

Label
(See page 17.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

Filing status
Check only one box.

Exemptions

If more than six dependents, see page 20.

Income

Attach 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 23.

Enclose, but do not attach, any payment.

Adjusted gross income

L A B E L H E R E	Your first name and initial	Last name
	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 17.	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.	

OMB No. 1545-0074

Your social security number _____

Spouse's social security number _____

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

Checking a box below will not change your tax or refund.

You Spouse

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17) You Spouse

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child (see page 19)

6a **Yourself.** If someone can claim you as a dependent, **do not check** box 6a.

b **Spouse**

c **Dependents:**

(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 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed.

Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you _____
• did not live with you due to divorce or separation (see page 21) _____
Dependents on 6c not entered above _____
Add numbers on lines above ▶

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7		
8a Taxable interest. Attach Schedule B if required.	8a		
b Tax-exempt interest. Do not include on line 8a.	8b		
9a Ordinary dividends. Attach Schedule B if required.	9a		
b Qualified dividends (see page 24).	9b		
10 Capital gain distributions (see page 24).	10		
11a IRA distributions.	11a	11b Taxable amount (see page 24).	11b
12a Pensions and annuities.	12a	12b Taxable amount (see page 25).	12b
13 Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page XX).	13		
14a Social security benefits.	14a	14b Taxable amount (see page 27).	14b
15 Add lines 7 through 14b (far right column). This is your total income .	15		

16 Educator expenses (see page 29).	16
17 IRA deduction (see page 29).	17
18 Student loan interest deduction (see page 31).	18
19 Tuition and fees deduction. Attach Form 8917.	19
20 Add lines 16 through 19. These are your total adjustments .	20
21 Subtract line 20 from line 15. This is your adjusted gross income .	21

