

☐ Married filing separate return ☐ Qualifying widow(er) ☐ Head of household

Your first name and initial

Last name

Your social security number

: :
: :
: :Standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

Spouse or qualifying person's first name and initial (see inst.)

Last name

Spouse's social security number

: :
: :
: :Standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Your spouse was born before January 2, 1954
☐ Your spouse is blind ☐ Your spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign.✓ if you want \$3 to go to this fund
(see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

☐ Full-year health care coverage
(see instructions)**Dependents** (see instructions):

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ✓ if qualifies for (see inst.):

Child tax credit

Credit for other dependents

☐☐☐☐**Sign Here**Joint return?
See instructions.
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 accurately reflect all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection
PIN, enter it here (see inst.) Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection
PIN, enter it here (see inst.) **Paid Preparers**

Print/Type preparer's name

Preparer's signature

PTIN

Check if:

☐ 3rd Party Designee☐ Self-employed

Firm's name ▶

Firm's EIN ▶