1040	-S	R Department of the U.S. Tax	Treasury—Internal Reverse Return for S	nue Sen enio	vice (99)	201	9	OMB No. 15	45-0074	IRS Use	Only—	·Do not wr	ite or staple	in this space.	
Filing		Single		·							Married filing separately (MFS)				
Status	☐ Head of household (HOH) ☐ Qualifying widow(er) (QW) If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the														
Check only one									HOH c	or QW bo	ox, e	nter the	e child's		
box. name if the qualifying person is a child but not your dependent. ► Your first name and middle initial Last name										Y			Your social security number		
					Enter your last name							000-00-0000			
If joint return, spouse fil	rst na	Last name spouse last name								Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Presidential Election Campaign Check here if you, or your spouse if filing				
Enter Otreet and Apartment Number										jointly, want \$3 to go to this fund. Checking a box below will not change you					
		nd Apartment N		liolog	iii addi co	3, 8130 0011	ipiete	apacea belov	1 (300 11	isti dottori.		checking a ax or refund			
Foreign coun	1					Foreign				more than four dependents,					
Enter your Country Name					Enter your Province State								Steffir Broate Oede>		
Standard Deduction		neone can clai Spouse itemize						pouse as al-status a		endent					
Age/Blindness		ı: 🗌 Were boı			70	□ A									
		ouse: Was b		T											
(1) First name	I TS (Se	ee instructions) Last name	9	(2) Social secu		rity number	(3) Relationship to you		you	Child tax cr		-	for (see in Credit for otl	nst.): her dependents	
(1)															
													I		
				+-						[<u>_</u>	\rightarrow		<u> </u>	
										L			T		
	1	1 Wages, salaries, tips, etc. At		tach Form(s)) W-2 .	i ×					1			
Attach Schedule B if required.	2a	2a Tax-exempt interest		2a			_	b Taxable	e inter	rest 2 t		2b			
	_3a	Qualified divid	dends	3a				b Ordinary div		idends 3		3b			
	4a	IRA distribution	ons	4a				b Taxable amo		ount 4		4b			
	С	Pensions and	annuities .	4c				d Taxable am		ount		4d			
	5a	Social security	benefits	5a				b Taxable am		ount		5b			
	6					equired. If not required, check h				re .		6			
Month/Do	, 7a	7a Other income from Schedule			1, line 9							7a			
WOTH / De	b	b Add lines 1, 2b, 3b, 4b, 4d, 5			5b, 6, and 7a. This is your total income						. ▶	- 7b			
	8a	Adjustments t	to income from Schedule			1, line 22							8a		
Standard	b	b Subtract line 8a from li		7b. This is your adjusted gross income					me _. .		. •	- 8b			
Deduction	9	9 Standard deduction or itemized deductions (from Schedule A) 9													
See Standard Deduction Chart below.	10	Qualified busines	ss income deducti	ion. Attach Form 8995 or Form 8995-A 10					10						
	11a	a Add lines 9 and 10									11a	<u> </u>			
	b	Taxable inco	me. Subtract I	ine 1	1a from	line 8b.	If ze	ro or less,	enter	-0		11b			
Standard		dd the number					\neg							<u> </u>	
Deduction Chart*	IF your filing status is		AND the number of boxes checked is					your filing atus is						ur standard tion is	
	2006 97		1		13	,850	Не	Head of		1			20	,000	
	Single		2			,500	ho	household		2			21	,650	
	Married filing jointly		1			,700		A4-22-1-00		1				,500	
	or		2 3			7,000		Married filing separately		2 3				-,800 - 100	
		alifying dow(er)	4		28,300 29,600					4			16,100 17,400		
	* [*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your													
	sp	ouse itemizes	on a separate	returr	n, or yo	u were a	dua	l-status al	ien. In	stead, s	see i	nstruc	tions.		