Form **1040A**	Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return**	**1999**	IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0085

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.)

	Yes	No
Do you want $3 to go to this fund?		
If a joint return, does your spouse want $3 to go to this fund?		

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.

b ☐ **Spouse**

c Dependents:				
(1) First name Last name	**(2)** Dependent's social security number	**(3)** Dependent's relationship to you	**(4)** ✓if qualifying child for child tax credit (see page 23)	
_____	⋮	_____	☐	
_____	⋮	_____	☐	
_____	⋮	_____	☐	
_____	⋮	_____	☐	
_____	⋮	_____	☐	
_____	⋮	_____	☐	
_____	⋮	_____	☐	

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

No. of your children on 6c who:
● lived with you _____
● did not live with you due to divorce or separation (see page 24) _____

Dependents on 6c not entered above _____

d Total number of exemptions claimed.

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** | |

Adjusted gross income

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** | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 53.   Cat. No. 11327A   Form **1040A** (1999)

Taxable income	**19**	Enter the amount from line 18.	19

20a Check if: □ **You** were 65 or older □ Blind } **Enter number of boxes checked ▶ 20a** ☐
□ **Spouse** was 65 or older □ Blind }

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here . . . . ▶ 20b □

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.
● 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

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

Tax, credits, and payments

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

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

b Nontaxable earned income: amount ▶   and type ▶

38 Additional child tax credit. Attach Form 8812.   38

39 Add lines 35, 36, 37a, and 38. These are your **total payments.** ▶ 39

Refund

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

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

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

▶ **d** Account number □□□□□□□□□□□□□□□□□

42 Amount of line 40 you want **applied to your 2000 estimated tax.**   42

Amount you owe

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

Sign here

Joint return? See page 20. 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 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

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) and address ▶ | EIN | ZIP code