1040		tment of the Treasury—Internal Revenue . Individual Income Tax Re	- 111 M	01	(99) IRS Use	Only—Do no	ot write or	staple in this space.	
	For	the year Jan. 1-Dec. 31, 2001, or other tax year beg	inning	, 2001, endin	g	20	<mark>0</mark>	MB No. 1545-0074	
Label	You	r first name and initial	Last name				Your se	ocial security num	ber
(See L instructions A									
instructions on page 19.)	lfa	f a joint return, spouse's first name and initial Last name					Spouse	's social security n	number
Use the IRS Label. H Otherwise, E	Hor	ne address (number and street). If you have a	a P.O. box, see pa	ge 19.	Apt. n	D.		mportant!	
please print R	City	, town or post office, state, and ZIP code. If	you have a foreign	address se	e nage 19		Y	ou must enter	
or type.			jou navo a roroigi.	uuu 000, 00	o page 171	J	ус	our SSN(s) above	
Presidential Election Campaign		Note. Checking "Yes" will not change	vour tax or redu	ce vour re	fund		Υοι	ı Spous	se
(See page 19.)		Do you, or your spouse if filing a joint				►	Yes	No Yes	No
	1	Single							
Filing Status	2	Married filing joint return (even	if only one had	income)					
	3	Married filing separate return. Enter	r spouse's social s	ecurity no. a	bove and full na	me here.	▶		
Check only	4	Head of household (with qualify		page 19.) I	f the qualifying	person is	a child	but not your depe	endent,
one box.	F	enter this child's name here. ►		r on ou co d		(600 00	ao 10)		
	5	Qualifying widow(er) with depe				. (See pa		No. of hove	
Exemptions	6a	Yourself. If your parent (or someour return, do not check bo		n you as a				No. of boxes checked on	
	b	Spouse						6a and 6b	
	с	Dependents:	(2) Depende		(3) Dependent's	(4) vif qua	5 5	No. of your children on 6c	
		(1) First name Last name	social security		relationship to you	child for ch credit (see p		who:	
								 lived with you did not live with 	
If more than six dependents,								you due to divorce or separation	
see page 20.								(see page 20)	
								Dependents on 6c not entered above	
								Add numbers	
	d	Total number of exemptions claimed	· · · · ·			· · ·	<u> </u>	entered on lines above ►	
	7	Wages, salaries, tips, etc. Attach Form	n(s) W-2				7		
Income	8a	Taxable interest. Attach Schedule B if	required .				8a		
Attach	b	Tax-exempt interest. Do not include of	on line 8a	. 8b					
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedule B if required					9 10		
Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)							
Form(s) 1099-R if tax was	11						11 12		
withheld.	12 13	Business income or (loss). Attach Schedule C or C-EZ					13		
	13 14	Other gains or (losses). Attach Form 4	•	•			14		
If you did not	15a	Total IRA distributions . 15a		1	le amount (see		15b		
get a W-2, see page 21.	16a	Total pensions and annuities 16a			le amount (see		16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E							
Enclose, but do	18	Farm income or (loss). Attach Schedul	eF				18		
not attach, any payment. Also,	19	Unemployment compensation					19		
please use	20a	Social security benefits . 20a			le amount (see	•	20b		
Form 1040-V.	21 22	Other income. List type and amount (s Add the amounts in the far right column	see page 27)	uh 21 This i	s your total in	come Þ	21 22		<u> </u>
	23	IRA deduction (see page 27)							
Adjusted	23 24	Student loan interest deduction (see p							
Gross	25	Archer MSA deduction. Attach Form 8	-						
Income	26	Moving expenses. Attach Form 3903							
	27	One-half of self-employment tax. Attac		. 27					
	28	Self-employed health insurance deduc							
	29	Self-employed SEP, SIMPLE, and qual							
	30	Penalty on early withdrawal of savings							
	31a	Alimony paid b Recipient's SSN ►		31a					
	32	Add lines 23 through 31a					32		

Form 1040 (2001	Form	1040	(2001)
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Tax and	34	Amount from line 33 (adjusted gross income)				34	
Credits	35a						
Standard		Add the number of boxes checked above and					
Deduction for—	b	If you are married filing separately and your s you were a dual-status alien, see page 31 and	•		25h 🗖		
People who	36	Itemized deductions (from Schedule A) or yo				36	
checked any box on line	37	Subtract line 36 from line 34				37	
35a or 35b or who can be	38	If line 34 is \$99,725 or less, multiply \$2,900 b					
claimed as a		line 6d. If line 34 is over \$99,725, see the wor	5			38	
dependent, see page 31.	39	Taxable income. Subtract line 38 from line 3	7. If line 38 i	is more than line 37, e	enter -0-	39	
All others:	40	Tax (see page 33). Check if any tax is from a				40	
Single, \$4,550	41	Alternative minimum tax (see page 34). Atta	ch Form 625	51		41	
Head of	42	Add lines 40 and 41		1 1	· · · ►	42	
household, \$6,650	43	Foreign tax credit. Attach Form 1116 if require					
Married filing	44	Credit for child and dependent care expenses. A					
jointly or Qualifying	45 46	Credit for the elderly or the disabled. Attach S Education credits. Attach Form 8863					
widow(er),	40 47	Rate reduction credit. See the worksheet on pag		•			
\$7,600 Married	47	Child tax credit (see page 37)	-				
filing	40	Adoption credit. Attach Form 8839					
separately, \$3,800	50	· · · · · · · · · · · · · · · · · · ·		<i><i><i></i></i></i>			
\$3,800		c Form 8801 d Form (specify)					
	51	Add lines 43 through 50. These are your tota				51	
	52	Subtract line 51 from line 42. If line 51 is mor				52	
Other	53	Self-employment tax. Attach Schedule SE .				53	
Taxes	54	Social security and Medicare tax on tip income no	ot reported to	employer. Attach Form	4137	54	
lakes	55	Tax on qualified plans, including IRAs, and other tax	x-favored acco	ounts. Attach Form 5329	if required .	55	
	56	Advance earned income credit payments from	• •			56	
	57	Household employment taxes. Attach Schedu				57	
	58	Add lines 52 through 57. This is your total ta			<u> Þ</u>	58	
Payments	59	Federal income tax withheld from Forms W-2					
	60	2001 estimated tax payments and amount applied from		. <u>60</u> 61a			
If you have a qualifying	61a	Earned income credit (EIC) .	· · · ·				
child, attach	b	Excess social security and RRTA tax withheld					
Schedule EIC.	62 63	Additional child tax credit. Attach Form 8812					
	64	Amount paid with request for extension to file					
	65	Other payments. Check if from $\mathbf{a} \square$ Form 2439		51)			
	66	Add lines 59, 60, 61a, and 62 through 65. The			►	66	
Refund	67	If line 66 is more than line 58, subtract line 58	from line 66.	. This is the amount yo	ou overpaid	67	
Direct	68a	Amount of line 67 you want refunded to you			 ►	68a	
deposit? See	▶ b	Routing number		c Type: Checking	Savings		
page 51 and fill in 68b,	► d	Account number					
68c, and 68d.	69	Amount of line 67 you want applied to your 2002 es	stimated tax	► 69			
Amount	70	Amount you owe. Subtract line 66 from line 5			page 52 🕨	70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
You Owe	71	Estimated tax penalty. Also include on line 70 you want to allow another person to discuss the				Complete the following	
Third Party							
Designee	nar	ne nc	, i) r	Personal identific number (PIN)		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge					
Here						Daytime phone number	90.
Joint return? See page 19.		Date Your occupation					
Keep a copy	<u> </u>	puse's signature. If a joint return, both must sign.	Date	Spouse's occupation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
for your records.	Spo	nase s signature. Ir a joint return, both must sign.					//////
	5			Date		Preparer's SSN or PTIN	//////
Paid	Pre sig	parer's hature		Che	ck if employed		
Preparer's		n's name (or		3611-			
Use Only	you add	rs if self-employed), ress, and ZIP code			Phone no.	()	