Form **1040A** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return (99) 2000

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

OMB No. 1545-0085

Label

(See page 20.)

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

LABEL HERE

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 21.	Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.		

▲ Important! ▲

You **must** enter your SSN(s) above.

Presidential Election Campaign (See page 21.)

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? . . . . ▶

You	Spouse
☐ 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 social security number above and full name here. ▶ _____

4 ☐ Head of household (with qualifying person). (See page 22.) 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 ▶). (See page 23.)

Exemptions

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.

b ☐ **Spouse**

No. of boxes checked on 6a and 6b _____

c **Dependents:**

If more than seven dependents, see page 23.

(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 (see page 24)
			☐
			☐
			☐
			☐
			☐
			☐
			☐

No. of your children on 6c who:

- **lived with you** _____
- **did not live with you due to divorce or separation (see page 25)** _____

Dependents on 6c not entered above _____

Add numbers entered on lines above ☐

d Total number of exemptions claimed.

Income

Attach 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 26.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7

8a **Taxable** interest. Attach Schedule 1 if required. 8a

b **Tax-exempt** interest. **Do not** include on line 8a. 8b

9 Ordinary dividends. Attach Schedule 1 if required. 9

10 Capital gain distributions (see page 26). 10

11a Total IRA distributions. 11a — 11b Taxable amount (see page 26). 11b

12a Total pensions and annuities. 12a — 12b Taxable amount (see page 27). 12b

13 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends. 13

14a Social security benefits. 14a — 14b Taxable amount (see page 29). 14b

15 Add lines 7 through 14b (far right column). This is your **total income.** ▶ 15

Adjusted gross income

16 IRA deduction (see page 31). 16

17 Student loan interest deduction (see page 31). 17

18 Add lines 16 and 17. These are your **total adjustments.** 18

19 Subtract line 18 from line 15. This is your **adjusted gross income.** ▶ 19

Taxable income

20 Enter the amount from line 19. 20

21a Check if: ☐ **You** were 65 or older ☐ Blind ☐ **Spouse** was 65 or older ☐ Blind **Enter number of boxes checked** ▶ 21a

b If you are married filing separately and your spouse itemizes deductions, see page 33 and check here . . . . . ▶ 21b ☐

22 Enter the **standard deduction** for your filing status. **But** see page 33 if you checked any box on line 21a or 21b **or** if someone can claim you as a dependent.
- Single—$4,400
- Married filing jointly or Qualifying widow(er)—$7,350
- Head of household—$6,450
- Married filing separately—$3,675

22

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter -0-. 23

24 Multiply $2,800 by the total number of exemptions claimed on line 6d. 24

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter -0-. This is your **taxable income.** ▶ 25

Tax, credits, and payments

26 **Tax** (see page 34). 26

27 Credit for child and dependent care expenses. Attach Schedule 2. 27

28 Credit for the elderly or the disabled. Attach Schedule 3. 28

29 Education credits. Attach Form 8863. 29

30 Child tax credit (see page 37). 30

31 Adoption credit. Attach Form 8839. 31

32 Add lines 27 through 31. These are your **total credits.** 32

33 Subtract line 32 from line 26. If line 32 is more than line 26, enter -0-. 33

34 Advance earned income credit payments from Form(s) W-2. 34

35 Add lines 33 and 34. This is your **total tax.** ▶ 35

36 Federal income tax withheld from Forms W-2 and 1099. 36

37 2000 estimated tax payments and amount applied from 1999 return. 37

If you have a qualifying child, attach Schedule EIC.

38a **Earned income credit (EIC).** 38a

b Nontaxable earned income: amount ▶ and type ▶

39 Additional child tax credit. Attach Form 8812. 39

40 Add lines 36, 37, 38a, and 39. These are your **total payments.** ▶ 40

Refund

41 If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you **overpaid.** 41

42a Amount of line 41 you want **refunded to you.** 42a

Have it directly deposited! See page 48 and fill in 42b, 42c, and 42d.

▶ **b** Routing number ▶ **c** Type: ☐ Checking ☐ Savings

▶ **d** Account number

43 Amount of line 41 you want **applied to your 2001 estimated tax.** 43

Amount you owe

44 If line 35 is more than line 40, subtract line 40 from line 35. This is the **amount you owe.** For details on how to pay, see page 49. 44

45 Estimated tax penalty (see page 49). 45

Sign here

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 21. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 50)? ☐ **Yes** ☐ **No**

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. ( )	