<b>1040</b>	-	rtment of the Treasury—Internal Revenue S . Individual Income Tax Ret		(99) IRS Us	e Only—Do no	t write or staple	in this space.
	-	the year Jan. 1-Dec. 31, 2001, or other tax year begin			, 20		o. 1545-0074
Label	You	Ir first name and initial	Last name	-			security number
(See L A							
on page 19.) E	lf a	joint return, spouse's first name and initial	Last name			Spouse's so	cial security number
Use the IRS Label. H Otherwise, E	Hor	me address (number and street). If you have a	P.O. box, see page 19.	Apt.	no.		oortant!
please print R	City	i, town or post office, state, and ZIP code. If y	ou have a foreign address	see nage 19			ust enter
or type.	City	, town of post onice, state, and zir code. If y		, see page 17.	J	your S	SN(s) above.
Presidential		Note Checking "Vec" will not change y	our tax or roduce your	rofund		You	Spouse
Election Campaign (See page 19.)		Note. Checking "Yes" will not change y Do you, or your spouse if filing a joint re	5		►	Yes 🗆 I	No 🗌 Yes 🗌 No
	1	Single	ŭ				
Filing Status	2	Married filing joint return (even i	if only one had income)	)			
-	3	Married filing separate return. Enter			name here. I	•	
Check only	4	Head of household (with qualifyir					ot your dependent,
one box.		enter this child's name here. ►					
	5	Qualifying widow(er) with depen			). (See pag	<u>,</u>	
Exemptions	6a	Yourself. If your parent (or someonereturn, do not check box	-	-	on his or he		of boxes ked on
Exemptione	b	Spouse			· · ·		nd 6b
	с	Dependents:	(2) Dependent's	(3) Dependent's		lifying child	of your Iren on 6c
		(1) First name Last name	social security number	relationship to you	child for chi credit (see pa	ane 20)	
						•	ved with you d not live with
If more than six dependents,						you	due to divorce
see page 20.							eparation page 20)
							endents on 6c
							entered above numbers
	d	Total number of exemptions claimed	<u>  : :</u>			ente	red on above ►
	7	Wages, salaries, tips, etc. Attach Form				7	
Income		Taxable interest. Attach Schedule B if r				8a	
Attach		Tax-exempt interest. Do not include or		Bb			
Forms W-2 and	9	Ordinary dividends. Attach Schedule B				9	
W-2G here. Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)					
Form(s) 1099-R	11	Alimony received				11	
if tax was	12	Business income or (loss). Attach Schedule C or C-EZ				12	
withheld.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here 🕨 🔲				13	
	14	Other gains or (losses). Attach Form 47				14	
If you did not get a W-2, see page 21.	15a	Total IRA distributions 15a		xable amount (see		15b	
	16a	Total pensions and annuities 16a		xable amount (see		16b 17	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F					
Enclose, but do not attach, any	18 19	Unemployment compensation	·F		· · ·	18	
payment. Also,	20a	Social security benefits . 20a		xable amount (see	· · · ·	20b	
please use Form 1040-V.	20a 21	Other income. List type and amount (se				21	
	22	Add the amounts in the far right column f	or lines 7 through 21. Th	nis is your <b>total i</b>	ncome 🕨	22	
	23	IRA deduction (see page 27)	2	23			
Adjusted	24	Student loan interest deduction (see pa	ge 28) 2	24			
Gross	25	Archer MSA deduction. Attach Form 88	···· · · · ·	25			
Income	26	Moving expenses. Attach Form 3903	· · · · · · ⊢	26			
	27	One-half of self-employment tax. Attach		27			
	28	Self-employed health insurance deducti		28			
	29	Self-employed SEP, SIMPLE, and qualif		29 80			
	30 21 o	Penalty on early withdrawal of savings	· · · · · · · -	1a			
	31a 32	Alimony paid       b Recipient's SSN ▶         Add lines 23 through 31a       .			I	32	
	33	Subtract line 32 from line 22. This is you	ur adjusted gross inco	ome	►	33	

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					
People who	36		36				
checked any box on line	36       Itemized deductions (from Schedule A) or your standard deduction (see left margin) .         37       Subtract line 36 from line 34					37	
35a or 35b <b>or</b> 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		<b>c</b> Form 8801 <b>d</b> 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			<b></b> ►	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 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			Date	Vour occupation		Daytime phone number	90.
Joint return? See page 19.			Date				
Keep a copy	<u> </u>	puse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
for your records.	Spo	nase s signature. Ir a joint return, <b>both</b> must sign.					//////
	5			Date		Preparer's SSN or PTIN	//////
Paid	Pre sig	parer's hature		Che	ck if employed		
Preparer's		Firm's name (or EIN					
Use Only	you add	rs if self-employed), ress, and ZIP code			Phone no.	( )	