

Label (See page 19.)

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

L A B E L H E R E	Your first name and initial		Last name		Your social security number	
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
	Home address (number and street). If you have a P.O. box, see page 20.				Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.					

▲ IMPORTANT! ▲
You must enter your SSN(s) above.

Presidential Election Campaign Fund (See page 20.)
Do you want \$3 to go to this fund? Yes No
If a joint return, does your spouse want \$3 to go to this fund? Yes No
Note. Checking "Yes" will not change your tax or reduce your refund.

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 social security number above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 21.) 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 ▶ 19). (See page 22.)

Exemptions

If more than seven dependents, see page 22.

6a <input type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.		No. of boxes checked on 6a and 6b			
b <input type="checkbox"/> Spouse		No. of your children on 6c who:			
c Dependents:		• lived with you			
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 23)	• did not live with you due to divorce or separation (see page 24)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed.					Add numbers entered on lines above

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 25.

Enclose, but do not staple, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a	Taxable interest. Attach Schedule 1 if required.	8a
8b	Tax-exempt interest. DO NOT include on line 8a.	8b
9	Ordinary dividends. Attach Schedule 1 if required.	9
10a	Total IRA distributions.	10a
10b	Taxable amount (see page 25).	10b
11a	Total pensions and annuities.	11a
11b	Taxable amount (see page 26).	11b
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12
13a	Social security benefits.	13a
13b	Taxable amount (see page 28).	13b
14	Add lines 7 through 13b (far right column). This is your total income.	14
15	IRA deduction (see page 30).	15
16	Student loan interest deduction (see page 30).	16
17	Add lines 15 and 16. These are your total adjustments.	17
18	Subtract line 17 from line 14. This is your adjusted gross income.	18

Adjusted gross income