Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** (R) **1992**

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 OMB No. 1545-0074

Label (See instructions on page 10.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial | Last name

ast name

e page 10. | Apt. no.

page 10.

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

Presidential Election Campaign (See page 10.)

Do you want $1 to go to this fund? Yes [ ] No [X]

If a joint return, does your spouse want $1 to go to this fund? Yes [ ] No [X]

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

Filing Status (See page 10.) Check only one box.

1 [ ] Single

2 [X] Married filing joint return (even if only one had income)

3 [ ] Married filing separate return. Enter spouse's social security no. above and full name here. ▶

4 [ ] Head of household (with qualifying person). (See page 11.) 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 11.)

Exemptions (See page 11.)

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2

b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1992
			DAU	12
			DAU	12

If more than six dependents, see page 12.

No. of your children on 6c who:
- lived with you: 2
- didn't live with you due to divorce or separation (see page 13):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

e Total number of exemptions claimed: Add numbers entered on lines above ▶ 4

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,084
8a	**Taxable** interest income. Attach Schedule B if over $400	8a	12
b	**Tax-exempt** interest income (see page 15). DON'T include on line 8a [8b]		
9	Dividend income. Attach Schedule B if over $400	9	53
10	Taxable refunds, credits, or offsets of state and local income taxes from worksheet on page 16	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	7,617
14	Capital gain distributions not reported on line 13 (see page 15)	14	
15	Other gains or (losses). Attach Form 4797	15	
16a	Total IRA distributions [16a] b Taxable amount (see page 16)	16b	
17a	Total pensions and annuities [17a 26,961] b Taxable amount (see page 16)	17b	26,961
18	Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E	18	
19	Farm income or (loss). Attach Schedule F	19	(39,866)
20	Unemployment compensation (see page 17)	20	
21a	Social security benefits [21a] b Taxable amount (see page 17)	21b	
22	Other income. List type and amount—see page 18	22	
23	Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶	23	9,860

Adjustments to Income (See page 18.)

24a	Your IRA deduction from applicable worksheet on page 19 or 20	24a	
b	Spouse's IRA deduction from applicable worksheet on page 19 or 20	24b	
25	One-half of self-employment tax (see page 20)	25	
26	Self-employed health insurance deduction (see page 20)	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $22,370 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56* ▶	31	9,860

Tax Computation (See page 22.)

32	Amount from line 31 (adjusted gross income)	32	9,860
33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c ☐		
34	Enter the larger of your: **Itemized deductions** from Schedule A, line 26, **OR** **Standard deduction** shown below for your filing status. **But if you checked any box on line 33a or b,** go to page 22 to find your standard deduction. **If you checked box 33c,** your standard deduction is zero. • Single—$3,600 • Head of household—$5,250 • Married filing jointly or Qualifying widow(er)—$6,000 • Married filing separately—$3,000	34	6,000
35	Subtract line 34 from line 32	35	3,860
36	If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter	36	9,200
37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0
38	Enter tax. Check if from a ☐ Tax Table, b ☐ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e	38	0
39	Additional taxes (see page 23). Check if from a ☐ Form 4970 b ☐ Form 4972	39	0
40	Add lines 38 and 39 ▶	40	0

If you want the IRS to figure your tax, see page 23.

Credits (See page 23.)

41	Credit for child and dependent care expenses. Attach Form 2441	41		
42	Credit for the elderly or the disabled. Attach Schedule R	42		
43	Foreign tax credit. Attach Form 1116	43		
44	Other credits (see page 24). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44		
45	Add lines 41 through 44		45	0
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶		46	0

Other Taxes

47	Self-employment tax. Attach Schedule SE. Also, see line 25	47	
48	Alternative minimum tax. Attach Form 6251	48	
49	Recapture taxes (see page 25). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. Attach Form 5329	51	2,210
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your **total tax** ▶	53	2,210

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	54	68	
55	1992 estimated tax payments and amount applied from 1991 return	55		
56	**Earned income credit.** Attach Schedule EIC	56		
57	Amount paid with Form 4868 (extension request)	57		
58	Excess social security, Medicare, and RRTA tax withheld (see page 26)	58		
59	Other payments (see page 26). Check if from a ☐ Form 2439 b ☐ Form 4136	59		
60	Add lines 54 through 59. These are your **total payments** ▶		60	68

Refund or Amount You Owe

Attach check or money order on top of Form(s) W-2, etc., on the front.

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	
62	Amount of line 61 you want **REFUNDED TO YOU** ▶	62	
63	Amount of line 61 you want **APPLIED TO YOUR 1993 ESTIMATED TAX** ▶ 63		
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it	64	2,142
65	Estimated tax penalty (see page 27). Also include on line 64 65		

Sign Here

Keep a copy of this return 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: FARMER
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation: NURSE

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐ / Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No. / ZIP code

REDACTED

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (X)

Profit or Loss From Farming

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

▶ See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

1992

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. RAISING HORSES, BEEF HAY

B Enter principal agricultural activity code (from page 2) ▶ 2170

D Employer ID number (Not SSN)

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you "materially participate" in the operation of this business during 1992? If "No," see page F-1 for limitations on losses. [X] 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	44,390
5a	Total cooperative distributions (Form(s) 1099-PATR)	5a	5b Taxable amount	5b
6a	Agricultural program payments (see page F-2)	6a 7025	6b Taxable amount	6b 7,025
7	Commodity Credit Corporation (CCC) loans (see page F-2):			
a	CCC loans reported under election		7a	
b	CCC loans forfeited or repaid with certificates	7b	7c Taxable amount	7c
8	Crop insurance proceeds and certain disaster payments (see page F-2):			
a	Amount received in 1992	8a 1664	8b Taxable amount	8b 1,664
c	If election to defer to 1993 is attached, check here ▶ [ ]		8d Amount deferred from 1991	8d
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	**Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51. ▶		11	53,079

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-3—also attach Form 4562)	12	25	Pension and profit-sharing plans	25
13	Chemicals	13 2,233	26	Rent or lease (see page F-4):	
14	Conservation expenses. Attach Form 8645	14	a	Vehicles, machinery, and equipment	26a
15	Custom hire (machine work)	15	b	Other (land, animals, etc.)	26b 3,521
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-3)	16 23,976	27	Repairs and maintenance	27 5,298
17	Employee benefit programs other than on line 25	17	28	Seeds and plants purchased	28 192
18	Feed purchased	18 9,898	29	Storage and warehousing	29
19	Fertilizers and lime	19	30	Supplies purchased	30 6,004
20	Freight and trucking	20	31	Taxes	31 938
21	Gasoline, fuel, and oil	21 2,421	32	Utilities	32 3,476
22	Insurance (other than health)	22 2,450	33	Veterinary, breeding, and medicine	33 401
23	Interest:		34	Other expenses (specify):	
a	Mortgage (paid to banks, etc.)	23a 13,200	a	TRADE JOURNALS	34a 115
b	Other	23b 14,938	b	BEDDING	34b 465
24	Labor hired (less jobs credit)	24 3,899	c	POSTAGE	34c 64
			d	ADVERTISING	34d 165
			e	ACCOUNTING	34e 291
			f		34f

35	**Total expenses.** Add lines 12 through 34f ▶	35	93,945
36	**Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on Form 1040, line 19, and on Schedule SE, line 1. If a loss, you MUST go on to line 37 (fiduciaries and partnerships, see page F-5)	36	(39,866)
37	If you have a loss, you MUST check the box that describes your investment in this activity (see page F-5). If you checked 37a, enter the loss on Form 1040, line 19, and Schedule SE, line 1. If you checked 37b, you MUST attach **Form 6198.**	37a [X] All investment is at risk. 37b [ ] Some investment is not at risk.	

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Form **4562**

Department of the Treasury Internal Revenue Service (R)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No. 1545-0172

1992

Attachment Sequence No. **67**

Name(s) shc

Identifying number

Business or activity to which this form relates

RAISING HORSES, BEEF, HAY

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.*)

1	Maximum dollar limitation (see instructions)	1	$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2, but do not enter less than -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1, but do not enter less than -0-	5	

	(a) Description of property	(b) Cost	(c) Elected cost
6			

7	Listed property. Enter amount from line 26.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1991 (see instructions)	10	
11	Taxable income limitation. Enter the smaller of taxable income or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1993. Add lines 9 and 10, less line 12 ▶	13	

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

Part II **MACRS Depreciation For Assets Placed in Service ONLY During Your 1992 Tax Year (Do Not Include Listed Property)**

	(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
14	General Depreciation System (GDS) (see instructions):						
a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property		38,213.	7	200% YR TABLE A-14	150DB	3,450
e	15-year property						
f	20-year property						
g	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
h	Nonresidential real property			31.5 yrs.	MM	S/L	
				31.5 yrs.	MM	S/L	
15	Alternative Depreciation System (ADS) (see instructions):						
a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part III **Other Depreciation (Do Not Include Listed Property)**

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1992 (see instructions)	16	19,526
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV **Summary**

19	Listed property. Enter amount from line 25.	19	
20	**Total.** Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	23,976
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	—

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Form **5329**

Department of the Treasury
Internal Revenue Service

Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts

(Under Sections 72, 4973, 4974 and 4980A of the Internal Revenue Code)
► Attach to Form 1040. See separate instructions.

OMB No. 1545-0203

1992

Attachment Sequence No. **29**

Name of individual subject to additional tax. (Enter the name of one individual only. See the instructions for "Joint Returns.") | Your social security number

[redacted]

ared to street address.) | Apt. No.

[redacted]

City, tow

If this is an Amended Return, check here ► ☐

Part I Excess Contributions Tax for Individual Retirement Arrangements (Section 4973)

Complete this part if, either in this year or in earlier years, you contributed more to your IRA than is or was allowable and you have an excess contribution subject to tax.

1	Excess contributions for 1992 (see instructions). Do not include this amount on Form 1040, line 24a or 24b		1
2	Earlier year excess contributions not previously eliminated (see instructions)	2	
3	Contribution credit. (If your actual contribution for 1992 is less than your maximum allowable contribution, see instructions for line 3; otherwise, enter -0-.)	3	
4a	1992 distributions from your IRA account that are includible in taxable income	4a	
b	1991 tax year excess contributions (if any) withdrawn after the due date (including extensions) of your 1991 income tax return, and 1990 and earlier tax year excess contributions withdrawn in 1992	4b	
c	Add lines 3, 4a, and 4b	4c	
5	Adjusted earlier year excess contributions. (Subtract line 4c from line 2. Enter the result, but not less than zero.)		5
6	Total excess contributions (add lines 1 and 5)		6
7	Tax due. (Enter the **smaller** of 6% of line 6 or 6% of the value of your IRA on the last day of 1992.) Also enter this amount on Form 1040, line 51		7

Part II Tax on Early Distributions (Section 72)

*Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA), modified endowment contract, or annuity contract before you reached age 59½. **Note:** You must enter the amount of the distribution on the appropriate line (or lines) of Form 1040 or Form 4972.*

8	Early distributions included in gross income attributable to:			
a	Qualified retirement plans (including IRAs)	8a	26,961	
b	Annuity contracts	8b		
c	Modified endowment contracts	8c		
d	Prohibited transactions	8d		
e	Pledging of accounts as security	8e		
f	Cost of collectibles	8f		
g	Total distributions (add lines 8a through 8f)			8g 26,961
	Note: *Include this amount on line 16b or 17b of Form 1040 or on the appropriate line of Form 4972*			
9	Exceptions to distributions subject to additional taxes (see instructions):			
a	Due to death (does not apply to modified endowment contracts)	9a		
b	Due to total and permanent disability	9b	4,862	
c	As part of a series of substantially equal lifetime periodic payments. *Lines 9d through 9f DO NOT apply to distributions from IRAs, annuities, or modified endowment contracts.*	9c		
d	Due to separation from service in or after the year of reaching age 55	9d		
e	Distributions to the extent of deductible medical expenses	9e		
f	Made to an alternate payee under a qualified domestic relations order	9f		
g	Other (specify)	9g		
h	Total amount excluded from additional tax (add lines 9a through 9g)			9h 4862
10	Amount subject to additional tax (subtract line 9h from 8g)			10 22099
11	Total section 72 tax (multiply line 10 by 10% (.10)). Enter here and on Form 1040, line 51			11 2210

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SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (x)

Capital Gains and Losses

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

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

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

OMB No. 1545-0074

1992

Attachment Sequence No. 12A

Name(s) shown on Form 1040 | Your social security number

Caution: *Add the following amounts reported to you for 1992 on Forms 1099-B and 1099-S (or on substitute statements): (a) proceeds from transactions involving stocks, bonds, and other securities, and (b) gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 9c, column (d), attach a statement explaining the difference.*

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

(a) Description of property (Example, 100 shares 7% preferred of "XYZ" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-2)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See page D-3.						
1b Amounts from Schedule D-1, line 1b. Attach Schedule D-1						
1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b ▶ 1c						
1d Other Transactions.						

2	Short-term gain from sale or exchange of your home from Form 2119, line 17 or 23	2	
3	Short-term gain from installment sales from Form 6252, line 26 or 37	3	
4	Short-term gain or (loss) from like-kind exchanges from Form 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5	
6	Short-term capital loss carryover from 1991 Schedule D, line 36	6	
7	Add lines 1a, 1b, 1d, and 2 through 6, in columns (f) and (g)	7	( )
8	**Net short-term capital gain or (loss).** Combine columns (f) and (g) of line 7	8	

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

(a) Description of property (Example, 100 shares 7% preferred of "XYZ" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-2)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See page D-3.						
473 SH SHAR WMS STOCK	1-1-87 +/-	3-31-92	12,479	4862		7617
9b Amounts from Schedule D-1, line 9b. Attach Schedule D-1						
9c Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b ▶ 9c						
9d Other Transactions.						

10	Long-term gain from sale or exchange of your home from Form 2119, line 17 or 23	10	
11	Long-term gain from installment sales from Form 6252, line 26 or 37	11	
12	Long-term gain or (loss) from like-kind exchanges from Form 8824	12	
13	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	13	
14	Capital gain distributions	14	
15	Gain from Form 4797, line 8 or 10	15	
16	Long-term capital loss carryover from 1991 Schedule D, line 43	16	
17	Add lines 9a, 9b, 9d, and 10 through 16, in columns (f) and (g)	17	( )
18	**Net long-term capital gain or (loss).** Combine columns (f) and (g) of line 17	18	7617

REDACTED

1 Control number		OMB No. 1545-0008	Copy B To be filed with employee's FEDERAL tax return
211			

2 Employer's name, address, and ZIP code	6 Statutory employee / Deceased / Pension plan / Legal rep. / 942 emp. / Deferred compensation
CEDAR RIDGE NURSING CARE CTR RR #1 BOX 1283 SKOWHEGAN, ME 04976	7 Allocated tips / 8 Advance EIC payment
	9 Federal income tax withheld: 52.33 / 10 Wages, tips, other compensation: 12,631.93
3 Employer's identification number: 01-0442817 / 4 Employer's state I.D. number: 01-0442817	11 Social security tax withheld: 783.18 / 12 Social security wages: 12,631.93
5 Employee's social security number	13 Social security tips / 14 Medicare wages and tips: 12,631.93
19 Employee's name, address, and ZIP code	15 Medicare tax withheld: 183.16 / 16 Nonqualified plans
	17 See Instrs. for Box 17 / 18 Other
20 / 21	22 Dependent care benefits / 23 Benefits included in Box 10
24 State income tax: 28.54 / 25 State wages, tips, etc.: 12631.93 / 26 Name of state: ME	27 Local income tax / 28 Local wages, tips, etc. / 29 Name of locality

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1992** (Rev. 4-92) 13-2678063

This information is being furnished to the Internal Revenue Service.

0000070

OMB No. 1545-0008

2 Employer's name, address, and ZIP code	6 Statutory employee / Deceased / Pension plan / Legal rep. / 942 emp. / Subtotal / Deferred compensation / Void
SUC TR SHERWIN WILLIAMS WELFARE TRUST TRUST COMPANY BANK P O BOX 4655 ATLANTA GA 30302	7 Allocated tips / 8 Advance EIC payment
	9 Federal income tax withheld: 13.34 / 10 Wages, tips, other compensation: 2,451.65
3 Employer's identification number: 58-6025980 / 4 Employer's state I.D. number	11 Social security tax withheld / 12 Social security wages
5 Employee's social security number	13 Social security tips / 14 Medicare wages and tips
19 Employee's name, address, and ZIP code	15 Medicare tax withheld / 16 Nonqualified plans
	17 See Instrs. for Box 17 / 18 Other: NON TAXABLE 1,997.81
20 / 21	22 Dependent care benefits / 23 Benefits included in Box 10
24 State income tax: .00 / 25 State wages, tips, etc.: 2,451.65 / 26 Name of state	27 Local income tax: .00 / 28 Local wages, tips, etc.: 2,451.65 / 29 Name of locality: SKOWHEGAN

Copy B To Be Filed With Employee's FEDERAL Tax Return IRS APP. Dept. of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1992**

This information is being furnished to the Internal Revenue Service.

0007-SWP-005802969
CONFIDENTIAL

N41622.05

1992 MAINE INDIVIDUAL INCOME TAX 1040ME LONG FORM

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Office Use Only

For the year ending December 31, 1992 or other tax year beginning _____, 1992, ending _____, 19____

STEP 1 Use Preprinted Label, Otherwise Print or Type

LABEL

Your first name and initial | Last name | Your social security number

Spou | Last name | Spouse's social security number

Home | Your occupation: FARMER

ZIP code | Spouse's occupation: NURSE

1 Check here if you were engaged in commercial farming or fishing during 1992. (See instructions on page 11). ☑

Check if: 2a You were ☐ Over 65 2b ☐ Blind; 2c Spouse was ☐ Over 65 2d ☐ Blind

STEP 2 Indicate Filing and Residency Status

3		Single
4	X	Married filing joint return (even if only one had income)
5		Married filing separate return. Enter spouse's social security number above and full name here ➤
6		Head of household (with qualifying person)
7		Qualifying widow(er) with dependent child (year spouse died ➤ 19)

RESIDENCY STATUS (CHECK ONLY ONE)

8 ☒ RESIDENT
9 ☐ PART-YEAR RESIDENT
10 ☐ NONRESIDENT
11 ☐ NONRESIDENT ALIEN

STEP 3 Enter Your Exemptions

12 a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 12a

b ☒ Spouse

No. of boxes checked on 12a and 12b 2

c Number of your dependents ..... Total dependents 2

d Total number of exemptions claimed ..... Add numbers entered on lines above ..... ➤ 4

STEP 4 Figure Your Maine Taxable Income

13	FEDERAL ADJUSTED GROSS INCOME. (From your Federal Form 1040, line 31 or 1040A, line 16 or 1040EZ, line 3) (See Instructions if filing Schedule NRH)	13	9860 —
14	INCOME MODIFICATIONS. (From Page 2, Schedule 1, line 33)	14	—
15	MAINE ADJUSTED GROSS INCOME. Line 13 plus or minus line 14	15	9860
16	DEDUCTION. ☒ STANDARD (See Instructions) ☐ ITEMIZED (From Page 2, line 38)	16	(6000)
17	EXEMPTION. Multiply Number of Exemptions in Box 12d by $2,100	17	(8400)
18	TAXABLE INCOME. Subtract line 16 and line 17 from line 15	18	0

STEP 5 Figure Your Tax and Contributions

19	INCOME TAX. Find the tax for the amount on line 18 in the tax table	19	0
20	TAX ADDITIONS. (From Maine Schedule A, line 4)	20	0
21	USE TAX (SALES TAX). (See Instructions, **an entry must be made on this line**)	21	0
22	CONTRIBUTIONS. a Democratic Party ☐ $1 ☐ $5 ☐ $10 ☐ Other $	22a	
	b Libertarian Party ☐ $1 ☐ $5 ☐ $10 ☐ Other $	22b	
	c Republican Party ☐ $1 ☐ $5 ☐ $10 ☐ Other $	22c	
	d Endangered and Nongame Wildlife Fund ☐ $1 ☐ $5 ☐ $10 ☐ Other $	22d	
	e Maine Children's Trust Fund ☐ $1 ☐ $5 ☐ $10 ☐ Other $	22e	
23	TOTAL TAX AND CONTRIBUTIONS. (Add lines 19, 20, 21 and 22)	23	0

STEP 6 Subtract Tax Credits

24	TAX CREDITS. (From Maine Schedule A, line 17)	24	( )
25	NONRESIDENT CREDIT. (From Schedule NR or Schedule NRH) (Attach copy of federal return)	25	( )
26	NET TAX AND CONTRIBUTIONS. (Subtract lines 24 and 25 from line 23)	26	0

STEP 7 Enter Tax Payments

27	TAX PAYMENTS. a Maine Income Tax Withheld (Attach W-2 and 1099 forms)	27a	28 54
	b 1992 Estimated Payments	27b	
	c Paid with original return or deposit with extension request	27c	
	d TOTAL (Add lines 27a, b and c)	27d	28 54

STEP 8 Figure Refund or Amount Due

28	If line 27d is larger than line 26, enter amount OVERPAID		28	28 54
29	a Amount of line 28 to be applied to 1993 estimated tax	29a		
	b Amount of line 28 to be REFUNDED		29b	28 54
30	a If line 26 is larger than line 27d, enter amount due	30a		
	b Underpayment Penalty (attach Form 2210-ME)	30b		
	c TOTAL AMOUNT DUE (Pay in full with return)		30c	

Next Year's Return To reduce state printing and postage costs, if you have your return done by a tax preparer and do not need Maine income tax forms and instructions mailed to you next year, check box at right ☐

SIGN ON REVERSE SIDE

Attach State copy of Form W-2 and Form 1099 to back

Attach check or money order here

Make your check payable to TREASURER, STATE OF MAINE

WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK • DO NOT SEND CASH • File return with the: Bureau of Taxation, P.O. Box 1067, Augusta, ME 04332-1067

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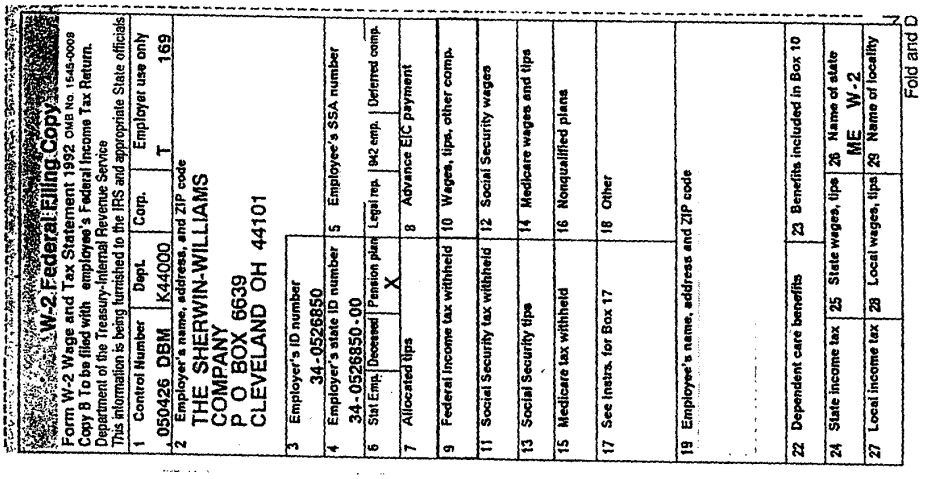

W-2 Federal Filing Copy

Form W-2 Wage and Tax Statement 1992 OMB No. 1545-0008
Copy B To be filed with employee's Federal Income Tax Return.
Department of the Treasury-Internal Revenue Service
This information is being furnished to the IRS and appropriate State officials

1 Control Number	Dept.	Corp.	Employer use only
050426 DBM	K44000	T	169

2 Employer's name, address, and ZIP code
THE SHERWIN-WILLIAMS
COMPANY
P O BOX 6639
CLEVELAND OH 44101

3 Employer's ID number	5 Employee's SSA number
34-0526850	
4 Employer's state ID number	
34-0526850-00	

6 Stat Emp.	Deceased	Pension plan	Legal rep.	942 emp.	Deferred comp.
		X			

7 Allocated tips	8 Advance EIC payment

9 Federal income tax withheld	10 Wages, tips, other comp.

11 Social Security tax withheld	12 Social Security wages

13 Social Security tips	14 Medicare wages and tips

15 Medicare tax withheld	16 Nonqualified plans

17 See Instrs. for Box 17	18 Other

19 Employee's name, address and ZIP code

22 Dependent care benefits	23 Benefits included in Box 10

24 State income tax	25 State wages, tips	26 Name of state
		ME W-2

27 Local income tax	28 Local wages, tips	29 Name of locality

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PAYER'S Federal ID # 23-6779441 | RECIPIENT'S ID #

PAYER'S Name, Street Address, City, State, and Zip code
SHERWIN-WILLIAMS SAL REV PIP
C/O MELLON BANK NA TTEE/AGT
P.O. BOX 569
PITTSBURGH PA 15230-0569

RECIPIENT'S Name and Address

9441

Account number (optional) A 170642

1 Gross distribution	2a Taxable amount	OMB No. 1545-0119 1992
$ 22099.25	$ 22099.25	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☒	This information is being furnished to the Internal Revenue Service
3 Amount in Box 2a eligible for capital gain election	4 Federal income tax withheld	Total Employee Contributions
$	$	
5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
$	$	
7 Distribution code 1	IRA/SEP ☐ 8 Other	% 9 Your percentage of total distribution %
10 State income tax withheld	11 State/Payer's state number	COPY 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.
$	ME	
12 Local income tax withheld	13 Name of locality	
$		

Form 1099-R (Replaces Form W-2P) Refer to Back of Recipients Copy For Instructions

Department of the Treasury - Internal Revenue Servi

PAYER'S Federal ID # 25-6324710 | RECIPIENT'S ID #

PAYER'S Name, Street Address, City, State, and Zip code
SHERWIN-WILLIAMS ESOP
C/O MELLON BANK NA TTEE/AGT
P.O. BOX 569
PITTSBURGH PA 15230-0569

RECIPIENT'S Name and Address

4710

Account number (optional) A 184595

1 Gross distribution	2a Taxable amount	OMB No. 1545-0119 1992
$ 12831.49	$ 4862.22	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☒	This information is being furnished to the Internal Revenue Service
3 Amount in Box 2a eligible for capital gain election	4 Federal income tax withheld	Total Employee Contributions
$	$	
5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
$	$ 7969.27	
7 Distribution code 3	IRA/SEP ☐ 8 Other	% 9 Your percentage of total distribution
10 State income tax withheld	11 State/Payer's state number	COPY 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.
$	ME	
12 Local income tax withheld	13 Name of locality	
$		

Form 1099-R (Replaces Form W-2P) Refer to Back of Recipients Copy For Instructions

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