1040		rtment of the Treasury—Internal Reve	-)) \)1 (99)	IRS Use On	ly—Do not w	vrite or staple in this	space.		
	For	the year Jan. 1-Dec. 31, 2001, or other tax year	ar beginning ,	2001, ending	, 20) ``	OMB No. 15	45-0074		
Label	Yo	r first name and initial	Last name			Υ	our social secu	rity number		
(See L										
on page 19.)	If a	If a joint return, spouse's first name and initial Last name					spouse's social s ;	ecurity number		
Use the IRS label. Otherwise,	Но	Home address (number and street). If you have a P.O. box, see page 19. Apt. no.					▲ Import	tant!		
please print R	Cit	, town or nost office, state, and ZID co.	No. If you have a fereign a	eign address, see nage 1			You must 6			
or type.	Cit	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.				your SSN(s) above.				
Presidential	_						You	Spouse		
Election Campaign	1	Note. Checking "Yes" will not cha	9 9	•		. □	☐Yes ☐No ☐	☐Yes ☐ No		
(See page 19.)		Do you, or your spouse if filing a j	omi return, want \$3 to	go to triis iui	iu?		_ Yes ∟ NO I	resno		
Eiling Status	1	Single								
Filing Status	2	Married filing joint return (•	-						
	3	Married filing separate return.		,						
Check only	4	Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent,								
one box.	_	enter this child's name he								
	5	Qualifying widow(er) with dependent child (year spouse died ►). (See page 19.)								
Evemptions	6a	Yourself. If your parent (or so		you as a depe	endent on h	is or her t	No. of box			
Exemptions		return, do not check box 6a					6a and 6b			
	b	Spouse	 		ependent's	4) vif qualifyi	No. of you			
	С	Dependents:	(2) Dependent social security nu	rolati		child for child t		n 6c		
		(1) First name Last name	Social Security III	imbei	you cı	edit (see page	20) • lived wi	ith you		
If more than six							• did not	live with		
dependents,						<u> Ц</u>	you due to or separat			
see page 20.							(see page			
						<u> Ц</u>	Dependent			
						<u>Ц</u>	not entere Add number			
	a	Total number of everytions claim					— entered or	1		
	d	Total number of exemptions claim			<u> </u>		. lines abov	e		
Income	7	Wages, salaries, tips, etc. Attach				· · -	7			
IIICOIIIC	8a	Taxable interest. Attach Schedule					8a			
Attach	b	Tax-exempt interest. Do not include on line 8a 8b								
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schede	· · -	9						
Also attach	10	Taxable refunds, credits, or offset	· · -	10						
Form(s) 1099-R	11	Alimony received	· · -	11						
if tax was withheld.	12	Business income or (loss). Attach		12						
If you did not	13	Capital gain or (loss). Attach Sche	· ⊔⊦	13						
	14	Other gains or (losses). Attach For	m 4797			· · -	14			
	15a	Total IRA distributions . 15a		b Taxable am		3° 2°,	15b			
get a W-2, see page 21.	16a	Total pensions and annuities 16a		b Taxable am	ount (see pa	ge 23)	16b			
ooo pago z	17	Rental real estate, royalties, partner	ule E	17						
Enclose, but do	18	Farm income or (loss). Attach Sch	edule F			· · -	18			
not attach, any payment. Also,	19	Unemployment compensation .					19			
please use	20a	Social security benefits . 20a		b Taxable am		9° 29'	20b			
Form 1040-V.	21	Other income. List type and amou	int (see page 27)				21			
	22	Add the amounts in the far right col	umn for lines / through		ır total inco	me ►	22			
Adjusted	23	IRA deduction (see page 27)				+-				
Adjusted	24	Student loan interest deduction (s	ee page 28)			+				
Gross	25	Archer MSA deduction. Attach Fo	rm 8853			+				
Income	26	Moving expenses. Attach Form 3903								
	27	One-half of self-employment tax. Attach Schedule SE . 27				 				
	28	Self-employed health insurance deduction (see page 30) 28				1				
	29	Self-employed SEP, SIMPLE, and qualified plans		29						
	30	Penalty on early withdrawal of savings		. 30	30					
	31a	Alimony paid b Recipient's SSN ▶		31a						
	32	Add lines 23 through 31a				L	32			
	33	Subtract line 32 from line 22. This				▶	33	1		

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Form 1040 (2001)			Page 2							
	34	Amount from line 33 (adjusted gross income)	34							
Tax and Credits		Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a								
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or								
for—		you were a dual-status alien, see page 31 and check here ▶ 35b ☐								
People who		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36							
checked any box on line	37	Subtract line 36 from line 34	37							
35a or 35b or	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on								
who can be claimed as a	30	line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38							
dependent, see page 31.	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39							
All others:	40	Tax (see page 33). Check if any tax is from a \square Form(s) 8814 b \square Form 4972	40							
Single,	41	Alternative minimum tax (see page 34). Attach Form 6251	41							
\$4,550	42	Add lines 40 and 41	42							
Head of household,	43	Foreign tax credit. Attach Form 1116 if required								
\$6,650	44	Credit for child and dependent care expenses. Attach Form 2441								
Married filing	45	orealt for ering and dependent care expenses. Attach Form 2441								
jointly or Qualifying		Credit for the elderly or the disabled. Attach Schedule R Education credits. Attach Form 8863								
widow(er),	46	Education credits. Attach Form 6005								
\$7,600	47	Nate reduction credit. See the worksheet on page 30								
Married filing	48	Child tax credit (see page 37)								
separately,	49	Other credits from: a Form 3800 b Form 8396								
\$3,800	50									
	51	c Form 8801 d Form (specify) 50 Add lines 43 through 50. These are your total credits	51							
	52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0	52							
	53		53							
Other		Self-employment tax. Attach Schedule SE	54							
Taxes	54 55		55							
	56	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required . Advance earned income credit payments from Form(s) W-2	56							
	57	Household employment taxes. Attach Schedule H	57							
	58	Add lines 52 through 57. This is your total tax	58							
Payments	59	Federal income tax withheld from Forms W-2 and 1099 59								
1 dynnonis	60	2001 estimated tax payments and amount applied from 2000 return . 60								
If you have a	61a	Earned income credit (EIC)								
qualifying	b	Nontaxable earned income [61b]								
child, attach Schedule EIC.	62	Excess social security and RRTA tax withheld (see page 51)								
	63	Additional child tax credit. Attach Form 8812								
	64	Amount paid with request for extension to file (see page 51) 64								
	65	Other payments. Check if from a \square Form 2439 b \square Form 4136								
	66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66							
Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67							
Direct	68a	Amount of line 67 you want refunded to you	68a							
deposit? See	▶ b	Routing number								
page 51 and fill in 68b.	▶ d	Account number								
68c, and 68d.	69	Amount of line 67 you want applied to your 2002 estimated tax 69								
Amount	70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 ▶	70							
You Owe	71	Estimated tax penalty. Also include on line 70	<u> </u>							
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 53)?	Complete the following. No							
Designee		signee's Phone Personal identif	cation							
Sign	nar Und	ne	nd to the best of my knowledge and							
Sign	beli	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here	You	ur signature Date Your occupation	Daytime phone number							
Joint return? See page 19.										
Кеер а сору	$\frac{1}{Spe}$	ouse's signature. If a joint return, both must sign. Date Spouse's occupation								
for your records.	7	Shows a sampling and the sample of the sampl								
-		Date Date	Preparer's SSN or PTIN							
Paid	Pre sig	parer's hature Check if self-employed								
Preparer's		n's name (or EIN	<u> </u>							
Use Only		rrs if self-employed),	; ()							