

Label
(See page 19.)

Use the IRS label.
Otherwise, please print or type.

L A B E L H E R E	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 20.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		

OMB No. 1545-0085

Your social security number _____

Spouse's social security number _____

▲ Important! ▲
You **must** enter your SSN(s) above.

Presidential Election Campaign
(See page 20.)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . .

You Yes No Spouse Yes No

Filing status

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____
- 4 Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
- 5 Qualifying widow(er) with dependent child (year spouse died ▶ _____). (See page 22.)

Check only one box.

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a. } No. of boxes checked on 6a and 6b _____

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 qualifying child for child tax credit (see page 23)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of your children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see page 24) _____

Dependents on 6c not entered above _____

d Total number of exemptions claimed. Add numbers entered on lines above

If more than seven dependents, see page 22.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a Taxable interest. Attach Schedule 1 if required.	8a
b Tax-exempt interest. Do not include on line 8a.	8b
9 Ordinary dividends. Attach Schedule 1 if required.	9
10 Capital gain distributions (see page 25).	10
11a Total IRA distributions. 11a	11b Taxable amount (see page 25). 11b
12a Total pensions and annuities. 12a	12b Taxable amount (see page 26). 12b
13 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	13
14a Social security benefits. 14a	14b Taxable amount (see page 28). 14b
15 Add lines 7 through 14b (far right column). This is your total income .	▶ 15
16 IRA deduction (see page 28).	16
17 Student loan interest deduction (see page 31).	17
18 Add lines 16 and 17. These are your total adjustments .	18
19 Subtract line 18 from line 15. This is your adjusted gross income .	▶ 19

If you did not get a W-2, see page 25.

Enclose, but do not attach, any payment.

Adjusted gross income

Tax, 20 Enter the amount from line 19 (adjusted gross income). 20

**credits,
and
payments**

21a Check { You were 65 or older Blind } Enter number of boxes checked ▶ 21a
if: { Spouse was 65 or older Blind }

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 21b

Standard Deduction for—
• People who checked any box on line 21a or 21b or who can be claimed as a dependent, see page 33.
• All others:
Single, \$4,550
Head of household, \$6,650
Married filing jointly or Qualifying widow(er), \$7,600
Married filing separately, \$3,800

22 Enter your **standard deduction** (see left margin). 22

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter -0-. 23

24 Multiply \$2,900 by the total number of exemptions claimed on line 6d. 24

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter -0-. This is your **taxable income**. ▶ 25

26 **Tax, including any alternative minimum tax** (see page 33). 26

27 Credit for child and dependent care expenses. Attach Schedule 2. 27

28 Credit for the elderly or the disabled. Attach Schedule 3. 28

29 Education credits. Attach Form 8863. 29

30 Rate reduction credit. See the worksheet on page 36. 30

31 Child tax credit (see page 36). 31

32 Adoption credit. Attach Form 8839. 32

33 Add lines 27 through 32. These are your **total credits**. 33

34 Subtract line 33 from line 26. If line 33 is more than line 26, enter -0-. 34

35 Advance earned income credit payments from Form(s) W-2. 35

36 Add lines 34 and 35. This is your **total tax**. ▶ 36

37 Federal income tax withheld from Forms W-2 and 1099. 37

38 2001 estimated tax payments and amount applied from 2000 return. 38

If you have a qualifying child, attach Schedule EIC.

39a **Earned income credit (EIC)**. 39a

b Nontaxable earned income. 39b

40 Additional child tax credit. Attach Form 8812. 40

41 Add lines 37, 38, 39a, and 40. These are your **total payments**. ▶ 41

Refund

42 If line 41 is more than line 36, subtract line 36 from line 41. This is the amount you **overpaid**. 42

Direct deposit? See page 47 and fill in 43b, 43c, and 43d.

43a Amount of line 42 you want **refunded to you**. ▶ 43a

▶ b Routing number ▶ c Type: Checking Savings

▶ d Account number

44 Amount of line 42 you want **applied to your 2002 estimated tax**. 44

Amount you owe

45 **Amount you owe**. Subtract line 41 from line 36. For details on how to pay, see page 48. ▶ 45

46 Estimated tax penalty (see page 48). 46

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 49)? **Yes**. Complete the following. **No**

Designee's name ▶ Phone no. ▶ () Personal identification number (PIN) ▶

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list 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.

Joint return? See page 20. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number ()

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature ▶ Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN Phone no. ()