1040		rtment of the Treasury—Internal Revenue 5. Individual Income Tax Re	//// \\ #	(99) IRS Use	Only Do no	at write or	staple in this space.		
<u> </u>		ne year Jan. 1-Dec. 31, 2000, or other tax year		, 2000, ending	Only—Do no	, 20		5-0074	
Label (Your first name and initial Last name				` Your social security number			
(See			!	i i					
instructions on page 19.)	g Ifa :	joint return, spouse's first name and initial Last name					Spouse's social security number		
Use the IRS	Но	me address (number and street). If you have a P.O. box, see page 19. Apt. no.			A .		_		
label. HOTHER DESIGNATION OF THE PROPERTY OF T	1 1	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.					mportant!		
please print or type.							You must enter your SSN(s) above.		
Presidential Election Campaig	<u></u>	Note. Checking "Yes" will not change	your tay or reduce w	our refund		Υοι	ı Spous	e	
(See page 19.)	JII 🕨	Do you, or your spouse if filing a joint			•	□Yes	. □No □Yes	□No	
(See page 17.)		Single							
Filing Status	2	Married filing joint return (even	if only one had incor	mal					
g	3		•	•	me here l	•			
	4	Married filing separate return. Enter spouse's social security no. above and full name here. ► Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent.							
Check only one box.	•	enter this child's name here.		o 17.) II tilo qualifying	porsorris	, a orma i	sat not your dopor	naoni	
	5	Qualifying widow(er) with dependent child (year spouse died >). (See page 19.)							
Exemptions	6a	Yourself. If your parent (or someo	ne else) can claim you	u as a dependent or	his or he	r tax	No. of boxes		
		return, do not check bo	ох 6а			}	checked on 6a and 6b		
	b	Spouse			/ .	<u>.</u> J	No. of your		
	С	Dependents:	(2) Dependent's	(3) Dependent's relationship to	(4) √ if qua		children on 6c		
		(1) First name Last name	social security number	you you	credit (see pa		who: • lived with you _		
If more than six					\vdash		 did not live with 		
dependents,							you due to divorce or separation		
see page 20.			1 1		\vdash		(see page 20)		
			<u> </u>		\vdash		Dependents on 6c not entered above _		
							Add numbers		
	d	Total number of exemptions claimed			_ ⊔		entered on lines above ►		
	7	Wages, salaries, tips, etc. Attach Form				7			
Income	, 8a	Taxable interest. Attach Schedule B if	* *			8a			
A44 I-	b	Tax-exempt interest. Do not include of	·	 8b					
Attach Forms W-2 and	9	Ordinary dividends. Attach Schedule B if required							
W-2G here.	10	Taxable refunds, credits, or offsets of		e taxes (see page 2		10			
Also attach Form(s) 1099-R	11	Alimony received				11			
if tax was	12	Business income or (loss). Attach Schedule C or C-EZ							
withheld.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here							
	14	Other gains or (losses). Attach Form 4	797			14			
If you did not get a W-2, see page 21.	15a	Total IRA distributions . 15a	b	Taxable amount (see	page 23)	15b			
	16a	Total pensions and annuities 16a	b	Taxable amount (see	page 23)	16b		<u> </u>	
see page 21.	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E							
Enclose, but do	18	Farm income or (loss). Attach Schedul		18		-			
not attach, any payment. Also,	19	Unemployment compensation						-	
please use	20a	Social security benefits . 20a b Taxable amount (see page 25)							
Form 1040-V.	21	Other income. List type and amount (s				21			
	22	Add the amounts in the far right column			come 🚩	22		-	
Adjusted	23	IRA deduction (see page 27)		23					
Gross	24	Student loan interest deduction (see p		24					
Income	25	Medical savings account deduction. Attach Form 8853 . 25							
	26	Moving expenses. Attach Form 3903				-//////			
	27	one namer sememprogramma tax. Attach semedan se				*////			
	28	Self-employed health insurance deductions	· -	29					
	29 30	Self-employed SEP, SIMPLE, and qua Penalty on early withdrawal of savings	•	30					
	30 31a	Alimony paid b Recipient's SSN ▶	4 4	31a					
	31a 32	Add lines 23 through 31a			1	32			
	33	Subtract line 32 from line 22. This is y	our adjusted gross i	ncome		33			

Form 1040 (2000)	ı			Page 2					
Toy and	34	Amount from line 33 (adjusted gross income)	<u></u>	34					
Tax and Credits	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older							
Ciedits		Add the number of boxes checked above and enter the total here	▶ 35a						
	b	If you are married filing separately and your spouse itemizes deductions, of you were a dual-status alien, see page 31 and check here							
Standard Deduction	36	Enter your itemized deductions from Schedule A, line 28, or standard de							
for Most	Γ	on the left. But see page 31 to find your standard deduction if you checke	ed any box on	24					
People		line 35a or 35b or if someone can claim you as a dependent		36					
Single: \$4,400	37	Subtract line 36 from line 34							
Head of	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemp		38					
household: \$6,450	39	line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the at Taxable income . Subtract line 38 from line 37. If line 38 is more than line		39					
Married filing	40	Tax (see page 32). Check if any tax is from a \square Form(s) 8814 b \square Form	40						
jointly or Qualifying	41	Alternative minimum tax. Attach Form 6251	41						
widow(er):	42	Add lines 40 and 41	42						
\$7,350	43	Foreign tax credit. Attach Form 1116 if required 43							
Married filing	44	Credit for child and dependent care expenses. Attach Form 2441							
separately: \$3,675	45	Credit for the elderly or the disabled. Attach Schedule R 45							
Ψ3,073	46	Education credits. Attach Form 8863							
	47	Child tax credit (see page 36)							
	48	Adoption credit. Attach Form 8839							
	49	Other. Check if from a Form 3800 b Form 8396							
		c ☐ Form 8801 d ☐ Form (specify) 49							
	50 51	Add lines 43 through 49. These are your total credits Subtract line 50 from line 42. If line 50 is more than line 42, enter -0		50					
				51 52					
Other	52 52	Self-employment tax. Attach Schedule SE		53					
Taxes	53 54	Social security and Medicare tax on tip income not reported to employer. A	54						
	55	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required Advance earned income credit payments from Form(s) W-2	55						
	56	Household employment taxes. Attach Schedule H	56						
	57	Add lines 51 through 56. This is your total tax		57					
Payments	58	Federal income tax withheld from Forms W-2 and 1099 58							
	59	2000 estimated tax payments and amount applied from 1999 return 59							
If you have a qualifying	60a	Earned income credit (EIC)							
child, attach	b	Nontaxable earned income: amount ▶							
Schedule EIC.	J	and type ▶							
	61	Excess social security and RRTA tax withheld (see page 50) 61							
	62	Additional child tax credit. Attach Form 8812							
	63	Amount paid with request for extension to file (see page 50) Other payments. Check if from a Form 2439 b Form 4136 64							
	64 65	Other payments. Check if from a Form 2439 b Form 4136 64 Add lines 58, 59, 60a, and 61 through 64. These are your total payments		65					
Defined	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount		66					
Refund	67a	Amount of line 66 you want refunded to you	b	67a					
Have it directly	0,4	Tambum of mile of you want formation to you							
deposited! I	b	Routing number	king Savings						
See page 50 and fill in 67b,	▶ d	Account number							
67c, and 67d.	68	Amount of line 66 you want applied to your 2001 estimated tax . ▶ 68							
Amount	69	If line 57 is more than line 65 , subtract line 65 from line 57 . This is the ${\bf ar}$	mount you owe.						
You Owe		For details on how to pay, see page 51	69						
Ciarra	70	Estimated tax penalty. Also include on line 69 70 penalties of perjury, I declare that I have examined this return and accompanying schedules.	ulos and statements a	nd to the best of my knowledge and					
Sign		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base							
Here	You	ur signature Date Your occupation Daytime phone number							
Joint return? See page 19.		()							
Keep a copy	Spe	ouse's signature. If a joint return, both must sign. Date Spouse's occupa	ation May the IRS dis	scuss this return with the preparer					
for your records.	7		shown below (s						
Paid	Prepa	rer's Date	Check if	Preparer's SSN or PTIN					
Preparer's	signa		self-employed						
Use Only		s name (or if self-employed),	EIN						
————	addre	ss, and ZIP code	Phone no.	()					