

**Label**

(See instructions on page 18.)

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

**Presidential Election Campaign** (See page 18.)

Your first name and initial		Last name		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 page 18.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.					
<b>IMPORTANT!</b> You must enter your SSN(s) above.					
Yes		No		Note. Checking "Yes" will not change your tax or reduce your refund.	

**Filing Status**

Check only one box.

1	<input type="checkbox"/>	Single
2	<input type="checkbox"/>	Married filing joint return (even if only one had income)
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 18.)

**Exemptions**

If more than six dependents, see page 19.

6a <input type="checkbox"/> <b>Yourself.</b> If your parent (or someone else) can claim you as a dependent on his or her tax return, <b>do not</b> check box 6a.				No. of boxes checked on 6a and 6b	
b <input type="checkbox"/> <b>Spouse</b>					
c <b>Dependents:</b>		(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 19)	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 19)
(1) First name	Last name				
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed					Add numbers entered on lines above ▶

**Income**

**Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use **Form 1040-V**.

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	
9	Ordinary dividends. Attach Schedule B if required.			9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21).			10	
11	Alimony received.			11	
12	Business income or (loss). Attach Schedule C or C-EZ.			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			13	
14	Other gains or (losses). Attach Form 4797.			14	
15a	Total IRA distributions	15a		b Taxable amount (see page 22)	15b
16a	Total pensions and annuities	16a		b Taxable amount (see page 22)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.			17	
18	Farm income or (loss). Attach Schedule F.			18	
19	Unemployment compensation.			19	
20a	Social security benefits	20a		b Taxable amount (see page 24)	20b
21	Other income. List type and amount (see page 24).			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶			22	

**Adjusted Gross Income**

23	IRA deduction (see page 26).	23	
24	Student loan interest deduction (see page 26).	24	
25	Medical savings account deduction. Attach Form 8853.	25	
26	Moving expenses. Attach Form 3903.	26	
27	One-half of self-employment tax. Attach Schedule SE.	27	
28	Self-employed health insurance deduction (see page 28).	28	
29	Keogh and self-employed SEP and SIMPLE plans.	29	
30	Penalty on early withdrawal of savings.	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a.	32	
33	Subtract line 32 from line 22. This is your <b>adjusted gross income</b> ▶	33	

**Tax and Credits****Standard Deduction for Most People**

Single: \$4,300  
 Head of household: \$6,350  
 Married filing jointly or Qualifying widow(er): \$7,200  
 Married filing separately: \$3,600

<b>34</b>	Amount from line 33 (adjusted gross income)	<b>34</b>	
<b>35a</b>	Check if: <input type="checkbox"/> <b>You</b> were 65 or older, <input type="checkbox"/> <b>Blind</b> ; <input type="checkbox"/> <b>Spouse</b> was 65 or older, <input type="checkbox"/> <b>Blind</b> . Add the number of boxes checked above and enter the total here	<b>35a</b>	
<b>b</b>	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here	<b>35b</b>	<input type="checkbox"/>
<b>36</b>	Enter your <b>itemized deductions</b> from Schedule A, line 28, <b>OR standard deduction</b> shown on the left. <b>But</b> see page 30 to find your standard deduction if you checked any box on line 35a or 35b <b>or</b> if someone can claim you as a dependent	<b>36</b>	
<b>37</b>	Subtract line 36 from line 34	<b>37</b>	
<b>38</b>	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter	<b>38</b>	
<b>39</b>	<b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	<b>39</b>	
<b>40</b>	<b>Tax</b> (see page 31). Check if any tax is from <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>40</b>	
<b>41</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>41</b>	
<b>42</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>42</b>	
<b>43</b>	Child tax credit (see page 33)	<b>43</b>	
<b>44</b>	Education credits. Attach Form 8863	<b>44</b>	
<b>45</b>	Adoption credit. Attach Form 8839	<b>45</b>	
<b>46</b>	Foreign tax credit. Attach Form 1116 if required	<b>46</b>	
<b>47</b>	Other. Check if from <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8396 <b>c</b> <input type="checkbox"/> Form 8801 <b>d</b> <input type="checkbox"/> Form (specify) _____	<b>47</b>	
<b>48</b>	Add lines 41 through 47. These are your <b>total credits</b>	<b>48</b>	
<b>49</b>	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	<b>49</b>	

**Other Taxes**

<b>50</b>	Self-employment tax. Attach Schedule SE	<b>50</b>	
<b>51</b>	Alternative minimum tax. Attach Form 6251	<b>51</b>	
<b>52</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>52</b>	
<b>53</b>	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	<b>53</b>	
<b>54</b>	Advance earned income credit payments from Form(s) W-2	<b>54</b>	
<b>55</b>	Household employment taxes. Attach Schedule H	<b>55</b>	
<b>56</b>	Add lines 49 through 55. This is your <b>total tax</b>	<b>56</b>	

**Payments**

<b>57</b>	Federal income tax withheld from Forms W-2 and 1099	<b>57</b>	
<b>58</b>	1999 estimated tax payments and amount applied from 1998 return	<b>58</b>	
<b>59a</b>	<b>Earned income credit.</b> Attach Sch. EIC if you have a qualifying child <b>b</b> Nontaxable earned income: amount and type	<b>59a</b>	
<b>60</b>	Additional child tax credit. Attach Form 8812	<b>60</b>	
<b>61</b>	Amount paid with request for extension to file (see page 48)	<b>61</b>	
<b>62</b>	Excess social security and RRTA tax withheld (see page 48)	<b>62</b>	
<b>63</b>	Other payments. Check if from <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136	<b>63</b>	
<b>64</b>	Add lines 57, 58, 59a, and 60 through 63. These are your <b>total payments</b>	<b>64</b>	

**Refund**

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

<b>65</b>	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you <b>OVERPAID</b>	<b>65</b>	
<b>66a</b>	Amount of line 65 you want <b>REFUNDED TO YOU</b>	<b>66a</b>	
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number		
<b>67</b>	Amount of line 65 you want <b>APPLIED TO YOUR 2000 ESTIMATED TAX</b>	<b>67</b>	

**Amount You Owe**

<b>68</b>	If line 56 is more than line 64, subtract line 64 from line 56. This is the <b>AMOUNT YOU OWE</b> . For details on how to pay, see page 49	<b>68</b>	
<b>69</b>	Estimated tax penalty. Also include on line 68	<b>69</b>	

**Sign Here**

Joint return? See page 18. Keep a copy for your records.

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime telephone number (optional)
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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	EIN	ZIP code	

