

Label
(See page 19.)

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

L A B E L H E R E	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 20.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		

▲ IMPORTANT! ▲
You **must** enter your SSN(s) above.

Presidential Election Campaign Fund (See page 20.)
Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes	No

Note. Checking "Yes" will not change your tax or reduce your refund.

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 number above and full name here. ▶ _____
- 4 Head of household (with qualifying person). (See page 21.) 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 ▶ 19 ____). (See page 22.)

Exemptions

If more than seven dependents, see page 22.

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. } **No. of boxes checked on 6a and 6b** _____

b **Spouse**

c Dependents:		(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 23)	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 24)
(1) First name	Last name				
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed. Dependents on 6c not entered above _____

Add numbers entered on lines above

Income

Attach Copy B of your 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 25.

Enclose, but do not staple, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a	Taxable interest. Attach Schedule 1 if required.	8a
b	Tax-exempt interest. DO NOT include on line 8a.	8b
9	Ordinary dividends. Attach Schedule 1 if required.	9
10a	Total IRA distributions. 10a	10b Taxable amount (see page 25). 10b
11a	Total pensions and annuities. 11a	11b Taxable amount (see page 26). 11b
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12
13a	Social security benefits. 13a	13b Taxable amount (see page 28). 13b
14	Add lines 7 through 13b (far right column). This is your total income .	▶ 14
15	IRA deduction (see page 30).	15
16	Student loan interest deduction (see page 30).	16
17	Add lines 15 and 16. These are your total adjustments .	17
18	Subtract line 17 from line 14. This is your adjusted gross income .	▶ 18

Taxable income	19	Enter the amount from line 18.	19	
	20a	Check <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind } Enter number of boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind } 20a		
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here 20b		<input type="checkbox"/>
	21	Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 20a or 20b OR if someone can claim you as a dependent. <ul style="list-style-type: none"> • Single—\$4,300 • Married filing jointly or Qualifying widow(er)—\$7,200 • Head of household—\$6,350 • Married filing separately—\$3,600 	21	
	22	Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-.	22	

Tax, credits, and payments	23	Multiply \$2,750 by the total number of exemptions claimed on line 6d.	23	
	24	Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your taxable income .	24	
	25	Find the tax on the amount on line 24 (see page 34).	25	
	26	Credit for child and dependent care expenses. Attach Schedule 2.	26	
	27	Credit for the elderly or the disabled. Attach Schedule 3.	27	
	28	Child tax credit (see page 35).	28	
	29	Education credits. Attach Form 8863.	29	
	30	Adoption credit. Attach Form 8839.	30	
	31	Add lines 26 through 30. These are your total credits .	31	
	32	Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-.	32	

Refund	33	Advance earned income credit payments from Form(s) W-2.	33	
	34	Add lines 32 and 33. This is your total tax .	34	
	35	Total Federal income tax withheld from Forms W-2 and 1099.	35	
	36	1999 estimated tax payments and amount applied from 1998 return.	36	
	37a	Earned income credit. Attach Schedule EIC if you have a qualifying child.	37a	

Amount you owe	b	Nontaxable earned income: amount <input type="text"/> and type <input type="text"/>		
	38	Additional child tax credit. Attach Form 8812.	38	
	39	Add lines 35, 36, 37a, and 38. These are your total payments .	39	

Sign here	40	If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you overpaid .	40	
	41a	Amount of line 40 you want refunded to you .	41a	

Have it directly deposited! See page 47 and fill in 41b, 41c, and 41d.

b Routing number **c** Type: Checking Savings

d Account number

Paid preparer's use only	42	Amount of line 40 you want applied to your 2000 estimated tax .	42	
	43	If line 34 is more than line 39, subtract line 39 from line 34. This is the amount you owe . For details on how to pay, see page 48.	43	
	44	Estimated tax penalty (see page 48).	44	

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 telephone number (optional) ()
Spouse's signature. If joint return, BOTH must sign.	Date	Spouse's occupation	

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address			EIN : ZIP code

