

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning, 2001, ending, 20. OMB No. 1545-0074. Your First Name, MI, Last Name. Your Social Security Number. If a Joint Return, Spouse's First Name, MI, Last Name. Spouse's Social Security Number. Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code.

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? Yes No Yes No

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 SSN above & full name here
4 Head of household (with qualifying person). (See instructions.) 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).

Exemptions

If more than six dependents, see instructions.

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. 6b 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. d Total number of exemptions claimed.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 8a Taxable interest. Attach Schedule B if required. 8a b Tax-exempt interest. Do not include on line 8a. 8b 9 Ordinary dividends. Attach Schedule B if required. 9 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13 14 Other gains or (losses). Attach Form 4797. 14 15a Total IRA distributions. 15a b Taxable amount (see instrs). 15b 16a Total pensions & annuities. 16a b Taxable amount (see instrs). 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation. 19 20a Social security benefits. 20a b Taxable amount (see instrs). 20b 21 Other income. 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 23 IRA deduction (see instructions). 23 24 Student loan interest deduction (see instructions) 24 25 Archer MSA deduction. Attach Form 8853. 25 26 Moving expenses. Attach Form 3903. 26 27 One-half of self-employment tax. Attach Schedule SE. 27 28 Self-employed health insurance deduction (see instructions). 28 29 Self-employed SEP, SIMPLE, and qualified plans. 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 your adjusted gross income. 33

Adjusted Gross Income

Tax and Credits

Standard Deduction for - People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions. All others: Single: \$4,550 Head of household, \$6,650 Married filing jointly or Qualifying widow(er), \$7,600 Married filing separately, \$3,800

Table with 3 columns: Line number, Description, and Amount. Rows include: 34 Amount from line 33 (adjusted gross income); 35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind; 36 Itemized deductions (from Schedule A) or your standard deduction; 37 Subtract line 36 from line 34; 38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d; 39 Taxable income; 40 Tax (see instrs); 41 Alternative minimum tax; 42 Add lines 40 and 41; 43 Foreign tax credit; 44 Credit for child and dependent care expenses; 45 Credit for the elderly or the disabled; 46 Education credits; 47 Rate reduction credit; 48 Child tax credit; 49 Adoption credit; 50 Other credits from Form 3800, 8396, 8801; 51 Add lines 43 through 50; 52 Subtract line 51 from line 42.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 53 Self-employment tax; 54 Social security and Medicare tax on tip income; 55 Tax on qualified plans, including IRAs; 56 Advance earned income credit payments; 57 Household employment taxes; 58 Add lines 52-57. This is your total tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 59 Federal income tax withheld from Forms W-2 and 1099; 60 2001 estimated tax payments and amount applied from 2000 return; 61a Earned income credit (EIC); 61b Nontaxable earned income; 62 Excess social security and RRTA tax withheld; 63 Additional child tax credit; 64 Amount paid with request for extension to file; 65 Other payments; 66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments.

Refund

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

Table with 3 columns: Line number, Description, and Amount. Rows include: 67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid; 68a Amount of line 67 you want refunded to you; 68b Routing number; 68c Type: Checking, Savings; 68d Account number; 69 Amount of line 67 you want applied to your 2002 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions; 71 Estimated tax penalty. Also include on line 70.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Signature, Date, Your Occupation, Daytime Phone Number, Spouse's Signature, 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), Address, and ZIP Code, EIN, Phone No.