

Write the words "Stimulus Payment" across the top of the form you file.

Form

1040A

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return (9-15-07) 2007

IRS Use Only—Do not write or staple in this space.

Label

(See page 15.)

Use the
IRS label.

Otherwise,
please print
or type.

Presidential

Election Campaign

Filing
status

Check only
one box.

Exemptions

If more than six
dependents,
see page 18.

Income

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
page 21.

Enclose, but do
not attach, any
payment.

Social security,
tier 1 railroad
retirement, and
veterans disability
and death benefits

Adjusted
gross
income

Your first name and initial

Last name

John E.

Michaels

If a joint return, spouse's first name and initial

Last name

Susan R.

Michaels

Home address (number and street). If you have a P.O. box, see page 15.

Apt. no.

1040 Main Street

City, town or post office, state, and ZIP code. If you have a foreign address, see page 15.

Hometown, TX 77099

OMB No. 1545-0074

Your social security number

011 : 00 : 2222

Spouse's social security number

011 : 00 : 1111

▲ You must enter
your SSN(s) above. ▲

Checking a box below will not
change your tax or refund.

☐ You ☐ Spouse

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

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) ☒ If qualifying
child for child
tax credit (see
page 18)

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 page 19)

Dependents
on 6c not
entered above

If you were self-employed or a partner, include the amount you would enter on Schedule SE, line 3.

Add numbers
on lines
above ▶

d Total number of exemptions claimed.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

8a Taxable interest. Attach Schedule 1 if required.

b Tax-exempt interest. Do not include on line 8a.

9a Ordinary dividends. Attach Schedule 1 if required.

b Qualified dividends (see page 22).

10 Capital gain distributions (see page 22).

11a IRA

distributions.

11a

11b Taxable amount
(see page 22).

11b

12a Pensions and
annuities.

12a

12b Taxable amount
(see page 23).

12b

13 Unemployment compensation and Alaska Permanent Fund dividends.

13

14a Social security
benefits.

14a

14b Taxable amount
(see page 25).

14b

15 Add lines 7 through 14b (far right column). This is your total income.

15

16 Educator expenses (see page 25).

16

17 IRA deduction (see page 27).

17

18 Student loan interest deduction (see page 29).

18

19 Tuition and fees deduction. Attach Form 8917.

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

Tax, credits, and payments**Standard Deduction for—**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income).	22	
23a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/> 23a		
b	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b	<input type="checkbox"/>	
24	Enter your standard deduction (see left margin).	24	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
26	If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32.	26	
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	
28	Tax , including any alternative minimum tax (see page 30).	28	
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
31	Education credits. Attach Form 8863.	31	
32	Child tax credit (see page 35). Attach Form 8901 if required.	32	
33	Retirement savings contributions credit. Attach Form 8880.	33	
34	Add lines 29 through 33. These are your total credits .	34	
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35	
36	Advance earned income credit payments from Form(s) W-2, box 9.	36	
37	Add lines 35 and 36. This is your total tax .	37	
38	Federal income tax withheld from Forms W-2 and 1099.	38	
39	2007 estimated tax payments and amount applied from 2006 return.	39	
40a	Earned income credit (EIC) .	40a	
b	Nontaxable combat pay election. 40b		
41	Additional child tax credit. Attach Form 8812.	41	
42	Add lines 38, 39, 40a, and 41. These are your total payments .	42	
43	If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid .	43	
44a	Amount of line 43 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> 44a		
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
45	Amount of line 43 you want applied to your 2008 estimated tax .	45	
46	Amount you owe . Subtract line 42 from line 37. For details on how to pay, see page 53.	46	
47	Estimated tax penalty (see page 53).	47	

Refund

Direct deposit? See page 52 and fill in 44b, 44c, and 44d or Form 8888.

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ **Yes**. Complete the following. ☐ **No**

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

Sign here

Joint return? See page 15. 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 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.

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. ()

