

Label
(See instructions.)

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

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning _____, 2009, ending _____, 20		OMB No. 1545-0074
Your first name MI Last name	Your social security number	
If a joint return, spouse's first name MI Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.	Apartment no.	You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions.	State ZIP code	
<input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

Check only one box.

<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
<input type="checkbox"/> 2 Married filing jointly (even if only one had income)	<input type="checkbox"/> 5 Qualifying widow(er) with dependent child (see instructions)
<input type="checkbox"/> 3 Married filing separately. Enter spouse's SSN above & full name here ▶	

Exemptions

If more than four dependents, see instructions.

<input type="checkbox"/> 6a Yourself. If someone can claim you as a dependent, do not check box 6a.	<input type="checkbox"/> 6b Spouse	Boxes checked on 6a and 6b ...																									
c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>		(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 instrs)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above ▶
(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 instrs)																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
d Total number of exemptions claimed																											

Income

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

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7		
8a Taxable interest. Attach Schedule B if required	8a		
8b Tax-exempt interest. Do not include on line 8a	8b		
9a Ordinary dividends. Attach Schedule B if required	9a		
9b Qualified dividends (see instrs)	9b		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10		
11 Alimony received	11		
12 Business income or (loss). Attach Schedule C or C-EZ	12		
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13		
14 Other gains or (losses). Attach Form 4797	14		
15a IRA distributions	15a	b Taxable amount (see instrs)	15b
16a Pensions and annuities	16a	b Taxable amount (see instrs)	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18 Farm income or (loss). Attach Schedule F	18		
19 Unemployment compensation	19		
20a Social security benefits	20a	b Taxable amount (see instrs)	20b
21 Other income	21		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22		

Adjusted Gross Income

23 Educator expenses (see instructions)	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see instructions)	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN	31a
32 IRA deduction (see instructions)	32
33 Student loan interest deduction (see instructions)	33
34 Tuition and fees deduction. Attach Form 8917	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 - 31a and 32 - 35	36
37 Subtract line 36 from line 22. This is your adjusted gross income	37

Tax and Credits

Standard Deduction for -

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38 Amount from line 37 (adjusted gross income)
39a Check if: You were born before January 2, 1943, Blind. Total boxes checked
39b Spouse was born before January 2, 1943, Blind.
40 Itemized deductions (from Schedule A) or your standard deduction
41 Subtract line 40 from line 38
42 If line 38 is \$125,100 or less, multiply \$3,650 by the total number of exemptions claimed on line 6d. If line 38 is over \$125,100, see the instructions.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889
45 Alternative minimum tax (see instructions). Attach Form 6251.
46 Add lines 44 and 45
47 Credit for child and dependent care expenses. Attach Form 2441
48 Credit for the elderly or the disabled. Attach Schedule R
49 Education credits. Attach Form 8863
50 Residential energy credits. Attach Form 5695
51 Foreign tax credit. Attach Form 1116 if required
52 Child tax credit (see instructions). Attach Form 8901 if required
53 Retirement savings contributions credit. Attach Form 8880
54 Credits from: a Form 8396 b Form 8859 c Form 8839
55 Other credits: a Form 3800 b Form 8801 c Form
56 Add lines 47 through 55. These are your total credits
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

Other Taxes

58 Self-employment tax. Attach Schedule SE
59 Unreported social security and Medicare tax from: a Form 4137 b Form 8919
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
61 Advance earned income credit payments from Form(s) W-2, box 9
62 Household employment taxes. Attach Schedule H
63 Add lines 57-62. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2009 estimated tax payments and amount applied from 2008 return
66a Earned income credit (EIC)
66b Nontaxable combat pay election
67 Excess social security and tier 1 RRTA tax withheld (see instructions)
68 Additional child tax credit. Attach Form 8812
69 Amount paid with request for extension to file (see instructions)
70 Payments from: a Form 2439 b Form 4136 c Form 8885
71 Refundable credit for prior year minimum tax from Form 8801, line 27
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

Refund

If you are a true Patriot, you will allow US to keep all of the overpayment.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
74b Amount of line 73 you want applied to your 2010 estimated tax
75 Amount of line 73 you want applied to your 2010 estimated tax

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions
77 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. 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 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 Preparer's SSN or PTIN
Firm's name (or yours if self-employed) address, and ZIP code EIN Phone no.