

Label
(See page 18.)

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

Presidential Election Campaign

L A B E L H E R E	Your first name and initial	Last name	OMB No. 1545-0074
	If a joint return, spouse's first name and initial	Last name	Your social security number
	Home address (number and street). If you have a P.O. box, see page 18.	Apt. no.	Spouse's social security number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.		You must enter your SSN(s) above.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) **You** **Spouse**

Filing status
Check only one box.

- 1** Single
- 2** Married filing jointly (even if only one had income)
- 3** Married filing separately. Enter spouse's SSN 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 (see page 19)

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **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 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you**
- did not live with you due to divorce or separation (see page 22)**

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed.

Income

Attach 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 24.

Enclose, but do not attach, 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	
9a Ordinary dividends. Attach Schedule 1 if required.	9a	
b Qualified dividends (see page 25).	9b	
10 Capital gain distributions (see page 25).	10	
11a IRA distributions.	11a	11b Taxable amount (see page 25).
12a Pensions and annuities.	12a	12b Taxable amount (see page 26).
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	14b Taxable amount (see page 28).
15 Add lines 7 through 14b (far right column). This is your total income .	15	
16 Educator expenses (see page 28).	16	
17 IRA deduction (see page 28).	17	
18 Student loan interest deduction (see page 31).	18	
19 Tuition and fees deduction (see page 32).	19	
20 Add lines 16 through 19. These are your total adjustments .	20	
21 Subtract line 20 from line 15. This is your adjusted gross income .	21	

Adjusted gross income

Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income). 22

23a Check if: You were born before January 2, 1941, Blind Spouse was born before January 2, 1941, Blind Total boxes checked 23a

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here 23b

Standard Deduction for—

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:
Single or Married filing separately, \$5,000
Married filing jointly or Qualifying widow(er), \$10,000
Head of household, \$7,300

24 Enter your **standard deduction** (see left margin). 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25

26 If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 33. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d. 26

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income**. 27

28 **Tax**, including any alternative minimum tax (see page 34). 28

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 38). Attach Form 8901 if required. 33

34 Adoption credit. Attach Form 8839. 34

35 Add lines 29 through 34. These are your **total credits**. 35

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-. 36

37 Advance earned income credit payments from Form(s) W-2. 37

38 Add lines 36 and 37. This is your **total tax**. 38

39 Federal income tax withheld from Forms W-2 and 1099. 39

40 2005 estimated tax payments and amount applied from 2004 return. 40

If you have a qualifying child, attach Schedule EIC.

41a **Earned income credit (EIC)**. 41a

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812. 42

43 Add lines 39, 40, 41a, and 42. These are your **total payments**. 43

Refund 44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you **overpaid**. 44

45a Amount of line 44 you want **refunded to you**. 45a

Direct deposit? See page 53 and fill in 45b, 45c, and 45d.

b Routing number Type: Checking Savings

d Account number

46 Amount of line 44 you want **applied to your 2006 estimated tax**. 46

Amount you owe 47 **Amount you owe**. Subtract line 43 from line 38. For details on how to pay, see page 54. 47

48 Estimated tax penalty (see page 54). 48

Third party designee Do you want to allow another person to discuss this return with the IRS (see page 55)? Yes. Complete the following. No

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

Sign here 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.

Joint return? See page 18. Keep a copy for your records.

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

Paid preparer's use only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()