

Label
(See page 15.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

Filing status
Check only one box.

Exemptions

If more than six dependents, see page 18.

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 21.

Enclose, but do not attach, any payment.

Adjusted gross income

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 15.		Apt. no.	Spouse's social security number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 15.			<p>▲ You must enter your SSN(s) above. ▲</p> <p>Checking a box below will not change your tax or refund.</p>

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15) **You** **Spouse**

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)

6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.				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 19)	
b <input type="checkbox"/> Spouse						
c Dependents:				Dependents on 6c not entered above	Add numbers on lines above ▶	
(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 18)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
d Total number of exemptions claimed.						

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 22).	9b	
10 Capital gain distributions (see page 22).	10	
11a IRA distributions.	11a	11b Taxable amount (see page 22).
		11b
12a Pensions and annuities.	12a	12b Taxable amount (see page 23).
		12b
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	14b Taxable amount (see page 25).
		14b
15 Add lines 7 through 14b (far right column). This is your total income .	▶ 15	

16 Educator expenses (see page 25).	16	
17 IRA deduction (see page 27).	17	
18 Student loan interest deduction (see page 29).	18	
19 Tuition and fees deduction. Attach Form 8917.	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	

