

| | | |
|--|-----------|--|
| Your first name and initial | Last name | OMB No. 1545-0074 Your social security number |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

| | | |
|----------------------|-------------------------------|---------------------|
| Foreign country name | Foreign province/state/county | Foreign postal code |
|----------------------|-------------------------------|---------------------|

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing status Check only one box.

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

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"/> |

d Total number of exemptions claimed.

If more than six dependents, see instructions.

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 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 instructions). | 9b | |
| 10 Capital gain distributions (see instructions). | 10 | |
| 11a IRA distributions. | 11a | 11b Taxable amount (see instructions). |
| 11a | | 11b |
| 12a Pensions and annuities. | 12a | 12b Taxable amount (see instructions). |
| 12a | | 12b |
| 13 Unemployment compensation and Alaska Permanent Fund dividends. | 13 | |
| 14a Social security benefits. | 14a | 14b Taxable amount (see instructions). |
| 14a | | 14b |
| 15 Add lines 7 through 14b (far right column). This is your total income . | 15 | |

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 instructions.

Adjusted gross income

| | | |
|--|----|--|
| 16 Reserved | 16 | |
| 17 IRA deduction (see instructions). | 17 | |
| 18 Student loan interest deduction (see instructions). | 18 | |
| 19 Reserved | 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 | |

