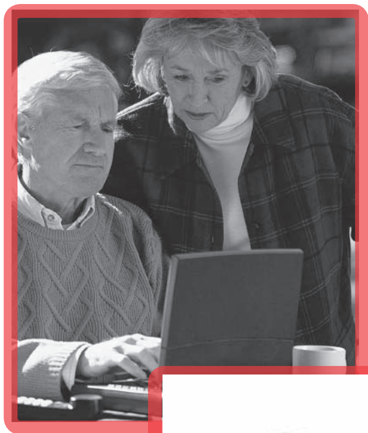

En el año 2007, ¿RECIBIÓ USTED. . .

$3,000 o más en Beneficios de Seguro Social, Beneficios de la Jubilación Ferroviaria, Beneficios para Veteranos y/o ingreso del trabajo?

Aunque no tenga un requisito de presentar una declaración de impuestos federales sobre el ingreso,

USTED PODRÍA TENER DERECHO AL PAGO DE ESTÍMULO ECONÓMICO

STIMULUS PAYMENT

A: Calcule si tiene al menos $3,000 de ingreso calificativo.

B: Anote algunas líneas de información, tal como aparece en el ejemplo en este juego de formularios.

C: Acuérdese de escribir *"STIMULUS PAYMENT"* (pago de estímulo económico) en la parte superior del Formulario 1040A y enviarlo por correo al *IRS.*

Visite IRS.gov/espanol o llame al **1-800-829-0582, extensión 377,** para más información. También habrán representantes que hablan español disponibles para ayudarle.

Use el Formulario 1040A en blanco que está incluido para presentar su declaración de estímulo económico o presente electrónicamente usando freefile (Take the free way.) en www.irs.gov/espanol.

10 Pasos Sencillos para Completar su Declaración de Estímulo Económico

Sólo necesita completar las áreas en blanco, tal como lo presenta el ejemplo en las siguientes páginas.

No necesita completar las áreas que están en color gris.

1. Escriba las palabras ***"STIMULUS PAYMENT"*** (pago de estímulo económico) en la parte superior del Formulario 1040A, el cual está incluido en este juego de formularios.

2. Llene su(s) nombre(s) y la dirección completa de su domicilio en la parte superior del formulario (use la etiqueta, si se le incluyó).

3. Provea su número de seguro social (*SSN,* por sus siglas en inglés) válido. Incluya el *SSN* de usted y el de su cónyuge, si presenta una declaración conjunta.

4. Marque el encasillado para el estado civil para efectos de la declaración que le corresponda.

5. Incluya a todo niño menor de 17 años de edad que vivió con usted durante el año 2007 en la línea **6c.** Asegúrese de marcar el encasillado en la columna **(4).**

6. Incluya todos los salarios y sueldos devengados del trabajo en el año 2007 en la línea **7.**

7. Anote sus beneficios del Departamento de Asuntos de los Veteranos, beneficios de seguro social y beneficios de la jubilación ferroviaria recibidos en el año 2007 en la línea **14a.** Si no conoce la cantidad exacta, puede estimar la cantidad recibida. Multiplique los beneficios recibidos en un mes por la cantidad de meses en los que los recibió.

8. Anote la paga no tributable por combate recibida en el año 2007, si hay alguna, en la línea **40b.**

9. ¿Desea que se le deposite el pago directamente en su cuenta bancaria? Complete las líneas **44b** hasta la **44d.**

10. **FIRME Y ENVÍE SU DECLARACIÓN PARA EL 15 DE OCTUBRE DE 2008.** Si está presentando una declaración conjunta, ambos cónyuges tienen que firmar. Si su cónyuge falleció en el año 2007, escriba *"filing as surviving spouse"* (presentando como cónyuge sobreviviente) en la línea donde su cónyuge hubiera firmado.

Escriba las palabras *"Stimulus Payment"* (Pago de estímulo económico) en la parte superior del formulario que presente. 1

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

U.S. Individual Income Tax Return (99) 2007

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

OMB No. 1545-0074

Label 2

(See page 15.)

LABEL HERE

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

Your first name and initial: Juan	Last name: Arce		Your social security number: 011 00 2222 3
If a joint return, spouse's first name and initial: Susana	Last name: Arce		Spouse's social security number: 011 00 1111
Home address (number and street). If you have a P.O. box, see page 15. 1234 Main Street		Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 15. Anytown, LA 70000			Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 15) ▶ ☐ **You** ☐ **Spouse**

Filing status 4

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions 5

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
b ☐ **Spouse**

Boxes checked on 6a and 6b

c **Dependents:**

If more than six dependents, see page 18.

(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 18)
				☐
				☐
				☐
				☐
				☐

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Si usted era trabajador por cuenta propia o socio, incluya la cantidad que anotaría en la línea **3** del Anexo SE sólo si es menos de $434.

d Total number of exemptions claimed.

Add numbers on lines above ▶

EJEMPLO SOLAMENTE
NO LO PRESENTE

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 21.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.		7 — 6
8a	**Taxable** interest. Attach Schedule 1 if required.		8a
b	**Tax-exempt** interest. **Do not** include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule 1 if required.		9a
b	Qualified dividends (see page 22).	9b	
10	Capital gain distributions (see page 22).		10
11a	IRA distributions. 11a	**11b** Taxable amount (see page 22).	11b
12a	Pensions and annuities. 12a	**12b** Taxable amount (see page 23).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.		13
14a	Social security benefits. 14a 7	**14b** Taxable amount (see page 25).	14b
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶		15

Beneficios del seguro social, nivel 1 de la jubilación ferroviaria y compensación para veteranos, beneficios por incapacidad y por muerte

Adjusted gross income

16	Educator expenses (see page 25).	16	
17	IRA deduction (see page 27).	17	
18	Student loan interest deduction (see page 29).	18	
19	Tuition and fees deduction. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your **total adjustments.**		20
21	Subtract line 20 from line 15. This is your **adjusted gross income.** ▶		21

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 74. Cat. No. 11327A Form **1040A** (2007)

Tax, credits, and payments

Standard Deduction for—
- People who checked any box on line 23a or 23b **or** who can be claimed as a dependent, see page 30.
- All others:

Single or Married filing separately, $5,350

Married filing jointly or Qualifying widow(er), $10,700

Head of household, $7,850

22 Enter the amount from line 21 (adjusted gross income). 22

23a Check if: { **You** were born before January 2, 1943, ☐ Blind } **Total boxes checked** ▶ 23a ☐
{ **Spouse** was born before January 2, 1943, ☐ Blind }

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ▶ 23b ☐

24 Enter your **standard deduction** (see left margin). 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25

26 If line 22 is $117,300 or less, multiply $3,400 by the total number of exemptions claimed on line 6d. If line 22 is over $117,300, see the worksheet on page 32. 26

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income.** ▶ 27

28 **Tax,** including any alternative minimum tax (see page 30). 28

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Child tax credit (see page 35). Attach Form 8901 if required. 32

33 Retirement savings contributions credit. Attach Form 8880. 33

34 Add lines 29 through 33. These are your **total credits.** 34

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35

36 Advance earned income credit payments from Form(s) W-2, box 9. 36

37 Add lines 35 and 36. This is your **total tax.** ▶ 37

38 Federal income tax withheld from Forms W-2 and 1099. 38

39 2007 estimated tax payments and amount applied from 2006 return. 39

If you have a qualifying child, attach Schedule EIC.

40a **Earned income credit (EIC).** 40a

b Nontaxable combat pay election. 40b

8

41 Additional child tax credit. Attach Form 8812. 41

42 Add lines 38, 39, 40a, and 41. These are your **total payments.** ▶ 42

Refund

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you **overpaid.** 43

44a Amount of line 43 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ 44a

Direct deposit? See page 52 and fill in 44b, 44c, and 44d or Form 8888.

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

9

▶ d Account number

45 Amount of line 43 you want **applied to your 2008 estimated tax.** 45

Amount you owe

46 **Amount you owe.** Subtract line 42 from line 37. For details on how to pay, see page 53. ▶ 46

47 Estimated tax penalty (see page 53). 47

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign here

Joint return? See page 15.

Keep a copy for your records.

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.

Your signature | Date | Your occupation | Daytime phone number ( )

10

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation

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. ( )

Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2007

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

OMB No. 1545-0074

Label

(See page 15.)

LABEL HERE

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

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 15.	Apt. no.	You **must** enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 15.		Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 15) ▶ ☐ **You** ☐ **Spouse**

Filing status

Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b ☐ **Spouse**

Boxes checked on 6a and 6b

c **Dependents:**

If more than six dependents, see page 18.

(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 18)
			☐
			☐
			☐
			☐
			☐
			☐

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- did not live with you due to divorce or separation (see page 19)

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21	Subtract line 20 from line 15. This is your **adjusted gross income.** ▶		21

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Head of household, $7,850

22 Enter the amount from line 21 (adjusted gross income). 22

23a Check if: **You** were born before January 2, 1943, ☐ Blind; **Spouse** was born before January 2, 1943, ☐ Blind. **Total boxes checked** ▶ 23a ☐

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ▶ 23b ☐

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Direct deposit? See page 52 and fill in 44b, 44c, and 44d or Form 8888.

44a Amount of line 43 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ 44a

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

▶ d Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

45 Amount of line 43 you want **applied to your 2008 estimated tax.** 45

Amount you owe

46 **Amount you owe.** Subtract line 42 from line 37. For details on how to pay, see page 53. ▶ 46

47 Estimated tax penalty (see page 53). 47

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶ ☐☐☐☐☐

Sign here

Joint return? See page 15.

Keep a copy for your records.

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.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

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. ( )	

Dónde se Envía

Hemos provisto un sobre para que lo use. Por favor, use la tabla a continuación para completar la dirección en el sobre que le hemos incluido. Para asegurar el procesamiento apropiado de su declaración de estímulo económico, le pedimos que, por favor, use este sobre para enviar su Formulario 1040A debidamente completado al *IRS.*

Si se le ha perdido su sobre, puede enviar su Formulario 1040A a la dirección que le corresponda, mostrada a continuación.

SI vive en...	**ENTONCES use esta dirección:**
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	Department of the Treasury Internal Revenue Service Center Atlanta, GA 39901-0099
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	Department of the Treasury Internal Revenue Service Center Andover, MA 05501-0099
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	Department of the Treasury Internal Revenue Service Center Kansas City, MO 64999-0099
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Department of the Treasury Internal Revenue Service Center Fresno, CA 93888-0099
Kentucky, Louisiana, Mississippi, Tennessee, Texas, *APO, FPO,* un país extranjero o toda otra localidad que no haya sido indicada anteriormente	Department of the Treasury Internal Revenue Service Center Austin, TX 73301-0099

Si necesita ayuda para preparar este formulario, llame al 1-800-829-0582, extensión 377.