1040		artment of the Treasury—Internal Revo		003	(99)	IRS Use Only-	-Do not write	or staple in t	his space.	
	For	the year Jan. 1-Dec. 31, 2003, or other tax ye	ar beginning	, 200	3, ending	, 20	```	OMB No. 1	1545-0074	
Label	Yo	ur first name and initial	Last name				Your	social sec	curity numb	er
(See L										
on page 19.)	If a	i joint return, spouse's first name and in	tial Last name				Spou	se's socia	l security nu	ımber
Use the IRS label. Otherwise,		me address (number and street). If you	have a P.O. box, se	ee page 19).	Apt. no.		Impo	rtant!	
please print or type.		City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.						You mus your SSN	t enter I(s) above.	
Presidential Election Campaign		Note. Checking "Yes" will not cha	ange vour tay or	reduce v	our refund		ノ ィ	ou	Spouse	9
(See page 19.)	" ▶	Do you, or your spouse if filing a				d?	▶ □ Y	es 🗌 No	□Yes□	No
. 1 0	1	Single				of household	with qualifyi	na person)	. (See page	20.) It
Filing Status	2	Married filing jointly (even if only			dependent,					
Check only	3 [Married filing separately. Enter				:hild's name he				
one box.		and full name here. ▶				fying widow(e				je 20.
Exemptions	6a	Yourself. If your parent (or so return, do not chec	ck box 6a	claim yo 	u as a depe 	endent on his	or her tax	No. of checked 6a and	ed on	
	b	Spouse				nondont's (A)	if qualifying	No. of on 6c v	children	
	С	•	Dependents: (2) Dependent's Social security number		relationship to child for ch		d for child tax		with you _	
		(1) First name Last name	;	;		you credi	t (see page 21)		ot live with to divorce	
If more than five				<u> </u>			\dashv	or separ	ration	
dependents, see page 21.				<u> </u>			\exists	(see pag	ge 21)	
see page 21.									ered above	
				i				Add nur on lines		
	d	Total number of exemptions claim	ned		<u></u>		<u> </u>	above •		
Income	7 8a	Wages, salaries, tips, etc. Attach Taxable interest. Attach Schedule	• •				. 7 . 8a			
Attach	b	Tax-exempt interest. Do not incl			8b					
Forms W-2 and W-2G here.	9a	Ordinary dividends. Attach Sched	ule B if required				. 9a			
Also attach	b	Qualified dividends (see page 23)			9b		10	4		
Form(s) 1099-R if tax was	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)								
withheld.	11 12	Alimony received								
	13a	Business income or (loss). Attach Schedule C or C-EZ						ı		
	b	If box on 13a is checked, enter post-Ma								
If you did not get a W-2, see page 22.	14	Other gains or (losses). Attach Fo					. 14			
	15a	IRA distributions 15a		b	Taxable am	ount (see page	25) 15b	,		
	16a	Pensions and annuities 16a				ount (see page				
Enclose, but do not attach, any	17	Rental real estate, royalties, partner					e E 17	+		
payment. Also,	18	Farm income or (loss). Attach Sch	nedule F				. 18	+		
please use Form 1040-V.	19 20a	Unemployment compensation Social security benefits . 20a	· · · · · i	 h	Tavahla am	ount (see page		, 🕇 📉		
FOIII 1040-V.	20a 21	Other income. List type and amou	unt (see page 27)				21)			
	22	Add the amounts in the far right co	lumn for lines 7 th	rough 21	. This is you	r total incom	e ▶ 22			
A -1:	23	Educator expenses (see page 29)			23					
Adjusted	24	IRA deduction (see page 29)			24					
Gross	25	Student loan interest deduction (s	see page 31)		25					
Income	26	Tuition and fees deduction (see p	=		26					
	27	Moving expenses. Attach Form 3			27					
	28 29	One-half of self-employment tax. Attach Schedule SE Self-employed health insurance deduction (see page 33)			29					
	30	Self-employed SEP, SIMPLE, and	-	ge 33)	30					
	31	Penalty on early withdrawal of sav			31					
	32a	Alimony paid b Recipient's SSN ▶	and the second second		32a					
	33	Add lines 23 through 32a					. 33			
	34	Subtract line 33 from line 22. This	is your adjusted	d gross i	ncome .		▶ 34			

Form 1040 (2003)			Page 2
Tax and	35	Amount from line 34 (adjusted gross income)	35
Credits	36a	Check { ☐ You were born before January 2, 1939, ☐ Blind. } Total boxes if:	
Standard Deduction for—	b	If you are married filing separately and your spouse itemizes deductions, or	
	L	you were a dual-status alien, see page 34 and check here ▶ 36b ☐	37
 People who checked any 	Γ	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38
box on line	38	Subtract line 37 from line 35	
36a or 36b or who can be	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on	39
claimed as a dependent,	40	line 6d. If line 35 is over \$104,625, see the worksheet on page 35	40
see page 34.	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	41
All others:	41	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	42
Single or	42	Alternative minimum tax (see page 38). Attach Form 6251	43
Married filing separately,	43	Add lines 41 and 42	
\$4,750	44	Torogram and a required	
Married filing	45	oreal for ering and dependent care expenses. Attach i offizer i	
jointly or Qualifying	46	oreal for the electry of the disabled. Attach Schedule K.	
widow(er),	47	Eddedion credits. Attach Form 6005	
\$9,500	48	Retirement savings contributions credit. Attach Form 6000	
Head of household,	49	Crimi tax credit (see page 40)	
\$7,000	50 51	Adoption credit. Attach Form 8839	
	52	Other credits. Check applicable box(es): a Form 3800	
	32	b Form 8801 c Specify 52	
	53	Add lines 44 through 52. These are your total credits	53
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0	54
	55	Self-employment tax. Attach Schedule SE	55
Other	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required .	57
	58	Advance earned income credit payments from Form(s) W-2	58
	59	Household employment taxes. Attach Schedule H	59
	60	Add lines 54 through 59. This is your total tax	60
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61	
	62	2003 estimated tax payments and amount applied from 2002 return . 62	
If you have a	_63	Earned income credit (EIC)	
qualifying child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56) 64	
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65	
	66	Amount paid with request for extension to file (see page 56) 66	
	67	Other payments from: a \square Form 2439 b \square Form 4136 c \square Form 8885 . 67	
	68	Add lines 61 through 67. These are your total payments	68
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69
Direct deposit?	70a	Amount of line 69 you want refunded to you	70a
See page 56 and fill in 70b,	► b	Routing number	
70c, and 70d.	► d	Account number	
	71	Amount of line 69 you want applied to your 2004 estimated tax 71	770
Amount You Owe	72 73	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 ► Estimated tax penalty (see page 58)	72
		you want to allow another person to discuss this return with the IRS (see page 58)? Yes.	Complete the following.
Third Party			
Designee	nar	· · ·	► L
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, at ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	
Here			
Joint return?	YOU	ur signature Date Your occupation	Daytime phone number
See page 20.	_		()
Keep a copy for your	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	
records.			<u> </u>
Paid	Pre	parer's Date Check if	Preparer's SSN or PTIN
Preparer's		nature self-employed self-employed	1.
Use Only	you	n's name (or EIN sif self-employed),	1
Joe Only	ado	Phone no	()