1040A

U.S. Individual Income Tax Return

1999

IRS Use Only—Do not write or staple in this space.

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Use the TRS label. Otherwise. Transport Transpor		If a joint return, s	spouse's first name and initial	Last name				Spouse	Spouse's social security number		
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Presidential Election Campaign Fund (See page 20.) Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? If a joint return (even if only one had income) Income If more than the properties of the properties	iks label.	Home address (r	number and street). If you have a F	P.O. box, see page	20.		Apt. no.	A		🛦	
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Do you want \$3 to go to this fund?		President	ial Election Camp	aign Func	(See pag	e 20.)	Yes No	Note	Checking "Yes	s" will	
Filing status 1											
Status 2		If a joint ret	urn, does your spou	ise want \$3	to go to	this fund?					
Status 2	Filing	1 □ Sir	nale								
Married filing separate return. Enter spouse's social security number above and full name here. ►	•		•	n (even if c	only one h	ad income)					
above and full name here. ► Lead 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. ►	Status										
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but not your dependent, enter this child's name here. ▶ Source December										child	
Exemptions Social Security								9	g po. coc u	0	
Exemptions 6a								9).	(See page 22	2.)	
return, do not check box 6a. b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number seven (1) First name Last name (3) Dependent's relationship to sax credit see page 23). (4) Vif qualitying child for child sex credit see page 24). (9) Dependent's relationship to you will sex credit see page 23). (1) First name Last name (2) Dependent's social security number by you will secure the security number of which are the security number of security pour or separation. (a) Dependent's relationship to give the security public security pour or security number of security number of security pour or separation. (b) Use with you due with you due to divorce or separation of security number of security pour or separation of security number of security pour or separation. (b) Use with you due with you due with you due with you due to divorce or separation of security number of security	Evemptions	_		•					No. of boxes		
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18 Subtract line 17 from line 14. This is your adjusted gross income. ▶ 18											
		18 Subtra	18 Subtract line 17 from line 14. This is your adjusted gross income.					▶ 18			

Taxable	19	Enter the amount from line 18.					19		
income	20a	Check			ber of	20a			
	b	If you are married filing separately and deductions, see page 32 and check here				20b 🗆			
	21	Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 20a or 20b OR if someone can claim you as a dependent.							I
		Single—\$4,300Married filing jointlHead of household—\$6,350Married					21		
	22	Subtract line 21 from line 19. If line 21 is	more t	han lin	e 19, en	iter -0	22		
	23	Multiply \$2,750 by the total number of e					23		
_	24	Subtract line 23 from line 22. If line 23 is more than line 22, enter This is your taxable income .					24		
Tax,	<u>25</u>	Find the tax on the amount on line 24 (s		e 34).			25		
credits, and	26	Credit for child and dependent care expe Attach Schedule 2.		26					
payments	27	Credit for the elderly or the disabled. A Schedule 3.	ttach	27					
	28	Child tax credit (see page 35).		28					
	29	Education credits. Attach Form 8863.		29					
	30	Adoption credit. Attach Form 8839.		30 _					i
	31	Add lines 26 through 30. These are your					31		
	32	Subtract line 31 from line 25. If line 31 is r					32		
	33	Advance earned income credit payments		orm(s)	W-2.		33		
	34	Add lines 32 and 33. This is your total t					34		
	35	Total Federal income tax withheld f Forms W-2 and 1099.	rom	35					
	36	1999 estimated tax payments and amo	ount						
		applied from 1998 return.		36					
	37a	Earned income credit. Attach							
		Schedule EIC if you have a qualifying ch	ild.	37a					
	b	Nontaxable earned income:							
		amount ▶ and ty	pe 🕨						
	38	Additional child tax credit. Attach Form 88	312.	38 _					
-	39	Add lines 35, 36, 37a, and 38. These are	your to	otal pa	yments	. •	39		
Refund	40	If line 39 is more than line 34, subtract li This is the amount you overpaid .		rom line	e 39.		40		
Have it directly deposited! See page 47 and fill in 41b, 41c, and 41d.	41a	Amount of line 40 you want refunded to	you.				41a		
	▶ b	Routing number ▶ c T	ype: \square	Check	king 🗌	Savings			
	▶ d	Account number							
	42	Amount of line 40 you want applied to your 2000 estimated tax. 42							
Amount	43	If line 34 is more than line 39, subtract li	no 30 fi		21 Th	is is tha			
you owe	73	amount you owe . For details on how to					43		
you owe	44	Estimated tax penalty (see page 48). 44							
Sign here		Under penalties of perjury, I declare that I have examined knowledge and belief, they are true, correct, and accurately of preparer (other than the taxpayer) is based on all inform	/ list all amo	ounts and	sources of i	ncome I receive	ed dur	nents, and to the besing the tax year. Dec	t of my laratior
	A	Your signature	Date		Your occ	upation		aytime telephone ımber (optional)	
Joint return? See page 20. Keep a copy for your records.		Spouse's signature. If joint return, BOTH must sign.	Date		Spouse's	occupation	()	
Paid		Preparer's signature		Date		Check if self-employed		Preparer's SSN or	PTIN
preparer's		Firm's name (or yours				3eii-eiiipioyeo	· <u> </u>	EIN	
use only		if self-employed) and						ZID code	