

**Label**  
(See page 8.)  
**Use the IRS label.**  
Otherwise, please print or type.  
**Presidential Election Campaign**  
(page 9)

<b>L A B E L  H E R E</b>	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 9.		Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 9.			

**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.

Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . .  **You**  **Spouse**

**Income**

**Attach Form(s) W-2 here.**

Enclose, but do not attach, any payment.

<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	
<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see page 10).	3	
<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	4	
<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> If no one can claim you (or your spouse if a joint return), enter \$8,950 if <b>single</b> ; \$17,900 if <b>married filing jointly</b> . See back for explanation.	5	
<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	6	

**Payments and tax**

<b>7</b>	Federal income tax withheld from box 2 of your Form(s) W-2.	7	
<b>8a</b>	<b>Earned income credit (EIC)</b> (see page XX).	8a	
<b>b</b>	Nontaxable combat pay election. <span style="float: right;">8b</span>		
<b>9</b>	Recovery rebate credit (see worksheet on page XX)	9	
<b>10</b>	Add lines 7, 8a, and 9. These are your <b>total payments</b> .	10	
<b>11</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table on pages 18–26 of the booklet. Then, enter the tax from the table on this line.	11	

**Refund**

Have it directly deposited! See page 15 and fill in 12b, 12c, and 12d or Form 8888.

<b>12a</b>	If line 10 is larger than line 11, subtract line 11 from line 10. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	12a	
<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"/>		

**Amount you owe**

<b>13</b>	If line 11 is larger than line 10, subtract line 10 from line 11. This is the <b>amount you owe</b> . For details on how to pay, see page 16.	13	
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**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see page 16)?  **Yes**. Complete the following.  **No**

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sign here**

Joint return? See page 6.  
Keep a copy for your records.

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 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.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Paid preparer's use only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	