

## Label

(See instructions on page 19.)

## Use the IRS label.

Otherwise, please print or type.

## Presidential Election Campaign (See page 19.)

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A  
B  
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R  
E

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning , 2001, ending , 20

OMB No. 1545-0074

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 19.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

## ▲ Important! ▲

You must enter your SSN(s) above.

**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 Spouse  
☐ Yes ☐ No ☐ Yes ☐ No

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) 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 19.)

## 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 . . . . .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 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see page 20.

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

d Total number of exemptions claimed . . . . .

## Income

Attach 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 21.

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

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .
- 8a Taxable interest. Attach Schedule B if required . . . . .
- b Tax-exempt interest. Do not include on line 8a . . . . . 8b
- 9 Ordinary dividends. Attach Schedule B if required . . . . .
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) . . . . .
- 11 Alimony received . . . . .
- 12 Business income or (loss). Attach Schedule C or C-EZ . . . . .
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐
- 14 Other gains or (losses). Attach Form 4797 . . . . .
- 15a Total IRA distributions . 15a b Taxable amount (see page 23)
- 16a Total pensions and annuities . 16a b Taxable amount (see page 23)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F . . . . .
- 19 Unemployment compensation . . . . .
- 20a Social security benefits . 20a b Taxable amount (see page 25)
- 21 Other income. List type and amount (see page 27) . . . . .
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

## Adjusted Gross Income

- 23 IRA deduction (see page 27) . . . . . 23
- 24 Student loan interest deduction (see page 28) . . . . . 24
- 25 Archer MSA 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 30) . . . . . 28
- 29 Self-employed SEP, SIMPLE, and qualified 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 adjusted gross income . . . . . ▶ 33



# Travel Authorization Form



JUGGLER

Print

Reset

## Traveler Information

Today's Date: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

## Estimated Expenses

Travel Item	Estimated Expense
Airfare	
Hotel	
Meals (number of days X \$50.00/day)	
Other	
Total	

## Travel Booking Information

Booking Agent: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Confirmation No.: \_\_\_\_\_

Payment Method: ☐ Company Account ☐ Personal Credit Card

## Approval Signatures

Traveler: \_\_\_\_\_ Date

Manager: \_\_\_\_\_ Date

Cost Center: \_\_\_\_\_ Date