

**Label**  
(See page 18.)

**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	OMB No. 1545-0085
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 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.		

**▲ Important! ▲**  
You must enter your SSN(s) above.

**Presidential Election Campaign**  
(See page 18.)

**Note.** Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . .

<b>You</b>	<b>Spouse</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 21) \_\_\_\_\_

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 22.

Enclose, but do not attach, any payment.

<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
<b>8a</b>	Taxable interest. Attach Schedule 1 if required.	8a	
<b>b</b>	Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
<b>9a</b>	Ordinary dividends. Attach Schedule 1 if required.	9a	
<b>b</b>	Qualified dividends (see page 23).	9b	
<b>10</b>	Capital gain distributions (see page 23).	10	
<b>11a</b>	IRA distributions.	11a	
		<b>11b</b>	
	Taxable amount (see page 23).	11b	
<b>12a</b>	Pensions and annuities.	12a	
		<b>12b</b>	
	Taxable amount (see page 24).	12b	
<b>13</b>	Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b>	Social security benefits.	14a	
		<b>14b</b>	
	Taxable amount (see page 26).	14b	
<b>15</b>	Add lines 7 through 14b (far right column). This is your <b>total income</b> .	▶ 15	
<b>16</b>	Educator expenses (see page 26).	16	
<b>17</b>	IRA deduction (see page 26).	17	
<b>18</b>	Student loan interest deduction (see page 29).	18	
<b>19</b>	Tuition and fees deduction (see page 29).	19	
<b>20</b>	Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
<b>21</b>	Subtract line 20 from line 15. This is your <b>adjusted gross income</b> .	▶ 21	

**Adjusted gross income**

