<b>1040</b>		rtment of the Treasury—Internal Reve . Individual Income Tax	- 1111 11	1 (99)	IRS Use O	nly—Do not	write or staple	in this space.	
	For	the year Jan. 1-Dec. 31, 2001, or other tax year	ır beginning ,	2001, ending	, 2	0 ` <u>``</u>	OMB N	lo. 1545-0074	
Label	Yo	ur first name and initial	Last name				Your social	security number	
(See L								<u> </u>	
on page 19.)	If a	joint return, spouse's first name and initial Last name					Spouse's so	ocial security number	
Use the IRS label. Otherwise,	Home address (number and street). If you have a P.O. box, see page 19.						▲ Imp	portant!	
please print R	Cit	y, town or post office, state, and ZIP code. If you have a foreign address, see page 19.					You must enter		
or type.	Cit	, town or post office, state, and zir coc	ie. Ii you nave a foreigii a	iddress, see pai	ge 17.	J	your S	SSN(s) above.	
Presidential	_						You	Spouse	
Election Campaign		Note. Checking "Yes" will not cha		•				No ☐Yes ☐ No	
(See page 19.)		Do you, or your spouse if filing a j	omi return, want \$3 to	go to this ful	iu?		⊥ res ∟	NO □ Yes □ NC	
Eiling Status	1	Single							
Filing Status	2	Married filing joint return (e	-						
	3	Married filing separate return.		,					
Check only	4	Head of household (with qu		age 19.) If the	qualifying p	erson is	a child but r	not your dependent	
one box.	_	enter this child's name her			. ,	<u> </u>			
	5	Qualifying widow(er) with o				(See pag			
Evemptions	6a	Yourself. If your parent (or sor		you as a dep	endent on h	nis or her		of boxes cked on	
Exemptions		return, <b>do not</b> checl						and 6b	
	b	Spouse	<u> </u>	(3) D	ependent's	. / . (4) \( \sigma \) if quali		of your	
	С	Dependents:	(2) Dependen social security nu	l S rolati		child for chile	d toy	dren on 6c	
		(1) First name Last name	Social Security III	imbei	you c	redit (see pag	ne 20)		
If more than six							• d	lid not live with	
dependents,							•	due to divorce eparation	
see page 20.								e page 20)	
						<u> </u>		endents on 6c	
						<u> </u>		entered above numbers	
	a	Total number of eventions claim	nd				ente	ered on	
	d	Total number of exemptions claim		<u> </u>	· · · ·	• •		s above >	
Income	7	Wages, salaries, tips, etc. Attach F					7	-	
income	8a	Taxable interest. Attach Schedule	•			· ·	8a		
Attach	b	Tax-exempt interest. Do not inclu		. 8b					
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedu	•				9		
Also attach	10	Taxable refunds, credits, or offsets	s of state and local inc	come taxes (se	ee page 22		10		
Form(s) 1099-R	11	Alimony received					11		
if tax was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ					12		
withineid.	13	Capital gain or (loss). Attach Sche		ot required, cl	neck here I	▶ ⊔	13		
	14	Other gains or (losses). Attach For	m 4797				14		
If you did not	15a	Total IRA distributions . 15a		<b>b</b> Taxable am		•	15b		
get a W-2, see page 21.	16a	Total pensions and annuities 16a		<b>b</b> Taxable am	ount (see pa	ge 23)	16b		
1 3	17	Rental real estate, royalties, partne				dule 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>b</b> Taxable am		•	20b		
Form 1040-V.	21	Other income. List type and amou	nt (see page 27)				21		
	22	Add the amounts in the far right col	umn for lines / through		ur total inco	ome ►	22		
Adjusted	23	IRA deduction (see page 27)							
Adjusted	24	Student loan interest deduction (se	ee page 28)						
Gross	25	Archer MSA deduction. Attach For	m 8853						
Income	26	Moving expenses. Attach Form 39	03						
	27	One-half of self-employment tax. A	Attach Schedule SE	. 27					
	28	Self-employed health insurance de	eduction (see page 30)						
	29	Self-employed SEP, SIMPLE, and	qualified plans .	. 29					
	30	Penalty on early withdrawal of savings							
	31a	94-							
	32	Add lines 23 through 31a					32		
	33	Subtract line 32 from line 22. This				•	33		

Form 1040 (2001)			Page <b>2</b>				
	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 <b>or</b>	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	<b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39				
<ul><li>All others:</li></ul>	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 <b>total credits</b>	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 <b>total tax</b>	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 <b>overpaid</b>	67				
Direct	68a	Amount of line 67 you want <b>refunded to you</b>	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>				
<b>Third Party</b>	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	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	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, <b>both</b> must sign. Date Spouse's occupation					
for your records.	7	Shows a second s					
-		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),	; ( )				

## **Travel Authorization Form**

Cost Center:



Traveler Information	
Today's Date:	
Traveler's Name:	
Department:	
Manager's Name:	
Destination(s):	
Departure Date: Ret	turn 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:	