

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

Label Here

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.

You Spouse Yes No Yes No

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?

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

If more than six dependents, see page 20.

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
6b Spouse
6c 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 20)
6d 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.

Table with 22 rows for income items: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 8b Tax-exempt interest; 9 Ordinary dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a Total IRA distributions; 15b Taxable amount; 16a Total pensions and annuities; 16b Taxable amount; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 20b Taxable amount; 21 Other income; 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income

Table with 11 rows for adjusted gross income items: 23 IRA deduction; 24 Student loan interest deduction; 25 Archer MSA deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed health insurance deduction; 29 Self-employed SEP, SIMPLE, and qualified plans; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 31b Recipient's SSN; 32 Add lines 23 through 31a; 33 Subtract line 32 from line 22. This is your adjusted gross income.

**Tax and Credits**

**Standard Deduction for—**  
 • People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.  
 • All others:  
 Single, \$4,550  
 Head of household, \$6,650  
 Married filing jointly or Qualifying widow(er), \$7,600  
 Married filing separately, \$3,800

<b>34</b>	Amount from line 33 (adjusted gross income)		<b>34</b>	
<b>35a</b>	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here . . . ▶ <b>35a</b>			
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here . . . ▶ <b>35b</b> <input type="checkbox"/>			
<b>36</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)		<b>36</b>	
<b>37</b>	Subtract line 36 from line 34		<b>37</b>	
<b>38</b>	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32		<b>38</b>	
<b>39</b>	<b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		<b>39</b>	
<b>40</b>	<b>Tax</b> (see page 33). Check if any tax is from <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972		<b>40</b>	
<b>41</b>	<b>Alternative minimum tax</b> (see page 34). Attach Form 6251		<b>41</b>	
<b>42</b>	Add lines 40 and 41		<b>42</b>	
<b>43</b>	Foreign tax credit. Attach Form 1116 if required	<b>43</b>		
<b>44</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>44</b>		
<b>45</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>45</b>		
<b>46</b>	Education credits. Attach Form 8863	<b>46</b>		
<b>47</b>	Rate reduction credit. See the worksheet on page 36	<b>47</b>		
<b>48</b>	Child tax credit (see page 37)	<b>48</b>		
<b>49</b>	Adoption credit. Attach Form 8839	<b>49</b>		
<b>50</b>	Other credits from: <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8396 <b>c</b> <input type="checkbox"/> Form 8801 <b>d</b> <input type="checkbox"/> Form (specify) _____	<b>50</b>		
<b>51</b>	Add lines 43 through 50. These are your <b>total credits</b>	<b>51</b>		
<b>52</b>	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	<b>52</b>		

**Other Taxes**

<b>53</b>	Self-employment tax. Attach Schedule SE		<b>53</b>	
<b>54</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		<b>54</b>	
<b>55</b>	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required		<b>55</b>	
<b>56</b>	Advance earned income credit payments from Form(s) W-2		<b>56</b>	
<b>57</b>	Household employment taxes. Attach Schedule H		<b>57</b>	
<b>58</b>	Add lines 52 through 57. This is your <b>total tax</b>		<b>58</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>59</b>	Federal income tax withheld from Forms W-2 and 1099	<b>59</b>		
<b>60</b>	2001 estimated tax payments and amount applied from 2000 return	<b>60</b>		
<b>61a</b>	<b>Earned income credit (EIC)</b>	<b>61a</b>		
<b>b</b>	Nontaxable earned income . . . <b>61b</b>			
<b>62</b>	Excess social security and RRTA tax withheld (see page 51)	<b>62</b>		
<b>63</b>	Additional child tax credit. Attach Form 8812	<b>63</b>		
<b>64</b>	Amount paid with request for extension to file (see page 51)	<b>64</b>		
<b>65</b>	Other payments. Check if from <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136	<b>65</b>		
<b>66</b>	Add lines 59, 60, 61a, and 62 through 65. These are your <b>total payments</b>	<b>66</b>		

**Refund**

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

<b>67</b>	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you <b>overpaid</b>	<b>67</b>		
<b>68a</b>	Amount of line 67 you want <b>refunded to you</b>	<b>68a</b>		
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number <input type="text"/>			
<b>69</b>	Amount of line 67 you want <b>applied to your 2002 estimated tax</b>	<b>69</b>		

**Amount You Owe**

<b>70</b>	<b>Amount you owe.</b> Subtract line 66 from line 58. For details on how to pay, see page 52	<b>70</b>		
<b>71</b>	Estimated tax penalty. Also include on line 70	<b>71</b>		

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 53)?  **Yes.** Complete the following.  **No**

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

Joint return? See page 19. 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ( )	