

Your first name and initial	Last name	OMB No. 1545-0074
		<b>Your social security number</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		<b>▲ Make sure the SSN(s) above and on line 6c are correct.</b>
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing status** Check only one box.

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

**Exemptions**

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 child under age 17 qualifying for child tax credit (see instructions)
				<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 instructions)  
Dependents on 6c not entered above  
Add numbers on lines above ▶

**Income**

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

**Adjusted gross income**

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

