contain an alpha or numeric character. The only special characters permitted are space, hyphen (-), and slash (/).

**Error Reject Code (ERC) Explanations for Forms 4868 and 9465 (cont.)**

- 010** ' Significant money amount fields must be right-justified (and zero-filled when transmitting in fixed format). Money amount fields must contain whole dollars (no cents).

' All alphanumeric fields must be left-justified (and blank-filled when transmitting in fixed format) unless otherwise specified.

' When transmitting in fixed or variable format, significant date fields must contain numeric characters in the following formats, unless otherwise specified:  
Year fields with a length of four positions = YYYY  
Date fields with six positions = MMYYYY  
Date fields with eight positions = MMDDYYYY
- 014** ' When there is an entry in a field defined as "NO ENTRY", the return will be rejected.
- 016** ' Form 4868 - Zip Code (SEQ 070) and Form 9465 - Zip Code (SEQ 090) must be within the valid ranges of zip codes listed for the corresponding State Abbreviation (SEQ 060/080). The zip code cannot end in "00", with the exception of 20500 (the White House zip code).
- 020** ' Form 4868 - Name Line 1 (SEQ 030) and Form 9465 - Taxpayer's Name (SEQ 010) cannot have leading or consecutive embedded spaces. The only characters permitted are alpha, space, ampersand (&), hyphen (-), and less-than sign (<). The left-most position must be alpha. The less-than sign replaces the intervening space to identify the primary taxpayer's last name and cannot be preceded by or followed by a space.

' Form 4868 - Name Line 1 (SEQ 030) and Form 9465 - Taxpayer's Name (SEQ 010) are required fields.

' DO NOT ENTER DECEDENT NAMES IN FORM 4868- NAME LINE 1 (SEQ 030) AND FORM 9465 - TAXPAYER'S NAME (SEQ 010). DECEDENT RETURNS MAY NOT BE FILED ELECTRONICALLY.

' Form 9465 - If Spouse Name (SEQ 030) is present it must meet the same validation criteria as Taxpayer's Name (SEQ 010).
- 022** ' Form 9465 - State Abbreviation (SEQ 080) must be significant and consistent with the standard state abbreviations issued by the Postal Service.

' Form 9465 - State Abbreviation (SEQ 080) is a required field.
- 023** ' Form 9465 - City (SEQ 070) must be present, left-justified and contain a minimum of three alpha characters, blank filled when transmitted in fixed format. This field cannot contain consecutive embedded spaces and must contain only alphabetic characters and spaces. Do not abbreviate the city name.

' Form 9465 - City (SEQ 070) is a required field.
- 027** ' Summary Record - Electronic Return Originator Name (Field 4) must be significant.

' The EFIN of Originator (Field 5) must be present in the Summary Record **AND** be equal to the EFIN in the DCN of the Form 4868 or Form 9465.
- 028** ' The EFIN of Originator must contain a valid District Office Code.

## Error Reject Code (ERC) Explanations for Forms 4868 and 9465 (cont.)

- 031 ' The Document Sequence Number must be numeric.
- 032 ' The Declaration Control Number must be numeric.
- 033 ' Fields within a record cannot be longer than specified.
- 034 ' Record ID - For each record, significant data must be present following the Record ID.
- 035 ' Field Sequence Numbers within each record must be in ascending order and must be valid for that record.
- 044 ' The incoming record has an invalid Record ID. The form is not Form 4868 or Form 9465, or the page number is incorrect or duplicated.
- 045 ' The number of occurrences for Form 4868 or Form 9465 exceeded one.
  - ' Record ID - The format and content of the Record ID that begins each record must be exactly as defined and must not duplicate another Record ID.
- 060 ' The Document Sequence Number (DSN) must be in ascending numerical sequence within a transmission. However, the DSNs within the transmission do not have to be consecutive.
- 061 ' The Declaration Control Number (DCN) must be in ascending numerical sequence within the transmission. However, the DCNs within the transmission do not have to be consecutive.
- 062 ' The first two digits of the Declaration Control Number (DCN) must be zeros.
- 064 ' The Year Digit of Declaration Control Number (DCN) must be "0".
- 071 ' When Secondary SSN (Form 4868 - SEQ 100; Form 9465 - 040) is significant, it must be within the valid ranges of SSN/ITIN's, cannot equal an ATIN, and cannot equal Primary SSN (Form 4868 - SEQ 090; Form 9465 - 020). It must equal all numeric characters and cannot equal all zeros or all nines.
- 167 ' Form 9465 - Monthly Payment Date (SEQ 310) must be significant and must be within the 01 to 28 range.
- 168 ' Form 9465 - Monthly Payment (SEQ 300) must be equal to or greater than \$25.
- 172 ' Form 9465 - Amount Owed on Tax Return (SEQ 280) cannot be greater than \$10000.
- 310 ' Form 4868 must be received no later than April 17 or April 19, 2000 in the case of a corrected form.
- 312 ' Form 4868 - If Spouse SSN (SEQ 100) is present, Name Line 1 (SEQ 030) must contain an ampersand (&).
  - ' Form 4868 - If Name Line 1 (SEQ 030) contains an ampersand (&), the Spouse SSN (SEQ 100) must be present.
- 314 ' Form 4868 - If the Spouse Gift Tax Box (SEQ 114) is present and the Spouse Gift Tax Amount (SEQ 180) is significant, the Spouse SSN (SEQ 100) must be present.

**Error Reject Code (ERC) Explanations for Forms 4868 and 9465 (cont.)**

- 315** ' The Primary SSN (Form 4868 - SEQ 090; Form 9465 - 020) and the Primary Name Control (Form 4868 - SEQ 010; Form 9465 - 015) must match the corresponding data in the IRS Master File.
- 316** ' The Spouse SSN (Form 4868 - SEQ 100; Form 9465 - 040) and the Spouse Name Control (Form 4868 - SEQ 020; Form 9465 - 035) must match the corresponding data in the IRS Master File.
- 318** ' Form 9465 - Taxpayer's Home Phone Number (SEQ 110) or Work Phone Number (SEQ 130) is a required field.
- 322** ' Form 9465 - Routing Transit Number (RTN) (SEQ 320) must contain nine numeric characters. The first two positions must be 01 through 12, or 21 through 32; the RTN must be present on the Financial Organization Master File (FOMF); and the banking institution must process Electronic Funds Transfer (EFT).
  - ' Form 9465 - Bank Account Number (SEQ 330) must be alphanumeric (i.e., only alpha characters, numeric characters, and hyphens), must be left-justified with trailing blanks if less than 17 positions, and cannot equal all zeros.
  - ' Form 9465 - If Routing Transit Number (SEQ 330) or Bank Account Number (SEQ 340) is significant, then Checking Account Indicator (SEQ 350) or Savings Account Indicator (SEQ 360) must equal "X". Both cannot equal "X".
- 805** ' TRANS Record B (TRANB) must be present.
- 806** ' TRANS Record A (TRANA) - Processing Site (Field 5) must equal a valid Electronic Filing site: "A" = Cincinnati, "B" = Ogden, "C" = Andover, "D" = Memphis, "E" = Austin.
- 822** ' TRANS Record A (TRANA) - Transmission Sequence for Julian Day (Field 9) matches a previously accepted transmission (Duplicate Transmission).
- 823** ' Unrecognizable Transmission - If there are any unrecognizable or inconsistent control data, the transmission will be rejected.
- 824** ' TRANS Record A (TRANA) - Transmitter EFIN must be present.
- 825** ' Invalid Sequence of Records in Transmission - The data records of the transmission must be in the following sequence: TRANA, TRANB, Form Records and RECAP.
  - ' The Form Records must be present.
  - ' The Transmission Type Code in the TRANS Record A (TRANA) must be "D".
- 831** ' RECAP Record - Total Form Count does not equal program-computed count. Total Form Count is a count of forms transmitted and is incremented each time the Primary SSN within a Record ID changes.

**Error Reject Code (ERC) Explanations for Forms 4868 and 9465 (cont.)**

- 840** ' RECAP Record - The following fields must equal those in the Trans Record A (TRANA):
- | IDENTIFICATION                                 | TRANA   | RECAP   |
|--|---------|---------|
| ETIN plus Transmitter's Use Code               | Field 7 | Field 5 |
| Julian Day of Transmission                     | Field 8 | Field 6 |
| Transmission Sequence Number<br>for Julian Day | Field 9 | Field 7 |
- 900** ' Form 4868 - Primary SSN (SEQ 090) cannot duplicate Primary SSN or Spouse SSN (SEQ 100) of any previously accepted electronically transmitted Form 4868 for the current tax year.
- 999** ' A maximum of 96 Error Reject Codes can be provided in the acknowledgment file. If more than 96 reject conditions are identified, the 96th Error Reject Code will be replaced with "999".



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# **APPENDIX**

## **Form Field Exhibits**

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## Form Field Exhibit Index

The following exhibits show the corresponding locations of the SEQ numbers on individual income tax forms and schedules and electronically transmitted documents (Forms 4868 and 9465). These exhibits are useful in resolving error conditions identified in the acknowledgement files.

FORM OR SCHEDULE	PAGE
Form 1040	A-1
Schedules A&B	A-3
Schedule C	A-5
Schedule C-EZ	A-7
Schedule D	A-8
Schedule E	A-10
Schedule EIC	A-12
Schedule F	A-13
Schedule H	A-15
Schedule J	A-17
Schedule R	A-18
Schedule SE	A-20
Form 1040A	A-22
Schedule 1	A-24
Schedule 2	A-25
Schedule 3	A-27
Form 1040EZ	A-29
Form 1099-R	A-31
Form W-2	A-32
Form W-2G	A-33
Form 1116	A-34
Form 2106	A-36
Form 2210	A-38
Form 2210F	A-41
Form 2441	A-42
Form 2555	A-44
Form 2555EZ	A-47
Form 3903	A-49
Form 4136	A-50
Form 4137	A-52
Form 4255	A-53
Form 4562	A-54

FORM OR SCHEDULE	PAGE
Form 4684	A-56
Form 4797	A-58
Form 4835	A-60
Form 4868	A-61
Form 4952	A-62
Form 4970	A-63
Form 4972	A-64
Form 5329	A-66
Form 6198	A-68
Form 6251	A-69
Form 6252	A-71
Form 6781	A-72
Form 8271	A-73
Form 8283	A-74
Form 8396	A-76
Form 8582	A-77
Form 8582-CR	A-80
Form 8586	A-82
Form 8606	A-83
Form 8615	A-85
Form 8812	A-86
Form 8814	A-87
Form 8815	A-88
Form 8828	A-89
Form 8829	A-90
Form 8839	A-91
Form 8853	A-93
Form 8862	A-95
Form 8863	A-97
Form 9465	A-98
Form Payment	A-99

For the year Jan. 1–Dec. 31, 1999, or other tax year beginning , 1999, ending OMB No. 1545-0074

Label

(See instructions on page 18.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See page 18.)

Form with fields for name, address, and social security numbers.

Your social security number Spouse's social security number

IMPORTANT! You must enter your SSN(s) above.

Table with Yes/No columns and a note about checking 'Yes'.

Filing Status

Check only one box.

- 1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er)

Exemptions

If more than six dependents, see page 19.

Form for exemptions including sections 6a, b, c, and d.

No. of boxes checked on 6a and 6b. No. of your children on 6c who: lived with you, did not live with you due to divorce or separation.

Income

Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

Main income section with lines 7 through 22.

Adjusted Gross Income

Adjusted Gross Income section with lines 23 through 33.

Tax and Credits

Standard Deduction for Most People

Single: \$4,300
Head of household: \$6,350
Married filing jointly or Qualifying widow(er): \$7,200
Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income)
35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left.
37 Subtract line 36 from line 34
38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d.
39 Taxable income. Subtract line 38 from line 37.
40 Tax (see page 31). Check if any tax is from a Form(s) 8814 b Form 4972
41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Child tax credit (see page 33)
44 Education credits. Attach Form 8863
45 Adoption credit. Attach Form 8839
46 Foreign tax credit. Attach Form 1116 if required
47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49 through 55. This is your total tax

Payments

57 Federal income tax withheld from Forms W-2 and 1099
58 1999 estimated tax payments and amount applied from 1998 return
59a Earned income credit. Attach Sch. EIC if you have a qualifying child
b Nontaxable earned income: amount and type
60 Additional child tax credit. Attach Form 8812
61 Amount paid with request for extension to file (see page 48)
62 Excess social security and RRTA tax withheld (see page 48)
63 Other payments. Check if from a Form 2439 b Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments

Refund

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID
66a Amount of line 65 you want REFUNDED TO YOU
b Routing number
c Type: Checking Savings
d Account number
67 Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49
69 Estimated tax penalty. Also include on line 68

Sign Here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime telephone number (optional)
Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address EIN
ZIP code



**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A-Itemized Deductions**

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

(Schedule B is on back)

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

Name(s) shown on Form 1040

Your social security number

<b>Medical and Dental Expenses</b>	<b>1</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-1) . . . . .	<b>1</b>				
	<b>2</b>	Enter amount from Form 1040, line 34. <b>2</b>					
	<b>3</b>	Multiply line 2 above by 7.5% (.075) . . . . .	<b>3</b>				
	<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .				<b>4</b>	
<b>Taxes You Paid</b> (See page A-2.)	<b>5</b>	State and local income taxes . . . . .	<b>5</b>				
	<b>6</b>	Real estate taxes (see page A-2) . . . . .	<b>6</b>				
	<b>7</b>	Personal property taxes . . . . .	<b>7</b>				
	<b>8</b>	Other taxes. List type and amount ▶ . . . . .	<b>8</b>				
	<b>9</b>	Add lines 5 through 8 . . . . .				<b>9</b>	
<b>Interest You Paid</b> (See page A-3.)	<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>				
	<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶ . . . . .	<b>11</b>				
	<b>12</b>	Points not reported to you on Form 1098. See page A-3 for special rules . . . . .	<b>12</b>				
	<b>13</b>	Investment interest. Attach Form 4952 if required. (See page A-3.) . . . . .	<b>13</b>				
<b>Note.</b> Personal interest is not deductible.	<b>14</b>	Add lines 10 through 13 . . . . .				<b>14</b>	
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-4.	<b>15</b>	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 . . . . .	<b>15</b>				
	<b>16</b>	Other than by cash or check. If any gift of \$250 or more, see page A-4. You <b>MUST</b> attach Form 8283 if over \$500 . . . . .	<b>16</b>				
	<b>17</b>	Carryover from prior year . . . . .	<b>17</b>				
	<b>18</b>	Add lines 15 through 17 . . . . .				<b>18</b>	
<b>Casualty and Theft Losses</b>	<b>19</b>	Casualty or theft loss(es). Attach Form 4684. (See page A-5.) . . . . .				<b>19</b>	
<b>Job Expenses and Most Other Miscellaneous Deductions</b> (See page A-5 for expenses to deduct here.)	<b>20</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. You <b>MUST</b> attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ . . . . .	<b>20</b>				
	<b>21</b>	Tax preparation fees . . . . .	<b>21</b>				
	<b>22</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶ . . . . .	<b>22</b>				
	<b>23</b>	Add lines 20 through 22 . . . . .	<b>23</b>				
	<b>24</b>	Enter amount from Form 1040, line 34. <b>24</b>					
	<b>25</b>	Multiply line 24 above by 2% (.02) . . . . .	<b>25</b>				
	<b>26</b>	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . . .				<b>26</b>	
<b>Other Miscellaneous Deductions</b>	<b>27</b>	Other—from list on page A-6. List type and amount ▶ . . . . .				<b>27</b>	
<b>Total Itemized Deductions</b>	<b>28</b>	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. } . ▶ <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A-6 for the amount to enter.				<b>28</b>	

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Note. If you had over \$400 in taxable interest, you must also complete Part III.

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

Form with 10 rows of dotted lines for listing interest payers.

Table with columns for Amount and rows for interest entries (1-4).

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note. If you had over \$400 in ordinary dividends, you must also complete Part III.

5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13

Form with 10 rows of dotted lines for listing ordinary dividend payers.

Table with columns for Amount and rows for dividend entries (5-6).

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country...
b If "Yes," enter the name of the foreign country
8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Table with Yes/No columns for questions 7a, b, and 8.



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **09**

Name of proprietor \_\_\_\_\_ Social security number (SSN) \_\_\_\_\_

**A** Principal business or profession, including product or service (see page C-1) **B** Enter code from pages C-8 & 9

**C** Business name. If no separate business name, leave blank. **D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) \_\_\_\_\_  
City, town or post office, state, and ZIP code \_\_\_\_\_

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 1999? If "No," see page C-2 for limit on losses  Yes  No

**H** If you started or acquired this business during 1999, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here <input type="checkbox"/>	<b>1</b>		
<b>2</b> Returns and allowances	<b>2</b>		
<b>3</b> Subtract line 2 from line 1	<b>3</b>		
<b>4</b> Cost of goods sold (from line 42 on page 2)	<b>4</b>		
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>		
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>		

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>			<b>19</b> Pension and profit-sharing plans	<b>19</b>		
<b>9</b> Bad debts from sales or services (see page C-3)	<b>9</b>			<b>20</b> Rent or lease (see page C-4):	<b>20a</b>		
<b>10</b> Car and truck expenses (see page C-3)	<b>10</b>			<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>		
<b>11</b> Commissions and fees	<b>11</b>			<b>b</b> Other business property	<b>21</b>		
<b>12</b> Depletion	<b>12</b>			<b>21</b> Repairs and maintenance	<b>22</b>		
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	<b>13</b>			<b>22</b> Supplies (not included in Part III)	<b>23</b>		
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>			<b>23</b> Taxes and licenses	<b>24</b>		
<b>15</b> Insurance (other than health)	<b>15</b>			<b>24</b> Travel, meals, and entertainment:	<b>24a</b>		
<b>16</b> Interest:				<b>a</b> Travel			
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>			<b>b</b> Meals and entertainment			
<b>b</b> Other	<b>16b</b>			<b>c</b> Enter nondeductible amount included on line 24b (see page C-5)			
<b>17</b> Legal and professional services	<b>17</b>			<b>d</b> Subtract line 24c from line 24b	<b>24d</b>		
<b>18</b> Office expense	<b>18</b>			<b>25</b> Utilities	<b>25</b>		
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	<b>28</b>			<b>26</b> Wages (less employment credits)	<b>26</b>		
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>			<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>		
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b>	<b>30</b>						
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>						
• If a profit, enter on <b>Form 1040, line 12</b> , and ALSO on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.							
• If a loss, you <b>MUST</b> go on to line 32.							
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-6).							
• If you checked 32a, enter the loss on <b>Form 1040, line 12</b> , and ALSO on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				<b>32a</b> <input type="checkbox"/> All investment is at risk.			
• If you checked 32b, you <b>MUST</b> attach <b>Form 6198</b> .				<b>32b</b> <input type="checkbox"/> Some investment is not at risk.			



**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Net Profit From Business**

(Sole Proprietorship)

- ▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
- ▶ Attach to Form 1040 or Form 1041. ▶ See instructions on back.

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **09A**

Name of proprietor

Social security number (SSN)

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

**And You:**

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A** Principal business or profession, including product or service

**B** Enter code from pages C-8 & 9

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.

City, town or post office, state, and ZIP code

**Part II Figure Your Net Profit**

<b>1</b> <b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, on page C-2 and check here . . . . . <input type="checkbox"/>	<b>1</b>		
<b>2</b> <b>Total expenses.</b> If more than \$2,500, you <b>must</b> use Schedule C. See instructions . . . . .	<b>2</b>		
<b>3</b> <b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on <b>Form 1040, line 12</b> , and ALSO on <b>Schedule SE, line 2</b> . (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) . . . . .	<b>3</b>		

**Part III Information on Your Vehicle.** Complete this part **ONLY** if you are claiming car or truck expenses on line 2.

**4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ ...../...../.....

**5** Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting ..... **c** Other .....

**6** Do you (or your spouse) have another vehicle available for personal use? . . . . .  **Yes**  **No**

**7** Was your vehicle available for use during off-duty hours? . . . . .  **Yes**  **No**

**8a** Do you have evidence to support your deduction? . . . . .  **Yes**  **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**  **No**

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule D (Form 1040).**  
▶ **Use Schedule D-1 for more space to list transactions for lines 1 and 8.**

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	
<b>1</b>						
<b>2</b> Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .						
<b>3 Total short-term sales price amounts.</b> Add column (d) of lines 1 and 2 . . . . .						
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .						
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .						
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet . . . . .					( )	
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (f) ▶						

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
<b>8</b>						
<b>9</b> Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .						
<b>10 Total long-term sales price amounts.</b> Add column (d) of lines 8 and 9 . . . . .						
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .						
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .						
<b>13</b> Capital gain distributions. See page D-1 . . . . .						
<b>14</b> Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet . . . . .					( )	( )
<b>15</b> Combine lines 8 through 14 in column (g) . . . . .						
<b>16 Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (f) ▶ <b>Next:</b> Go to Part III on the back.						

\* **28% Rate Gain or Loss** includes all "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **13**

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: Report income and expenses from your business of renting personal property on **Schedule C** or **C-EZ** (see page E-1). Report farm rental income or loss from **Form 4835** on page 2, line 39.

<b>1</b>	Show the kind and location of each <b>rental real estate property</b> :	<b>2</b>	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	<b>Yes</b>	<b>No</b>
<b>A</b>	.....		• 14 days, or	<b>A</b>	
<b>B</b>	.....		• 10% of the total days rented at fair rental value?	<b>B</b>	
<b>C</b>	.....		(See page E-1.)	<b>C</b>	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
<b>3</b> Rents received . . . . .	<b>3</b>			<b>3</b>
<b>4</b> Royalties received . . . . .	<b>4</b>			<b>4</b>
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see page E-2) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see page E-2) . . . . .	<b>12</b>			<b>12</b>
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>			
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>			
<b>18</b> Other (list) ▶ ..... ..... .....	<b>18</b>			
<b>19</b> Add lines 5 through 18 . . . . .	<b>19</b>			<b>19</b>
<b>20</b> Depreciation expense or depletion (see page E-3) . . . . .	<b>20</b>			<b>20</b>
<b>21</b> Total expenses. Add lines 19 and 20	<b>21</b>			
<b>22</b> Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file <b>Form 6198</b> . . . . .	<b>22</b>			
<b>23</b> Deductible rental real estate loss. <b>Caution:</b> Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file <b>Form 8582</b> . Real estate professionals must complete line 42 on page 2 . . . . .	<b>23</b>	( )	( )	( )
<b>24</b> <b>Income.</b> Add positive amounts shown on line 22. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	<b>25</b>	( )		( )
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 . . . . .	<b>26</b>			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity, you MUST check either column (e) or (f) on line 27 to describe your investment in the activity. See page E-5. If you check column (f), you must attach Form 6198.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, and Investment At Risk? (e) All is at risk, (f) Some is not at risk. Rows A-E.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, and (k) Nonpassive income from Schedule K-1. Includes rows 28a, 28b, 29, 30, 31.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, and (f) Other income from Schedule K-1. Includes rows 33a, 33b, 34, 35, 36.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, and (e) Income from Schedules Q, line 3b. Includes row 37 and 38.

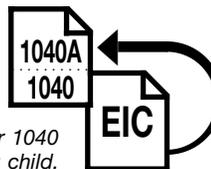
Part V Summary

Table with 4 columns: Description, (a) Name, (b) Employer identification number, and Amount. Includes rows 39, 40, 41, 42.



**SCHEDULE EIC**  
**(Form 1040A or 1040)**

**Earned Income Credit**  
**Qualifying Child Information**



OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

Your social security number

**Before you begin:** See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

**Qualifying Child Information**

**Child 1**

**Child 2**

	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.				
<b>2 Child's year of birth</b>	Year ____ ____ ____ ____ <i>If born after 1980, skip lines 3a and 3b; go to line 4.</i>		Year ____ ____ ____ ____ <i>If born after 1980, skip lines 3a and 3b; go to line 4.</i>	
<b>3 If the child was born before 1981—</b>				
<b>a</b> Was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> <b>Yes.</b> <i>Go to line 4.</i>	<input type="checkbox"/> <b>No.</b> <i>Continue</i>	<input type="checkbox"/> <b>Yes.</b> <i>Go to line 4.</i>	<input type="checkbox"/> <b>No.</b> <i>Continue</i>
<b>b</b> Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> <b>Yes.</b> <i>Continue</i>	<input type="checkbox"/> <b>No.</b> The child is not a qualifying child.	<input type="checkbox"/> <b>Yes.</b> <i>Continue</i>	<input type="checkbox"/> <b>No.</b> The child is not a qualifying child.
<b>4 Child's social security number (SSN)</b> The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, foster child, etc.)				
<b>6 Number of months child lived with you in the United States during 1999</b> • If the child lived with you for more than half of 1999 but less than 7 months, enter "7". • If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12".	_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	



Do you want part of the EIC added to your take-home pay in 2000? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

**SCHEDULE F  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.

▶ See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **14**

Name of proprietor \_\_\_\_\_ Social security number (SSN) \_\_\_\_\_

A Principal product. Describe in one or two words your principal crop or activity for the current tax year. \_\_\_\_\_

**B Enter code from Part IV**

--	--	--	--	--	--	--	--	--	--

C Accounting method: (1)  Cash (2)  Accrual

E Did you "materially participate" in the operation of this business during 1999? If "No," see page F-2 for limit on passive losses.  Yes  No

**Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method taxpayers complete Parts II and III, and line 11 of Part I.)**  
Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale . . . . .	1			
2	Cost or other basis of livestock and other items reported on line 1 . . . . .	2			
3	Subtract line 2 from line 1 . . . . .			3	
4	Sales of livestock, produce, grains, and other products you raised . . . . .			4	
5a	Total cooperative distributions (Form(s) 1099-PATR) . . . . .	5a		5b	Taxable amount
6a	Agricultural program payments (see page F-2) . . . . .	6a		6b	Taxable amount
7	Commodity Credit Corporation (CCC) loans (see page F-3):				
a	CCC loans reported under election . . . . .			7a	
b	CCC loans forfeited . . . . .	7b		7c	Taxable amount
8	Crop insurance proceeds and certain disaster payments (see page F-3):				
a	Amount received in 1999 . . . . .	8a		8b	Taxable amount
c	If election to defer to 2000 is attached, check here <input type="checkbox"/> . . . . .			8d	Amount deferred from 1998 . . . . .
9	Custom hire (machine work) income . . . . .			9	
10	Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3) . . . . .			10	
11	<b>Gross income.</b> Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 . . . . .			11	

**Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.**

12	Car and truck expenses (see page F-4—also attach Form 4562) . . . . .	12			
13	Chemicals . . . . .	13			
14	Conservation expenses (see page F-4) . . . . .	14			
15	Custom hire (machine work) . . . . .	15			
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4) . . . . .	16			
17	Employee benefit programs other than on line 25 . . . . .	17			
18	Feed purchased . . . . .	18			
19	Fertilizers and lime . . . . .	19			
20	Freight and trucking . . . . .	20			
21	Gasoline, fuel, and oil . . . . .	21			
22	Insurance (other than health) . . . . .	22			
23	Interest:				
a	Mortgage (paid to banks, etc.) . . . . .	23a			
b	Other . . . . .	23b			
24	Labor hired (less employment credits) . . . . .	24			
25	Pension and profit-sharing plans . . . . .	25			
26	Rent or lease (see page F-5):				
a	Vehicles, machinery, and equipment . . . . .	26a			
b	Other (land, animals, etc.) . . . . .	26b			
27	Repairs and maintenance . . . . .	27			
28	Seeds and plants purchased . . . . .	28			
29	Storage and warehousing . . . . .	29			
30	Supplies purchased . . . . .	30			
31	Taxes . . . . .	31			
32	Utilities . . . . .	32			
33	Veterinary, breeding, and medicine . . . . .	33			
34	Other expenses (specify):				
a	.....	34a			
b	.....	34b			
c	.....	34c			
d	.....	34d			
e	.....	34e			
f	.....	34f			

35 **Total expenses.** Add lines 12 through 34f . . . . . ▶ 35

36 **Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on **Form 1040, line 18**, and ALSO on **Schedule SE, line 1**. If a loss, you MUST go on to line 37 (estates, trusts, and partnerships, see page F-6). 36

37 If you have a loss, you MUST check the box that describes your investment in this activity (see page F-6).  
 • If you checked 37a, enter the loss on **Form 1040, line 18**, and ALSO on **Schedule SE, line 1**.  
 • If you checked 37b, you MUST attach **Form 6198**.  
37a  All investment is at risk.  
37b  Some investment is not at risk.

**Part III Farm Income—Accrual Method** (see page F-6)

**Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797 and do not include this livestock on line 46 below.**

<b>38</b>	Sales of livestock, produce, grains, and other products during the year . . . . .				<b>38</b>		
<b>39a</b>	Total cooperative distributions (Form(s) 1099-PATR)	<b>39a</b>			<b>39b</b>	Taxable amount	<b>39b</b>
<b>40a</b>	Agricultural program payments . . . . .	<b>40a</b>			<b>40b</b>	Taxable amount	<b>40b</b>
<b>41</b>	Commodity Credit Corporation (CCC) loans:						
<b>a</b>	CCC loans reported under election . . . . .				<b>41a</b>		
<b>b</b>	CCC loans forfeited . . . . .	<b>41b</b>			<b>41c</b>	Taxable amount	<b>41c</b>
<b>42</b>	Crop insurance proceeds . . . . .				<b>42</b>		
<b>43</b>	Custom hire (machine work) income . . . . .				<b>43</b>		
<b>44</b>	Other income, including Federal and state gasoline or fuel tax credit or refund . . . . .				<b>44</b>		
<b>45</b>	Add amounts in the right column for lines 38 through 44 . . . . .				<b>45</b>		
<b>46</b>	Inventory of livestock, produce, grains, and other products at beginning of the year . . . . .		<b>46</b>				
<b>47</b>	Cost of livestock, produce, grains, and other products purchased during the year . . . . .		<b>47</b>				
<b>48</b>	Add lines 46 and 47 . . . . .		<b>48</b>				
<b>49</b>	Inventory of livestock, produce, grains, and other products at end of year		<b>49</b>				
<b>50</b>	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48* . . . . .				<b>50</b>		
<b>51</b>	<b>Gross income.</b> Subtract line 50 from line 45. Enter the result here and on page 1, line 11 . . . . . ▶				<b>51</b>		

\*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51.

**Part IV Principal Agricultural Activity Codes**

**Caution.** File **Schedule C** (Form 1040), Profit or Loss From Business, or **Schedule C-EZ** (Form 1040), Net Profit From Business, instead of Schedule F if:

- Your principal source of income is from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or
- You are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by the type of activity they are engaged in to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select one of the following codes and enter the six-digit number on page 1, line B:

**Crop Production**

- 111100 Oilseed and grain farming
- 111210 Vegetable and melon farming
- 111300 Fruit and tree nut farming

- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

**Animal Production**

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Animal aquaculture
- 112900 Other animal production

**Forestry and Logging**

- 113000 Forestry and logging (including forest nurseries and timber tracts)



**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.**

▶ **See separate instructions.**

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **44**

Name of employer

Social security number

Employer identification number

**A** Did you pay **any one** household employee cash wages of \$1,100 or more in 1999? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

**B** Did you withhold Federal income tax during 1999 for any household employee?

- Yes.** Skip line C and go to line 5.
- No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 1998 or 1999 to household employees? (**Do not** count cash wages paid in 1998 or 1999 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on the back.

**Part I Social Security, Medicare, and Income Taxes**

<b>1</b>	Total cash wages subject to social security taxes (see page 3)	<b>1</b>		
<b>2</b>	Social security taxes. Multiply line 1 by 12.4% (.124)		<b>2</b>	
<b>3</b>	Total cash wages subject to Medicare taxes (see page 3)	<b>3</b>		
<b>4</b>	Medicare taxes. Multiply line 3 by 2.9% (.029)		<b>4</b>	
<b>5</b>	Federal income tax withheld, if any		<b>5</b>	
<b>6</b>	<b>Total social security, Medicare, and income taxes</b> (add lines 2, 4, and 5)		<b>6</b>	
<b>7</b>	Advance earned income credit (EIC) payments, if any		<b>7</b>	
<b>8</b>	<b>Net taxes</b> (subtract line 7 from line 6)		<b>8</b>	

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 1998 or 1999 to household employees? (**Do not** count cash wages paid in 1998 or 1999 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Enter the amount from line 8 above on Form 1040, line 55. If you are not required to file Form 1040, see the line 9 instructions on page 4.
- Yes.** Go to line 10 on the back.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? . . . . .	<b>10</b>	
<b>11</b> Did you pay all state unemployment contributions for 1999 by April 17, 2000? Fiscal year filers, see page 4 . . . . .	<b>11</b>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? . . . . .	<b>12</b>	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
 If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions ▶ . . . . .		
<b>14</b> State reporting number as shown on state unemployment tax return ▶ . . . . .		
<b>15</b> Contributions paid to your state unemployment fund (see page 4) . . . . .	<b>15</b>	
<b>16</b> Total cash wages subject to FUTA tax (see page 4) . . . . .	<b>16</b>	
<b>17 FUTA tax.</b> Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 . . . . .	<b>17</b>	

**Section B**

**18** Complete all columns below that apply (if you need more space, see page 4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					

<b>19</b> Totals . . . . .	<b>19</b>	
<b>20</b> Add columns (h) and (i) of line 19 . . . . .	<b>20</b>	
<b>21</b> Total cash wages subject to FUTA tax (see the line 16 instructions on page 4) . . . . .	<b>21</b>	
<b>22</b> Multiply line 21 by 6.2% (.062) . . . . .	<b>22</b>	
<b>23</b> Multiply line 21 by 5.4% (.054) . . . . .	<b>23</b>	
<b>24</b> Enter the <b>smaller</b> of line 20 or line 23 . . . . .	<b>24</b>	
<b>25 FUTA tax.</b> Subtract line 24 from line 22. Enter the result here and go to line 26 . . . . .	<b>25</b>	

**Part III Total Household Employment Taxes**

<b>26</b> Enter the amount from line 8 . . . . .	<b>26</b>	
<b>27</b> Add line 17 (or line 25) and line 26 . . . . .	<b>27</b>	
<b>28</b> Are you required to file Form 1040? <input type="checkbox"/> <b>Yes. Stop.</b> Enter the amount from line 27 above on Form 1040, line 55. <b>Do not</b> complete Part IV below. <input type="checkbox"/> <b>No.</b> You may have to complete Part IV. See page 4 for details.		

**Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 4.**

Address (number and street) or P.O. box if mail is not delivered to street address	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_



**SCHEDULE J  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Farm Income Averaging**

▶ Attach to Form 1040.

▶ See Instructions for Schedule J (Form 1040).

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **20**

Name(s) shown on Form 1040		Social security number (SSN)	
<b>1</b>	Enter your taxable income from Form 1040, line 39 . . . . .	<b>1</b>	
<b>2</b>	Enter your <b>elected farm income</b> (see page J-1) . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter -0- . . . . .	<b>3</b>	
<b>4</b>	Figure the tax on the amount on line 3. Use the <b>1999</b> Tax Table, Tax Rate Schedules, Capital Gain Tax Worksheet, or Schedule D, whichever applies . . . . .	<b>4</b>	
<b>5</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 11 of that Schedule J. Otherwise, enter the taxable income (but not less than zero) from your <b>1996</b> Form 1040, line 37; Form 1040A, line 22; or Form 1040EZ, line 6 . . . . .	<b>5</b>	
<b>6</b>	Divide the amount on <b>line 2</b> by 3.0 . . . . .	<b>6</b>	
<b>7</b>	Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Figure the tax on the amount on line 7. Use the <b>1996</b> Tax Rate Schedules or Capital Gain Tax Worksheet, whichever applies (see page J-2) . . . . .	<b>8</b>	
<b>9</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 15 of that Schedule J. Otherwise, enter the taxable income (but not less than zero) from your <b>1997</b> Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 6 . . . . .	<b>9</b>	
<b>10</b>	Enter the amount from line 6 . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	
<b>12</b>	Figure the tax on the amount on line 11. Use the <b>1997</b> Tax Rate Schedules or Schedule D, whichever applies (see page J-3) . . . . .	<b>12</b>	
<b>13</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 3 of that Schedule J. Otherwise, enter the taxable income (but not less than zero) from your <b>1998</b> Form 1040, line 39; Form 1040A, line 24; or Form 1040EZ, line 6 . . . . .	<b>13</b>	
<b>14</b>	Enter the amount from line 6 . . . . .	<b>14</b>	
<b>15</b>	Add lines 13 and 14 . . . . .	<b>15</b>	
<b>16</b>	Figure the tax on the amount on line 15. Use the <b>1998</b> Tax Rate Schedules or Schedule D, whichever applies (see page J-4) . . . . .	<b>16</b>	
<b>17</b>	Add lines 4, 8, 12, and 16 . . . . .	<b>17</b>	
<b>18</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 12 of that Schedule J. Otherwise, enter the tax from your <b>1996</b> Form 1040, line 38*; Form 1040A, line 23; or Form 1040EZ, line 10 . . . . .	<b>18</b>	
<b>19</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 16 of that Schedule J. Otherwise, enter the tax from your <b>1997</b> Form 1040, line 39*; Form 1040A, line 23; or Form 1040EZ, line 10 . . . . .	<b>19</b>	
<b>20</b>	If you used Schedule J to figure your tax for 1998, enter the amount from line 4 of that Schedule J. Otherwise, enter the tax from your <b>1998</b> Form 1040, line 40*; Form 1040A, line 25; or Form 1040EZ, line 10 . . . . .	<b>20</b>	
<b>*Caution.</b> Do not include any amount from Form 4972 or 8814.			
<b>21</b>	Add lines 18 through 20 . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 17. Also include this amount on Form 1040, line 40 <b>Caution.</b> Your tax may be less if you figure it using the 1999 Tax Table, Tax Rate Schedules, Capital Gain Tax Worksheet, or Schedule D. Attach Schedule J only if you are using it to figure your tax.	<b>22</b>	



**Schedule R  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Credit for the Elderly or the Disabled**

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **16**

▶ **Attach to Form 1040.** ▶ **See separate instructions for Schedule R.**

Name(s) shown on Form 1040

Your social security number

You may be able to take this credit and reduce your tax if by the end of 1999:

- You were age 65 or older, **OR**
- You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule R.

**TIP** In most cases, the IRS can figure the credit for you. See the instructions.

**Part I Check the Box for Your Filing Status and Age**

If your filing status is:	And by the end of 1999:	Check only one box:
Single, Head of household, or Qualifying widow(er) with dependent child	1 You were 65 or older . . . . .	1 <input type="checkbox"/>
	2 You were under 65 and you retired on permanent and total disability	2 <input type="checkbox"/>
	3 Both spouses were 65 or older. . . . .	3 <input type="checkbox"/>
Married filing a joint return	4 Both spouses were under 65, but only one spouse retired on permanent and total disability . . . . .	4 <input type="checkbox"/>
	5 Both spouses were under 65, and both retired on permanent and total disability . . . . .	5 <input type="checkbox"/>
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability . . . . .	6 <input type="checkbox"/>
	7 One spouse was 65 or older, and the other spouse was under 65 and <b>NOT</b> retired on permanent and total disability . . . . .	7 <input type="checkbox"/>
Married filing a separate return	8 You were 65 or older and you lived apart from your spouse for all of 1999 . . . . .	8 <input type="checkbox"/>
	9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 1999 . . . . .	9 <input type="checkbox"/>

**Did you check box 1, 3, 7, or 8?**

**Yes** —▶ Skip Part II and complete Part III on back.

**No** —▶ Complete Parts II and III.

**Part II Statement of Permanent and Total Disability** (Complete **only** if you checked box 2, 4, 5, 6, or 9 above.)

- IF: 1** You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **AND**
- 2** Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 1999, check this box . . . . . ▶
- If you checked this box, you do not have to get another statement for 1999.
  - If you **did not** check this box, have your physician complete the statement on page 4 of the instructions. You **must** keep the statement for your records.

**Part III Figure Your Credit**

<p><b>10 If you checked (in Part I):</b> <span style="float: right;"><b>Enter:</b></span></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Box 1, 2, 4, or 7 . . . . .</td> <td style="border: none; text-align: right;">\$5,000</td> <td rowspan="3" style="border: none; vertical-align: middle;">} . . . . .</td> </tr> <tr> <td style="border: none;">Box 3, 5, or 6 . . . . .</td> <td style="border: none; text-align: right;">\$7,500</td> </tr> <tr> <td style="border: none;">Box 8 or 9 . . . . .</td> <td style="border: none; text-align: right;">\$3,750</td> </tr> </table>	Box 1, 2, 4, or 7 . . . . .	\$5,000	} . . . . .	Box 3, 5, or 6 . . . . .	\$7,500	Box 8 or 9 . . . . .	\$3,750	<b>10</b>										
Box 1, 2, 4, or 7 . . . . .	\$5,000	} . . . . .																
Box 3, 5, or 6 . . . . .	\$7,500																	
Box 8 or 9 . . . . .	\$3,750																	
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Did you check box 2, 4, 5, 6, or 9 in Part I?</b></td> <td style="padding: 0 10px;">Yes <math>\longrightarrow</math></td> <td>You <b>must</b> complete line 11.</td> </tr> <tr> <td></td> <td style="padding: 0 10px;">No <math>\longrightarrow</math></td> <td>Enter the amount from line 10 on line 12 and go to line 13.</td> </tr> </table>				<b>Did you check box 2, 4, 5, 6, or 9 in Part I?</b>	Yes $\longrightarrow$	You <b>must</b> complete line 11.		No $\longrightarrow$	Enter the amount from line 10 on line 12 and go to line 13.									
<b>Did you check box 2, 4, 5, 6, or 9 in Part I?</b>	Yes $\longrightarrow$	You <b>must</b> complete line 11.																
	No $\longrightarrow$	Enter the amount from line 10 on line 12 and go to line 13.																
<p><b>11 If you checked:</b></p> <ul style="list-style-type: none"> <li>• Box 6 in Part I, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.</li> <li>• Box 2, 4, or 9 in Part I, enter your taxable disability income.</li> <li>• Box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total.</li> </ul>	<b>11</b>																	
<p><b>TIP</b> For more details on what to include on line 11, see the instructions.</p>																		
<p><b>12</b> If you completed line 11, enter the <b>smaller</b> of line 10 or line 11; <b>all others</b>, enter the amount from line 10 . . . . .</p>	<b>12</b>																	
<p><b>13</b> Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1999:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; vertical-align: top;"> <p><b>a</b> Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See instructions.</p> </td> <td style="border: none; vertical-align: middle;">} . . . . .</td> <td style="border: none; text-align: center;"><b>13a</b></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; vertical-align: top;"> <p><b>b</b> Nontaxable veterans' pensions, and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions.</p> </td> <td style="border: none; vertical-align: middle;">} . . . . .</td> <td style="border: none; text-align: center;"><b>13b</b></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td colspan="2" style="border: none; vertical-align: top;"> <p><b>c</b> Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c . . . . .</p> </td> <td style="border: none; text-align: center;"><b>13c</b></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<p><b>a</b> Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See instructions.</p>	} . . . . .	<b>13a</b>			<p><b>b</b> Nontaxable veterans' pensions, and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions.</p>	} . . . . .	<b>13b</b>			<p><b>c</b> Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c . . . . .</p>		<b>13c</b>					
<p><b>a</b> Nontaxable part of social security benefits, and Nontaxable part of railroad retirement benefits treated as social security. See instructions.</p>	} . . . . .	<b>13a</b>																
<p><b>b</b> Nontaxable veterans' pensions, and Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions.</p>	} . . . . .	<b>13b</b>																
<p><b>c</b> Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c . . . . .</p>		<b>13c</b>																
<p><b>14</b> Enter the amount from Form 1040, line 34 . . . . .</p>	<b>14</b>																	
<p><b>15 If you checked (in Part I):</b> <span style="float: right;"><b>Enter:</b></span></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Box 1 or 2 . . . . .</td> <td style="border: none; text-align: right;">\$7,500</td> <td rowspan="3" style="border: none; vertical-align: middle;">} . . . . .</td> </tr> <tr> <td style="border: none;">Box 3, 4, 5, 6, or 7 . . . . .</td> <td style="border: none; text-align: right;">\$10,000</td> </tr> <tr> <td style="border: none;">Box 8 or 9 . . . . .</td> <td style="border: none; text-align: right;">\$5,000</td> </tr> </table>	Box 1 or 2 . . . . .	\$7,500	} . . . . .	Box 3, 4, 5, 6, or 7 . . . . .	\$10,000	Box 8 or 9 . . . . .	\$5,000	<b>15</b>										
Box 1 or 2 . . . . .	\$7,500	} . . . . .																
Box 3, 4, 5, 6, or 7 . . . . .	\$10,000																	
Box 8 or 9 . . . . .	\$5,000																	
<p><b>16</b> Subtract line 15 from line 14. If zero or less, enter -0- . . . . .</p>	<b>16</b>																	
<p><b>17</b> Enter one-half of line 16 . . . . .</p>	<b>17</b>																	
<p><b>18</b> Add lines 13c and 17 . . . . .</p>	<b>18</b>																	
<p><b>19</b> Subtract line 18 from line 12. If zero or less, <b>stop</b>; you <b>cannot</b> take the credit. Otherwise, go to line 20 . . . . .</p>	<b>19</b>																	
<p><b>20</b> Multiply line 19 by 15% (.15). Enter the result here and on Form 1040, line 42. But if this amount is more than the amount on Form 1040, line 40, <b>or</b> you are filing Form 2441, see the instructions for the amount of credit you may take . . . . .</p>	<b>20</b>																	



**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **17**

Name of person with <b>self-employment</b> income (as shown on Form 1040)	Social security number of person with <b>self-employment</b> income ▶
---	---

**Who Must File Schedule SE**

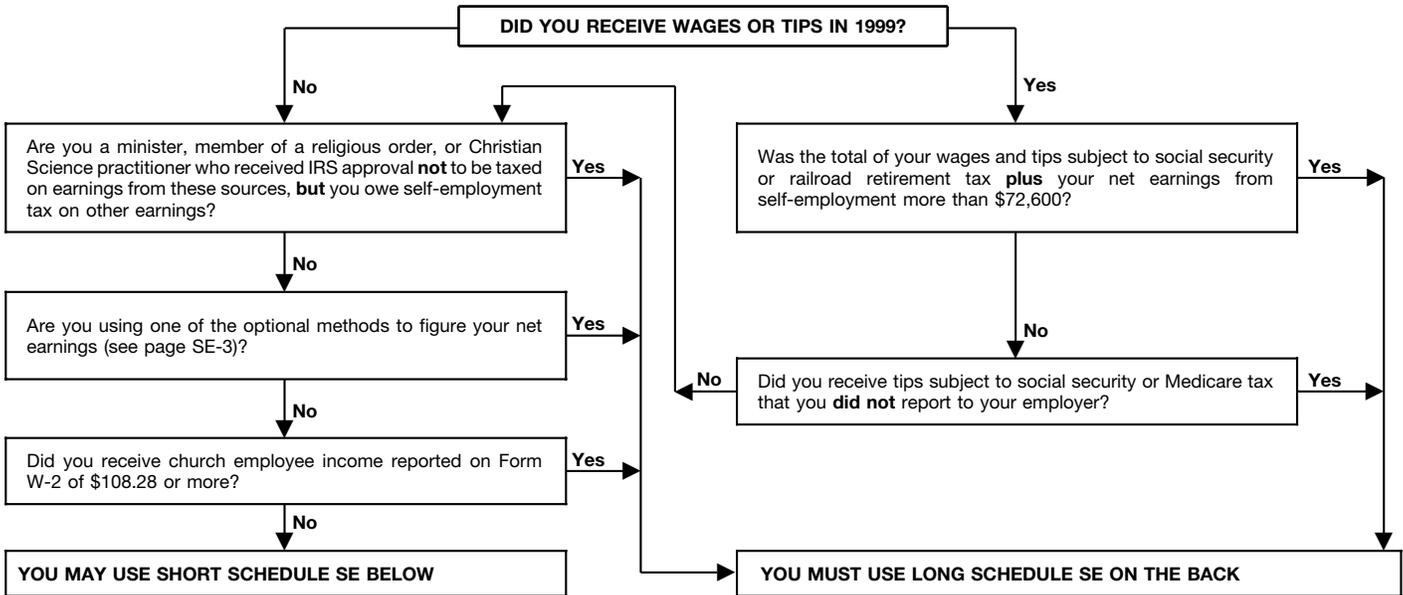
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

**Note:** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 50.

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



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a . . . . .	1		
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report . . . . .	2		
3 Combine lines 1 and 2 . . . . .	3		
4 <b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax . . . . . ▶	4		
5 <b>Self-employment tax.</b> If the amount on line 4 is: <ul style="list-style-type: none"> <li>• \$72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 50.</b></li> <li>• More than \$72,600, multiply line 4 by 2.9% (.029). Then, add \$9,002.40 to the result. Enter the total here and on <b>Form 1040, line 50.</b></li> </ul>	5		
6 <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b> . . . . .	6		

Name of person with <b>self-employment</b> income (as shown on Form 1040)	Social security number of person with <b>self-employment</b> income ▶
---	---

**Section B—Long Schedule SE**

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

<b>A</b> If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I. . . . . <input type="checkbox"/>			
<b>1</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. <b>Note:</b> Skip this line if you use the farm optional method. See page SE-3 . . . . .	<b>1</b>		
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method. See page SE-3 . . . . .	<b>2</b>		
<b>3</b> Combine lines 1 and 2 . . . . .	<b>3</b>		
<b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 . . . . .	<b>4a</b>		
<b>b</b> If you elected one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>		
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue ▶ . . . . .	<b>4c</b>		
<b>5a</b> Enter your <b>church employee income</b> from Form W-2. <b>Caution:</b> See page SE-1 for definition of church employee income . . . . .	<b>5a</b>		
<b>b</b> Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>		
<b>6 Net earnings from self-employment.</b> Add lines 4c and 5b . . . . .	<b>6</b>		
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1999 . . . . .	<b>7</b>	72,600	00
<b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation . . . . .	<b>8a</b>		
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 9) . . . . .	<b>8b</b>		
<b>c</b> Add lines 8a and 8b . . . . .	<b>8c</b>		
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶ . . . . .	<b>9</b>		
<b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124) . . . . .	<b>10</b>		
<b>11</b> Multiply line 6 by 2.9% (.029) . . . . .	<b>11</b>		
<b>12 Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Form 1040, line 50</b> . . . . .	<b>12</b>		
<b>13 Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b> . . . . .	<b>13</b>		

**Part II Optional Methods To Figure Net Earnings (See page SE-3.)**

<b>Farm Optional Method.</b> You may use this method <b>only</b> if: <ul style="list-style-type: none"> <li>• Your gross farm income<sup>1</sup> was not more than \$2,400, <b>or</b></li> <li>• Your net farm profits<sup>2</sup> were less than \$1,733.</li> </ul>			
<b>14</b> Maximum income for optional methods . . . . .	<b>14</b>	1,600	00
<b>15</b> Enter the <b>smaller</b> of: two-thirds (⅔) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$1,600. Also include this amount on line 4b above . . . . .	<b>15</b>		
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if: <ul style="list-style-type: none"> <li>• Your net nonfarm profits<sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> <b>and</b></li> <li>• You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.</li> </ul> <b>Caution:</b> You may use this method no more than five times.			
<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>		
<b>17</b> Enter the <b>smaller</b> of: two-thirds (⅔) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>		

<sup>1</sup>From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b. <sup>3</sup>From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.  
<sup>2</sup>From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a. <sup>4</sup>From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.



**Label**  
(See page 19.)

**Use the IRS label.**  
Otherwise, please print or type.

<b>L A B E L  H E R E</b>	Your first name and initial	Last name	<b>Your social security number</b> .....
	If a joint return, spouse's first name and initial	Last name	
	Home address (number and street). If you have a P.O. box, see page 20.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		

**▲ IMPORTANT! ▲**  
You **must** enter your SSN(s) above.

**Presidential Election Campaign Fund** (See page 20.)

Do you want \$3 to go to this fund?	Yes	No
If a joint return, does your spouse want \$3 to go to this fund?		

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

**Filing status**

Check only one box.

- 1  Single
- 2  Married filing joint return (even if only one had income)
- 3  Married filing separate return. Enter spouse's social security number above and full name here. ▶ \_\_\_\_\_
- 4  Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ \_\_\_\_\_
- 5  Qualifying widow(er) with dependent child (year spouse died ▶ 19 \_\_\_\_). (See page 22.)

**Exemptions**

If more than seven dependents, see page 22.

<b>6a</b> <input type="checkbox"/> <b>Yourself.</b> If your parent (or someone else) can claim you as a dependent on his or her tax return, <b>do not</b> check box 6a.					No. of boxes checked on 6a and 6b _____
<b>b</b> <input type="checkbox"/> <b>Spouse</b>					
<b>c Dependents:</b>					No. of your children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see page 24) _____ Dependents on 6c not entered above _____ Add numbers entered on lines above <input style="width: 40px; height: 20px;" type="text"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 23)	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>d</b> Total number of exemptions claimed.					

**Income**

**Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 25.

Enclose, but do not staple, any payment.

<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
<b>8a</b>	Taxable interest. Attach Schedule 1 if required.	8a
<b>b</b>	Tax-exempt interest. DO NOT include on line 8a.	8b
<b>9</b>	Ordinary dividends. Attach Schedule 1 if required.	9
<b>10a</b>	Total IRA distributions. 10a	10a
<b>10b</b>	Taxable amount (see page 25).	10b
<b>11a</b>	Total pensions and annuities. 11a	11a
<b>11b</b>	Taxable amount (see page 26).	11b
<b>12</b>	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12
<b>13a</b>	Social security benefits. 13a	13a
<b>13b</b>	Taxable amount (see page 28).	13b
<b>14</b>	Add lines 7 through 13b (far right column). This is your <b>total income</b> .	▶ 14
<b>15</b>	IRA deduction (see page 30).	15
<b>16</b>	Student loan interest deduction (see page 30).	16
<b>17</b>	Add lines 15 and 16. These are your <b>total adjustments</b> .	17
<b>18</b>	Subtract line 17 from line 14. This is your <b>adjusted gross income</b> .	▶ 18

**Adjusted gross income**

<b>Taxable income</b>	<b>19</b>	Enter the amount from line 18.	19	
	<b>20a</b>	Check <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind } Enter number of boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind } <b>20a</b>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here . . . . . <b>20b</b>		<input type="checkbox"/>
	<b>21</b>	Enter the <b>standard deduction</b> for your filing status. <b>But</b> see page 33 if you checked any box on line 20a or 20b <b>OR</b> if someone can claim you as a dependent. <ul style="list-style-type: none"> <li>• Single—\$4,300 • Married filing jointly or Qualifying widow(er)—\$7,200</li> <li>• Head of household—\$6,350 • Married filing separately—\$3,600</li> </ul>	21	
	<b>22</b>	Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-.	22	
<b>23</b>	Multiply \$2,750 by the total number of exemptions claimed on line 6d.	23		
<b>24</b>	Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your <b>taxable income</b> .	24		

<b>Tax, credits, and payments</b>	<b>25</b>	Find the tax on the amount on line 24 (see page 34).	25	
	<b>26</b>	Credit for child and dependent care expenses. Attach Schedule 2.	26	
	<b>27</b>	Credit for the elderly or the disabled. Attach Schedule 3.	27	
	<b>28</b>	Child tax credit (see page 35).	28	
	<b>29</b>	Education credits. Attach Form 8863.	29	
	<b>30</b>	Adoption credit. Attach Form 8839.	30	
	<b>31</b>	Add lines 26 through 30. These are your <b>total credits</b> .	31	
	<b>32</b>	Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-.	32	
	<b>33</b>	Advance earned income credit payments from Form(s) W-2.	33	
	<b>34</b>	Add lines 32 and 33. This is your <b>total tax</b> .	34	
<b>35</b>	Total Federal income tax withheld from Forms W-2 and 1099.	35		
<b>36</b>	1999 estimated tax payments and amount applied from 1998 return.	36		
<b>37a</b>	<b>Earned income credit.</b> Attach Schedule EIC if you have a qualifying child.	37a		
<b>b</b>	Nontaxable earned income: amount <input type="text"/> and type <input type="text"/>			
<b>38</b>	Additional child tax credit. Attach Form 8812.	38		
<b>39</b>	Add lines 35, 36, 37a, and 38. These are your <b>total payments</b> .	39		

<b>Refund</b>	<b>40</b>	If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you <b>overpaid</b> .	40	
	<b>41a</b>	Amount of line 40 you want <b>refunded to you</b> .	41a	
	<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <input type="text"/>		
	<b>42</b>	Amount of line 40 you want <b>applied to your 2000 estimated tax</b> .	42	

<b>Amount you owe</b>	<b>43</b>	If line 34 is more than line 39, subtract line 39 from line 34. This is the <b>amount you owe</b> . For details on how to pay, see page 48.	43	
	<b>44</b>	Estimated tax penalty (see page 48).	44	

**Sign here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 20. Keep a copy for your records.	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime telephone number (optional) <input type="text"/>
	Spouse's signature. If joint return, BOTH must sign.	Date <input type="text"/>	Spouse's occupation <input type="text"/>	<input type="text"/>

<b>Paid preparer's use only</b>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
	Firm's name (or yours if self-employed) and address <input type="text"/>			EIN <input type="text"/>
				ZIP code <input type="text"/>







**Part III****Dependent care benefits**

<b>10</b>	Enter the total amount of <b>dependent care benefits</b> you received for 1999. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2.	10
<b>11</b>	Enter the amount forfeited, if any. See page 63.	11
<b>12</b>	Subtract line 11 from line 10.	12
<b>13</b>	Enter the total amount of <b>qualified expenses</b> incurred in 1999 for the care of the qualifying person(s).	13
<b>14</b>	Enter the <b>smaller</b> of line 12 or 13.	14
<b>15</b>	Enter YOUR <b>earned income</b> .	15
<b>16</b>	If married filing a joint return, enter YOUR SPOUSE'S earned income (if your spouse was a student or was disabled, see the instructions for line 5); if married filing a separate return, see the instructions for the amount to enter; <b>all others</b> , enter the amount from line 15.	16
<b>17</b>	Enter the <b>smallest</b> of line 14, 15, or 16.	17
<b>18</b>	<b>Excluded benefits.</b> Enter here the <b>smaller</b> of the following: <ul style="list-style-type: none"> <li>• The amount from line 17, or</li> <li>• \$5,000 (\$2,500 if married filing a separate return <b>and</b> you were required to enter your spouse's earned income on line 16).</li> </ul>	18
<b>19</b>	<b>Taxable benefits.</b> Subtract line 18 from line 12. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	19
To claim the child and dependent care credit, complete lines 20–24 below.		
<b>20</b>	Enter \$2,400 (\$4,800 if two or more qualifying persons).	20
<b>21</b>	Enter the amount from line 18.	21
<b>22</b>	Subtract line 21 from line 20. If zero or less, <b>STOP</b> . You cannot take the credit. <b>Exception.</b> If you paid 1998 expenses in 1999, see the instructions for line 9.	22
<b>23</b>	Complete line 2 on the front of this schedule. DO NOT include in column (c) any benefits shown on line 18 above. Then, add the amounts in column (c) and enter the total here.	23
<b>24</b>	Enter the <b>smaller</b> of line 22 or 23 here. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–9.	24



**Schedule 3**  
**(Form 1040A)**

Department of the Treasury—Internal Revenue Service

**Credit for the Elderly or the Disabled  
for Form 1040A Filers**

(99) **1999**

OMB No. 1545-0085

Name(s) shown on Form 1040A

Your social security number

You may be able to take this credit and reduce your tax if by the end of 1999:

- You were age 65 or older, **OR**
- You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule 3.

**TIP** In most cases, the IRS can figure the credit for you. See the instructions.

<b>Part I</b>	<b>If your filing status is:</b>	<b>And by the end of 1999:</b>	<b>Check only one box:</b>
<b>Check the box for your filing status and age</b>	Single, Head of household, or Qualifying widow(er) with dependent child	<b>1</b> You were 65 or older . . . . .	<b>1</b> <input type="checkbox"/>
		<b>2</b> You were under 65 and you retired on permanent and total disability . . . . .	<b>2</b> <input type="checkbox"/>
		<b>3</b> Both spouses were 65 or older . . . . .	<b>3</b> <input type="checkbox"/>
		<b>4</b> Both spouses were under 65, but only one spouse retired on permanent and total disability . . . . .	<b>4</b> <input type="checkbox"/>
		<b>5</b> Both spouses were under 65, and both retired on permanent and total disability . . . . .	<b>5</b> <input type="checkbox"/>
Married filing a joint return		<b>6</b> One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability . . . . .	<b>6</b> <input type="checkbox"/>
		<b>7</b> One spouse was 65 or older, and the other spouse was under 65 and <b>NOT</b> retired on permanent and total disability . . . . .	<b>7</b> <input type="checkbox"/>
		<b>8</b> You were 65 or older and you lived apart from your spouse for all of 1999 . . . . .	<b>8</b> <input type="checkbox"/>
Married filing a separate return		<b>9</b> You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 1999 . . . . .	<b>9</b> <input type="checkbox"/>

<b>Did you check box 1, 3, 7, or 8?</b>	<b>Yes</b> →	Skip Part II and complete Part III on the back.
	<b>No</b> →	Complete Parts II and III.

**Part II** **IF:** **1** You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **AND**

**2** Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 1999, check this box . . . . .

- If you checked this box, you do not have to get another statement for 1999.
- If you **did not** check this box, have your physician complete the statement on page 4 of the instructions. You **must** keep the statement for your records.

**Statement of permanent and total disability**

Complete this part **only** if you checked box 2, 4, 5, 6, or 9 above.

**Part III**  
**Figure your credit**

<b>10</b>	<b>If you checked (in Part I):</b>	<b>Enter:</b>	
	Box 1, 2, 4, or 7 . . . . .	\$5,000	
	Box 3, 5, or 6 . . . . .	\$7,500	
	Box 8 or 9 . . . . .	\$3,750	10

<b>Did you check box 2, 4, 5, 6, or 9 in Part I?</b>	— <b>Yes</b> —>	You <b>must</b> complete line 11.
	— <b>No</b> —>	Enter the amount from line 10 on line 12 and go to line 13.

- 11**
- If you checked box 6 in Part I, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
  - If you checked box 2, 4, or 9 in Part I, enter your taxable disability income.
  - If you checked box 5 in Part I, add your taxable disability income to your spouse's taxable disability income. Enter the total.

 **TIP** For more details on what to include on line 11, see the instructions.

11

**12** If you completed line 11, enter the **smaller** of line 10 or line 11; **all others**, enter the amount from line 10.

12

**13** Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 1999.

**a** Nontaxable part of social security benefits, and

Nontaxable part of railroad retirement benefits treated as social security. See instructions.

13a

**b** Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law. See instructions.

13b

**c** Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c.

13c

**14** Enter the amount from Form 1040A, line 19.

14

<b>15</b>	<b>If you checked (in Part I):</b>	<b>Enter:</b>	
	Box 1 or 2 . . . . .	\$7,500	
	Box 3, 4, 5, 6, or 7 . . . . .	\$10,000	
	Box 8 or 9 . . . . .	\$5,000	15

**16** Subtract line 15 from line 14. If zero or less, enter -0-.

16

**17** Enter one-half of line 16.

17

**18** Add lines 13c and 17.

18

**19** Subtract line 18 from line 12. If zero or less, **stop**; you **cannot** take the credit. Otherwise, go to line 20.

19

**20** Multiply line 19 by 15% (.15). Enter the result here and on Form 1040A, line 27. But if this amount is more than the amount on Form 1040A, line 25, **or** you are filing Schedule 2 (Form 1040A), see the instructions for the amount of credit you may take.

20





**Use this form if**

- Your filing status is single or married filing jointly.
- You do not claim any dependents.
- You do not claim a student loan interest deduction (see page 8) or an education credit.
- You had **only** wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, qualified state tuition program earnings, or Alaska Permanent Fund dividends, and your taxable interest was not over \$400. **But** if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See page 13. If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 14.
- You did not receive any advance earned income credit payments.
- You (and your spouse if married) were under 65 on January 1, 2000, and not blind at the end of 1999.
- Your taxable income (line 6) is less than \$50,000.

If you are not sure about your filing status, see page 11. If you have questions about dependents, use TeleTax topic 354 (see page 6). If you **cannot use this form**, use TeleTax topic 352 (see page 6).

**Filling in your return**

Enter your (and your spouse's if married) social security number on the front. Because this form is read by a machine, please print your numbers inside the boxes like this:

9	8	7	6	5	4	3	2	1	0
---	---	---	---	---	---	---	---	---	---

Do not type your numbers. Do not use dollar signs.

For tips on how to avoid common mistakes, see page 29.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

**Remember**, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

**Worksheet for dependents who checked "Yes" on line 5**

(keep a copy for your records)

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6).

A. Amount, if any, from line 1 on front _____				
	+ 250.00	Enter total ▶	A.	_____
B. Minimum standard deduction . . . . .			B.	700.00
C. Enter the LARGER of line A or line B here . . . . .			C.	_____
D. Maximum standard deduction. If <b>single</b> , enter 4,300.00; if <b>married</b> , enter 7,200.00 . . . . .			D.	_____
E. Enter the SMALLER of line C or line D here. This is your standard deduction . . . . .			E.	_____
F. Exemption amount.			}	F. _____
• If single, enter 0.				
• If married and— —both you and your spouse can be claimed as dependents, enter 0. —only one of you can be claimed as a dependent, enter 2,750.00.				
G. Add lines E and F. Enter the total here and on line 5 on the front . . .			G.	_____

**If you checked "No" on line 5** because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.

- Single, enter 7,050.00. This is the total of your standard deduction (4,300.00) and your exemption (2,750.00).
- Married, enter 12,700.00. This is the total of your standard deduction (7,200.00), your exemption (2,750.00), and your spouse's exemption (2,750.00).

**Mailing return**

Mail your return by **April 17, 2000**. Use the envelope that came with your booklet. If you do not have that envelope, see page 32 for the address to use.

**Paid preparer's use only**

See page 21.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income received during the tax year. This declaration is based on all information of which I have any knowledge.

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	EIN	ZIP code	



CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		<b>1</b> Gross distribution \$ _____	OMB No. 1545-0119  <span style="font-size: 2em; font-weight: bold;">1999</span>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</b> Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
		<b>2a</b> Taxable amount \$ _____			
<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number	RECIPIENT'S identification number	<b>3</b> Capital gain (included in box 2a) \$ _____	<b>4</b> Federal income tax withheld \$ _____		
RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code		<b>5</b> Employee contributions or insurance premiums \$ _____	<b>6</b> Net unrealized appreciation in employer's securities \$ _____		
City, state, and ZIP code		<b>7</b> Distribution code	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other \$ _____ %	This information is being furnished to the Internal Revenue Service.
		<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$ _____		
Account number (optional)		<b>10</b> State tax withheld \$ _____ \$ _____	<b>11</b> State/Payer's state no.		<b>12</b> State distribution \$ _____ \$ _____
_____		<b>13</b> Local tax withheld \$ _____ \$ _____	<b>14</b> Name of locality		<b>15</b> Local distribution \$ _____ \$ _____

a Control number		OMB No. 1545-0008				
b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code		11 Nonqualified plans		12 Benefits included in box 1		
		13 See instrs. for box 13		14 Other		
		15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>
				Legal rep. <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>
16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
-----						

Form **W-2 Wage and Tax Statement** **1999**  
 Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

OMB No. 1545-0238

1999

**Form W-2G  
Certain  
Gambling  
Winning**

PAYER'S name, address, ZIP code, Federal identification number, and telephone number	<b>1</b> Gross winnings	<b>2</b> Federal income tax withheld
	<b>3</b> Type of wager	<b>4</b> Date won : : : :
	<b>5</b> Transaction	<b>6</b> Race
	<b>7</b> Winnings from identical wagers	<b>8</b> Cashier
WINNER'S name, address (including apt. no.), and ZIP code	<b>9</b> Winner's taxpayer identification no.	<b>10</b> Window
	<b>11</b> First I.D.	<b>12</b> Second I.D.
	<b>13</b> State/Payer's state identification no.	<b>14</b> State income tax withheld
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
<b>Signature</b> ▶	<b>Date</b> ▶	

This information is being furnished to the Internal Revenue Service.

**Copy B**  
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

**Foreign Tax Credit**  
(Individual, Estate, Trust, or Nonresident Alien Individual)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

Name \_\_\_\_\_ Identifying number as shown on page 1 of your tax return \_\_\_\_\_

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>a</b> Passive income                | <input type="checkbox"/> <b>d</b> Shipping income  | <input type="checkbox"/> <b>g</b> Lump-sum distributions      |
| <input type="checkbox"/> <b>b</b> High withholding tax interest | <input type="checkbox"/> <b>e</b> Dividends from a DISC or former DISC                                       | <input type="checkbox"/> <b>h</b> Section 901(j) income       |
| <input type="checkbox"/> <b>c</b> Financial services income     | <input type="checkbox"/> <b>f</b> Certain distributions from a foreign sales corporation (FSC) or former FSC | <input type="checkbox"/> <b>i</b> Income re-sourced by treaty |
|   |  | <input type="checkbox"/> <b>j</b> General limitation income   |

**k** Resident of (name of country) ▶ \_\_\_\_\_

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>1</b> Enter the name of the foreign country or U.S. possession . . . . . ▶				
<b>1</b> Gross income from sources within country shown above and of the type checked above. See page 7 of the instructions: _____				<b>1</b>
<b>Deductions and losses (Caution: See pages 7 through 9 of the instructions):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1 (attach statement) . . . . .				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction. See instructions . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .				
<b>d</b> Gross foreign source income. See instructions . . . . .				
<b>e</b> Gross income from all sources. See instructions . . . . .				
<b>f</b> Divide line 3d by line 3e. See instructions . . . . .				
<b>g</b> Multiply line 3c by line 3f . . . . .				
<b>4</b> Pro rata share of interest expense. See instructions:				
<b>a</b> Home mortgage interest (use worksheet on page 9 of the instructions) . . . . .				
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .				<b>6</b>
<b>7</b> Subtract line 6 from line 1. Enter the result here and on line 14, page 2 . . . . . ▶				<b>7</b>

**Part II Foreign Taxes Paid or Accrued (See page 9 of the instructions.)**

Country	Credit is claimed for taxes (you must check one) (m) <input type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
	(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest	
<b>A</b>									
<b>B</b>									
<b>C</b>									

**8** Add lines A through C, column (x). Enter the total here and on line 9, page 2 . . . . . ▶ **8**

**Part III Figuring the Credit**

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9		
10	Carryback or carryover (attach detailed computation) . . . . .	10		
11	Add lines 9 and 10 . . . . .	11		
12	Reduction in foreign taxes. See page 10 of the instructions . . . . .	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit . . . . .	13		
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 10 of the instructions . . . . .	14		
15	Adjustments to line 14. See page 10 of the instructions. . . . .	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.) . . . . .	16		
17	<b>Individuals:</b> Enter amount from Form 1040, line 37. If you are a nonresident alien, enter amount from Form 1040NR, line 36. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . . <b>Caution:</b> If you figured your tax using the special rates on capital gains, see page 12 of the instructions.	17		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1". . . . .	18		
19	<b>Individuals:</b> Enter amount from Form 1040, line 40, <b>less</b> any amounts on Form 1040, lines 41 through 45, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 47. If you are a nonresident alien, enter amount from Form 1040NR, line 39, less any amount on Form 1040NR, lines 40, 41, 42, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 44. <b>Estates and trusts:</b> Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37 . . . . .	19		
20	Multiply line 19 by line 18 (maximum amount of credit) . . . . .	20		
21	Enter the amount from line 13 or line 20, whichever is <b>smaller</b> . If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. See page 12 of the instructions. . . . . ▶	21		

**Part IV Summary of Credits From Separate Parts III (See page 12 of the instructions.)**

22	Credit for taxes on passive income . . . . .	22		
23	Credit for taxes on high withholding tax interest . . . . .	23		
24	Credit for taxes on financial services income . . . . .	24		
25	Credit for taxes on shipping income . . . . .	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC . . . . .	26		
27	Credit for taxes on lump-sum distributions . . . . .	27		
28	Credit for taxes on income re-sourced by treaty . . . . .	28		
29	Credit for taxes on general limitation income . . . . .	29		
30	Add lines 22 through 29. . . . .	30		
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 10 . . . . .	31		
32	Subtract line 31 from line 30. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a. . . . . ▶	32		



▶ See separate instructions.

▶ Attach to Form 1040.

Your name	Occupation in which you incurred expenses	Social security number : : :
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**Part I Employee Business Expenses and Reimbursements**

<b>STEP 1 Enter Your Expenses</b>	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<b>1</b> Vehicle expense from line 22c or line 29. (Rural mail carriers: See instructions.) . . . . .	<b>1</b>	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .		<b>5</b>
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	<b>6</b>	<b>6</b>

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

**STEP 2 Enter Reimbursements Received From Your Employer for Expenses Listed in STEP 1**

<b>7</b> Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 13 of your Form W-2 (see instructions) . . . . .	<b>7</b>	
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**STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)**

<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 . . . . .	<b>8</b>	
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
<b>9</b> In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 55% (.55) instead of 50%. For more details, see instructions.) . . . . .	<b>9</b>	<b>9</b>
<b>10</b> Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 20.</b> (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . . . . . ▶	<b>10</b>	<b>10</b>

**Part II Vehicle Expenses**

**Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
<b>11</b>	Enter the date the vehicle was placed in service. . . . .	/ /	/ /
<b>12</b>	Total miles the vehicle was driven during 1999 . . . . .	miles	miles
<b>13</b>	Business miles included on line 12 . . . . .	miles	miles
<b>14</b>	Percent of business use. Divide line 13 by line 12 . . . . .	%	%
<b>15</b>	Average daily roundtrip commuting distance . . . . .	miles	miles
<b>16</b>	Commuting miles included on line 12 . . . . .	miles	miles
<b>17</b>	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	miles	miles
<b>18</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b>	If your employer provided you with a vehicle, is personal use during off-duty hours permitted? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>20</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22a</b>	Multiply business miles driven <b>before</b> April 1, 1999, by 32½¢ (.325) . . . . .		
<b>b</b>	Multiply business miles driven <b>after</b> March 31, 1999, by 31¢ (.31) . . . . .		
<b>c</b>	Add lines 22a and 22b. Enter the result here and on line 1 . . . . .		

**Section C—Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
<b>23</b>	Gasoline, oil, repairs, vehicle insurance, etc. . . . .		
<b>24a</b>	Vehicle rentals . . . . .		
<b>b</b>	Inclusion amount (see instructions)		
<b>c</b>	Subtract line 24b from line 24a		
<b>25</b>	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions)		
<b>26</b>	Add lines 23, 24c, and 25 . . . . .		
<b>27</b>	Multiply line 26 by the percentage on line 14 . . . . .		
<b>28</b>	Depreciation. Enter amount from line 38 below . . . . .		
<b>29</b>	Add lines 27 and 28. Enter total here and on line 1 . . . . .		

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
<b>30</b>	Enter cost or other basis (see instructions) . . . . .		
<b>31</b>	Enter amount of section 179 deduction (see instructions) . . . . .		
<b>32</b>	Multiply line 30 by line 14 (see instructions if you elected the section 179 deduction) . . . . .		
<b>33</b>	Enter depreciation method and percentage (see instructions) . . . . .		
<b>34</b>	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .		
<b>35</b>	Add lines 31 and 34 . . . . .		
<b>36</b>	Enter the limit from the table in the line 36 instructions . . . . .		
<b>37</b>	Multiply line 36 by the percentage on line 14 . . . . .		
<b>38</b>	Enter the <b>smaller</b> of line 35 or line 37. Also enter this amount on line 28 above . . . . .		



# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

Identifying number

**Note:** In most cases, you **do not** need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but **do not** attach Form 2210.

**Part I Reasons for Filing**—If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1** Check whichever boxes apply (if none apply, see the **Note** above):
- a**  You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.
  - b**  You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
  - c**  You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.
  - d**  Your required annual payment (line 14 below) is based on your 1998 tax and you filed or are filing a joint return for either 1998 or 1999 but not for both years.

**Part II Required Annual Payment**

<b>2</b> Enter your 1999 tax after credits (see page 2 of the instructions)	<b>2</b>	
<b>3</b> Other taxes (see page 2 of the instructions)	<b>3</b>	
<b>4</b> Add lines 2 and 3	<b>4</b>	
<b>5</b> Earned income credit	<b>5</b>	
<b>6</b> Additional child tax credit	<b>6</b>	
<b>7</b> Credit for Federal tax paid on fuels	<b>7</b>	
<b>8</b> Add lines 5, 6, and 7	<b>8</b>	
<b>9</b> Current year tax. Subtract line 8 from line 4	<b>9</b>	
<b>10</b> Multiply line 9 by 90% (.90)	<b>10</b>	
<b>11</b> Withholding taxes. <b>Do not</b> include any estimated tax payments on this line (see page 2 of the instructions)	<b>11</b>	
<b>12</b> Subtract line 11 from line 9. If less than \$1,000, stop here; <b>do not</b> complete or file this form. You do not owe the penalty	<b>12</b>	
<b>13</b> Enter the tax shown on your 1998 tax return (105% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 1999, more than \$75,000). <b>Caution:</b> See page 2 of the instructions	<b>13</b>	
<b>14</b> <b>Required annual payment.</b> Enter the <b>smaller</b> of line 10 or line 13	<b>14</b>	

**Note:** If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. **Do not** file Form 2210 unless you checked box 1d above.

**Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV)**

<b>15</b> Enter the amount, if any, from line 11 above	<b>15</b>	
<b>16</b> Enter the total amount, if any, of estimated tax payments you made	<b>16</b>	
<b>17</b> Add lines 15 and 16	<b>17</b>	
<b>18</b> <b>Total underpayment for year.</b> Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. <b>Do not</b> file Form 2210 unless you checked box 1d above	<b>18</b>	
<b>19</b> Multiply line 18 by .05336	<b>19</b>	
<b>20</b> <ul style="list-style-type: none"> <li>• If the amount on line 18 was paid <b>on or after</b> 4/15/00, enter -0-.</li> <li>• If the amount on line 18 was paid <b>before</b> 4/15/00, make the following computation to find the amount to enter on line 20.</li> </ul> <div style="text-align: center; margin-top: 5px;"> <math display="block">\begin{matrix} \text{Amount on} &amp; &amp; \text{Number of days paid} \\ \text{line 18} &amp; \times &amp; \text{before 4/15/00} &amp; \times &amp; .00022 &amp; . . . . . \end{matrix}</math> </div>	<b>20</b>	
<b>21</b> <b>PENALTY.</b> Subtract line 20 from line 19. Enter the result here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26 . . . ▶	<b>21</b>	

**Part IV Regular Method** (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A—Figure Your Underpayment	Payment Due Dates			
	(a) 4/15/99	(b) 6/15/99	(c) 9/15/99	(d) 1/15/00
<b>22</b> Required installments. If box 1b applies, enter the amounts from Schedule AI, line 26. Otherwise, enter 1/4 of line 14, Form 2210, in each column . . . . .	<b>22</b>			
<b>23</b> Estimated tax paid and tax withheld (see page 3 of the instructions). For column (a) only, also enter the amount from line 23 on line 27. If line 23 is equal to or more than line 22 for all payment periods, stop here; you do not owe the penalty. <b>Do not</b> file Form 2210 unless you checked a box in Part I . . . . . <b>Complete lines 24 through 30 of one column before going to the next column.</b>	<b>23</b>			
<b>24</b> Enter amount, if any, from line 30 of previous column	<b>24</b>			
<b>25</b> Add lines 23 and 24 . . . . .	<b>25</b>			
<b>26</b> Add amounts on lines 28 and 29 of the previous column . . . . .	<b>26</b>			
<b>27</b> Subtract line 26 from line 25. If zero or less, enter -0-. For column (a) only, enter the amount from line 23 . . . . .	<b>27</b>			
<b>28</b> If the amount on line 27 is zero, subtract line 25 from line 26. Otherwise, enter -0- . . . . .	<b>28</b>			
<b>29</b> Underpayment. If line 22 is equal to or more than line 27, subtract line 27 from line 22. Then go to line 24 of next column. Otherwise, go to line 30 . . . . .	<b>29</b>			
<b>30</b> Overpayment. If line 27 is more than line 22, subtract line 22 from line 27. Then go to line 24 of next column	<b>30</b>			

**Section B—Figure the Penalty** (Complete lines 31 through 34 of one column before going to the next column.)

Rate Period 1	April 16, 1999—December 31, 1999				
	4/15/99	6/15/99	9/15/99	1/15/00	
<b>31</b> Number of days FROM the date shown above line 31 TO the date the amount on line 29 was paid <b>or</b> 12/31/99, whichever is earlier . . . . .	<b>31</b>	Days:	Days:	Days:	
<b>32</b> Underpayment on line 29 (see page 3 of the instructions) $\times \frac{\text{Number of days on line 31}}{365} \times .08$ ▶	<b>32</b>	\$	\$	\$	
Rate Period 2	January 1, 2000—April 15, 2000				
	12/31/99	12/31/99	12/31/99	1/15/00	
<b>33</b> Number of days FROM the date shown above line 33 TO the date the amount on line 29 was paid <b>or</b> 4/15/00, whichever is earlier . . . . .	<b>33</b>	Days:	Days:	Days:	Days:
<b>34</b> Underpayment on line 29 (see page 3 of the instructions) $\times \frac{\text{Number of days on line 33}}{366} \times .08$ ▶	<b>34</b>	\$	\$	\$	\$
<b>35</b> PENALTY. Add all amounts on lines 32 and 34 in all columns. Enter the total here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26 . . . . . ▶	<b>35</b>				\$

**Schedule AI—Annualized Income Installment Method** (See pages 4 through 6 of the instructions.)

Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/99, 4/30/99, 7/31/99, and 11/30/99.

	(a)	(b)	(c)	(d)
	1/1/99–3/31/99	1/1/99–5/31/99	1/1/99–8/31/99	1/1/99–12/31/99

**Part I Annualized Income Installments**

<b>1</b>	Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.) . . . . .			
<b>2</b>	4	2.4	1.5	1
<b>3</b>	Annualized income. Multiply line 1 by line 2 . . . . .			
<b>4</b>	Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)			
<b>5</b>	4	2.4	1.5	1
<b>6</b>	Multiply line 4 by line 5 (see instructions if line 3 is more than \$63,300)			
<b>7</b>	In each column, enter the full amount of your standard deduction from Form 1040, line 36, or Form 1040A, line 21 (Form 1040NR or 1040NR-EZ filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, enter standard deduction from Form 1040NR, line 35 or Form 1040NR-EZ, line 11.) . . . . .			
<b>8</b>	Enter the <b>larger</b> of line 6 or line 7. . . . .			
<b>9</b>	Subtract line 8 from line 3 . . . . .			
<b>10</b>	In each column, multiply \$2,750 by the total number of exemptions claimed (see instructions if line 3 is more than \$94,975). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.) . . . . .			
<b>11</b>	Subtract line 10 from line 9 . . . . .			
<b>12</b>	Figure your tax on the amount on line 11 (see instructions) . . . . .			
<b>13</b>	Form 1040 filers only, complete Part II and enter your self-employment tax from line 35 below. . . . .			
<b>14</b>	Enter other taxes for each payment period (see instructions) . . . . .			
<b>15</b>	Total tax. Add lines 12, 13, and 14 . . . . .			
<b>16</b>	For each period, enter the same type of credits as allowed on Form 2210, lines 2, 5, 6, and 7 (see instructions) . . . . .			
<b>17</b>	Subtract line 16 from line 15. If zero or less, enter -0- . . . . .			
<b>18</b>	22.5%	45%	67.5%	90%
<b>19</b>	Multiply line 17 by line 18 . . . . .			
<b>20</b>	<b>Caution:</b> Complete lines 20-26 of one column before going to the next column.			
<b>20</b>	Add the amounts in all previous columns of line 26 . . . . .			
<b>21</b>	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .			
<b>22</b>	Enter 1/4 of line 14 on page 1 of Form 2210 in each column . . . . .			
<b>23</b>	Enter amount from line 25 of the previous column of this schedule . . . . .			
<b>24</b>	Add lines 22 and 23 and enter the total . . . . .			
<b>25</b>	Subtract line 21 from line 24. If zero or less, enter -0- . . . . .			
<b>26</b>	Enter the <b>smaller</b> of line 21 or line 24 here and on Form 2210, line 22 . . . . . ▶			

**Part II Annualized Self-Employment Tax**

<b>27</b>	Net earnings from self-employment for the period (see instructions)			
<b>28</b>	\$18,150	\$30,250	\$48,400	\$72,600
<b>29</b>	Prorated social security tax limit . . . . .			
<b>29</b>	Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax . . . . .			
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0- . . . . .			
<b>31</b>	0.496	0.2976	0.186	0.124
<b>32</b>	Multiply line 31 by the <b>smaller</b> of line 27 or line 30 . . . . .			
<b>33</b>	0.116	0.0696	0.0435	0.029
<b>33</b>	Annualization amounts . . . . .			
<b>34</b>	Multiply line 27 by line 33 . . . . .			
<b>35</b>	Add lines 32 and 34. Enter the result here and on line 13 above ▶			



**Underpayment of Estimated Tax by Farmers and Fishermen**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, Form 1040NR, or Form 1041.**  
▶ **See instructions on back.**

Attachment  
Sequence No. **06A**

Name(s) shown on tax return

Identifying number

**Note:** In most cases, you **do not** need to file Form 2210-F. The IRS will figure any penalty you owe and send you a bill. File Form 2210-F **only** if one or both of the boxes in Part I apply to you. If you do not need to file Form 2210-F, you still may use it to figure your penalty. Enter the amount from line 19 on the penalty line of your return, but do not attach Form 2210-F.

**Part I Reasons for Filing**—If 1a below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check that box and file Form 2210-F with your tax return. If 1b below applies to you, check that box and file Form 2210-F with your tax return.

- 1 Check whichever boxes apply (if neither applies, see the **Note** above Part I):
- a  You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See the instructions for **Waiver of Penalty**.
  - b  Your required annual payment (line 14 below) is based on your 1998 tax and you filed or are filing a joint return for either 1998 or 1999 but not for both years.

**Part II Figure Your Underpayment**

2	Enter your 1999 tax after credits from Form 1040, line 49; Form 1040NR, line 46; or Form 1041, Schedule G, line 4 . . . . .	2		
3	Other taxes. See instructions . . . . .	3		
4	Add lines 2 and 3 . . . . .	4		
5	Earned income credit . . . . .	5		
6	Additional child tax credit . . . . .	6		
7	Credit for Federal tax paid on fuels . . . . .	7		
8	Add lines 5, 6, and 7 . . . . .	8		
9	Current year tax. Subtract line 8 from line 4 . . . . .	9		
10	Multiply line 9 by 66 $\frac{2}{3}$ % . . . . .	10		
11	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions . . . . .	11		
12	Subtract line 11 from line 9. If less than \$1,000, stop here; <b>do not</b> complete or file this form. You do not owe the penalty . . . . .	12		
13	Enter the tax shown on your 1998 tax return. <b>Caution:</b> See instructions . . . . .	13		
14	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 10 or line 13 . . . . . <b>Note:</b> If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210-F unless you checked box 1b above.	14		
15	Enter the estimated tax payments you made by January 18, 2000, and any Federal income tax and excess social security or railroad retirement tax withheld during 1999. . . . .	15		
16	<b>Underpayment.</b> Subtract line 15 from line 14. If the result is zero or less, stop here; you do not owe the penalty. Do not file Form 2210-F unless you checked box 1b above . . . . .	16		

**Part III Figure the Penalty**

17	Enter the date the amount on line 16 was paid or April 15, 2000, whichever is earlier . . . . .	17	/	/ 00
18	Number of days FROM January 15, 2000, TO the date on line 17 . . . . .	18		
19	<b>Penalty.</b> Underpayment on line 16 × $\frac{\text{Number of days on line 18}}{366}$ × .08 . . . . . ▶	19		

- Form 1040 filers, enter the amount from line 19 on Form 1040, line 69.
- Form 1040NR filers, enter the amount from line 19 on Form 1040NR, line 68.
- Form 1041 filers, enter the amount from line 19 on Form 1041, line 26.

# Child and Dependent Care Expenses

▶ Attach to Form 1040.  
 ▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

**Before you begin**, you need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**
- **Earned Income**

**Part I** **Persons or Organizations Who Provided the Care**—You must complete this part.  
 (If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?	No	Yes	Complete only Part II below. Complete Part III on the back next.
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**Caution:** *If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 55.*

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 1999 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. DO NOT enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 24

**4** Enter YOUR **earned income**

**5** If married filing a joint return, enter YOUR SPOUSE'S earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

**6** Enter the **smallest** of line 3, 4, or 5

**7** Enter the amount from Form 1040, line 34

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is—			If line 7 is—		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—10,000		.30	\$20,000—22,000		.24
10,000—12,000		.29	22,000—24,000		.23
12,000—14,000		.28	24,000—26,000		.22
14,000—16,000		.27	26,000—28,000		.21
16,000—18,000		.26	28,000—No limit		.20
18,000—20,000		.25			

**9** Multiply **line 6** by the decimal amount on line 8. Enter the result here and on Form 1040, line 41. But if this amount is more than the amount on Form 1040, line 40, **or** you paid 1998 expenses in 1999, see the instructions for the amount to enter on line 41

**Part III Dependent Care Benefits**

<b>10</b>	Enter the total amount of <b>dependent care benefits</b> you received for 1999. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2 . . . . .				<b>10</b>		
<b>11</b>	Enter the amount forfeited, if any. See the instructions . . . . .				<b>11</b>		
<b>12</b>	Subtract line 11 from line 10 . . . . .				<b>12</b>		
<b>13</b>	Enter the total amount of <b>qualified expenses</b> incurred in 1999 for the care of the <b>qualifying person(s)</b> . . . . .	<b>13</b>					
<b>14</b>	Enter the <b>smaller</b> of line 12 or 13 . . . . .	<b>14</b>					
<b>15</b>	Enter YOUR <b>earned income</b> . . . . .	<b>15</b>					
<b>16</b>	If married filing a joint return, enter YOUR SPOUSE'S earned income (if your spouse was a student or was disabled, see the instructions for line 5); if married filing a separate return, see the instructions for the amount to enter; <b>all others</b> , enter the amount from line 15 . . . . .	<b>16</b>					
<b>17</b>	Enter the <b>smallest</b> of line 14, 15, or 16 . . . . .	<b>17</b>					
<b>18</b>	<b>Excluded benefits.</b> Enter here the <b>smaller</b> of the following: <ul style="list-style-type: none"> <li>• The amount from line 17, or</li> <li>• \$5,000 (\$2,500 if married filing a separate return <b>and</b> you were required to enter your spouse's earned income on line 16).</li> </ul>				<b>18</b>		
<b>19</b>	<b>Taxable benefits.</b> Subtract line 18 from line 12. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB" . . . . .				<b>19</b>		

To claim the child and dependent care credit, complete lines 20-24 below.

<b>20</b>	Enter \$2,400 (\$4,800 if two or more qualifying persons) . . . . .				<b>20</b>		
<b>21</b>	Enter the amount from line 18 . . . . .				<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, <b>STOP</b> . You cannot take the credit. <b>Exception.</b> If you paid 1998 expenses in 1999, see the instructions for line 9 . . . . .				<b>22</b>		
<b>23</b>	Complete line 2 on the front of this form. DO NOT include in column (c) any benefits shown on line 18 above. Then, add the amounts in column (c) and enter the total here . . . . .				<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of line 22 or 23. Also, enter this amount on line 3 on the front of this form and complete lines 4-9 . . . . .				<b>24</b>		



# Foreign Earned Income

▶ See separate instructions. ▶ Attach to Form 1040.

## For Use by U.S. Citizens and Resident Aliens Only

Name shown on Form 1040

Your social security number

### Part I General Information

- 1 Your foreign address (including country) 2 Your occupation
- 3 Employer's name ▶
- 4a Employer's U.S. address ▶
- b Employer's foreign address ▶
- 5 Employer is (check ▶) a  A foreign entity b  A U.S. company c  Self  
any that apply): d  A foreign affiliate of a U.S. company e  Other (specify) ▶
- 6a If, after 1981, you filed Form 2555 to claim either of the exclusions or Form 2555-EZ to claim the foreign earned income exclusion, enter the last year you filed the form. ▶
- b If you did not file Form 2555 or 2555-EZ after 1981 to claim either of the exclusions, check here  and go to line 7 now.
- c Have you ever revoked either of the exclusions?  Yes  No
- d If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶
- 7 Of what country are you a citizen/national? ▶
- 8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? See **Second foreign household** on page 3 of the instructions  Yes  No
- b If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. ▶
- 9 List your tax home(s) during your tax year and date(s) established. ▶

**Next, complete either Part II or Part III. If an item does not apply, enter "NA." If you do not give the information asked for, any exclusion or deduction you claim may be disallowed.**

### Part II Taxpayers Qualifying Under Bona Fide Residence Test (See page 2 of the instructions.)

- 10 Date bona fide residence began ▶, and ended ▶
- 11 Kind of living quarters in foreign country ▶ a  Purchased house b  Rented house or apartment c  Rented room  
d  Quarters furnished by employer
- 12a Did any of your family live with you abroad during any part of the tax year?  Yes  No
- b If "Yes," who and for what period? ▶
- 13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? (See instructions.)  Yes  No
- b Are you required to pay income tax to the country where you claim bona fide residence? (See instructions.)  Yes  No  
**If you answered "Yes" to 13a and "No" to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.**
- 14 If you were present in the United States or its possessions during the tax year, complete columns (a)-(d) below. **Do not** include the income from column (d) in Part IV, but report it on Form 1040.

(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)	(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)

- 15a List any contractual terms or other conditions relating to the length of your employment abroad. ▶
- b Enter the type of visa under which you entered the foreign country. ▶
- c Did your visa limit the length of your stay or employment in a foreign country? If "Yes," attach explanation  Yes  No
- d Did you maintain a home in the United States while living abroad?  Yes  No
- e If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you. ▶

**Part III Taxpayers Qualifying Under Physical Presence Test** (See page 2 of the instructions.)

- 16 The physical presence test is based on the 12-month period from ► ..... through ► .....
- 17 Enter your principal country of employment during your tax year. ► .....
- 18 If you traveled abroad during the 12-month period entered on line 16, complete columns (a)–(f) below. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter “Physically present in a foreign country or countries for the entire 12-month period.” **Do not** include the income from column (f) below in Part IV, but report it on Form 1040.

(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in U.S. on business (attach computation)

**Part IV All Taxpayers**

**Note:** Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 1999 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Do not** include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

**If you are a cash basis taxpayer, report on Form 1040 all income you received in 1999, no matter when you performed the service.**

1999 Foreign Earned Income	Amount (in U.S. dollars)	
19 Total wages, salaries, bonuses, commissions, etc. . . . .	<b>19</b>	
20 Allowable share of income for personal services performed (see instructions):		
a In a business (including farming) or profession . . . . .	<b>20a</b>	
b In a partnership. List partnership's name and address and type of income. ► .....	<b>20b</b>	
21 Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined):		
a Home (lodging) . . . . .	<b>21a</b>	
b Meals . . . . .	<b>21b</b>	
c Car . . . . .	<b>21c</b>	
d Other property or facilities. List type and amount. ► .....	<b>21d</b>	
22 Allowances, reimbursements, or expenses paid on your behalf for services you performed:		
a Cost of living and overseas differential . . . . .	<b>22a</b>	
b Family . . . . .	<b>22b</b>	
c Education . . . . .	<b>22c</b>	
d Home leave . . . . .	<b>22d</b>	
e Quarters . . . . .	<b>22e</b>	
f For any other purpose. List type and amount. ► .....	<b>22f</b>	
g Add lines 22a through 22f . . . . .	<b>22g</b>	
23 Other foreign earned income. List type and amount. ► .....	<b>23</b>	
24 Add lines 19 through 21d, line 22g, and line 23 . . . . .	<b>24</b>	
25 Total amount of meals and lodging included on line 24 that is excludable (see instructions) . . . . .	<b>25</b>	
26 Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your <b>1999 foreign earned income</b> . . . . . ►	<b>26</b>	

**Part V All Taxpayers**

<p><b>27</b> Enter the amount from line 26 . . . . .</p> <p>Are you claiming the housing exclusion or housing deduction?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete Part VI.</p> <p><input type="checkbox"/> <b>No.</b> Go to Part VII.</p>	<b>27</b>		
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**Part VI Taxpayers Claiming the Housing Exclusion AND/OR Deduction**

<p><b>28</b> Qualified housing expenses for the tax year (see instructions) . . . . .</p>	<b>28</b>		
<p><b>29</b> Number of days in your qualifying period that fall within your 1999 tax year (see instructions) . . . . .</p>	<b>29</b>	days	
<p><b>30</b> Multiply \$27.03 by the number of days on line 29. If 365 is entered on line 29, enter \$9,865.00 here.</p>	<b>30</b>		
<p><b>31</b> Subtract line 30 from line 28. If zero or less, do not complete the rest of this part or any of Part IX . . . . .</p>	<b>31</b>		
<p><b>32</b> Enter employer-provided amounts (see instructions) . . . . .</p>	<b>32</b>		
<p><b>33</b> Divide line 32 by line 27. Enter the result as a decimal (rounded to at least three places), but do not enter more than "1.000" . . . . .</p>	<b>33</b>	× .	
<p><b>34</b> <b>Housing exclusion.</b> Multiply line 31 by line 33. Enter the result but do not enter more than the amount on line 32. Also, complete Part VIII . . . . . ▶</p> <p><b>Note:</b> <i>The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.</i></p>	<b>34</b>		

**Part VII Taxpayers Claiming the Foreign Earned Income Exclusion**

<p><b>35</b> Maximum foreign earned income exclusion . . . . .</p>	<b>35</b>	\$74,000	00
<p><b>36</b> • If you completed Part VI, enter the number from line 29. • All others, enter the number of days in your qualifying period that fall within your 1999 tax year (see the instructions for line 29). } . . . . .</p>	<b>36</b>	days	
<p><b>37</b> • If line 36 and the number of days in your 1999 tax year (usually 365) are the same, enter "1.000." • Otherwise, divide line 36 by the number of days in your 1999 tax year and enter the result as a decimal (rounded to at least three places). } . . . . .</p>	<b>37</b>	× .	
<p><b>38</b> Multiply line 35 by line 37 . . . . .</p>	<b>38</b>		
<p><b>39</b> Subtract line 34 from line 27 . . . . .</p>	<b>39</b>		
<p><b>40</b> <b>Foreign earned income exclusion.</b> Enter the <b>smaller</b> of line 38 or line 39. Also, complete Part VIII ▶</p>	<b>40</b>		

**Part VIII Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both**

<p><b>41</b> Add lines 34 and 40 . . . . .</p>	<b>41</b>		
<p><b>42</b> Deductions allowed in figuring your adjusted gross income (Form 1040, line 33) that are allocable to the excluded income. See instructions and attach computation . . . . .</p>	<b>42</b>		
<p><b>43</b> Subtract line 42 from line 41. Enter the result here and in parentheses on <b>Form 1040, line 21.</b> Next to the amount enter "Form 2555." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22. . . . . ▶</p>	<b>43</b>		

**Part IX Taxpayers Claiming the Housing Deduction—Complete this part only if (a) line 31 is more than line 34 and (b) line 27 is more than line 41.**

<p><b>44</b> Subtract line 34 from line 31 . . . . .</p>	<b>44</b>		
<p><b>45</b> Subtract line 41 from line 27 . . . . .</p>	<b>45</b>		
<p><b>46</b> Enter the <b>smaller</b> of line 44 or line 45 . . . . .</p> <p><b>Note:</b> <i>If line 45 is more than line 46 and you could not deduct all of your 1998 housing deduction because of the 1998 limit, use the worksheet on page 4 of the instructions to figure the amount to enter on line 47. Otherwise, go to line 48.</i></p>	<b>46</b>		
<p><b>47</b> Housing deduction carryover from 1998 (from worksheet on page 4 of the instructions) . . . . .</p>	<b>47</b>		
<p><b>48</b> <b>Housing deduction.</b> Add lines 46 and 47. Enter the total here and on Form 1040 to the left of line 32. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments reported on that line . . . . . ▶</p>	<b>48</b>		



# Foreign Earned Income Exclusion

▶ See separate instructions. ▶ Attach to Form 1040.

Name shown on Form 1040

Your social security number

### You May Use This Form If You:

- Are a U.S. citizen or a resident alien.
- Earned wages/salaries in a foreign country.
- Had total foreign earned income of \$74,000 or less.
- Are filing a calendar year return that covers a 12-month period.

### And You:

- Do not have self-employment income.
- Do not have business/moving expenses.
- Do not claim the foreign housing exclusion or deduction.

## Part I Tests To See If You Can Take the Foreign Earned Income Exclusion

### 1 Bona Fide Residence Test

- a Were you a bona fide resident of a foreign country or countries for a period that includes an entire tax year (see page 2 of the instructions)?  Yes  No
- If you answered "Yes," you meet this test. Fill in line 1b and then go to line 3.
  - If you answered "No," you **do not** meet this test. Go to line 2 to see if you meet the Physical Presence Test.
- b Enter the date your bona fide residence began ▶ \_\_\_\_\_, and ended (see instructions) ▶ \_\_\_\_\_.

### 2 Physical Presence Test

- a Were you physically present in a foreign country or countries for at least 330 full days during—  
 { 1999, or  
 any other period of 12 months in a row starting or ending in 1999? }  Yes  No
- If you answered "Yes," you meet this test. Fill in line 2b and then go to line 3.
  - If you answered "No," you **do not** meet this test. You **cannot** take the exclusion unless you meet the Bona Fide Residence Test above.
- b The physical presence test is based on the 12-month period from ▶ \_\_\_\_\_ through ▶ \_\_\_\_\_.

### 3 Tax Home Test.

- Was your tax home in a foreign country or countries throughout your period of bona fide residence or physical presence, whichever applies?  Yes  No
- If you answered "Yes," you can take the exclusion. Complete Part II below and then go to page 2.
  - If you answered "No," you **cannot** take the exclusion. **Do not** file this form.

## Part II General Information

4 Your foreign address (including country)	5 Your occupation
--	-------------------

6 Employer's name	7 Employer's U.S. address (including ZIP code)	8 Employer's foreign address
-------------------	--	------------------------------

- 9 Employer is (check any that apply):
- a A U.S. business
  - b A foreign business
  - c Other (specify) ▶ \_\_\_\_\_
- 10a If you filed Form 2555 or 2555-EZ after 1981, enter the last year you filed the form. ▶ \_\_\_\_\_
- b If you did not file Form 2555 or 2555-EZ after 1981, check here  and go to line 11a now.
- c Have you ever revoked the foreign earned income exclusion?  Yes  No
- d If you answered "Yes," enter the tax year for which the revocation was effective. ▶ \_\_\_\_\_
- 11a List your tax home(s) during 1999 and date(s) established. ▶ \_\_\_\_\_
- b Of what country are you a citizen/national? ▶ \_\_\_\_\_



# Moving Expenses

▶ Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

**Before you begin, see the Distance Test and Time Test in the instructions to make sure you can take this deduction. If you are a member of the armed forces, see the instructions to find out how to complete this form.**

<p><b>1</b> Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions) . . . . .</p> <p><b>2</b> Enter the amount you paid for travel and lodging expenses in moving from your old home to your new home. <b>Do not</b> include meals (see instructions) . . . . .</p> <p><b>3</b> Add lines 1 and 2 . . . . .</p> <p><b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in the wages box (box 1) of your W-2 form. This amount should be identified with code <b>P</b> in box 13 of your W-2 form . . . . .</p> <p><b>Is line 3 more than line 4?</b></p> <p><b>Yes.</b> Go to line 5.</p> <p><b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on the "Wages, salaries, tips, etc." line of Form 1040.</p> <p><b>5</b> Subtract line 4 from line 3. Enter the result here and on the "Moving expenses" line of Form 1040. This is your <b>moving expense deduction</b> . . . . .</p>	<p><b>1</b></p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p>	
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## General Instructions

### A Change To Note

Beginning in 1998, include on lines 1 and 2 of Form 3903 **only** the amounts you actually paid for the expenses listed. Include on those lines the total amount you paid even if your employer reimbursed you for the expenses. Use line 4 to report amounts your employer paid directly to you for the expenses listed on lines 1 and 2 if they are **not** reported to you as wages on Form W-2.

**Do not** include on Form 3903 any amount your employer paid to a third party (such as a moving or storage company). Also, do not include the value of any services your employer provided in kind.

### Purpose of Form

Use Form 3903 to figure your moving expense deduction if:

- You moved to a new principal place of work (workplace) within the United States or its possessions, OR
- You moved to a new workplace outside the United States or its possessions and you are a U.S. citizen or resident alien.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see **Pub. 521**, Moving Expenses.

## Who May Deduct Moving Expenses

If you moved to a different home because of a change in job location, you may be able to deduct your moving expenses. You may be able to take the deduction whether you are self-employed or an employee. But you must meet certain tests explained next.

### Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from

your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.

**TIP:** If you are not sure if you meet the distance test, use the worksheet on this page.

### Time Test

If you are an employee, you must work full time in the general area of your new workplace for at least 39 weeks during the 12 months right after you move. If you are self-employed, you must work full time in the general area of your new workplace for at least 39 weeks during the first 12 months and a total of at least 78 weeks during the 24 months right after you move.

**What If You Do Not Meet the Time Test Before Your Return Is Due?** If you expect to meet the time test, you may deduct

### Distance Test Worksheet (keep a copy for your records)

1. Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . .	1. _____ miles
2. Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . .	2. _____ miles
3. Subtract line 2 from line 1. If zero or less, enter -0- . . . . .	3. _____ miles

### Is line 3 at least 50 miles?

**Yes.** You meet this test.

**No.** You do not meet this test. You **cannot** deduct your moving expenses. **Do not** complete Form 3903.

Department of the Treasury  
Internal Revenue Service (99)

▶ See the Instructions for Form 4136.

▶ Attach this form to your income tax return.

Name (as shown on your income tax return)

Taxpayer identification number

**Caution:** You cannot claim any amounts on Form 4136 that you claimed on Form 8849 or Schedule C (Form 720).

**1 Nontaxable Use of Gasoline and Gasohol**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use of gasoline	\$ .184	}	\$	301
b	Use of gasoline on a farm for farming purposes	.184			
c	Other nontaxable use of gasoline	.184			
		.184			
d	10% gasohol	.13	}	\$	312
e	7.7% gasohol	.14242			
f	5.7% gasohol	.15322			

**2 Nontaxable Use of Aviation Gasoline**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$ .15	}	\$	307
b	Other nontaxable use	.194			
		.194			

**3 Nontaxable Use of Undyed Diesel Fuel and Undyed Kerosene**

Claimant has the name and address of the person(s) who sold the fuel to the claimant and the date(s) of the purchase(s) and if exported, the required proof of export.

Claimant certifies that the fuel did not contain visible evidence of dye.

**Exception.** If any of the fuel included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here

**Caution:** Claims cannot be made on line 3 for fuel used on a farm for farming purposes or for kerosene sold from a blocked pump. Only registered ultimate vendors may make those claims.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use	\$ .244	}	\$	303
		.244			
b	Use in trains	.20			305
c	Use in certain intercity and local buses	.17			303

**4 Nontaxable Use of Aviation Fuel (other than gasoline)**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$ .175	}	\$	310
b	Other nontaxable use	.219			
		.219			

**5 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel UV Registration No. ▶**

Claimant sold the fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained the required certificate from the buyer and has no reason to believe any information in the certificate is false.

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

**Exception.** If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ▶

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use on a farm for farming purposes		\$ .244	}	\$	303
b Use by a state or local government		.244			

**6 Sales by Registered Ultimate Vendors of Undyed Kerosene UV Registration No. ▶**

**UP Registration No. ▶**

Claimant sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained the required certificate (for lines 6a and 6b) from the buyer and has no reason to believe any information in the certificate is false.

Claimant certifies that the kerosene did not contain visible evidence of dye.

**Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ▶

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use on a farm for farming purposes		\$ .244	}	\$	303
b Use by a state or local government		.244			
c Sales from a blocked pump		.244			

**7 Nontaxable Use of Liquefied Petroleum Gas (LPG) in Certain Buses**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in certain intercity and local buses		\$ .062	}	\$	304
b Use in qualified local and school buses		.136			

**8 Gasohol Blending**

Claimant bought gasoline taxed at the full rate and blended it with alcohol to make gasohol. The gasohol was used or sold for use in a trade or business. For **each batch** of gasohol, claimant has the required information relating to the purchase of the gasoline and alcohol used to make the gasohol and to support the amount claimed.

	(a) Rate	Gallons of		(d) Amount of credit (col. (a) × col. (b))	(e) CRN
		(b) Gasoline	(c) Alcohol		
a 10% gasohol	\$ .03956	}		\$	302
b 7.7% gasohol	.0297				
c 5.7% gasohol	.02152				
<b>9 Total income tax credit claimed.</b> Add lines 1 through 8. Enter here and on Form 1040, line 63 (also check box b on line 63); Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. . . . ▶		<b>9</b>		\$	

# Social Security and Medicare Tax on Unreported Tip Income

▶ See instructions on back.  
▶ Attach to Form 1040.

Name of person who received tips (as shown on Form 1040). If married, complete a separate Form 4137 for each spouse with unreported tips.

**Social security number**  
:  
:

Name(s) of employer(s) to whom you were required to, but did not, report your tips:  
.....  
.....

<b>1</b> Total cash and charge tips you <b>received</b> in 1999. See instructions . . . . .	<b>1</b>		
<b>2</b> Total cash and charge tips you <b>reported</b> to your employer in 1999 . . . . .	<b>2</b>		
<b>3</b> Subtract line 2 from line 1. This amount is income you <b>must</b> include in the total on Form 1040, line 7 . . . . .	<b>3</b>		
<b>4</b> Cash and charge tips you received but did not report to your employer because the total was less than \$20 in a calendar month. See instructions . . . . .	<b>4</b>		
<b>5</b> Unreported tips subject to Medicare tax. Subtract line 4 from line 3. Enter here and on line 2 of Schedule U below . . . . .	<b>5</b>		
<b>6</b> Maximum amount of wages (including tips) subject to social security tax . . . . .	<b>6</b>	72,600	00
<b>7</b> Total social security wages and social security tips (total of boxes 3 and 7 on Form(s) W-2) or railroad retirement (tier 1) compensation . . . . .	<b>7</b>		
<b>8</b> Subtract line 7 from line 6. If line 7 is more than line 6, enter -0- here and on line 9 and go to line 11 . . . . .	<b>8</b>		
<b>9</b> Unreported tips subject to social security tax. Compare the amounts on lines 5 and 8 above. Enter the <b>smaller</b> of the two amounts here and on line 1 of Schedule U below. If you received tips as a Federal, state, or local government employee, see instructions . . . . .	<b>9</b>		
<b>10</b> Multiply line 9 by .062 . . . . .	<b>10</b>		
<b>11</b> Multiply line 5 by .0145 . . . . .	<b>11</b>		
<b>12</b> Add lines 10 and 11. Enter the result here and on Form 1040, line 52 . . . . . ▶	<b>12</b>		

**For Paperwork Reduction Act Notice, see instructions on back.**

Form **4137** (1999)

**Do Not Detach**

## SCHEDULE U (Form 1040)

Department of the Treasury  
Internal Revenue Service

# U.S. Schedule of Unreported Tip Income

For crediting to your social security record

**Note:** The amounts you report below are for your social security record. This record is used to figure any benefits, based on your earnings, payable to you and your dependents or your survivors. Fill in each item accurately and completely.

Print or type name of person who received tip income (as shown on Form 1040) \_\_\_\_\_ **Social security number**  
:  
:

Address (number, street, and apt. no., or P.O. box if mail is not delivered to your home) \_\_\_\_\_ Occupation \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

<b>1</b> Unreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above . . . ▶	<b>1</b>		
<b>2</b> Unreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above . . . ▶	<b>2</b>		

**Please do not write in this space**

DLN—

# Recapture of Investment Credit

▶ **Attach to your income tax return.**

Name(s) as shown on return	Identifying number
----------------------------	--------------------

Properties	Type of property—State whether rehabilitation, energy, reforestation, or transition property. (See the Instructions for Form 3468 for the year the investment credit property was placed in service for definitions.) If rehabilitation property, also show type of building. If energy property, show type.
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

### Original Investment Credit

Computation Steps: (see Specific Instructions)	Properties			
	A	B	C	D
<b>1</b> Original rate of credit . . . . .				
<b>2</b> Cost or other basis . . . . .				
<b>3</b> Original credit. Multiply line 2 by the percentage on line 1 . . . . .				
<b>4</b> Date property was placed in service . . . . .	/ /	/ /	/ /	/ /
<b>5</b> Date property ceased to be qualified investment credit property . . . . .	/ /	/ /	/ /	/ /
<b>6</b> Number of full years between the date on line 4 and the date on line 5 . . . . .				

### Computation of Recapture Tax

<b>7</b> Recapture percentage (see instructions) . . . . .				
<b>8</b> Tentative recapture tax. Multiply line 3 by the percentage on line 7. . . . .				
<b>9</b> Add line 8, columns A through D . . . . .				
<b>10</b> Enter the recapture tax from property for which there was an increase in nonqualified nonrecourse financing (attach separate computation) . . . . .				
<b>11</b> Add lines 9 and 10 . . . . .				
<b>12</b> Portion of original credit (line 3) not used to offset tax in any year, plus any carryback and carryforward of credits you now can apply to the original credit year because you have freed up tax liability in the amount of the tax recaptured. Do not enter more than line 11—see instructions. . . . .				
<b>13</b> Total increase in tax. Subtract line 12 from line 11. Enter here and on the appropriate line of your tax return. See section 29(b)(4) if you claim the nonconventional source fuel credit . . . . .				

## General Instructions

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

### Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of

any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . . . 6 hr., 28 min.

**Learning about the law or the form** . . . . . 1 hr., 23 min.

**Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 33 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the IRS at the address listed in the instructions for the tax return with which this form is filed.

### Purpose of Form

Use Form 4255 to figure the increase in tax for the recapture of investment credit claimed.

### Who Must Refigure the Investment Credit

Generally, you must refigure the investment credit and may have to recapture all or part of it if:

- You disposed of investment credit property before the end of 5 full years after the property was placed in service (recapture period).
- You changed the use of the property before the end of the recapture period so that it no longer qualifies as investment credit property.
- The business use of the property decreased before the end of the recapture

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)**

<b>1</b>	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions . . . . .	<b>1</b>	\$19,000
<b>2</b>	Total cost of section 179 property placed in service. See page 2 of the instructions . . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation . . . . .	<b>3</b>	\$200,000
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter amount from line 27. . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from 1998. See page 2 of the instructions . . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)**

**Section A—General Asset Account Election**

**14** If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions . . . . . ▶

**Section B—General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>15a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

<b>16a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do Not Include Listed Property.) (See page 5 of the instructions.)**

<b>17</b>	GDS and ADS deductions for assets placed in service in tax years beginning before 1999 . . . . .	<b>17</b>	
<b>18</b>	Property subject to section 168(f)(1) election . . . . .	<b>18</b>	
<b>19</b>	ACRS and other depreciation . . . . .	<b>19</b>	

**Part IV Summary (See page 6 of the instructions.)**

<b>20</b>	Listed property. Enter amount from line 26. . . . .	<b>20</b>	
<b>21</b>	<b>Total.</b> Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>21</b>	
<b>22</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>22</b>	

**Part V Listed Property—Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement**

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)**

**23a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **23b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>24</b> Property used more than 50% in a qualified business use (See page 6 of the instructions.):									
		%							
		%							
		%							
<b>25</b> Property used 50% or less in a qualified business use (See page 6 of the instructions.):									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>26</b> Add amounts in column (h). Enter the total here and on line 20, page 1 . . . . .							<b>26</b>		
<b>27</b> Add amounts in column (i). Enter the total here and on line 7, page 1 . . . . .								<b>27</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>28</b> Total business/investment miles driven during the year (DO NOT include commuting miles—see page 1 of the instructions) . . . . .												
<b>29</b> Total commuting miles driven during the year . . . . .												
<b>30</b> Total other personal (noncommuting) miles driven . . . . .												
<b>31</b> Total miles driven during the year. Add lines 28 through 30. . . . .												
<b>32</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>34</b> Is another vehicle available for personal use? . . . . .												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>37</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>38</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions . . . . .		

**Note:** If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>40</b> Amortization of costs that begins during your 1999 tax year:					
<b>41</b> Amortization of costs that began before 1999 . . . . .				<b>41</b>	
<b>42 Total.</b> Enter here and on "Other Deductions" or "Other Expenses" line of your return . . . . .				<b>42</b>	



# Casualties and Thefts

▶ See separate instructions.  
▶ Attach to your tax return.

▶ Use a separate Form 4684 for each different casualty or theft.

Name(s) shown on tax return

Identifying number

**SECTION A—Personal Use Property** (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

1 Description of properties (show type, location, and date acquired for each):

- Property A .....
- Property B .....
- Property C .....
- Property D .....

		Properties (Use a separate column for each property lost or damaged from one casualty or theft.)			
		A	B	C	D
2	Cost or other basis of each property . . . . .				
3	Insurance or other reimbursement (whether or not you filed a claim). See instructions . . . . . <b>Note:</b> If line 2 is <b>more than</b> line 3, skip line 4.				
4	Gain from casualty or theft. If line 3 is <b>more than</b> line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .				
5	Fair market value <b>before</b> casualty or theft . . . . .				
6	Fair market value <b>after</b> casualty or theft . . . . .				
7	Subtract line 6 from line 5 . . . . .				
8	Enter the <b>smaller</b> of line 2 or line 7 . . . . .				
9	Subtract line 3 from line 8. If zero or less, enter -0- . . . . .				

10	Casualty or theft loss. Add the amounts on line 9. Enter the total . . . . .	10	
11	Enter the amount from line 10 or \$100, whichever is <b>smaller</b> . . . . .	11	
12	Subtract line 11 from line 10 . . . . . <b>Caution:</b> Use only one Form 4684 for lines 13 through 18.	12	
13	Add the amounts on line 12 of all Forms 4684 . . . . .	13	
14	Combine the amounts from line 4 of all Forms 4684 . . . . .	14	
15	<ul style="list-style-type: none"> <li>• If line 14 is <b>more than</b> line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions).</li> <li>• If line 14 is <b>less than</b> line 13, enter -0- here and continue with the form.</li> <li>• If line 14 is <b>equal to</b> line 13, enter -0- here. Do not complete the rest of this section.</li> </ul>	15	
16	If line 14 is <b>less than</b> line 13, enter the difference . . . . .	16	
17	Enter 10% of your adjusted gross income (Form 1040, line 34). Estates and trusts, see instructions . . . . .	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-. Also enter result on Schedule A (Form 1040), line 19. Estates and trusts, enter on the "Other deductions" line of your tax return . . . . .	18	

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

SECTION B—Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each):

- Property A
Property B
Property C
Property D

Properties (Use a separate column for each property lost or damaged from one casualty or theft.)

Table with columns A, B, C, D and rows 20-28 for property details and calculations.

Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft

(b) Losses from casualties or thefts

(i) Trade, business, rental or royalty property

(ii) Income-producing and employee property

(c) Gains from casualties or thefts includible in income

Casualty or Theft of Property Held One Year or Less

Table for Casualty or Theft of Property Held One Year or Less, rows 29-32.

Casualty or Theft of Property Held More Than One Year

Table for Casualty or Theft of Property Held More Than One Year, rows 33-39.



**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return	Identifying number
-------------------------	--------------------

1 Enter here the gross proceeds from the sale or exchange of real estate reported to you for 1999 on Form(s) 1099-S (or a substitute statement) that you will be including on line 2, 10, or 20 . . . . .	1
---	---

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Property Held More Than 1 Year**

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
<b>2</b>						

3 Gain, if any, from Form 4684, line 39 . . . . .	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	5
6 Gain, if any, from line 32, from other than casualty or theft . . . . .	6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . . <b>Partnerships (except electing large partnerships).</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6. Skip lines 8, 9, 11, and 12 below. <b>S corporations.</b> Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6. Skip lines 8, 9, 11, and 12 below, unless line 7 is a gain and the S corporation is subject to the capital gains tax. <b>All others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, and 12 below.	7
--	---

8 Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .	8
---	---

9 Subtract line 8 from line 7. If zero or less, enter -0-. Also enter on the appropriate line as follows (see instructions): <b>S corporations.</b> Enter any gain from line 9 on Schedule D (Form 1120S), line 14, and skip lines 11 and 12 below. <b>All others.</b> If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the gain from line 9 as a long-term capital gain on Schedule D.	9
--	---

**Part II Ordinary Gains and Losses**

**10** Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less):


11 Loss, if any, from line 7 . . . . .	11 (            )
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12 Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	12
---	----

13 Gain, if any, from line 31 . . . . .	13
---	----

14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	14
--	----

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	15
---	----

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	16
--	----

17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions) . . . . .	17
--	----

18 Combine lines 10 through 17. Enter the gain or (loss) here, and on the appropriate line as follows: . . . . .	18
--	----

**a** For all except individual returns: Enter the gain or (loss) from line 18 on the return being filed.  
**b** For individual returns:

(1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18b(1)." See instructions . . . . .	18b(1)
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(2) Redetermine the gain or (loss) on line 18, excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14 . . . . .	18b(2)
---	--------

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ►	Property A	Property B	Property C	Property D
20 Gross sales price ( <b>Note:</b> See line 1 before completing) . . . . .	20			
21 Cost or other basis plus expense of sale . . . . .	21			
22 Depreciation (or depletion) allowed or allowable . . . . .	22			
23 Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24 Total gain. Subtract line 23 from line 20 . . . . .	24			
<b>25 If section 1245 property:</b>				
a Depreciation allowed or allowable from line 22 . . . . .	25a			
b Enter the <b>smaller</b> of line 24 or 25a . . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975 (see instructions) . . . . .	26a			
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions) . . . . .	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976 . . . . .	26d			
e Enter the <b>smaller</b> of line 26c or 26d . . . . .	26e			
f Section 291 amount (corporations only) . . . . .	26f			
g Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a Soil, water, and land clearing expenses . . . . .	27a			
b Line 27a multiplied by applicable percentage (see instructions)	27b			
c Enter the <b>smaller</b> of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) . . . . .	28a			
b Enter the <b>smaller</b> of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>				
a Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .	29a			
b Enter the <b>smaller</b> of line 24 or 29a (see instructions) . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24 . . . . .	30		
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31		
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32		

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(See instructions.)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years . . . . .	33		
34 Recomputed depreciation. See instructions . . . . .	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35		



**Farm Rental Income and Expenses**  
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))  
(Income not subject to self-employment tax)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See instructions on back.**

Name(s) shown on Form 1040

Your social security number

Employer ID number (EIN), if any

**A** Did you actively participate in the operation of this farm during 1999? See instructions . . . . .  Yes  No

**Part I Gross Farm Rental Income—Based on Production.** Include amounts converted to cash or the equivalent.

<b>1</b> Income from production of livestock, produce, grains, and other crops . . . . .		<b>1</b>	
<b>2a</b> Total cooperative distributions (Form(s) 1099-PATR) <b>2a</b>		<b>2b</b> Taxable amount	<b>2b</b>
<b>3a</b> Agricultural program payments. See instructions <b>3a</b>		<b>3b</b> Taxable amount	<b>3b</b>
<b>4</b> Commodity Credit Corporation (CCC) loans. See instructions:			
<b>a</b> CCC loans reported under election . . . . .		<b>4a</b>	
<b>b</b> CCC loans forfeited . . . . . <b>4b</b>		<b>4c</b> Taxable amount	<b>4c</b>
<b>5</b> Crop insurance proceeds and certain disaster payments. See instructions:			
<b>a</b> Amount received in 1999 . . . . . <b>5a</b>		<b>5b</b> Taxable amount	<b>5b</b>
<b>c</b> If election to defer to 2000 is attached, check here <input type="checkbox"/> <b>5d</b> Amount deferred from 1998 . . . . .		<b>5d</b>	
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund. See instructions		<b>6</b>	
<b>7</b> <b>Gross farm rental income.</b> Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 41 . . . . . ▶		<b>7</b>	

**Part II Expenses—Farm Rental Property.** Do not include personal or living expenses.

<b>8</b> Car and truck expenses. See Schedule F instructions—also attach <b>Form 4562</b> . . . . . <b>8</b>		<b>21</b> Pension and profit-sharing plans . . . . . <b>21</b>	
<b>9</b> Chemicals . . . . . <b>9</b>		<b>22</b> Rent or lease. See instructions:	
<b>10</b> Conservation expenses (see instructions) . . . . . <b>10</b>		<b>a</b> Vehicles, machinery, and equipment . . . . . <b>22a</b>	
<b>11</b> Custom hire (machine work) . . . . . <b>11</b>		<b>b</b> Other (land, animals, etc.) . . . . . <b>22b</b>	
<b>12</b> Depreciation and section 179 expense deduction not claimed elsewhere . . . . . <b>12</b>		<b>23</b> Repairs and maintenance . . . . . <b>23</b>	
<b>13</b> Employee benefit programs other than on line 21. See Schedule F instructions . . . . . <b>13</b>		<b>24</b> Seeds and plants purchased . . . . . <b>24</b>	
<b>14</b> Feed purchased . . . . . <b>14</b>		<b>25</b> Storage and warehousing . . . . . <b>25</b>	
<b>15</b> Fertilizers and lime . . . . . <b>15</b>		<b>26</b> Supplies purchased . . . . . <b>26</b>	
<b>16</b> Freight and trucking . . . . . <b>16</b>		<b>27</b> Taxes . . . . . <b>27</b>	
<b>17</b> Gasoline, fuel, and oil . . . . . <b>17</b>		<b>28</b> Utilities . . . . . <b>28</b>	
<b>18</b> Insurance (other than health) . . . . . <b>18</b>		<b>29</b> Veterinary, breeding, and medicine . . . . . <b>29</b>	
<b>19</b> Interest:		<b>30</b> Other expenses (specify):	
<b>a</b> Mortgage (paid to banks, etc.) . . . . . <b>19a</b>		<b>a</b> . . . . . <b>30a</b>	
<b>b</b> Other . . . . . <b>19b</b>		<b>b</b> . . . . . <b>30b</b>	
<b>20</b> Labor hired (less employment credits). See Schedule F instructions . . . . . <b>20</b>		<b>c</b> . . . . . <b>30c</b>	
		<b>d</b> . . . . . <b>30d</b>	
		<b>e</b> . . . . . <b>30e</b>	
		<b>f</b> . . . . . <b>30f</b>	
		<b>g</b> . . . . . <b>30g</b>	
<b>31</b> <b>Total expenses.</b> Add lines 8 through 30g . . . . . ▶ <b>31</b>			
<b>32</b> <b>Net farm rental income or (loss).</b> Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 39. If the result is a loss, you MUST go on to line 33 . . . . . <b>32</b>			
<b>33</b> If line 32 is a loss, you MUST check the box that describes your investment in this activity. See instructions . . . . . } <b>33a</b> <input type="checkbox"/> All investment is at risk. <b>33b</b> <input type="checkbox"/> Some investment is not at risk.			
You may need to complete <b>Form 8582</b> to determine your deductible loss, regardless of which box you check (see instructions). However, if you checked 33b, you MUST complete <b>Form 6198</b> before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 39 . . . . .		<b>33c</b>	

**General Instructions**

**A Change To Note**

You may be able to use a credit card to get an extension of time to file without sending in Form 4868. See **Extension of Time To File Using a Credit Card** below for more details.

**Purpose of Form**

Use Form 4868 to apply for 4 more months to file **Form 1040EZ, Form 1040A, Form 1040, Form 1040NR-EZ, or Form 1040NR.**

To get the extra time you **MUST**:

- Properly estimate your 1999 tax liability using the information available to you,
- Enter your tax liability on line 9 of Form 4868, **AND**
- File Form 4868 by the regular due date of your return.

You are not required to make a payment of the tax you estimate as due. But remember, Form 4868 does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest. You may also be charged penalties. For more details, see **Interest and Late Payment Penalty** on page 3. Any remittance you make with your application for extension will be treated as a payment of tax.

You do not have to explain why you are asking for the extension. We will contact you only if your request is denied.

**Do not** file Form 4868 if you want the IRS to figure your tax or you are under a court order to file your return by the regular due date.

If you need an additional extension, see **If You Need Additional Time** on page 3.

**Note:** *Generally, an extension of time to file your 1999 calendar year income tax return also extends the time to file a gift or generation-skipping transfer (GST) tax return (Form 709 or 709-A) for 1999. Special rules apply if the donor dies during the year in which the gifts were made. See the Instructions for Form 709.*

**Extension of Time To File Using a Credit Card**

You generally can get an extension by phone if you pay part or all of your estimate of income tax due by using a credit card (American Express® Card, MasterCard®, or Discover® Card). To pay by credit card, call **1-888-2PAY-TAX** (1-888-272-9829) toll free by April 17, 2000, and follow the instructions. Your payment must be at least \$1 to use this system. Before you call, fill in Form 4868 as a worksheet. You will be asked to enter certain items from the form during the call. A convenience fee will be charged by the credit card processor based on the amount you are paying. You will be told what the fee is when you call and you will have the option to either continue or cancel the call. You can also find out what the fee will be on the Internet at **www.8882paytax.com**.

You will be given a confirmation number at the end of the call. Keep the confirmation number with your records. Once you receive your confirmation number, you have completed the requirements for requesting an extension of time to file. **Do not** send in Form 4868.

**Note:** *Although an extension of time to file your income tax return also extends the time to file Form 709 or 709-A, you cannot make payments of the gift or GST tax with a credit card. To make a payment of the gift or GST tax, send a check or money order to the service center where the donor's income tax return will be filed. Enter "1999 Form 709" and the donor's name and social security number on the payment. **Do not** send in Form 4868.*

**Out of the Country**

If you already had 2 extra months to file because you were a U.S. citizen or resident and were out of the country, use this form to obtain an additional 2 months to file. Write "Taxpayer Abroad" across the top of Form 4868. "Out of the country" means either **(a)** you live outside the United States and Puerto Rico **and** your main place of work is outside the United States and Puerto Rico, **or (b)** you are in military or naval service outside the United States and Puerto Rico.

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 13141W

Form **4868** (1999)

▼ DETACH HERE ▼

For calendar year 1999, or other tax year beginning \_\_\_\_\_, 1999, ending \_\_\_\_\_.

<b>Part I Identification</b>		<b>Part III Individual Income Tax</b>	
1 Your name(s) (see instructions)		4 Total tax liability on your income tax return for 1999 \$ _____	
Address (see instructions)		5 Total 1999 payments . . . . . _____	
City, town or post office, state, and ZIP code		6 <b>Balance.</b> Subtract 5 from 4 . . . . . _____	
2 Your social security number	3 Spouse's social security number	<b>Part IV Gift/GST Tax</b> —If you are <b>not filing</b> a gift or GST tax return, go to Part V now. See the instructions.	
This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Enter your gift or GST tax payment(s) in Part IV and: Check this box <input type="checkbox"/> if <b>you</b> are requesting a <b>GIFT or GST TAX</b> return extension. Check this box <input type="checkbox"/> if <b>your spouse</b> is requesting a <b>GIFT or GST TAX</b> return extension. <b>Checking box(es) may result in correspondence if Form 709 or 709-A is not filed.</b>		7 Your gift or GST tax payment. . . \$ _____	
<b>Part II Complete ONLY If Filing Gift/GST Tax Return</b>		<b>Part V Total</b>	
		8 <b>Your spouse's</b> gift/GST tax payment . . . . . _____	
		9 <b>Total liability.</b> Add lines 6, 7, and 8 \$ _____	
		10 Amount you are paying. . . . . ► _____	
		If line 10 is less than line 9, you may be liable for interest and penalties. See page 3.	

# Investment Interest Expense Deduction

▶ Attach to your tax return.

Name(s) shown on return	Identifying number
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<b>Part I Total Investment Interest Expense</b>		
1 Investment interest expense paid or accrued in 1999. See instructions . . . . .	<b>1</b>	
2 Disallowed investment interest expense from 1998 Form 4952, line 7 . . . . .	<b>2</b>	
<b>3 Total investment interest expense.</b> Add lines 1 and 2 . . . . .	<b>3</b>	

<b>Part II Net Investment Income</b>		
4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) . . . . .	<b>4a</b>	
b Net gain from the disposition of property held for investment . . . . .	<b>4b</b>	
c Net capital gain from the disposition of property held for investment . . . . .	<b>4c</b>	
d Subtract line 4c from line 4b. If zero or less, enter -0- . . . . .	<b>4d</b>	
e Enter all or part of the amount on line 4c, if any, that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions . . . . . ▶	<b>4e</b>	
f Investment income. Add lines 4a, 4d, and 4e. See instructions . . . . .	<b>4f</b>	
5 Investment expenses. See instructions . . . . .	<b>5</b>	
<b>6 Net investment income.</b> Subtract line 5 from line 4f. If zero or less, enter -0- . . . . .	<b>6</b>	

<b>Part III Investment Interest Expense Deduction</b>		
7 Disallowed investment interest expense to be carried forward to 2000. Subtract line 6 from line 3. If zero or less, enter -0- . . . . .	<b>7</b>	
<b>8 Investment interest expense deduction.</b> Enter the smaller of line 3 or 6. See instructions. . . . .	<b>8</b>	

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

## General Instructions

### Purpose of Form

Use Form 4952 to figure the amount of investment interest expense you can deduct for 1999 and the amount, if any, you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more details, see **Pub. 550**, Investment Income and Expenses.

### Who Must File

If you are an individual, estate, or a trust and you claim a deduction for investment interest expense, you must complete and attach Form 4952 to your tax return unless **all** of the following apply.

- Your investment interest expense is not more than your investment income from interest and ordinary dividends.
- You have no other deductible expenses connected with the production of interest or dividends.
- You have no disallowed investment interest expense from 1998.

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

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See **Pub. 535**, Business Expenses.

## Specific Instructions

### Part I—Total Investment Interest Expense

#### Line 1

Enter the investment interest paid or accrued during the tax year, regardless of when you incurred the indebtedness. **Investment interest** is interest paid or accrued on a loan (or part of a loan) that is allocable to property held for investment (as defined later).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable

bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense **does not** include any of the following:

- Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any business activity in which you **do not** materially participate and any rental activity. See the separate instructions for **Form 8582**, Passive Activity Loss Limitations, for details.
- Any interest expense that is capitalized, such as construction interest subject to section 263A.
- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Department of the Treasury  
Internal Revenue Service

▶ Attach to beneficiary's tax return.

**1999**  
Attachment  
Sequence No. **73**

▶ See instructions on back.

<b>A</b> Name(s) as shown on return		<b>B</b> Social security number
<b>C</b> Name and address of trust		<b>D</b> Employer identification number
<b>E</b> Type of trust (see instructions) <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign	<b>F</b> Beneficiary's date of birth	<b>G</b> Enter number of trusts from which you received accumulation distributions in this tax year . . . . . ▶

**Part I Average Income and Determination of Computation Years**

1 Amount of current distribution that is considered distributed in earlier tax years (from Schedule J (Form 1041), line 37, column (a)) . . . . .	<b>1</b>	
2 Distributions of income accumulated before you were born or reached age 21 . . . . .	<b>2</b>	
3 Subtract line 2 from line 1 . . . . .	<b>3</b>	
4 Taxes imposed on the trust on amounts from line 3 (from Schedule J (Form 1041), line 37, column (b))	<b>4</b>	
5 Total (add lines 3 and 4) . . . . .	<b>5</b>	
6 Tax-exempt interest included on line 5 (from Schedule J (Form 1041), line 37, column (c)) . . . . .	<b>6</b>	
7 Taxable part of line 5 (subtract line 6 from line 5) . . . . .	<b>7</b>	
8 Number of trust's earlier tax years in which amounts on line 7 are considered distributed . . . . .	<b>8</b>	
9 Average annual amount considered distributed (divide line 3 by line 8) . . . . .	<b>9</b>	
10 Multiply line 9 by .25 . . . . .	<b>10</b>	
11 Number of earlier tax years to be taken into account (see instructions) . . . . .	<b>11</b>	
12 Average amount for recomputing tax (divide line 7 by line 11). Enter here and in each column on line 15	<b>12</b>	
13 Enter your taxable income before this distribution for the 5 immediately preceding tax years	<b>(a) 1998</b>	<b>(b) 1997</b>
	<b>(c) 1996</b>	<b>(d) 1995</b>
	<b>(e) 1994</b>	

**Part II Tax Attributable to the Accumulation Distribution**

		(a) 19.....	(b) 19.....	(c) 19.....
14 Enter the amounts from line 13, eliminating the highest and lowest taxable income years . . . . .	<b>14</b>			
15 Enter amount from line 12 in each column . . . . .	<b>15</b>			
16 Recomputed taxable income (add lines 14 and 15) . . . . .	<b>16</b>			
17 Income tax on amounts on line 16 . . . . .	<b>17</b>			
18 Income tax before credits on line 14 income . . . . .	<b>18</b>			
19 Additional tax before credits (subtract line 18 from line 17) . . . . .	<b>19</b>			
20 Tax credit adjustment . . . . .	<b>20</b>			
21 Subtract line 20 from line 19 . . . . .	<b>21</b>			
22 Alternative minimum tax adjustments . . . . .	<b>22</b>			
23 Combine lines 21 and 22 . . . . .	<b>23</b>			
24 Add columns (a), (b), and (c), line 23 . . . . .	<b>24</b>			
25 Divide the line 24 amount by 3 . . . . .	<b>25</b>			
26 Multiply the amount on line 25 by the number of years on line 11 . . . . .	<b>26</b>			
27 Enter the amount from line 4 . . . . .	<b>27</b>			
28 Partial tax attributable to the accumulation distribution (subtract line 27 from 26) (If zero or less, enter -0-). . . . .	<b>28</b>			

**Tax on Lump-Sum Distributions**  
From Qualified Retirement Plans

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

Name of recipient of distribution

Identifying number

**Part I Complete this part to see if you qualify to use Form 4972**

	Yes	No
<b>1</b> Was this a distribution of a plan participant's entire balance from all of an employer's qualified plans of one kind (pension, profit-sharing, or stock bonus)? If "No," do not use this form . . . . .	<b>1</b>	
<b>2</b> Did you roll over any part of the distribution? If "Yes," do not use this form . . . . .	<b>2</b>	
<b>3</b> Was this distribution paid to you as a beneficiary of a plan participant who died after reaching age 59½ (or who had been born before 1936)? . . . . .	<b>3</b>	
<b>4</b> Were you a plan participant who received this distribution after reaching age 59½ and having been in the plan for at least 5 years before the year of the distribution? . . . . . If you answered "No" to both questions 3 and 4, do not use this form.	<b>4</b>	
<b>5a</b> Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 1999 distribution from your own plan . . . . .	<b>5a</b>	
<b>b</b> If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that plan participant after 1986? If "Yes," you may not use the form for this distribution . . . . .	<b>5b</b>	

**Part II Complete this part to choose the 20% capital gain election** (See instructions.) Do not complete this part unless the participant was born before 1936.

<b>6</b> Capital gain part from box 3 of Form 1099-R . . . . .	<b>6</b>	
<b>7</b> Multiply line 6 by 20% (.20) . . . . . If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 40, or Form 1041, Schedule G, line 1b, whichever applies.	<b>7</b>	

**Part III Complete this part to choose the 5- or 10-year tax option** (See instructions.)

<b>8</b> Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from box 2a of Form 1099-R . . . . .	<b>8</b>	
<b>9</b> Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 . . . . .	<b>9</b>	
<b>10</b> Total taxable amount. Subtract line 9 from line 8 . . . . .	<b>10</b>	
<b>11</b> Current actuarial value of annuity (from Form 1099-R, box 8) . . . . .	<b>11</b>	
<b>12</b> Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, and enter this amount on line 17 . . . . .	<b>12</b>	
<b>13</b> Multiply line 12 by 50% (.50), but do not enter more than \$10,000 . . . . .	<b>13</b>	
<b>14</b> Subtract \$20,000 from line 12. If the result is less than zero, enter -0- . . . . .	<b>14</b>	
<b>15</b> Multiply line 14 by 20% (.20) . . . . .	<b>15</b>	
<b>16</b> Minimum distribution allowance. Subtract line 15 from line 13 . . . . .	<b>16</b>	
<b>17</b> Subtract line 16 from line 12 . . . . .	<b>17</b>	
<b>18</b> Federal estate tax attributable to lump-sum distribution . . . . .	<b>18</b>	
<b>19</b> Subtract line 18 from line 17 . . . . .	<b>19</b>	
<b>If line 11 is blank, skip lines 20 through 22 and go to line 23.</b>		
<b>20</b> Divide line 11 by line 12 and enter the result as a decimal (rounded to at least four places) . . . . .	<b>20</b>	
<b>21</b> Multiply line 16 by the decimal on line 20. . . . .	<b>21</b>	
<b>22</b> Subtract line 21 from line 11 . . . . .	<b>22</b>	

**Part III 5- or 10-year tax option—CONTINUED**

<b>5-year tax option</b>	<b>23</b>	Multiply line 19 by 20% (.20) . . . . .	<b>23</b>		
	<b>24</b>	Tax on amount on line 23. Use the Tax Rate Schedule for the 5-Year Tax Option in the instructions . . . . .	<b>24</b>		
	<b>25</b>	Multiply line 24 by five (5). If line 11 is blank, skip lines 26 through 28, and enter this amount on line 29 . . . . .	<b>25</b>		
	<b>26</b>	Multiply line 22 by 20% (.20) . . . . .	<b>26</b>		
	<b>27</b>	Tax on amount on line 26. Use the Tax Rate Schedule for the 5-Year Tax Option in the instructions . . . . .	<b>27</b>		
	<b>28</b>	Multiply line 27 by five (5) . . . . .	<b>28</b>		
	<b>29</b>	Subtract line 28 from line 25. (Multiple recipients, see page 2 of the instructions.) . . .	<b>29</b>		
<b>10-year tax option</b>	<b>Note:</b> Complete lines 30 through 36 ONLY if the participant was born before 1936. Otherwise, enter the amount from line 29 on line 37.				
	<b>30</b>	Multiply line 19 by 10% (.10) . . . . .	<b>30</b>		
	<b>31</b>	Tax on amount on line 30. Use the Tax Rate Schedule for the 10-Year Tax Option in the instructions . . . . .	<b>31</b>		
	<b>32</b>	Multiply line 31 by ten (10). If line 11 is blank, skip lines 33 through 35, and enter this amount on line 36 . . . . .	<b>32</b>		
	<b>33</b>	Multiply line 22 by 10% (.10) . . . . .	<b>33</b>		
	<b>34</b>	Tax on amount on line 33. Use the Tax Rate Schedule for the 10-Year Tax Option in the instructions . . . . .	<b>34</b>		
	<b>35</b>	Multiply line 34 by ten (10) . . . . .	<b>35</b>		
	<b>36</b>	Subtract line 35 from line 32. (Multiple recipients, see page 2 of the instructions.) . . .	<b>36</b>		
<b>37</b>	Compare lines 29 and 36. Generally, you should enter the <b>smaller</b> amount here (see instructions) . . . . . ▶	<b>37</b>			
<b>38</b>	Tax on lump-sum distribution. Add lines 7 and 37. Also, include this amount in the total on Form 1040, line 40, or Form 1041, Schedule G, line 1b, whichever applies . . . . . ▶	<b>38</b>			



**Additional Taxes Attributable to IRAs,  
Other Qualified Retirement Plans, Annuities,  
Modified Endowment Contracts, and MSAs**  
(Under Sections 72, 530, 4973, and 4974 of the Internal Revenue Code)  
▶ **Attach to Form 1040.** ▶ **See separate instructions.**

Name of individual subject to additional tax. (If married filing jointly, see page 2 of the instructions.)		Your social security number : : :
<b>Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return</b>	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no.
	City, town or post office, state, and ZIP code	If this is an amended return, check here <input type="checkbox"/>

If you are subject **only** to the 10% tax on early distributions, you may be able to report this tax directly on Form 1040 without filing Form 5329. See **Who Must File** on page 1 of the instructions.

**Part I Tax on Early Distributions**

Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA other than an education IRA), annuity contract, or modified endowment contract before you reached age 59½. If a distribution was incorrectly indicated on Form 1099-R as an early distribution (no known exception to the additional tax), or you received a Roth IRA distribution, see page 2 of the instructions.

**Note:** You must include the taxable amount of the distribution on Form 1040, line 15b or 16b.

1 Early distributions included in gross income. For Roth IRA distributions, see page 2 of the instructions	<b>1</b>		
2 Early distributions not subject to additional tax. Enter the appropriate exception number from page 2 of the instructions: _____	<b>2</b>		
3 Amount subject to additional tax. Subtract line 2 from line 1	<b>3</b>		
4 <b>Tax due.</b> Enter 10% (.10) of line 3. Also include this amount on Form 1040, line 53	<b>4</b>		
<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE retirement plan, you may have to include 25% of that amount on line 4 instead of 10%. See page 2 of the instructions.			

**Part II Tax on Certain Taxable Distributions From Education (Ed) IRAs**

Complete this part if you had a taxable amount on Form 8606, line 30.

**Note:** You must include the taxable amount of the distribution on Form 1040, line 15b.

5 Taxable distributions from your Ed IRAs, from Form 8606, line 30	<b>5</b>		
6 Taxable distributions not subject to additional tax. See page 2 of the instructions	<b>6</b>		
7 Amount subject to additional tax. Subtract line 6 from line 5	<b>7</b>		
8 <b>Tax due.</b> Enter 10% (.10) of line 7. Also include this amount on Form 1040, line 53	<b>8</b>		

**Part III Tax on Excess Contributions to Traditional IRAs**

Complete this part if you contributed more to your traditional IRAs for 1999 than is allowable or you had an excess contribution on line 16 of your 1998 Form 5329.

9 Enter your excess contributions from line 16 of your 1998 Form 5329. If zero, go to line 15.	<b>9</b>		
10 If your traditional IRA contributions for 1999 are less than your maximum allowable contribution, see page 3; otherwise, enter -0-	<b>10</b>		
11 Taxable 1999 distributions from your traditional IRAs	<b>11</b>		
12 1999 withdrawals of prior year excess contributions included on line 9. See page 3	<b>12</b>		
13 Add lines 10, 11, and 12	<b>13</b>		
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	<b>14</b>		
15 Excess contributions for 1999. See page 3. Do not include this amount on Form 1040, line 23.	<b>15</b>		
16 Total excess contributions. Add lines 14 and 15	<b>16</b>		
17 <b>Tax due.</b> Enter 6% (.06) of the <b>smaller</b> of line 16 or the value of your traditional IRAs on December 31, 1999. Also include this amount on Form 1040, line 53	<b>17</b>		

**Part IV Tax on Excess Contributions to Roth IRAs**

Complete this part if you contributed more to your Roth IRAs for 1999 than is allowable or you had an excess contribution on line 18 of your 1998 Form 5329.

18	Enter your excess contributions from line 18 of your 1998 Form 5329. If zero, go to line 23 . . . . .	18		
19	If your Roth IRA contributions for 1999 are less than your maximum allowable contribution, see page 3; otherwise, enter -0- . . . . .	19		
20	1999 distributions from your Roth IRAs, from Form 8606, line 17 . . . . .	20		
21	Add lines 19 and 20 . . . . .	21		
22	1998 excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22		
23	Excess contributions for 1999. See page 3 . . . . .	23		
24	Total excess contributions. Add lines 22 and 23 . . . . .	24		
25	<b>Tax due.</b> Enter 6% (.06) of the <b>smaller</b> of line 24 <b>or</b> the value of your Roth IRAs on December 31, 1999. Also include this amount on Form 1040, line 53 . . . . .	25		

**Part V Tax on Excess Contributions to Education (Ed) IRAs**

Complete this part if the contributions made to your Ed IRAs in 1999 were more than is allowable or an excess contribution is shown on line 20 of your 1998 Form 5329.

26	Enter the excess contributions from line 20 of your 1998 Form 5329. If zero, go to line 31 . . . . .	26		
27	If the contributions made to your Ed IRAs for 1999 are less than the maximum allowable contribution, see page 3; otherwise, enter -0- . . . . .	27		
28	1999 distributions from your Ed IRAs, from Form 8606, line 28 . . . . .	28		
29	Add lines 27 and 28 . . . . .	29		
30	1998 excess contributions. Subtract line 29 from line 26. If zero or less, enter -0- . . . . .	30		
31	Excess contributions for 1999. See page 3 . . . . .	31		
32	Total excess contributions. Add lines 30 and 31 . . . . .	32		
33	<b>Tax due.</b> Enter 6% (.06) of the <b>smaller</b> of line 32 <b>or</b> the value of your Ed IRAs on December 31, 1999. Also include this amount on Form 1040, line 53 . . . . .	33		

**Part VI Tax on Excess Contributions to Medical Savings Accounts (MSAs)**

Complete this part if you or your employer contributed more to your MSAs in 1999 than is allowable or an excess contribution is shown on line 29 of your 1998 Form 5329.

34	Enter the excess contributions from line 29 of your 1998 Form 5329. If zero, go to line 39 . . . . .	34		
35	If the contributions made to your MSAs for 1999 are less than the maximum allowable contribution, see page 3; otherwise, enter -0- . . . . .	35		
36	Taxable 1999 distributions from your MSAs, from Form 8853, line 10 . . . . .	36		
37	Add lines 35 and 36 . . . . .	37		
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0- . . . . .	38		
39	Excess contributions for 1999. See page 4. Do not include this amount on Form 1040, line 25. . . . .	39		
40	Total excess contributions. Add lines 38 and 39 . . . . .	40		
41	<b>Tax due.</b> Enter 6% (.06) of the <b>smaller</b> of line 40 <b>or</b> the value of your MSAs on December 31, 1999. Also include this amount on Form 1040, line 53 . . . . .	41		

**Part VII Tax on Excess Accumulation in Qualified Retirement Plans**

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan (including an IRA other than an Ed IRA or Roth IRA).

42	Minimum required distribution. See page 4 . . . . .	42		
43	Amount actually distributed to you . . . . .	43		
44	Subtract line 43 from line 42. If zero or less, enter -0- . . . . .	44		
45	<b>Tax due.</b> Enter 50% (.50) of line 44. Also include this amount on Form 1040, line 53 . . . . .	45		

**Signature.** Complete **ONLY** if you are filing this form by itself and not with your tax return.

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

Your signature
  Date

<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address <input type="checkbox"/>			EIN <input type="checkbox"/> ZIP code



▶ **Attach to your tax return.**

▶ **See separate instructions.**

Name(s) shown on return

Identifying number

Description of activity (See Specific Instructions on page 2.)

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.** See instructions. (Enter losses in parentheses.)

1	Ordinary income (loss) from the activity. See page 2 of the instructions . . . . .	1		
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you initially report on:			
a	Schedule D . . . . .	2a		
b	Form 4797 . . . . .	2b		
c	Other form or schedule . . . . .	2c		
3	Other income or gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included above on lines 1 through 2c . . . . .	3		
4	Other deductions or losses from the activity, including investment interest expense allowed from Form 4952, that were not used to figure amounts on lines 1 through 3. . . . .	4	(	)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the line 5 instructions on page 3 before completing the rest of this form . . . . .	5		

**Part II Simplified Computation of Amount At Risk** (See instructions on page 3 for who may use this part.)

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero . . . . .	6		
7	Increases for the tax year . . . . .	7		
8	Add lines 6 and 7 . . . . .	8		
9	Decreases for the tax year . . . . .	9		
10a	Subtract line 9 from line 8 . . . . . ▶   10a			
b	If line 10a is <b>greater</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules . . . . .	10b		

**Note:** You may want to use Part III to see if it gives you a larger amount at risk.

**Part III Detailed Computation of Amount At Risk**  
(If you completed Part III of Form 6198 for 1998, see instructions for Part III for 1999 on page 4.)

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero . . . . .	11		
12	Increases at effective date . . . . .	12		
13	Add lines 11 and 12 . . . . .	13		
14	Decreases at effective date . . . . .	14		
15	Amount at risk (check box that applies):			
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero. . . . .	15		
b	<input type="checkbox"/> From 1998 Form 6198, line 19b. (Do not enter the amount from line 10b of the 1998 form.) . . . . .			
16	Increases since (check box that applies):			
a	<input type="checkbox"/> Effective date	16		
b	<input type="checkbox"/> The end of your 1998 tax year . . . . .			
17	Add lines 15 and 16 . . . . .	17		
18	Decreases since (check box that applies):			
a	<input type="checkbox"/> Effective date	18		
b	<input type="checkbox"/> The end of your 1998 tax year . . . . .			
19a	Subtract line 18 from line 17 . . . . . ▶   19a			
b	If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules . . . . .	19b		

**Part IV Deductible Loss**

20	<b>Amount at risk.</b> Enter the <b>larger</b> of line 10b or line 19b . . . . .	20		
21	<b>Deductible loss.</b> If line 20 is zero, enter -0-; you do not have a deductible loss this year. Otherwise, enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See the instructions on page 8 for how to report any deductible loss and any carryover . . . . .	21	(	)

**Note:** If the loss is from a passive activity, see **Form 8582**, *Passive Activity Loss Limitations*, or **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.



▶ See separate instructions.

**1999**

Attachment  
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

**Part I Adjustments and Preferences**

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6 . . . . .	1		
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2½% of Form 1040, line 34 . . . . .	2		
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9 . . . . .	3		
4	Certain interest on a home mortgage <b>not</b> used to buy, build, or improve your home . . . . .	4		
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26 . . . . .	5		
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21 . . . . .	6	(	)
7	Investment interest. Enter difference between regular tax and AMT deduction . . . . .	7		
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation . . . . .	8		
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss . . . . .	9		
10	Incentive stock options. Enter excess of AMT income over regular tax income . . . . .	10		
11	Passive activities. Enter difference between AMT and regular tax income or loss . . . . .	11		
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9 . . . . .	12		
13	Tax-exempt interest from private activity bonds issued after 8/7/86 . . . . .	13		
14	Other. Enter the amount, if any, for each item below and enter the total on line 14. a Circulation expenditures . . . . . b Depletion . . . . . c Depreciation (pre-1987) . . . . . d Installment sales . . . . . e Intangible drilling costs . . . . . f Large partnerships . . . . . g Long-term contracts . . . . . h Loss limitations . . . . . i Mining costs . . . . . j Patron's adjustment . . . . . k Pollution control facilities . . . . . l Research and experimental . . . . . m Section 1202 exclusion . . . . . n Tax shelter farm activities . . . . . o Related adjustments . . . . .	14		
15	<b>Total Adjustments and Preferences.</b> Combine lines 1 through 14 . . . . . ▶	15		

**Part II Alternative Minimum Taxable Income**

16	Enter the amount from <b>Form 1040, line 37</b> . If less than zero, enter as a (loss) . . . . . ▶	16		
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount . . . . .	17		
18	If Form 1040, line 34, is over \$126,600 (over \$63,300 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28 . . . . .	18	(	)
19	Combine lines 15 through 18 . . . . . ▶	19		
20	Alternative tax net operating loss deduction. See page 6 of the instructions . . . . .	20		
21	<b>Alternative Minimum Taxable Income.</b> Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see page 7 of the instructions.) . . . . . ▶	21		

**Part III Exemption Amount and Alternative Minimum Tax**

22	<b>Exemption Amount.</b> (If this form is for a child under age 14, see page 7 of the instructions.)  <table border="0"> <tr><td><b>IF your filing status is . . .</b></td><td><b>AND line 21 is not over . . .</b></td><td><b>THEN enter on line 22 . . .</b></td><td></td></tr> <tr><td>Single or head of household . . . . .</td><td>\$112,500 . . . . .</td><td>\$33,750 . . . . .</td><td rowspan="3">}</td></tr> <tr><td>Married filing jointly or qualifying widow(er) . . . . .</td><td>150,000 . . . . .</td><td>45,000 . . . . .</td></tr> <tr><td>Married filing separately . . . . .</td><td>75,000 . . . . .</td><td>22,500 . . . . .</td></tr> </table> If line 21 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.	<b>IF your filing status is . . .</b>	<b>AND line 21 is not over . . .</b>	<b>THEN enter on line 22 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$33,750 . . . . .	}	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	45,000 . . . . .	Married filing separately . . . . .	75,000 . . . . .	22,500 . . . . .	22		
<b>IF your filing status is . . .</b>	<b>AND line 21 is not over . . .</b>	<b>THEN enter on line 22 . . .</b>																
Single or head of household . . . . .	\$112,500 . . . . .	\$33,750 . . . . .	}															
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	45,000 . . . . .																
Married filing separately . . . . .	75,000 . . . . .	22,500 . . . . .																
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 . . . . . ▶	23																
24	If you reported capital gain distributions directly on Form 1040, line 13, or you completed Schedule D (Form 1040) and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. <b>All others:</b> If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . . . ▶	24																
25	Alternative minimum tax foreign tax credit. See page 7 of the instructions . . . . .	25																
26	Tentative minimum tax. Subtract line 25 from line 24 . . . . . ▶	26																
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46) . . . . .	27																
28	<b>Alternative Minimum Tax.</b> Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 51 . . . . . ▶	28																

**Part IV Line 24 Computation Using Maximum Capital Gains Rates**

**Caution:** If you **did not** complete Part IV of Schedule D (Form 1040), see page 8 of the instructions before you complete this part.

<b>29</b>	Enter the amount from Form 6251, line 23 . . . . .				<b>29</b>		
<b>30</b>	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions . . . . .	<b>30</b>					
<b>31</b>	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions . . . . .	<b>31</b>					
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>					
<b>33</b>	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions . . . . .	<b>33</b>					
<b>34</b>	Enter the <b>smaller</b> of line 32 or line 33 . . . . .				<b>34</b>		
<b>35</b>	Subtract line 34 from line 29. If zero or less, enter -0- . . . . . ▶				<b>35</b>		
<b>36</b>	If line 35 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . . .				<b>36</b>		
<b>37</b>	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See page 8 of the instructions . . . . .	<b>37</b>					
<b>38</b>	Enter the <b>smallest</b> of line 29, line 30, or line 37 . . . . . ▶	<b>38</b>					
<b>39</b>	Multiply line 38 by 10% (.10) . . . . .				<b>39</b>		
<b>40</b>	Enter the <b>smaller</b> of line 29 or line 30 . . . . .	<b>40</b>					
<b>41</b>	Enter the amount from line 38 . . . . .	<b>41</b>					
<b>42</b>	Subtract line 41 from line 40 . . . . . ▶	<b>42</b>					
<b>43</b>	Multiply line 42 by 20% (.20) . . . . .				<b>43</b>		
	<b>Note:</b> If line 31 is zero or blank, go to line 48.						
<b>44</b>	Enter the amount from line 29 . . . . .	<b>44</b>					
<b>45</b>	Add lines 35, 38, and 42 . . . . .	<b>45</b>					
<b>46</b>	Subtract line 45 from line 44 . . . . .	<b>46</b>					
<b>47</b>	Multiply line 46 by 25% (.25) . . . . .				<b>47</b>		
<b>48</b>	Add lines 36, 39, 43, and 47 . . . . .				<b>48</b>		
<b>49</b>	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . . .				<b>49</b>		
<b>50</b>	Enter the <b>smaller</b> of line 48 or line 49 here and on line 24 . . . . .				<b>50</b>		



# Installment Sale Income

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.  
▶ Use a separate form for each sale or other disposition of property on the installment method.

# 1999

Attachment  
Sequence No. **79**

Name(s) shown on return

Identifying number

- 1** Description of property ▶ .....
- 2a** Date acquired (month, day, year) ▶  /  /  **b** Date sold (month, day, year) ▶  /  /
- 3** Was the property sold to a related party after May 14, 1980? See instructions. If "No," skip line 4 . . .  Yes  No
- 4** Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . .  Yes  No

**Part I Gross Profit and Contract Price.** Complete this part for the year of sale only.

<b>5</b> Selling price including mortgages and other debts. <b>Do not</b> include interest whether stated or unstated	<b>5</b>		
<b>6</b> Mortgages and other debts the buyer assumed or took the property subject to, but not new mortgages the buyer got from a bank or other source	<b>6</b>		
<b>7</b> Subtract line 6 from line 5	<b>7</b>		
<b>8</b> Cost or other basis of property sold	<b>8</b>		
<b>9</b> Depreciation allowed or allowable	<b>9</b>		
<b>10</b> Adjusted basis. Subtract line 9 from line 8	<b>10</b>		
<b>11</b> Commissions and other expenses of sale	<b>11</b>		
<b>12</b> Income recapture from Form 4797, Part III. See instructions	<b>12</b>		
<b>13</b> Add lines 10, 11, and 12	<b>13</b>		
<b>14</b> Subtract line 13 from line 5. If zero or less, <b>stop here. Do not</b> complete the rest of this form	<b>14</b>		
<b>15</b> If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0-. See instructions	<b>15</b>		
<b>16</b> <b>Gross profit.</b> Subtract line 15 from line 14	<b>16</b>		
<b>17</b> Subtract line 13 from line 6. If zero or less, enter -0-	<b>17</b>		
<b>18</b> <b>Contract price.</b> Add line 7 and line 17	<b>18</b>		

**Part II Installment Sale Income.** Complete this part for the year of sale **and** any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

<b>19</b> Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions	<b>19</b>		
<b>20</b> <b>For year of sale only:</b> Enter amount from line 17 above; otherwise, enter -0-	<b>20</b>		
<b>21</b> Payments received during year. See instructions. <b>Do not</b> include interest whether stated or unstated	<b>21</b>		
<b>22</b> Add lines 20 and 21	<b>22</b>		
<b>23</b> Payments received in prior years. See instructions. <b>Do not</b> include interest whether stated or unstated	<b>23</b>		
<b>24</b> <b>Installment sale income.</b> Multiply line 22 by line 19	<b>24</b>		
<b>25</b> Part of line 24 that is ordinary income under recapture rules. See instructions	<b>25</b>		
<b>26</b> Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797. See instructions	<b>26</b>		

**Part III Related Party Installment Sale Income.** **Do not** complete if you received the final payment this tax year.

- 27** Name, address, and taxpayer identifying number of related party .....
- 28** Did the related party, during this tax year, resell or dispose of the property ("second disposition")? . . .  Yes  No
- 29** **If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check only the box that applies.**
- a**  The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) ▶  /  /
- b**  The first disposition was a sale or exchange of stock to the issuing corporation.
- c**  The second disposition was an involuntary conversion where the threat of conversion occurred after the first disposition.
- d**  The second disposition occurred after the death of the original seller or buyer.
- e**  It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation. See instructions.
- |  |           |  |  |
|--|-----------|--|--|
| <b>30</b> Selling price of property sold by related party  | <b>30</b> |  |  |
| <b>31</b> Enter contract price from line 18 for year of first sale                                   | <b>31</b> |  |  |
| <b>32</b> Enter the <b>smaller</b> of line 30 or line 31   | <b>32</b> |  |  |
| <b>33</b> Total payments received by the end of your 1999 tax year. See instructions                 | <b>33</b> |  |  |
| <b>34</b> Subtract line 33 from line 32. If zero or less, enter -0-                                  | <b>34</b> |  |  |
| <b>35</b> Multiply line 34 by the gross profit percentage on line 19 for year of first sale          | <b>35</b> |  |  |
| <b>36</b> Part of line 35 that is ordinary income under recapture rules. See instructions            | <b>36</b> |  |  |
| <b>37</b> Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797. See instructions | <b>37</b> |  |  |

# Gains and Losses From Section 1256 Contracts and Straddles

▶ Attach to your tax return.

Name(s) shown on tax return

Identifying number

Check applicable box(es) (see instructions):  
**A**  Mixed straddle election      **C**  Mixed straddle account election  
**B**  Straddle-by-straddle identification election      **D**  Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

(a) Identification of account	(b) (LOSS)	(c) GAIN
<b>1</b>		
<b>2</b> Add amounts on line 1 in columns (b) and (c) . . . . .	(                    )	
<b>3</b> Net gain or (loss). Combine columns (b) and (c) of line 2 . . . . .		
<b>4</b> Form 1099-B adjustments. See instructions and attach schedule . . . . .		
<b>5</b> Combine lines 3 and 4 . . . . .		
<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
<b>6</b> If you have a net section 1256 contracts loss and checked box D, enter the amount to be carried back . . . . .		
<b>7</b> Subtract line 6 from line 5 . . . . .		
<b>8</b> Short-term capital gain or (loss). Multiply line 7 by 40%. Enter here and on Schedule D. See instructions		
<b>9</b> Long-term capital gain or (loss). Multiply line 7 by 60%. Enter here and on Schedule D. See instructions		

**Part II Gains and Losses From Straddles.** Attach a separate schedule listing each straddle and its components.

**Section A—Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) LOSS. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) RECOGNIZED LOSS. If column (f) is more than (g), enter difference. Otherwise, enter -0-	*(i) 28% RATE LOSS (see instr. below)
<b>10</b>								
<b>11a</b> Enter short-term portion of line 10, column (h), losses here and on Schedule D. See instructions . . . . .							(                    )	
<b>b</b> Enter long-term portion of line 10, column (h), losses here and on Schedule D. See instructions. . . . .							(                    )	(                    )

**Section B—Gains From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) GAIN. If column (d) is more than (e), enter difference. Otherwise, enter -0-	*(g) 28% RATE GAIN (see instr. below)
<b>12</b>						
<b>13a</b> Enter short-term portion of line 12, column (f), gains here and on Schedule D. See instructions						
<b>b</b> Enter long-term portion of line 12, column (f), gains here and on Schedule D. See instructions						

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo Entry Only—See instructions.

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) UNRECOGNIZED GAIN. If column (c) is more than (d), enter difference. Otherwise, enter -0-
<b>14</b>				

**\*28% Rate Gain or Loss** includes all “collectibles gains and losses” and up to 50% of the eligible gain on qualified small business stock. See Instructions for Schedule D (Form 1040).

**Investor Reporting of Tax Shelter Registration Number**▶ **Attach to your tax return.**

OMB No. 1545-0881

Attachment  
Sequence No. **71**▶ **If you received this form from a partnership, S corporation, or trust, see the instructions.**

Investor's name(s) shown on return		Investor's identifying number	Investor's tax year ended
<b>(a) Tax Shelter Name</b>		<b>(b) Tax Shelter Registration Number (11-digit number)</b>	<b>(c) Tax Shelter Identifying Number</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			

**General Instructions**

Section references are to the Internal Revenue Code.

**Purpose of Form**

Use Form 8271 to report the tax shelter registration number the IRS assigns to certain tax shelters required to be registered under section 6111 ("registration-required tax shelters") and to report the name and identifying number of the tax shelter. This information must be reported even if the particular interest is producing net income for the filer of Form 8271. Use additional forms to report more than 10 tax shelter registration numbers.

**Note:** A tax shelter registration number does not indicate that the tax shelter or its claimed tax benefits have been reviewed, examined, or approved by the IRS.

**Who Must File**

Any person claiming or reporting any deduction, loss, credit, or other tax benefit, or reporting any income on any tax return from an interest purchased or otherwise acquired in a registration-required tax shelter must file Form 8271. If you are an investor in a partnership or an S corporation, look at item G, Schedule K-1 (Form 1065), or item C, Schedule K-1 (Form 1120S). If a tax shelter registration number or the words "Applied for" appear there, then the entity is a registration-required tax shelter. If the interest is purchased or otherwise acquired by a pass-through entity, both the pass-through entity and its partners, shareholders, or beneficiaries must file Form 8271.

A pass-through entity that is the registration-required tax shelter does not have to prepare Form 8271 and give copies to its partners, shareholders, or beneficiaries unless the pass-through entity itself has invested in a registration-required tax shelter.

In certain cases, a tax shelter that does not expect to reduce the cumulative tax liability of any investor during the 5-year period ending after the date the investment is first offered for sale may be considered a "projected income investment." Such a tax shelter will not have to register, and thus not have to furnish a tax shelter registration number to investors, unless and until it ceases to be a projected income investment. It is possible, therefore, that you may not be furnished a tax shelter registration number, and not have to report it, for several years after you purchase or otherwise acquire your interest in the tax shelter. If you are later furnished a tax shelter registration number because the tax shelter ceased to be a projected income investment, follow these instructions. However, you must file Form 8271 only for tax years ending on or after the date the tax shelter ceases to be a projected income investment.

**Note:** Even if you have an interest in a registration-required tax shelter, you do not have to file Form 8271 if you did not claim or report any deduction, loss, credit, or other tax benefit, or report any income on your tax return from an interest in the registration-required tax shelter. This could occur, for example, if for a particular year you are unable to claim any portion of a loss because of the passive activity loss limitations, and that loss is the only tax item reported to you from the shelter.

**Filing Form 8271**

Attach Form 8271 to any return on which a deduction, loss, credit, or other tax benefit is claimed or reported, or any income reported, from an interest in a registration-required tax shelter. These returns include applications for tentative refunds (Forms 1045 and 1139) and amended returns (Forms 1040X and 1120X).

**Furnishing Copies of Form 8271 to Investors**

A pass-through entity that has invested in a registration-required tax shelter must furnish copies of its Form 8271 to its partners, shareholders, or beneficiaries.

However, in the case where (a) the pass-through entity acquired at least a 50% interest in one tax year in a registered tax shelter (and in which it had not held an interest in a prior year), and (b) the investment would not meet the definition of a tax shelter immediately following the acquisition if it had been offered for sale at that time, the pass-through entity need not distribute copies of Form 8271 to its investors. The pass-through entity alone is required to prepare Form 8271 and include it with the entity tax return.

**Penalty For Not Including Registration Number on Return**

A \$250 penalty will be charged for each failure to include a tax shelter registration number on a return on which it is required to be included unless the failure is due to reasonable cause.

**Specific Instructions Investor's Identifying Number**

Enter the social security number or employer identification number shown on the return to which this Form 8271 is attached.

**Investor's Tax Year Ended**

Enter the date the tax year ended for the return to which this Form 8271 is attached.

## Noncash Charitable Contributions

OMB No. 1545-0908

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

Attachment  
Sequence No. **55**

▶ **See separate instructions.**

Name(s) shown on your income tax return

**Identifying number**

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

	1	(a) Name and address of the donee organization	(b) Description of donated property
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>E</b>			

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
<b>A</b>						
<b>B</b>						
<b>C</b>						
<b>D</b>						
<b>E</b>						

**Part II Other Information**—Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.

**2** If, during the year, you contributed less than the entire interest in the property, complete lines a–e.

- a** Enter the letter from Part I that identifies the property ▶ \_\_\_\_\_. If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ \_\_\_\_\_ .  
**(2)** For any prior tax years ▶ \_\_\_\_\_ .
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

- d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

**3** If conditions were attached to any contribution listed in Part I, answer questions a – c and attach the required statement (see instructions).

- a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .
- c** Is there a restriction limiting the donated property for a particular use? . . . . .

	Yes	No

Name(s) shown on your income tax return

Identifying number

Section B—Appraisal Summary—List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group. Exception. Report contributions of certain publicly traded securities only in Section A.

If you donated art, you may have to attach the complete appraisal. See the Note in Part I below.

Part I Information on Donated Property—To be completed by the taxpayer and/or appraiser.

4 Check type of property:

- Art\* (contribution of \$20,000 or more) Real Estate Gems/Jewelry Stamp Collections
Art\* (contribution of less than \$20,000) Coin Collections Books Other

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antique furniture, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

Note: If your total art contribution deduction was \$20,000 or more, you must attach a complete copy of the signed appraisal. See instructions.

Table with 5 main columns: (a) Description of donated property, (b) If tangible property was donated, (c) Appraised fair market value, (d) Date acquired, (e) How acquired, (f) Donor's cost, (g) For bargain sales, (h) Amount claimed, (i) Average trading price.

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

Date

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued.

Sign Here

Signature

Title

Date of appraisal

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on (Date)

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 2 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date



**Mortgage Interest Credit**  
(For Holders of Qualified Mortgage Credit Certificates Issued by  
State or Local Governmental Units or Agencies.)

▶ **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on Form 1040.

**Part I Current Year Mortgage Interest Credit**

<b>1</b>	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid . . . . .	<b>1</b>		
<b>2</b>	Enter the certificate credit rate shown on your mortgage credit certificate . . . . .	<b>2</b>		%
<b>3</b>	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or if you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter . . . . . <b>Note:</b> You <b>must</b> reduce your mortgage interest deduction on Schedule A (Form 1040) by the amount on line 3.	<b>3</b>		
<b>4</b>	Enter any credit carryforward from 1996 (line 18 of your 1998 Form 8396) . . . . .	<b>4</b>		
<b>5</b>	Enter any credit carryforward from 1997 (line 16 of your 1998 Form 8396) . . . . .	<b>5</b>		
<b>6</b>	Enter any credit carryforward from 1998 (line 19 of your 1998 Form 8396) . . . . .	<b>6</b>		
<b>7</b>	Add lines 3 through 6 . . . . .	<b>7</b>		
<b>8</b>	Enter the amount from Form 1040, line 40 . . . . .	<b>8</b>		
<b>9</b>	Add the amounts from Form 1040, lines 41 through 44, and enter the total . . . . .	<b>9</b>		
<b>10</b>	Subtract line 9 from line 8. If line 9 is equal to or more than line 8, enter -0- here and on line 11 and go to Part II . . . . .	<b>10</b>		
<b>11</b>	<b>Current Year Mortgage Interest Credit.</b> Enter the <b>smaller</b> of line 7 or line 10 here. Also include this amount in the total on Form 1040, line 47. Be sure to check box <b>b</b> on that line . . . . .	<b>11</b>		

**Part II Mortgage Interest Credit Carryforward to 2000. (Complete only if line 11 is less than line 7.)**

<b>12</b>	Add lines 3 and 4 . . . . .	<b>12</b>		
<b>13</b>	Enter the amount from line 7 . . . . .	<b>13</b>		
<b>14</b>	Enter the <b>larger</b> of line 11 or line 12 . . . . .	<b>14</b>		
<b>15</b>	Subtract line 14 from line 13 . . . . .	<b>15</b>		
<b>16</b>	<b>1998 credit carryforward to 2000.</b> Enter the <b>smaller</b> of line 6 or line 15 . . . . .	<b>16</b>		
<b>17</b>	Subtract line 16 from line 15 . . . . .	<b>17</b>		
<b>18</b>	<b>1997 credit carryforward to 2000.</b> Enter the <b>smaller</b> of line 5 or line 17 . . . . .	<b>18</b>		
<b>19</b>	<b>1999 credit carryforward to 2000.</b> Subtract line 11 from line 3. If line 11 is equal to or more than line 3, enter -0- . . . . .	<b>19</b>		

**General Instructions**

**Purpose of Form**

Use Form 8396 to figure the mortgage interest credit for 1999 and any carryforward to 2000.

**Who May Claim the Credit**

You may claim the credit only if you were issued a qualified Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency under a qualified mortgage credit certificate program.

Name(s) shown on return

Identifying number

**Part I 1999 Passive Activity Loss**

**Caution:** See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** on page 3.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)). . . . .	<b>1a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)). . . . .	<b>1b</b>	(	)
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c)). . . . .	<b>1c</b>	(	)
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Worksheet 2, column (a)). . . . .	<b>2a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 2, column (b)). . . . .	<b>2b</b>	(	)
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 2, column (c)). . . . .	<b>2c</b>	(	)
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>		

**3** Combine lines 1d and 2d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. **Do not** complete Form 8582. Take the losses to the form or schedule you normally report them on.  
If this line and line 1d are losses, go to Part II. Otherwise, enter -0- on line 9 and go to line 10 . . . . .

**3**

**Part II Special Allowance for Rental Real Estate With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See page 7 for examples.

**Note:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, enter -0- on line 9 and go to line 10.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>		
<b>5</b> Enter \$150,000. If married filing separately, see page 7 . . . . .	<b>5</b>		
<b>6</b> Enter modified adjusted gross income, but not less than zero (see page 7) . . . . .	<b>6</b>		
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9, and go to line 10. Otherwise, go to line 7.			
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>		
<b>8</b> Multiply line 7 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see page 8 . . . . .	<b>8</b>		
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>		

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>		
<b>11</b> <b>Total losses allowed from all passive activities for 1999.</b> Add lines 9 and 10. See page 9 to find out how to report the losses on your tax return . . . . .	<b>11</b>		

**Caution:** *The worksheets are not required to be filed with your tax return and may be detached before filing Form 8582. Keep a copy of the worksheets for your records.*

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See page 7.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c. . . . . ▶					

**Worksheet 2—For Form 8582, Lines 2a, 2b, and 2c** (See page 7.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 2a, 2b, and 2c. . . . . ▶					

**Worksheet 3—Use this worksheet if an amount is shown on Form 8582, line 9** (See page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b> . . . . . ▶			1.00		

**Worksheet 4—Allocation of Unallowed Losses** (See page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> . . . . . ▶			1.00	

**Worksheet 5—Allowed Losses** (See page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b> . . . . . ▶				

**Worksheet 6—Activities With Losses Reported on Two or More Different Forms or Schedules** (See page 8.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or Schedule To Be Reported on:</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or Schedule To Be Reported on:</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or Schedule To Be Reported on:</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Total</b> . . . . . ▶			<b>1.00</b>		



Name(s) shown on return

Identifying number

**Part I 1999 Passive Activity Credits**

**Caution:** If you have credits from a publicly traded partnership, see **Publicly Traded Partnerships (PTPs)** on page 15 of the instructions.

<b>Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c on page 9.)</b>			
1a	Credits from Worksheet 1, column (a) . . . . .	1a	
b	Prior year unallowed credits from Worksheet 1, column (b) . . . . .	1b	
c	Add lines 1a and 1b. . . . .	1c	
<b>Rehabilitation Credits from Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c on page 9.)</b>			
2a	Credits from Worksheet 2, column (a) . . . . .	2a	
b	Prior year unallowed credits from Worksheet 2, column (b) . . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
<b>Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c on page 9.)</b>			
3a	Credits from Worksheet 3, column (a) . . . . .	3a	
b	Prior year unallowed credits from Worksheet 3, column (b) . . . . .	3b	
c	Add lines 3a and 3b. . . . .	3c	
<b>All Other Passive Activity Credits (See Lines 4a through 4c on page 9.)</b>			
4a	Credits from Worksheet 4, column (a) . . . . .	4a	
b	Prior year unallowed credits from Worksheet 4, column (b) . . . . .	4b	
c	Add lines 4a and 4b. . . . .	4c	
5	Add lines 1c, 2c, 3c, and 4c . . . . .	5	
6	Enter the tax attributable to net passive income (see page 9) . . . . .	6	
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see page 10 . . . . .	7	
<b>Note:</b> If your filing status is married filing separately and you lived with your spouse at any time during the year, <b>do not</b> complete Part II, III, or IV. Instead, go to line 37.			

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

8	Enter the smaller of line 1c or line 7 . . . . .	8	
9	Enter \$150,000. If married filing separately, see page 10 . . . . .	9	
10	Enter modified adjusted gross income, but not less than zero (see page 10). If line 10 is equal to or greater than line 9, skip lines 11 through 15 and enter -0- on line 16 . . . . .	10	
11	Subtract line 10 from line 9 . . . . .	11	
12	Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see page 11 . . . . .	12	
13	Enter the amount, if any, from line 9 of Form 8582 . . . . .	13	
14	Subtract line 13 from line 12 . . . . .	14	
15	Enter the tax attributable to the amount on line 14 (see page 11) . . . . .	15	
16	Enter the <b>smaller</b> of line 8 or line 15 . . . . .	16	

**Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)**

**Note:** Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7 . . . . .	17		
18	Enter the amount from line 16 . . . . .	18		
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V . . . . .	19		
20	Enter the <b>smaller</b> of line 2c or line 19 . . . . .	20		
21	Enter \$250,000. If married filing separately, see page 12. (See page 12 to find out if you can skip lines 21 through 26.) . . . . .	21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10 on page 10.) If line 22 is equal to or greater than line 21, skip lines 23 through 29 and enter -0- on line 30 . . . . .	22		
23	Subtract line 22 from line 21 . . . . .	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see page 12 . . . . .	24		
25	Enter the amount, if any, from line 9 of Form 8582 . . . . .	25		
26	Subtract line 25 from line 24 . . . . .	26		
27	Enter the tax attributable to the amount on line 26 (see page 12) . . . . .	27		
28	Enter the amount, if any, from line 18 . . . . .	28		
29	Subtract line 28 from line 27 . . . . .	29		
30	Enter the <b>smaller</b> of line 20 or line 29 . . . . .	30		

**Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989**

**Note:** Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 . . . . .	31		
32	Enter the amount from line 30 . . . . .	32		
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36 . . . . .	33		
34	Enter the <b>smaller</b> of line 3c or line 33 . . . . .	34		
35	Tax attributable to the remaining special allowance (see page 12) . . . . .	35		
36	Enter the <b>smaller</b> of line 34 or line 35 . . . . .	36		

**Part V Passive Activity Credit Allowed**

37	<b>Passive Activity Credit Allowed.</b> Add lines 6, 16, 30, and 36. See page 12 to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partnerships (PTPs)</b> on page 15 . . . . .	37		
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**Part VI Election To Increase Basis of Credit Property**

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase the basis of credit property used in that activity by the unallowed credit that reduced the property's basis, check this box. See page 16 . . . . .			<input type="checkbox"/>
39	Name of passive activity disposed of ► .....			
40	Description of the credit property for which the election is being made ► .....			
41	Amount of unallowed credit that reduced the property's basis . . . . .			► \$



Name(s) shown on return

Identifying number

**Part I Current Year Credit** (See instructions.)

<b>1</b>	Number of Forms 8609 attached	▶	
<b>2</b>	Eligible basis of building(s) (total from attached Schedule(s) A (Form 8609), line 1)		<b>2</b>
<b>3a</b>	Qualified basis of low-income building(s) (total from attached Schedule(s) A (Form 8609), line 3)		<b>3a</b>
<b>b</b>	Has there been a decrease in the qualified basis of any building(s) since the close of the preceding tax year? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If "Yes," enter the building identification number (BIN) of the building(s) that had a decreased basis. If more space is needed, attach a schedule to list the BINs. <b>(i)</b> _____ <b>(ii)</b> _____ <b>(iii)</b> _____ <b>(iv)</b> _____		
<b>4</b>	Current year credit (total from attached Schedule(s) A (Form 8609), see instructions)		<b>4</b>
<b>5</b>	Credits from flow-through entities (if from more than one entity, see instructions): If you are a— Then enter total of current year housing credit(s) from— <b>a</b> Shareholder Schedule K-1 (Form 1120S), lines 12b(1) through (4) <b>b</b> Partner Schedule K-1 (Form 1065), lines 12a(1) through (4), or Schedule K-1 (Form 1065-B), box 8 <b>c</b> Beneficiary Schedule K-1 (Form 1041), line 14	— EIN of flow-through entity	<b>5</b>
<b>6</b>	Add lines 4 and 5. (See instructions to find out if you complete lines 7 through 17 or file Form 3800.)		<b>6</b>
<b>7</b>	<b>Passive activity credit or total current year credit</b> for 1999 (see instructions)		<b>7</b>

**Part II Tax Liability Limit**

<b>8</b>	Regular tax before credits: • Individuals. Enter amount from Form 1040, line 40 • Corporations. Enter amount from Form 1120, Schedule J, line 3 (or Form 1120-A, Part I, line 1) • Other filers. Enter regular tax before credits from your return		<b>8</b>
<b>9a</b>	Credit for child and dependent care expenses (Form 2441, line 9)	<b>9a</b>	
<b>b</b>	Credit for the elderly or the disabled (Schedule R (Form 1040), line 20)	<b>9b</b>	
<b>c</b>	Child tax credit (Form 1040, line 43)	<b>9c</b>	
<b>d</b>	Education credits (Form 8863, line 18)	<b>9d</b>	
<b>e</b>	Mortgage interest credit (Form 8396, line 11)	<b>9e</b>	
<b>f</b>	Adoption credit (Form 8839, line 15)	<b>9f</b>	
<b>g</b>	District of Columbia first-time homebuyer credit (Form 8859, line 11)	<b>9g</b>	
<b>h</b>	Foreign tax credit	<b>9h</b>	
<b>i</b>	Possessions tax credit (Form 5735, line 17 or 27)	<b>9i</b>	
<b>j</b>	Credit for fuel from a nonconventional source	<b>9j</b>	
<b>k</b>	Qualified electric vehicle credit (Form 8834, line 19)	<b>9k</b>	
<b>l</b>	Add lines 9a through 9k		<b>9l</b>
<b>10</b>	Net regular tax. Subtract line 9l from line 8.		<b>10</b>
<b>11</b>	Alternative minimum tax: • Individuals. Enter amount from Form 6251, line 28 • Corporations. Enter amount from Form 4626, line 15. • Estates and trusts. Enter amount from Form 1041, Schedule I, line 39.		<b>11</b>
<b>12</b>	Net income tax. Add lines 10 and 11.		<b>12</b>
<b>13</b>	Tentative minimum tax (see instructions): • Individuals. Enter amount from Form 6251, line 26 • Corporations. Enter amount from Form 4626, line 13. • Estates and trusts. Enter amount from Form 1041, Schedule I, line 37	<b>13</b>	
<b>14</b>	If line 10 is more than \$25,000, enter 25% (.25) of the excess (see instructions)	<b>14</b>	
<b>15</b>	Enter the greater of line 13 or line 14.		<b>15</b>
<b>16</b>	Subtract line 15 from line 12. If zero or less, enter -0-		<b>16</b>
<b>17</b>	<b>Low-income housing credit allowed for current year.</b> Enter the <b>smaller</b> of line 7 or line 16. Enter here and on Form 1040, line 47; Form 1120, Schedule J, line 4d; Form 1120-A, Part I, line 2a; Form 1041, Schedule G, line 2c; or the applicable line of your return		<b>17</b>

**General Instructions**

Section references are to the Internal Revenue Code.

**Purpose of Form**

An owner of a residential rental building in a qualified low-income housing project uses Form 8586 to claim the low-income housing credit.

The low-income housing credit determined under section 42 is a credit of 70% of the qualified basis of each new low-income building placed in service after 1986 (30% for certain federally subsidized new buildings or existing

## Nondeductible IRAs

1999

Attachment  
 Sequence No. **48**

▶ See separate instructions.

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

**Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code

### Part I Traditional IRAs (Nondeductible Contributions, Distributions, and Basis)

Complete Part I if:

- You made nondeductible contributions to a traditional IRA for 1999,
- You received distributions from a traditional IRA in 1999 **and** you made nondeductible contributions to a traditional IRA in 1999 or an earlier year, **or**
- You converted part, but not all, of your traditional IRAs to Roth IRAs during 1999 **and** you made nondeductible contributions to a traditional IRA in 1999 or an earlier year. See the instructions for lines 8, 11, and 15 for special computations.

<p><b>1</b> Enter your nondeductible contributions to traditional IRAs for 1999, including those made for 1999 from January 1, 2000, through April 17, 2000. See page 5 of the instructions . . . . .</p>	<b>1</b>		
<p><b>2</b> Enter your total IRA basis for 1998 and earlier years. See page 5 of the instructions . . . . .</p>	<b>2</b>		
<p><b>3</b> Add lines 1 and 2 . . . . .</p>	<b>3</b>		
<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;"> <p><b>Did you receive any distributions (withdrawals) from traditional IRAs in 1999?</b></p> </div> <p style="margin-left: 20px;"> <input type="checkbox"/> <b>No</b> → Enter the amount from line 3 on line 12. Do not complete the rest of Part I.                 </p> <p style="margin-left: 20px;"> <input type="checkbox"/> <b>Yes</b> → Go to line 4.                 </p>			
<p><b>4</b> Enter only those contributions included on line 1 that were made from January 1, 2000, through April 17, 2000. See page 5 of the instructions . . . . .</p>	<b>4</b>		
<p><b>5</b> Subtract line 4 from line 3 . . . . .</p>	<b>5</b>		
<p><b>6</b> Enter the total value of <b>ALL</b> your traditional IRAs as of December 31, 1999, plus any outstanding rollovers. See page 5 of the instructions . . . . .</p>	<b>6</b>		
<p><b>7</b> Enter the total distributions you received from traditional IRAs in 1999. <b>Do not</b> include rollovers. See page 5 of the instructions . . . . .</p>	<b>7</b>		
<p><b>8</b> Add lines 6 and 7. (But if you converted part or all of your traditional IRAs to Roth IRAs in 1999, see page 5 of the instructions for the amount to enter.) . . . . .</p>	<b>8</b>		
<p><b>9</b> Divide line 5 by line 8 and enter the result as a decimal (rounded to at least 3 places). <b>Do not</b> enter more than "1.000" . . . . .</p>	<b>9</b>	×	
<p><b>10</b> Multiply line 7 by line 9. This is the amount of your nontaxable distributions for 1999 . . . . .</p>	<b>10</b>		
<p><b>11</b> Subtract line 10 from line 5. (But if you converted part or all of your traditional IRAs to Roth IRAs in 1999, see page 6 of the instructions for the amount to enter.) This is your basis in traditional IRAs as of December 31, 1999 . . . . .</p>	<b>11</b>		
<p><b>12</b> Add lines 4 and 11. This is your <b>total basis in traditional IRAs for 1999 and earlier years</b> . . . . .</p>	<b>12</b>		
<p><b>13</b> <b>Taxable distributions from traditional IRAs.</b> Subtract line 10 from line 7. Enter the result here and include it in the total on Form 1040, line 15b; Form 1040A, line 10b; or Form 1040NR, line 16b . . . . .</p>	<b>13</b>		

### Part II 1999 Conversions From Traditional IRAs to Roth IRAs

**Caution:** If your modified adjusted gross income is over \$100,000 **or** you are married filing separately and you lived with your spouse at any time in 1999, you **cannot** convert any amount from traditional IRAs to Roth IRAs for 1999. If you erroneously made a conversion, you must recharacterize (correct) the conversion. See page 6 of the instructions for details.

<p><b>14a</b> Enter the total amount that you converted from traditional IRAs to Roth IRAs in 1999 . . . . .</p>	<b>14a</b>		
<p><b>b</b> Recharacterizations. (These are corrections of amounts converted from traditional IRAs to Roth IRAs in 1999.) See page 3 of the instructions . . . . .</p>	<b>14b</b>		
<p><b>c</b> Subtract line 14b from line 14a. This is the net amount you converted to Roth IRAs in 1999 . . . . .</p>	<b>14c</b>		
<p><b>15</b> Enter your basis in the amount you entered on line 14c. See page 6 of the instructions . . . . .</p>	<b>15</b>		
<p><b>16</b> <b>Taxable amount of conversions.</b> Subtract line 15 from line 14c. Enter the result here and include this amount in the total on Form 1040, line 15b; Form 1040A, line 10b; or Form 1040NR, line 16b . . . . .</p>	<b>16</b>		

**Part III Distributions From Roth IRAs**



There is a worksheet on page 6 of the instructions to help you keep track of your contributions, distributions, and year-end balances in your Roth IRA. You may need these amounts in future years.

<b>17</b>	Enter the total Roth IRA distributions (withdrawals) you received in 1999. <b>Do not</b> include rollovers . . . . .				<b>17</b>		
<b>18a</b>	Enter your basis in your Roth IRA contributions for <b>1998</b> . See page 6 of the instructions . . . . .	<b>18a</b>					
<b>b</b>	Enter your Roth IRA contributions for 1999, including those made for 1999 from January 1, 2000, through April 17, 2000. <b>Do not</b> include rollovers or amounts converted from traditional IRAs . . . . .	<b>18b</b>					
<b>c</b>	Recharacterizations of 1999 contributions to or from Roth IRAs. See page 6 of the instructions . . . . .	<b>18c</b>					
<b>d</b>	Combine lines 18a through 18c . . . . .				<b>18d</b>		
<b>19</b>	Subtract line 18d from line 17. If zero or less, enter -0- and <b>do not</b> complete the rest of Part III . . . . .				<b>19</b>		
	<b>Note:</b> If you converted amounts from traditional IRAs to Roth IRAs in <b>1998</b> and elected to report the taxable income over 4 years, go to line 20a; otherwise, skip to line 21.						
<b>20a</b>	Subtract the amount from your <b>1998</b> Form 8606, line 17, from the amount on line 16 of that form and enter the result . . . . .	<b>20a</b>					
<b>b</b>	Enter the amount, if any, from your <b>1998</b> Form 8606, line 22 . . . . .	<b>20b</b>					
<b>c</b>	Enter the 1999 taxable portion of your <b>1998</b> Roth IRA conversion. See page 7 of the instructions. Be sure to include this amount on line 27 . . . . .	<b>20c</b>					
<b>d</b>	Add lines 20b and 20c . . . . .	<b>20d</b>					
<b>e</b>	Subtract line 20d from line 20a. If zero or less, enter -0- . . . . .	<b>20e</b>					
<b>21</b>	Enter the <b>smaller</b> of line 19 or line 20e. If line 20e is blank, enter -0- . . . . .				<b>21</b>		
<b>22</b>	Subtract line 21 from line 19. If zero, skip lines 23 through 26 and go to line 27 . . . . .				<b>22</b>		
<b>23</b>	Enter your basis in your Roth IRA conversions for <b>1998</b> . See page 7 of the instructions . . . . .	<b>23</b>					
<b>24</b>	Enter the amount, if any, from line 14c of this form . . . . .	<b>24</b>					
<b>25</b>	Add lines 23 and 24 . . . . .				<b>25</b>		
<b>26</b>	Subtract line 25 from line 19. If zero or less, enter -0- . . . . .				<b>26</b>		
<b>27</b>	<b>Taxable amount.</b> Add lines 20c, 21, and 26. Enter the total here and include this amount in the total on Form 1040, line 15b; Form 1040A, line 10b; or Form 1040NR, line 16b . . . . .				<b>27</b>		
	<b>Note:</b> You may be subject to an additional 10% tax. See page 7 of the instructions for details.						

**Part IV Distributions From Education (Ed) IRAs**

**Caution:** For 1999, a beneficiary can receive total contributions to Ed IRAs of up to \$500. See page 7 of the instructions if contributions exceeded \$500.

<b>28</b>	Enter the total Ed IRA distributions (withdrawals) you received in 1999. <b>Do not</b> include rollovers . . . . .				<b>28</b>		
<b>29</b>	Do you elect to waive the exclusion from income for Ed IRA distributions? If you check "No" and exclude from income any portion of an Ed IRA distribution, no Hope or lifetime learning credit will be allowed for your 1999 qualified tuition and related expenses.						
	<input type="checkbox"/> <b>Yes.</b> Enter -0-.				<b>29</b>		
	<input type="checkbox"/> <b>No.</b> Enter your qualified higher education expenses for 1999. }						
<b>30</b>	<b>Taxable amount.</b> Is line 28 equal to or less than line 29?						
	<input type="checkbox"/> <b>Yes.</b> Enter -0-; none of your Ed IRA distributions are taxable for 1999. But you should complete the worksheet on page 7 of the instructions to figure your basis in your Ed IRAs. You may need to know your basis in future years.				<b>30</b>		
	<input type="checkbox"/> <b>No.</b> See the worksheet on page 7 of the instructions for the amount to enter. Also include this amount in the total on Form 1040, line 15b; Form 1040A, line 10b; or Form 1040NR, line 16b.						
	<b>Note:</b> If you have a taxable amount on line 30, you may be subject to an additional 10% tax. See page 8 of the instructions for details, including exceptions to the additional tax.						

**Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date



**Tax for Children Under Age 14  
Who Have Investment Income of More Than \$1,400**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach ONLY to the child's Form 1040, Form 1040A, or Form 1040NR.**

Attachment  
Sequence No. **33**

Child's name shown on return	Child's social security number : : :
<b>A</b> Parent's name (first, initial, and last). <b>Caution:</b> See instructions on back before completing.	<b>B</b> Parent's social security number : : :
<b>C</b> Parent's filing status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)	

<b>Part I Child's Net Investment Income</b>		
1 Enter the child's investment income, such as taxable interest and dividends. See instructions. If this amount is \$1,400 or less, <b>stop</b> ; do not file this form	<b>1</b>	
2 If the child <b>did not</b> itemize deductions on <b>Schedule A</b> (Form 1040 or Form 1040NR), enter \$1,400. If the child <b>did</b> itemize deductions, see instructions	<b>2</b>	
3 Subtract line 2 from line 1. If the result is zero or less, <b>stop</b> ; do not complete the rest of this form but <b>do</b> attach it to the child's return	<b>3</b>	
4 Enter the child's <b>taxable income</b> from Form 1040, line 39; Form 1040A, line 24; or Form 1040NR, line 38	<b>4</b>	
5 Enter the <b>smaller</b> of line 3 or line 4	<b>5</b>	

<b>Part II Tentative Tax Based on the Tax Rate of the Parent Listed on Line A</b>		
6 Enter the parent's <b>taxable income</b> from Form 1040, line 39; Form 1040A, line 24; Form 1040EZ, line 6; TeleFile Tax Record, line K; Form 1040NR, line 38; or Form 1040NR-EZ, line 14. If less than zero, enter -0-	<b>6</b>	
7 Enter the total net investment income, if any, from Forms 8615, line 5, of <b>all other</b> children of the parent identified above. <b>Do not</b> include the amount from line 5 above	<b>7</b>	
8 Add lines 5, 6, and 7	<b>8</b>	
9 Enter the tax on line 8 based on the <b>parent's</b> filing status. See instructions. If the <b>Capital Gain Tax Worksheet</b> or <b>Schedule D</b> or <b>J</b> (Form 1040) is used to figure the tax, check here ▶ <input type="checkbox"/>	<b>9</b>	
10 Enter the parent's tax from Form 1040, line 40; Form 1040A, line 25; Form 1040EZ, line 10; TeleFile Tax Record, line K; Form 1040NR, line 39; or Form 1040NR-EZ, line 15. If any tax is from <b>Form 4972</b> or <b>8814</b> , see instructions. If the <b>Capital Gain Tax Worksheet</b> or <b>Schedule D</b> or <b>J</b> (Form 1040) was used to figure the tax, check here ▶ <input type="checkbox"/>	<b>10</b>	
11 Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line 13 and go to <b>Part III</b>	<b>11</b>	
12a Add lines 5 and 7	<b>12a</b>	
b Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places)	<b>12b</b>	× .
13 Multiply line 11 by line 12b	<b>13</b>	

<b>Part III Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16.</b>		
14 Subtract line 5 from line 4	<b>14</b>	
15 Enter the tax on line 14 based on the <b>child's</b> filing status. See instructions. If the <b>Capital Gain Tax Worksheet</b> or <b>Schedule D</b> or <b>J</b> (Form 1040) is used to figure the tax, check here ▶ <input type="checkbox"/>	<b>15</b>	
16 Add lines 13 and 15	<b>16</b>	
17 Enter the tax on line 4 based on the <b>child's</b> filing status. See instructions. If the <b>Capital Gain Tax Worksheet</b> or <b>Schedule D</b> or <b>J</b> (Form 1040) is used to figure the tax, check here ▶ <input type="checkbox"/>	<b>17</b>	
18 Enter the <b>larger</b> of line 16 or line 17 here and on Form 1040, line 40; Form 1040A, line 25; or Form 1040NR, line 39	<b>18</b>	

**General Instructions**

**Purpose of Form**

For children under age 14, investment income over \$1,400 is taxed at the parent's rate if the parent's rate is higher than the child's rate. If the child's investment income is more than \$1,400, use this form to figure the child's tax.



See **Pub. 929**, Tax Rules for Children and Dependents, if the child, the parent, or any of the parent's other children under age 14 received capital gain distributions or farm income. It has information on how

to figure the tax using the **Capital Gain Tax Worksheet** or **Schedule D** or **J**, which may result in less tax.

**Investment Income**

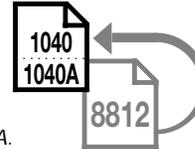
For this form, "investment income" includes all taxable income other than earned income as defined on page 2. It includes taxable interest, dividends, capital gains, rents, royalties, etc. It also includes taxable social security benefits, pension and annuity income, and income (other than earned income) received as the beneficiary of a trust.

**Who Must File**

Generally, Form 8615 must be filed for any child who was under age 14 on January 1, 2000, had more than \$1,400 of investment income, and is required to file a tax return. But if neither parent was alive on December 31, 1999, do not use Form 8615. Instead, figure the child's tax in the normal manner.

**Note:** The parent may be able to elect to report the child's interest and dividends (including capital gain distributions) on the parent's return. If the parent makes this election, the child will not have to file a return or Form 8615. However, the Federal

# Additional Child Tax Credit



Department of the Treasury  
Internal Revenue Service

Complete and attach to Form 1040 or 1040A.

Name(s) shown on return

Your social security number

### Before you begin:

- ✓ Complete the Child Tax Credit Worksheet that applies to you. See the instructions for Form 1040, line 43, or Form 1040A, line 28.
- ✓ Have your W-2 form(s) available.
- ✓ If you, or your spouse if filing jointly, had more than one employer for 1999 and total wages of over \$53,700, figure any excess social security and railroad retirement (RRTA) taxes withheld. See the instructions for Form 1040, line 62, or Form 1040A, line 39.

**1** Enter the total of the social security and Medicare taxes from Form(s) W-2, boxes 4 and 6.

- If married filing jointly, include your spouse's amounts with yours.
- If you worked for a railroad, see the instructions on back.

**1**

**2 1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 52, plus any uncollected social security and Medicare or RRTA taxes included on line 56.

**1040A filers:** Enter -0-.

**2**

**3** Add lines 1 and 2.

**3**

**4 1040 filers:** Enter the total of the amounts from Form 1040, lines 59a and 62.

**1040A filers:** Enter the total of the amount from Form 1040A, line 37a, plus any excess social security and RRTA taxes withheld that you entered to the left of line 39.

**4**

**5** Is the amount on line 3 more than the amount on line 4?

- No.** You cannot take this credit. Complete the rest of your Form 1040 or Form 1040A.
- Yes.** Subtract line 4 from line 3.

**5**

**6** Enter the amount from line 1 of your Child Tax Credit Worksheet on page 34 of the Form 1040 instructions or page 36 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 2 of the publication.

**6**

**7** Enter the amount from Form 1040, line 43, or Form 1040A, line 28.

**7**

**8** Is the amount on line 6 more than the amount on line 7?

- No.** You cannot take this credit. Complete the rest of your Form 1040 or Form 1040A.
- Yes.** Subtract line 7 from line 6.

**8**

**9** Is the amount on line 5 more than the amount on line 8?

- No.** Enter the amount from line 5.
- Yes.** Enter the amount from line 8. **This is your additional child tax credit.**

**9**

Enter this amount on  
Form 1040, line 60, or  
Form 1040A, line 38.



**Parents' Election To Report  
Child's Interest and Dividends**

▶ See instructions below and on back.  
▶ Attach to parents' Form 1040 or Form 1040NR.

Name(s) shown on your return	Your social security number
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**Caution:** The Federal income tax on your child's income, including capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see **Tax Benefits You May Not Take** on the back.

A Child's name (first, initial, and last)	B Child's social security number
---	----------------------------------

c If more than one Form 8814 is attached, check here  ▶

**Part I Child's Interest and Dividends To Report on Your Return**

1a Enter your child's <b>taxable</b> interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions . . . . .	1a		
b Enter your child's <b>tax-exempt</b> interest. <b>DO NOT</b> include this amount on line 1a . . . . .	1b		
2 Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions . . . . .	2		
3 Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions . . . . .	3		
4 Add lines 1a, 2, and 3. If the total is \$1,400 or less, skip lines 5 and 6 and go to line 7. If the total is \$7,000 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return to report the income . . . . .	4		
5 Base amount . . . . .	5	1,400	00
6 Subtract line 5 from line 4. If you checked the box on line C above or if you entered an amount on line 3, see the instructions. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. Go to line 7 below . . . . . ▶	6		

**Part II Tax on the First \$1,400 of Child's Interest and Dividends**

7 Amount not taxed . . . . .	7	700	00
8 Subtract line 7 from line 4. If the result is zero or less, enter -0- . . . . .	8		
9 <b>Tax.</b> Is the amount on line 8 less than \$700? <input type="checkbox"/> <b>No.</b> Enter \$105 here and see the <b>Note</b> below. <input type="checkbox"/> <b>Yes.</b> Multiply line 8 by 15% (.15). Enter the result here and see the <b>Note</b> below. } . . . . .	9		

**Note:** If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 9 in the tax you enter on Form 1040, line 40, or Form 1040NR, line 39. Be sure to check box a on Form 1040, line 40, or Form 1040NR, line 39.

**General Instructions**

**Purpose of Form.** Use this form if you elect to report your child's income on your return. If you do, your child will not have to file a return. You can make this election if your child meets **all** of the following conditions.

- Was under age 14 on January 1, 2000.
- Is required to file a 1999 return.
- Had income only from interest and dividends, including Alaska Permanent Fund dividends.
- Had gross income for 1999 that was less than \$7,000.
- Had no estimated tax payments for 1999 (including any overpayment of tax from his or her 1998 return applied to 1999 estimated tax).

- Had no Federal income tax withheld from his or her income.  
You must also qualify. See **Parents Who Qualify To Make the Election** below.
- How To Make the Election.** To make the election, complete and attach Form(s) 8814 to your tax return and file your return by the due date (including extensions). A separate Form 8814 must be filed for **each** child whose income you choose to report.
- Parents Who Qualify To Make the Election.** You qualify to make this election if you file Form 1040 or Form 1040NR and **any** of the following apply.
  - You are filing a joint return for 1999 with the child's other parent.
  - You and the child's other parent were married to each other but file separate

- returns for 1999 AND you had the **higher** taxable income. If you do not know if you had the higher taxable income, see **Pub. 929, Tax Rules for Children and Dependents.**
- You were unmarried, treated as unmarried for Federal income tax purposes, or separated from the child's other parent by a divorce or separate maintenance decree. You must have had custody of your child for most of the year (you were the custodial parent). If you were the custodial parent and you remarried, you may make the election on a joint return with your new spouse. But if you and your new spouse do not file a joint return, you qualify to make the election only if you had **higher** taxable income than your new spouse.

(continued)

**Exclusion of Interest From Series EE and I  
 U.S. Savings Bonds Issued After 1989  
 (For Filers With Qualified Higher Education Expenses)**  
 ▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return \_\_\_\_\_ Your social security number \_\_\_\_\_

1 (a) Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution	(b) Name and address of eligible educational institution

If you need more space, attach a statement.

2 Enter the total qualified higher education expenses you paid in 1999 for the person(s) listed in column (a) of line 1. See the instructions to find out which expenses qualify . . . . .	2		
3 Enter the total of any nontaxable educational benefits (such as nontaxable scholarship or fellowship grants) received for 1999 for the person(s) listed in column (a) of line 1. See instructions	3		
4 Subtract line 3 from line 2. If zero or less, <b>stop</b> . You <b>cannot</b> take the exclusion . . . . .	4		
5 Enter the total proceeds (principal and interest) from all series EE and I U.S. savings bonds <b>issued after 1989</b> that you <b>cash</b> ed during 1999 . . . . .	5		
6 Enter the interest included on line 5. See instructions . . . . .	6		
7 If line 4 is equal to or more than line 5, enter "1.000." If line 4 is less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	7	×	.
8 Multiply line 6 by line 7 . . . . .	8		
9 Enter your modified adjusted gross income. See instructions . . . . . <b>Note:</b> If line 9 is \$68,100 or more if single or head of household, or \$109,650 or more if married filing jointly or qualifying widow(er), <b>stop</b> . You <b>cannot</b> take the exclusion.	9		
10 Enter: \$53,100 if single or head of household; \$79,650 if married filing jointly or qualifying widow(er) . . . . .	10		
11 Subtract line 10 from line 9. If zero or less, skip line 12, enter -0- on line 13, and go to line 14 . . . . .	11		
12 Divide line 11 by: \$15,000 if single or head of household; \$30,000 if married filing jointly or qualifying widow(er). Enter the result as a decimal (rounded to at least three places) . . . . .	12	×	.
13 Multiply line 8 by line 12 . . . . .	13		
14 <b>Excludable savings bond interest.</b> Subtract line 13 from line 8. Enter the result here and on Schedule B (Form 1040), line 3, or Schedule 1 (Form 1040A), line 3, whichever applies . . ▶	14		

**General Instructions**

Section references are to the Internal Revenue Code.

**Purpose of Form**

If you cashed series EE or I U.S. savings bonds in 1999 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds. Use this form to figure the amount of any interest you may exclude.



If you reported any of the interest before 1999, see **Pub. 550** before you fill in Form 8815.

**Who May Take the Exclusion**

- You may take the exclusion if **all four** of the following apply.
1. You cashed qualified U.S. savings bonds in 1999 that were issued after 1989.
  2. You paid qualified higher education expenses in 1999 for yourself, your spouse, or your dependents.

3. Your filing status is any status **except** married filing separately.
4. Your modified AGI (adjusted gross income) is less than: \$68,100 if single or head of household; \$109,650 if married filing jointly or qualifying widow(er). See the line 9 instructions to figure your modified AGI.

**U.S. Savings Bonds That Qualify for Exclusion**

To qualify for the exclusion, the bonds must be series EE or I U.S. savings bonds issued after 1989 in your name, or, if you are married, they may be issued in your name and your spouse's name. Also, you must have been age 24 or older before the bonds were issued. A bond bought by a parent and issued in the name of his or her child under age 24 does not qualify for the exclusion by the parent or child.

**Recordkeeping Requirements**

- Keep the following to verify the amount of interest you exclude.
- Bills, receipts, canceled checks, or other documents showing you paid qualified higher education expenses in 1999.
  - A written record of each post-1989 series EE or I bond that you cash. Your record must include the serial number, issue date, face



## Expenses for Business Use of Your Home

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

▶ **See separate instructions.**

Name(s) of proprietor(s)

Your social security number

### Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples. See instructions . . . . .	<b>1</b>	
2	Total area of home . . . . .	<b>2</b>	
3	Divide line 1 by line 2. Enter the result as a percentage . . . . .	<b>3</b>	%
<p>• <b>For day-care facilities not used exclusively for business, also complete lines 4-6.</b></p> <p>• <b>All others, skip lines 4-6 and enter the amount from line 3 on line 7.</b></p>			
4	Multiply days used for day care during year by hours used per day . . . . .	<b>4</b>	hr.
5	Total hours available for use during the year (365 days × 24 hours). See instructions . . . . .	<b>5</b>	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount . . . . .	<b>6</b>	
7	Business percentage. For day-care facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 . . . . . ▶	<b>7</b>	%

### Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, <b>plus</b> any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions <b>See instructions for columns (a) and (b) before completing lines 9-20.</b>	<b>8</b>	
		<b>(a) Direct expenses</b>	<b>(b) Indirect expenses</b>
9	Casualty losses. See instructions . . . . .	<b>9</b>	
10	Deductible mortgage interest. See instructions . . . . .	<b>10</b>	
11	Real estate taxes. See instructions . . . . .	<b>11</b>	
12	Add lines 9, 10, and 11 . . . . .	<b>12</b>	
13	Multiply line 12, column (b) by line 7 . . . . .	<b>13</b>	
14	Add line 12, column (a) and line 13 . . . . .	<b>14</b>	
15	Subtract line 14 from line 8. If zero or less, enter -0- . . . . .	<b>15</b>	
16	Excess mortgage interest. See instructions . . . . .	<b>16</b>	
17	Insurance . . . . .	<b>17</b>	
18	Repairs and maintenance . . . . .	<b>18</b>	
19	Utilities . . . . .	<b>19</b>	
20	Other expenses. See instructions . . . . .	<b>20</b>	
21	Add lines 16 through 20 . . . . .	<b>21</b>	
22	Multiply line 21, column (b) by line 7 . . . . .	<b>22</b>	
23	Carryover of operating expenses from 1998 Form 8829, line 41 . . . . .	<b>23</b>	
24	Add line 21 in column (a), line 22, and line 23 . . . . .	<b>24</b>	
25	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 24 . . . . .	<b>25</b>	
26	Limit on excess casualty losses and depreciation. Subtract line 25 from line 15 . . . . .	<b>26</b>	
27	Excess casualty losses. See instructions . . . . .	<b>27</b>	
28	Depreciation of your home from Part III below . . . . .	<b>28</b>	
29	Carryover of excess casualty losses and depreciation from 1998 Form 8829, line 42 . . . . .	<b>29</b>	
30	Add lines 27 through 29 . . . . .	<b>30</b>	
31	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 26 or line 30 . . . . .	<b>31</b>	
32	Add lines 14, 25, and 31 . . . . .	<b>32</b>	
33	Casualty loss portion, if any, from lines 14 and 31. Carry amount to <b>Form 4684</b> , Section B . . . . .	<b>33</b>	
34	Allowable expenses for business use of your home. Subtract line 33 from line 32. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	<b>34</b>	

### Part III Depreciation of Your Home

35	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value. See instructions . . . . .	<b>35</b>	
36	Value of land included on line 35 . . . . .	<b>36</b>	
37	Basis of building. Subtract line 36 from line 35 . . . . .	<b>37</b>	
38	Business basis of building. Multiply line 37 by line 7 . . . . .	<b>38</b>	
39	Depreciation percentage. See instructions . . . . .	<b>39</b>	%
40	Depreciation allowable. Multiply line 38 by line 39. Enter here and on line 28 above. See instructions . . . . .	<b>40</b>	

### Part IV Carryover of Unallowed Expenses to 2000

41	Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0- . . . . .	<b>41</b>	
42	Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0- . . . . .	<b>42</b>	



Name(s) shown on return

Your social security number

**Before you begin**, you need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Eligible Child**
- **Employer-Provided Adoption Benefits**
- **Qualified Adoption Expenses**

**Part I Information About Your Eligible Child or Children**—You must complete this part. See the instructions for details, including what to do if you need more space.

1	(a) Child's name  First Last		(b) Child's year of birth	Check if child was—			(f) Child's identifying number
				(c) born before 1981 and was disabled	(d) a child with special needs	(e) a foreign child	
Child 1			19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	. . . . .
Child 2			19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	. . . . .

**Caution:** If the child was a foreign child, see **Special Rules** in the instructions for line 1, column (e), before you complete Part II or Part III. If you received **employer-provided adoption benefits**, complete Part III on the back next.

**Part II Adoption Credit**

		Child 1	Child 2		
2 Enter \$5,000 (\$6,000 for a child with special needs) . . . . .	2				
3 Did you file a 1997 or 1998 Form 8839? <input type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> See the instructions for the amount to enter.	3				
4 Subtract line 3 from line 2 . . . . .	4				
5 Enter the total <b>qualified adoption expenses</b> you paid in: ● 1998 if the adoption was not final by the end of 1999. ● 1998 and 1999 if the adoption was final in 1999. ● 1999 if the adoption was final before 1999.	5				
6 Enter the <b>smaller</b> of line 4 or line 5 . . . . .	6				
7 Add the amounts on line 6. If zero, skip lines 8-11 and enter -0- on line 12 . . . . .	7				
8 Enter your modified adjusted gross income (see instructions) . . . . .	8				
9 If line 8 is \$75,000 or less, skip lines 9 and 10 and enter -0- on line 11. If line 8 is over \$75,000, subtract \$75,000 from the amount on line 8 . . . . .	9				
10 Divide line 9 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than "1.000" . . . . .	10			X	.
11 Multiply line 7 by line 10 . . . . .	11				
12 Subtract line 11 from line 7 . . . . .	12				
13 Enter any credit carryforward from 1997 (line 15 of your 1998 Form 8839) . . . . .	13				
14 Enter any credit carryforward from 1998 (line 16 of your 1998 Form 8839) . . . . .	14				
15 Add lines 12, 13, and 14. Then, see the instructions for the amount of credit to enter on Form 1040, line 45, or Form 1040A, line 30 . . . . .	15				
16 <b>1997 credit carryforward to 2000</b> (see instructions) . . . . .	16				
17 <b>1998 credit carryforward to 2000</b> (see instructions) . . . . .	17				
18 <b>1999 credit carryforward to 2000</b> (see instructions) . . . . .	18				

**Part III Employer-Provided Adoption Benefits**

		Child 1		Child 2			
<b>19</b>	Enter \$5,000 (\$6,000 for a child with special needs) . . . . .	<b>19</b>					
<b>20</b>	Did you receive <b>employer-provided adoption benefits</b> for 1997 or 1998? <input type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> See the instructions for the amount to enter.	<b>20</b>					
<b>21</b>	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .	<b>21</b>					
<b>22</b>	Enter the total amount of your employer-provided adoption benefits received in 1999. This amount should be shown in box 13 of your 1999 W-2 form(s) with code <b>T</b> . . . . .	<b>22</b>					
<b>23</b>	Add the amounts on line 22 . . . . .					<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of line 21 or line 22 . . . . .	<b>24</b>					
<b>25</b>	Add the amounts on line 24. If zero, skip lines 26-29, enter -0- on line 30, and go to line 31 . . . . .			<b>25</b>			
<b>26</b>	Enter your modified adjusted gross income (from the worksheet in the instructions) . . . . .	<b>26</b>					
<b>27</b>	If line 26 is \$75,000 or less, skip lines 27 and 28 and enter -0- on line 29. If line 26 is over \$75,000, subtract \$75,000 from the amount on line 26 . . . . .	<b>27</b>					
<b>28</b>	Divide line 27 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than "1.000" . . . . .	<b>28</b>			×	.	
<b>29</b>	Multiply line 25 by line 28 . . . . .	<b>29</b>					
<b>30</b>	<b>Excluded benefits.</b> Subtract line 29 from line 25 . . . . .						<b>30</b>
<b>31</b>	<b>Taxable benefits.</b> Subtract line 30 from line 23. Also, include this amount on Form 1040, line 7, or Form 1040A, line 7. On the line next to line 7, enter "AB" . . . . .						<b>31</b>

If the total adoption expenses you paid in 1999 were not fully reimbursed by your employer **AND** the adoption was final in or before 1999, you may be able to claim the adoption credit in Part II on the front of this form.



# Medical Savings Accounts and Long-Term Care Insurance Contracts

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **See separate instructions.**

Attachment  
Sequence No. **39**

Name(s) shown on return

Social security number of MSA  
account holder. If both spouses  
have MSAs, see page 1 ▶

**Section A. Medical Savings Accounts (MSAs).**

If you only have a Medicare+Choice MSA, skip Section A and complete Section B.

**Part I General Information.** You MUST complete this part if you (or your spouse, if married filing jointly) established a new MSA for 1999 (even if the contributions to the MSA were made by an employer).

		Yes	No
<b>1a</b> Did you establish a new MSA for 1999? . . . . .	<b>1a</b>		
<b>b</b> If "Yes," were you a previously uninsured account holder (see page 2 of the instructions for definition)? . . . . .	<b>1b</b>		
<b>c</b> If line 1a is "Yes," indicate coverage under high deductible health plan: <input type="checkbox"/> Self-Only <b>or</b> <input type="checkbox"/> Family			
<b>2a</b> If you were married, did your spouse establish a new MSA for 1999? . . . . .	<b>2a</b>		
<b>b</b> If "Yes," was your spouse a previously uninsured account holder (see page 2 of the instructions)? . . . . .	<b>2b</b>		
<b>c</b> If line 2a is "Yes," indicate coverage under high deductible health plan: <input type="checkbox"/> Self-Only <b>or</b> <input type="checkbox"/> Family			

**Part II MSA Contributions and Deductions.** See page 2 of the instructions before completing this part.  
If you and your spouse each have high deductible health plans with self-only coverage, check here ▶   
If you check this box, complete a separate Part II for each spouse (see page 2 of the instructions).

<b>3a</b> Were any employer contributions made to your MSA(s)? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>b</b> Enter all employer contributions to your MSA(s) for 1999 ▶ .....			
<b>4</b> Enter MSA contributions that you made for 1999, including those made from January 1, 2000, through April 17, 2000, that were for 1999. Do not include rollovers (see page 2 of the instructions) . . . . .	<b>4</b>		
<b>5</b> Enter your limitation from the worksheet on page 3 of the instructions . . . . .	<b>5</b>		
<b>6</b> Enter your compensation (see page 2 of the instructions) from the employer maintaining the high deductible health plan. If you (and your spouse, if married filing jointly) have more than one plan, see <b>How To Complete Part II</b> on page 2 of the instructions. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	<b>6</b>		
<b>7 MSA deduction.</b> Enter the <b>smallest</b> of line 4, 5, or 6 here and on Form 1040, line 25 . . . . .	<b>7</b>		

**Note:** If line 4 is more than line 7, you may have to pay an additional tax. See page 3 of the instructions for details.

**Part III MSA Distributions**

<b>8a</b> Enter the total MSA distributions you and your spouse received from all MSAs during 1999 (see page 4 of the instructions) . . . . .			
<b>b</b> Enter any distributions included on line 8a that you rolled over to another MSA (see page 4 of the instructions). Also include any excess contributions (and the earnings on those excess contributions) included on line 8a that were withdrawn by the due date of your return . . . . .	<b>8b</b>		
<b>c</b> Subtract line 8b from line 8a . . . . .	<b>8c</b>		
<b>9</b> Enter your total unreimbursed qualified medical expenses (see page 4 of the instructions) . . . . .	<b>9</b>		
<b>10 Taxable MSA distributions.</b> Subtract line 9 from line 8c. If zero or less, enter -0-. Also include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "MSA" and show the amount . . . . .	<b>10</b>		
<b>11a</b> If you meet any of the <b>Exceptions to the 15% Tax</b> (see page 4 of the instructions), check ▶ <input type="checkbox"/>	<b>11a</b>		
<b>b</b> If you do not meet any of the exceptions, enter 15% (.15) of line 10 here and also include it in the total on Form 1040, line 56. On the dotted line next to line 56, enter "MSA" and the amount	<b>11b</b>		

**Section B. Medicare+Choice MSA Distributions.**

If you are married filing jointly and both you and your spouse received distributions from a Medicare+Choice MSA in 1999, complete a separate Section B for each spouse. See page 4 of the instructions.

<b>12</b> Enter the total distributions you received from all Medicare+Choice MSAs in 1999 . . . . .			
<b>13</b> Enter your total unreimbursed qualified medical expenses (see page 5 of the instructions) . . . . .	<b>13</b>		
<b>14 Taxable Medicare+Choice MSA Distributions.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Also include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "Med+MSA" and show the amount . . . . .	<b>14</b>		
<b>15a</b> If you meet any of the <b>Exceptions to the 50% Tax</b> (see page 5 of the instructions), check ▶ <input type="checkbox"/>	<b>15a</b>		
<b>b</b> If you do not meet any of the exceptions, enter 50% (.5) of line 14 here and include it in the total on Form 1040, line 56. On the dotted line next to line 56, enter "Med+MSA" and the amount	<b>15b</b>		

Name of policyholder (as shown on Form 1040)

Social security number of policyholder ▶

**Section C. Long-Term Care (LTC) Insurance Contracts.**

See **Filing Requirements for Section C** on page 6 of the instructions before completing this section.

If more than one Section C is attached, check here . . . . .

**16a** Name of insured ▶ \_\_\_\_\_ **b** Social security number of insured ▶ \_\_\_\_\_

**17** In 1999, did anyone other than you receive payments on a per diem or other periodic basis under a qualified LTC insurance contract covering the insured, or receive accelerated death benefits under a life insurance policy covering the insured? . . . . .  **Yes**  **No**

**18** Was the insured a terminally ill individual? . . . . .  **Yes**  **No**

**Note:** If "Yes" and the **only** payments you received in 1999 were accelerated death benefits that were paid to you because the insured was terminally ill, skip lines 19 through 27 and enter -0- on line 28.

**19** Gross LTC payments received on a per diem or other periodic basis. Enter the total of the amounts from box 1 of all Forms 1099-LTC you received with respect to the insured on which the "Per diem" box in box 3 is checked . . . . . **19**

**Caution:** Do **not** use lines 20 through 28 to figure the taxable amount of benefits paid under an LTC insurance contract that is not a **qualified** LTC insurance contract. Instead, if the benefits are not excludable from your income (for example, if the benefits are not paid for personal injuries or sickness through accident or health insurance), report the amount not excludable as income on Form 1040, line 21.

**20** Enter the part of the amount on line 19 that is from **qualified** LTC insurance contracts . . . . . **20**

**21** Accelerated death benefits received on a per diem or other periodic basis. Do not include any amounts you received because the insured was terminally ill. See page 5 of the instructions . . . . . **21**

**22** Add lines 20 and 21 . . . . . **22**

**Note:** If you checked "Yes" on line 17 above, see the instructions for line 17 on page 5 before completing lines 23 through 27.

**23** Multiply \$190 by the number of days in the LTC period . . . . . **23**

**24** Enter the costs incurred for qualified LTC services provided for the insured during the LTC period (see page 6 of the instructions). . . . . **24**

**25** Enter the **larger** of line 23 or line 24 . . . . . **25**

**26** Enter the total reimbursements received for qualified LTC services provided for the insured during the LTC period . . . . . **26**

**Caution:** If you received any reimbursements from LTC contracts issued before August 1, 1996, see page 7 of the instructions.

**27** Per diem limitation. Subtract line 26 from line 25 . . . . . **27**

**28 Taxable payments.** Subtract line 27 from line 22. If zero or less, enter -0-. Also include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "LTC" and the amount. . . . . **28**



## Information To Claim Earned Income Credit After Disallowance

OMB No. 1545-1619

Attachment  
 Sequence No. **43A**

▶ **Attach to your tax return.**

▶ **See separate instructions.**

Name(s) shown on return

Your social security number

**Before you begin,** see your tax return instructions for the year for which you are filing this form to make sure you can take the earned income credit **and** to find out who is a qualifying child.

### Part I For All Filers

- 1** Enter the year for which you are filing this form (for example, 1998, 1999, etc.). . . . . ▶ \_\_\_\_\_
- 2** Were you, or your spouse if filing a joint return, a qualifying child of another person during the year entered on line 1? . . . . .  **Yes**  **No**
- Next,** if you do not have a qualifying child, go to Part II. If you do have a qualifying child, go to Part III.

### Part II For Filers Who Do Not Have a Qualifying Child

**Caution:** See your tax return instructions for the year entered on line 1 to be sure you can take the earned income credit.

- 3a** Enter the dates during the year shown on line 1 that your home was in the United States ▶ \_\_\_\_\_
- b** If married filing a joint return, enter the dates during the year shown on line 1 that your spouse's home was in the United States ▶ \_\_\_\_\_

### Part III For Filers Who Have a Qualifying Child or Children

**Caution:** If you have two qualifying children, complete lines 4-8 for one child **before** going to the next column. Be sure you list your children here in the same order as you did on **Schedule EIC**.

- 4** Is the child your son, daughter, adopted child, grandchild, or stepchild? . . . . .  **Yes**  **No**
- Next,** if you checked "Yes" for this child, go to line 5a. If you checked "No," go to line 6a.

- 5a** Did the child live with you in the United States for more than half of the year entered on line 1? . . . . .  **Yes**  **No**

- b** Enter the address(es) where you and the child lived during the year entered on line 1 . . . . .

- c** If the child attended school or day care, enter the name(s) of the school(s) or care provider(s) . . . . .
- Next,** go to line 7a on the back for this child.

- 6a** Are you related to the child? . . . . .  **Yes**  **No**
- Next,** if you checked "No" on line 6a for this child, go to line 6c. If you checked "Yes," continue.

- b** Enter the child's relationship to you . . . . .
- Next,** go to line 6e on the back for this child.

- c** Did a government agency or a court give you guardianship over the child? . . . . .  **Yes**  **No**

- d** Did you care for the child as if he or she were your own child during the entire year entered on line 1? . . . . .  **Yes**  **No**

	Child 1	Child 2
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part III For Filers Who Have a Qualifying Child or Children** (Continued)

	Child 1	Child 2
<p><b>e</b> Did the child live with you in the United States for the entire year entered on line 1? . . . . .</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>f</b> Enter the address(es) where you and the child lived during the year entered on line 1 . . . . .</p>		
<p><b>g</b> If the child attended school or day care, enter the name(s) of the school(s) or care provider(s) . . . . .</p>		
<p><b>7a</b> Did the child live with any other person for more than half of the year entered on line 1 (see instructions before answering)?</p> <p><b>Next</b>, if you checked "No" on line 7a for this child, go to line 8a. If you checked "Yes," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>b</b> Was this person the child's parent or grandparent? . . . . .</p> <p><b>Next</b>, if you checked "Yes" on line 7b for this child, go to line 7d. If you checked "No," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c</b> Did this person live with the child for the entire year entered on line 1 AND care for the child as if the child were his or her own? . . . . .</p> <p><b>Next</b>, if you checked "No" on line 7c for this child, go to line 8a. If you checked "Yes," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>d</b> Enter this person's name and social security number (see instructions) . . . . .</p>		
<p><b>e</b> Is your <b>modified AGI</b> (adjusted gross income) for the year entered on line 1 <b>higher</b> than the AGI of every person listed on line 7d? . . . . .</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>8a</b> Was the child under age 19 at the end of the year entered on line 1? . . . . .</p> <p><b>Next</b>, if you checked "Yes" on line 8a for this child, <b>do not</b> fill in lines 8b–8e for this child. If you checked "No," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>b</b> Was the child under age 24 at the end of the year entered on line 1 and a student? . . . . .</p> <p><b>Next</b>, if you checked "No" on line 8b for this child, go to line 8d. If you checked "Yes," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c</b> If you checked "Yes" on line 8b, enter the name of the school(s), or the state, county, or local government agency if an on-farm training course, the child attended. Do not enter if shown on line 5c or 6g . . . . .</p>		
<p><b>d</b> If you checked "No" on line 8b, was the child permanently and totally disabled? . . . . .</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>e</b> If you checked "Yes" on line 8d, enter the name of the child's health care provider or social worker . . . . .</p>		

**Education Credits  
 (Hope and Lifetime Learning Credits)**

▶ See instructions on pages 3 and 4. ▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return

Your social security number

**Part I Hope Credit**

1	(a) Student's name First, Last	(b) Student's social security number	(c) Qualified expenses (but <b>do not</b> enter more than \$2,000 for each student). See instructions	(d) Enter the <b>smaller</b> of the amount in column (c) or \$1,000	(e) Subtract column (d) from column (c)	(f) Enter one-half of the amount in column (e)
	.....	.....				
	.....	.....				
	.....	.....				
<b>2</b>	Add the amounts in columns (d) and (f) . . . . .			<b>2</b>		
<b>3</b>	Add the amounts on line 2, columns (d) and (f) . . . . . ▶					<b>3</b>

**Part II Lifetime Learning Credit**

4	(a) Student's name First Last	(b) Student's social security number	(c) Qualified expenses. See instructions
	.....	.....	
	.....	.....	
	.....	.....	
	.....	.....	
<b>5</b>	Add the amounts on line 4, column (c), and enter the total . . . . .		<b>5</b>
<b>6</b>	Enter the <b>smaller</b> of line 5 or \$5,000 . . . . .		<b>6</b>
<b>7</b>	Multiply line 6 by 20% (.20) . . . . . ▶		<b>7</b>

**Part III Allowable Education Credits**

<b>8</b>	Add lines 3 and 7 . . . . .	<b>8</b>	
<b>9</b>	Enter: \$100,000 if married filing jointly; \$50,000 if single, head of household, or qualifying widow(er) . . . . .	<b>9</b>	
<b>10</b>	Enter the amount from Form 1040, line 34 (or Form 1040A, line 19)* . . . . .	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If line 10 is equal to or more than line 9, <b>stop</b> ; you cannot take any education credits . . . . .	<b>11</b>	
<b>12</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>12</b>	
<b>13</b>	If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>13</b>	× .
<b>14</b>	Multiply line 8 by line 13 . . . . . ▶	<b>14</b>	
<b>15</b>	Enter your tax from Form 1040, line 40 (or Form 1040A, line 25) . . . . .	<b>15</b>	
<b>16</b>	Enter the total, if any, of your credits from Form 1040, lines 41 and 42 (or from Form 1040A, lines 26 and 27) . . . . .	<b>16</b>	
<b>17</b>	Subtract line 16 from line 15. If line 16 is equal to or more than line 15, <b>stop</b> ; you cannot take any education credits . . . . .	<b>17</b>	
<b>18</b>	<b>Education credits.</b> Enter the <b>smaller</b> of line 14 or line 17 here and on Form 1040, line 44 (or Form 1040A, line 29) . . . . . ▶	<b>18</b>	

\*See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico.

## Education Credits (Hope and Lifetime Learning Credits)

▶ See instructions on pages 3 and 4. ▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return

Your social security number

**Part I Hope Credit**

1 <b>(a)</b> Student's name  First, Last	<b>(b)</b> Student's social security number	<b>(c)</b> Qualified expenses (but <b>do not</b> enter more than \$2,000 for each student). See instructions	<b>(d)</b> Enter the <b>smaller</b> of the amount in column (c) or \$1,000	<b>(e)</b> Subtract column (d) from column (c)	<b>(f)</b> Enter one-half of the amount in column (e)
.....	.....				
.....	.....				
.....	.....				
2 Add the amounts in columns (d) and (f) . . . . .			<b>2</b>		
3 Add the amounts on line 2, columns (d) and (f) . . . . . ▶				<b>3</b>	

**Part II Lifetime Learning Credit**

4 <b>(a)</b> Student's name  First Last	<b>(b)</b> Student's social security number	<b>(c)</b> Qualified expenses. See instructions
<i>Caution: You cannot take the Hope credit and the lifetime learning credit for the same student.</i>	.....	
.....	.....	
.....	.....	
.....	.....	
5 Add the amounts on line 4, column (c), and enter the total . . . . .		<b>5</b>
6 Enter the <b>smaller</b> of line 5 or \$5,000 . . . . .		<b>6</b>
7 Multiply line 6 by 20% (.20) . . . . . ▶		<b>7</b>

**Part III Allowable Education Credits**

8 Add lines 3 and 7 . . . . .					<b>8</b>
9 Enter: \$100,000 if married filing jointly; \$50,000 if single, head of household, or qualifying widow(er) . . . . .	<b>9</b>				
10 Enter the amount from Form 1040, line 34 (or Form 1040A, line 19)* . . . . .	<b>10</b>				
11 Subtract line 10 from line 9. If line 10 is equal to or more than line 9, <b>stop</b> ; you cannot take any education credits . . . . .	<b>11</b>				
12 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>12</b>				
13 If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>13</b>	×	.		
14 Multiply line 8 by line 13 . . . . . ▶	<b>14</b>				
15 Enter your tax from Form 1040, line 40 (or Form 1040A, line 25) . . . . .	<b>15</b>				
16 Enter the total, if any, of your credits from Form 1040, lines 41 and 42 (or from Form 1040A, lines 26 and 27) . . . . .	<b>16</b>				
17 Subtract line 16 from line 15. If line 16 is equal to or more than line 15, <b>stop</b> ; you cannot take any education credits . . . . .	<b>17</b>				
18 <b>Education credits.</b> Enter the <b>smaller</b> of line 14 or line 17 here and on Form 1040, line 44 (or Form 1040A, line 29) . . . . . ▶	<b>18</b>				

\*See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico.





Internal Revenue Service  
OP:ETA:I:CM  
C4-363 NCFB  
5000 Ellin Road  
Lanham, MD 20706

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Department of the Treasury  
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