| 1040 | | rtment of the Treasury—Internal Revenue | | | | | | |
|-----------------------------------|----------|--|-----------------------------------|---------------------------------|------------------------------------|---|--|--|
| | | . Individual Income Tax Re | | | nly—Do not | t write or staple in this space. | | |
| Label | | e year Jan. 1-Dec. 31, 1999, or other tax yeau ar first name and initial | Last name | , 1999, ending | | , OMB No. 1545-0074 | | |
| | 100 | | Last hame | | | Your social security number | | |
| instructions A | lf a | joint return, spouse's first name and initial Last name | | | | Spouse's social security number | | |
| on page 18.) E | | | | Spouse s social security number | | | | |
| Use the IRS Label. | Но | ne address (number and street). If you have | a P.O. box, see page 18. Apt. no. | | | IMPORTANT! | | |
| Otherwise, E | | | | | | You must enter | | |
| please print E | City | , town or post office, state, and ZIP code. If | you have a foreign addre | ess, see page 18. | | your SSN(s) above. | | |
| Presidential | | | | | | Yes No Note. Checking "Yes" will not | | |
| Election Campaig | n | Do you want \$3 to go to this fund? . | | | | change your tax or | | |
| (See page 18.) | | If a joint return, does your spouse war | nt \$3 to go to this fund | 1? | | reduce your refund. | | |
| Eiling Status | 1 | Single | | | | | | |
| Filing Status | 2 | Married filing joint return (even | | - | | | | |
| | 3 | Married filing separate return. Enter spouse's social security no. above and full name here. ► Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, | | | | | | |
| Check only | 4 | | | 18.) If the qualifying p | person is | a child but not your dependent, | | |
| one box. | 5 | enter this child's name here. ► Qualifying widow(er) with depe | | ise died ► 19 |) (See n | bage 18.) | | |
| | 6a | Vourself. If your parent (or someo | · · | | | | | |
| Exemptions | °u | return, do not check bo | | | | checked on | | |
| • | b | Spouse | | | | 6a and 6b No. of your | | |
| | с | Dependents: | (2) Dependent's | (3) Dependent's | (4) √ if quali | ifying children on 6c | | |
| | | (1) First name Last name | social security number | relationship to you | child for child credit (see pag | WID. | | |
| | | | | | | did not live with | | |
| If more than six dependents, | | | | | | you due to divorce | | |
| see page 19. | | | | | | or separation (see page 19) | | |
| | | | | | | Dependents on 6c | | |
| | | | | | | Add numbers | | |
| | h | Total number of exemptions alogned | | | | entered on | | |
| | d | Total number of exemptions claimed | | | | lines above ► | | |
| Income | 7 | Wages, salaries, tips, etc. Attach Form | | | • • | 8a | | |
| | 8a b | Taxable interest. Attach Schedule B if Tax-exempt interest. DO NOT include | | 8b | · · | | | |
| Attach Copy B of your | 9 | Ordinary dividends. Attach Schedule E | | | | 9 | | |
| Forms W-2 and | 10 | Taxable refunds, credits, or offsets of |) | 10 | | | | |
| W-2G here. Also attach | 11 | Alimony received | , | 11 | | | | |
| Form(s) 1099-R | 12 | Business income or (loss). Attach Scho | | | | 12 | | |
| if tax was | 13 | Capital gain or (loss). Attach Schedule | _ | 13 | | | | |
| withheld. | 14 | Other gains or (losses). Attach Form 4 | 797 | · · · · · · · · | | 14 | | |
| If you did not | 15a | Total IRA distributions 15a | b 1 | Faxable amount (see pa | ige 22) | 15b | | |
| get a W-2, see page 20. | 16a | Total pensions and annuities 16a | b 1 | Taxable amount (see pa | ige 22) | 16b | | |
| see page 20. | 17 | Rental real estate, royalties, partnership | ps, S corporations, trus | sts, etc. Attach Sche | dule E | 17 | | |
| Enclose, but do | 18 | Farm income or (loss). Attach Schedul | | 18 | | | | |
| not staple, any payment. Also, | 19 | Unemployment compensation | | | | 19 | | |
| please use | 20a | Social security benefits . 20a | | laxable amount (see pa | • | 20b | | |
| Form 1040-V. | 21 22 | Other income. List type and amount (s Add the amounts in the far right column | see page 24) | This is your total inc | me 🕨 | 21 22 | | |
| | 23 | IRA deduction (see page 26) | | 23 | | | | |
| Adjusted | 24 | Student loan interest deduction (see p | | 24 | | | | |
| Gross | 25 | Medical savings account deduction. A | - | 25 | | | | |
| Income | 26 | Moving expenses. Attach Form 3903 | | 26 | | | | |
| | 27 | One-half of self-employment tax. Attac | | 27 | | | | |
| | 28 | Self-employed health insurance deduc | | 28 | | | | |
| | 29 | Keogh and self-employed SEP and SII | | 29 | | | | |
| | 30 | Penalty on early withdrawal of savings | | 30 | | | | |
| | 31a | Alimony paid b Recipient's SSN ► | | 31a | | | | |
| | 32 | Add lines 23 through 31a | | | | 32 | | |
| | 33 | Subtract line 32 from line 22. This is y | our adjusted gross in | come | . 🖻 | 33 | | |

| Tay and | 34 | Amount from line 33 (adjusted gross income) | 34 | | |
|--|----------------|--|------------|---------------------------|----|
| Tax and | 35a | Check if: 🗌 You were 65 or older, 🔲 Blind; 🗌 Spouse was 65 or older, 🔲 Blind. | | | |
| Credits | | Add the number of boxes checked above and enter the total here > 35a | | | |
| | b | | | | |
| Standard | 1 | If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b □ | | | |
| Deduction | 36 | Enter your itemized deductions from Schedule A, line 28, OR standard deduction | | | |
| for Most | ſ | shown on the left. But see page 30 to find your standard deduction if you checked any | 36 | | |
| People | 27 | box on line 35a or 35b or if someone can claim you as a dependent | 37 | | |
| Single: \$4,300 | 37 | Subtract line 36 from line 34 | 57 | | |
| Head of | 38 | If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on | 20 | | |
| household: | | line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter . | 38 | | |
| \$6,350 | 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | | |
| Married filing jointly or | 40 | Tax (see page 31). Check if any tax is from a 🗌 Form(s) 8814 b 🗌 Form 4972 | 40 | | |
| Qualifying | 41 | Credit for child and dependent care expenses. Attach Form 2441 | - | | |
| widow(er): \$7,200 | 42 | Credit for the elderly or the disabled. Attach Schedule R 42 | - | | |
| Married | 43 | Child tax credit (see page 33) | | | |
| filing | 44 | Education credits. Attach Form 8863 | | | |
| separately: | 45 | Adoption credit. Attach Form 8839 | | | |
| \$3,600 | 46 | Foreign tax credit. Attach Form 1116 if required | | | |
| | 47 | Other. Check if from a Form 3800 b Form 8396 | | | |
| | | c □ Form 8801 d □ Form (specify) 47 | | | |
| | 48 | Add lines 41 through 47. These are your total credits | 48 | | |
| | 49 | Subtract line 48 from line 40. If line 48 is more than line 40, enter -0 | 49 | | _ |
| | | | 50 | | |
| Other | 50 | Self-employment tax. Attach Schedule SE | 51 | | |
| Taxes | 51 | Alternative minimum tax. Attach Form 6251 | 52 | | |
| | 52 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | | | |
| | 53 | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required | 53 | | |
| | 54 | Advance earned income credit payments from Form(s) W-2 | 54 | | |
| | 55 | Household employment taxes. Attach Schedule H. | 55 | | |
| | 56 | Add lines 49 through 55. This is your total tax. | 56 | | |
| Payments | 57 | Federal income tax withheld from Forms W-2 and 1099 57 | - | | |
| | 58 | 1999 estimated tax payments and amount applied from 1998 return . 58 | - | | |
| | 59a | Earned income credit. Attach Sch. EIC if you have a qualifying child | | | |
| | b | Nontaxable earned income: amount | | | |
| | | and type ► | - | | |
| | 60 | Additional child tax credit. Attach Form 8812 | | | |
| | 61 | Amount paid with request for extension to file (see page 48) 61 | | | |
| | 62 | Excess social security and RRTA tax withheld (see page 48) 62 | | | |
| | 63 | Other payments. Check if from a Form 2439 b Form 4136 63 | | | |
| | 64 | Add lines 57, 58, 59a, and 60 through 63. These are your total payments | 64 | | |
| Refund | 65 | If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID | 65 | | |
| Keluliu | 66a | Amount of line 65 you want REFUNDED TO YOU | 66a | | |
| Have it | oou | | | | |
| directly deposited! | ▶ b | Routing number | | | |
| See page 48 | ► d | | | | |
| and fill in 66b, ¹ 66c, and 66d. | 67 | Account number Account number Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX ► 67 | | | |
| | | | - | | |
| Amount | 68 | If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . | 68 | | |
| You Owe | 69 | For details on how to pay, see page 49 | 00 | | |
| Cian | - | r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, ar | d to th | e best of my knowledge ar | nd |
| Sign | | they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of | | | |
| Here | | Your signature Your occupation | | Daytime telephone | |
| Joint return? See page 18. | | | | number (optional) | |
| Keep a copy | | Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation | | () | |
| for your | | Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation | | | |
| records. | , | | D . | | |
| Paid | Prepa signa | Date Check if Check if | Prep | arer's SSN or PTIN | |
| Preparer's | | | | | |
| Use Only | if self | employed) and | EIN | | |
| | addre | | ZIP | code | |