Form **1040A** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **1980**

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation ▶ Spouse's occupation ▶

Presidential Election Campaign Fund ▶ Do you want $1 to go to this fund? . . . . . ☐ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? . . . ☐ Yes ☐ No

Note: Checking "Yes" will not increase your tax or reduce your refund.

Requested by Census Bureau for Revenue Sharing ▶ A Where do you live (actual location of residence)? (See page 6 of Instructions.) State | City, village, borough, etc. | B Do you live within the legal limits of a city, village, etc.? ☐ Yes ☐ No | C In what county do you live? | D In what township do you live?

For Privacy Act Notice, see page 27 of Instructions

For IRS use only

Filing Status Check Only One Box.

1 ☐ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here ▶
4 ☐ Head of household. (See pages 7 and 8 of Instructions.) If qualifying person is your unmarried child, enter child's name ▶

Exemptions Always check the box labeled Yourself. Check other boxes if they apply.

5a ☐ Yourself ☐ 65 or over ☐ Blind } Enter number of boxes checked on 5a and b ▶
b ☐ Spouse ☐ 65 or over ☐ Blind
c First names of your dependent children who lived with you ▶ } Enter number of children listed on 5c ▶

d Other dependents: (1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of $1,000 or more?	(5) Did you provide more than one-half of dependent's support?

Enter number of other dependents ▶
Add numbers entered in boxes above ▶

6 Total number of exemptions claimed . . . . . .

Copy B of Forms W-2 Here

7 Wages, salaries, tips, etc. (Attach Forms W-2. See page 10 of Instructions)	7	
8 Interest income (See pages 3 and 10 of Instructions)	8	
9a Dividends ..... (See pages 3 and 10 of Instructions) 9b Exclusion ..... Subtract line 9b from 9a	9c	
10a Unemployment compensation (insurance). Total received from Form(s) 1099-UC		
b Taxable amount, if any, from worksheet on page 10 of Instructions	10b	