

Label
(See page 19.)

Use the IRS label or print of type.

Presidential Election Campaign (See page 20.)

Your first name and initial	Last name	OMB No. 1545-0074
If a joint return, spouse's first name and initial	Last name	Your social security number
Home address (number and street). If you have a P.O. box, see page 20.		Spouse's social security number
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.

You Spouse
 Yes No Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.
 Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No

Filing Status
Check only one box.

- 1 Single 2 Married filing jointly (even if only one had income)

Exemptions

- 3a Yourself. If someone can claim you as a dependent, do not check box 3a
 b Spouse

Number of boxes checked on 3a and 3b 3c

Adjusted Gross Income

4	Wages, salaries, tips, etc. Attach Form(s) W-2	4		
5a	Taxable interest. Attach Schedule B if required	5a		
b	Tax-exempt interest. Do not include on line 5a	5b		
6a	Ordinary dividends. Attach Schedule B if required	6a		
b	Qualified dividends (see page 20)	6b		
7	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	7		
8	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	8		
9a	IRA distributions, pensions, and annuities	9a		
b	Taxable amount (see page 25)	9b		
10a	Social security benefits	10a		
b	Taxable amount (see page 27)	10b		
11	Adjusted gross income. Add the amounts in the far right column for lines 4 through 10b	11		

Taxable Income

12	Check if: <input type="checkbox"/> You were born before January 2, 1951. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951. <input type="checkbox"/> Blind.	Total boxes checked <input type="checkbox"/>	12	
13	Enter the larger of your: • Itemized deductions from Schedule A or • Standard deduction shown below for your filing status. But see page 32 if you checked any box on line 12 or someone can claim you as a dependent. • Single, \$X,XXX • Married filing jointly, \$X,XXX	13		
14	Subtract line 13 from line 11	14		
15	If line 11 is \$100,000 or less, multiply \$X,XXX by the number of exemptions listed in the box on line 3c. If line 11 is over \$100,000, see the worksheet on page 28	15		
16	Taxable income. Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-	16		

Tax, Credit, and Payments

- 17 Amount from line 16 (taxable income)
- 18 Tax (see page 34)
- 19 Alternative minimum tax (see page 34). Attach Form 6251
- 20 Add lines 18 and 19
- 21 Credit for the elderly or the disabled. Attach Schedule R
- 22 Total tax. Subtract line 21 from line 20. If line 21 is more than line 20, enter -0-
- 23 Federal income tax withheld from Forms W-2 and 1099
- 24 200X estimated tax payments and amount applied from 200X return
- 25 Total payments. Add lines 23 and 24

17		
18		
19		
20		
21		
22		
23		
24		
25		

Refund

- 26 Amount overpaid, if line 25 is more than line 22. Subtract line 22 from line 25
- 27a Amount of line 26 you want refunded to you
- 27b Routing number
- 27c Type: Checking Savings
- 27d Account number
- 28 Amount of line 26 you want applied to your 200X estimated tax

26		
27a		
27b		
27c		
27d		
28		

Amount You Owe

- 29 Amount you owe. Subtract line 25 from line 22. For details on how to pay, see page 41
- 30 Estimated tax penalty (see page 42)

29		
30		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 42)? Yes. Complete the following. No

Designee's name: _____ Phone no.: _____ Personal identification number (PIN): _____

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 reported during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 20. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name for you if self-employed	City	State	Zip