

Your first name and initial	Last name	OMB No. 1545-0074
If a joint return, spouse's first name and initial	Last name	<b>Your social security number</b> : : : : : :
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		<b>Spouse's social security number</b> : : : : : :

Foreign country name	Foreign province/state/country	Foreign postal code	▲ Make sure the SSN(s) above and on line 6c are correct.
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.			<input type="checkbox"/> You <input type="checkbox"/> Spouse

**Filing status**  
Check only one box.

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

**Exemptions**

**6a**  **Yourself.** If someone can claim you as a dependent, **do not check** box 6a.

**b**  **Spouse**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. Add numbers on lines above ▶

**Income**

**7** Wages, salaries, tips, etc. Attach Form(s) W-2. 7

**8a** Taxable interest. Attach Schedule B if required. 8a

**b** Tax-exempt interest. **Do not** include on line 8a. 8b

**9a** Ordinary dividends. Attach Schedule B if required. 9a

**b** Qualified dividends (see instructions). 9b

**10** Capital gain distributions (see instructions). 10

<b>11a</b> IRA distributions. <span style="float: right;">11a</span>		<b>11b</b> Taxable amount (see instructions). <span style="float: right;">11b</span>
<b>12a</b> Pensions and annuities. <span style="float: right;">12a</span>		<b>12b</b> Taxable amount (see instructions). <span style="float: right;">12b</span>

**13** Unemployment compensation and Alaska Permanent Fund dividends. 13

<b>14a</b> Social security benefits. <span style="float: right;">14a</span>		<b>14b</b> Taxable amount (see instructions). <span style="float: right;">14b</span>
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**15** Add lines 7 through 14b (far right column). This is your **total income**. ▶ 15

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions). <span style="float: right;">16</span>		
<b>17</b> IRA deduction (see instructions). <span style="float: right;">17</span>		
<b>18</b> Student loan interest deduction (see instructions). <span style="float: right;">18</span>		
<b>19</b> Reserved for future use. <span style="float: right;">19</span>		
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> . <span style="float: right;">20</span>		
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶ <span style="float: right;">21</span>		