| 1040A | | U.S | . Individual Income Ta | ax Return | | 200 | 7 IRS U | se Only- | –Do | not writ | e or staple in this sp | oace. |
|----------------------------------|--------|-----------|--|---------------------|---------------------------------------|---------|---------------------------|----------------------------|-----------------------|-----------|---|-------|
| Label | | Your fir | st name and initial | Last name | | | | , | | C | MB No. 1545-0074 | |
| (See page 15.) | L | | | | | | | | Υ | our soc | ial security numbe | r |
| , , | A B | | | | | | | | | | 1 | |
| Use the | E | If a join | t return, spouse's first name and initial | Last name | | | | | S | pouse's | social security numl | ber |
| IRS label. | н | Home | address (number and street). If you have a P. |) hov see nage 15 | | | Δn | t. no. | - | | 1 1 | |
| Otherwise, | E R | TIOTHE & | address (number and street). If you have a F. | J. box, see page 13 |). | | A | it. 110. | | | u must enter ur SSN(s) above. <i>u</i> | |
| please print or type. | Ē | City, to | wn or post office, state, and ZIP code. If you | have a foreign add | ress, see pag | e 15. | | | | | . , | |
| Presidential | | | | | | | | | | | a box below will nour tax or refund. | TOI |
| Election Campa | ign | Che | ck here if you, or your spouse if fil | ling jointly, war | nt \$3 to go | to this | fund (see pag | ge 15) | \blacktriangleright | | You 🗌 Spou | se |
| Filing | | 1 [| Single | | | 4 🗌 1 | Head of housel | hold (wit | h qu | ualifying | person). (See page | 16.) |
| status | | 2 | ☐ Married filing jointly (even if only | y one had inco | me) | | | | | | out not ýour depend | dent, |
| Check only | | 3 | Married filing separately. Enter | spouse's SSN | above and | - | enter this child | | | | | \ |
| one box. | | | full name here. ► | | | | | . , | | epende | ent child (see page | 17) |
| Exemption | าร | 6a | | an claim yo | u as a d | lepend | lent, do no | t chec | k |) | Boxes checked on | |
| | | b | box 6a. Spouse | | | | | | | } | 6a and 6b | |
| | | | Dependents: | | | (2) [| \anandant'a | (4) \(\sqrt{if} \) | qua | alifying | No. of children on 6c who: | |
| | | · | Dependents. | (2) Depender | | . , | ependent's tionship to | child | for | child | lived with | |
| If more than six | | | (1) First name Last name | security n | umber | | you | tax cı | ge 1 | | you . | |
| dependents, | | | | | | | | | | | did not live with you due | |
| see page 18. | | | | | | | | | | | to divorce or separation | |
| | | | | | | | | | | | (see page 19) | |
| | | | | | | | | | Щ | | Dependents on 6c not | |
| | | | | | | | | | Щ | | entered above | |
| | | | | | | | | | Ш | | Add numbers | |
| | | Ь | Total number of exemption | s claimed | | | | | | | on lines above ▶ | |
| Income | | | Total Harrison of exemption | o diaminod. | | | | | | | above P | |
| | | 7 | Wages, salaries, tips, etc. | Attach Forn | n(s) W-2 | | | | | 7 | | |
| Attach Form(s) W-2 | | | , , , , , , | | | | | | | | | |
| here. Also | | 8a | Taxable interest. Attach S | chedule 1 if | required | d. | | | | 8a | | |
| attach | | b | Tax-exempt interest. Do n | | | 8b | | | | _ | | |
| Form(s) 1099-R if tax | | 9a | Ordinary dividends. Attach | | f required | | | | | 9a | | |
| was withheld | | | Qualified dividends (see pa | <u> </u> |) | 9b | | | | | | |
| | | 10 | Capital gain distributions (see page 22). a IRA 11b Taxable amount | | | | | | | 10 | | |
| If you did not get a W-2, see | | 11a | distributions. 11a | | | | raxable am (see page 2 | | | 11b | | |
| page 21. | | 12a | Pensions and | | | | Taxable an | | | 110 | | |
| Enclose, but do | | 124 | annuities. 12a | | | | (see page 2 | | | 12b | | |
| not attach, any payment. | | - | | | | | <u> </u> | , | | | | |
| | | 13 | Unemployment compensation | tion and Ala | ska Per | manen | t Fund divi | dends | | 13 | | |
| | | 14a | Social security | | | | Taxable an | | | | | |
| | | | benefits. 14a | | | | (see page 2 | 25). | | 14b | | |
| | | 15 | Add lines 7 through 14b (fa | r riaht colum | n) This i | ie vour | total incon | 20 | | 4.5 | | |
| Adimeted | | 13 | Add lifles / tillough 14b (la | r right colum | 11). 11115 | is your | total ilicoli | ile. | | 15 | | |
| Adjusted | | 16 | Educator expenses (see page 1 | age 25) | | 16 | | | | | | |
| gross | | 17 | IRA deduction (see page 2 | | | 17 | | | | _ | | |
| income | | 18 | (1 0 / | | | | | | | - | | |
| | | | | \ | | | | | | _ | | |
| | | 19 | Tuition and fees deduction | ı. Attach For | m 8917 | . 19 | | | | _ | | |
| | | 20 | Add lines 16 through 19. 7 | These are yo | our total | adjus | tments. | | | 20 | | |
| | | 04 | Outstand II and OO for III | 4 <i>E</i> | · · · · · · · · · · · · · · · · · · · | | | | | 0.4 | | |
| | | 21 | Subtract line 20 from line | 15. This is y | our adju | ısted (| gross inco | me. | | 21 | | |

Department of the Treasury-Internal Revenue Service

Form

| Form 1040A | (2007 | | | | | Page 2 | | | | |
|--|------------|--|------------------|--|--------------------|--|--|--|--|--|
| Tax, | 22 | Enter the amount from line 21 (adjusted gross income). | | | 22 | | | | | |
| credits, | | | | | 1 | | | | | |
| and | 23a | Check You were born before January 2, 1943, Blind Tota | | 20- | | | | | | |
| payments | | (species mas som senses samually 2, 10 is, 2 mile y since | | 23a 🖳 | 1 | | | | | |
| Standard | D | If you are married filing separately and your spouse its deductions, see page 30 and check here | | 23b 🗆 | | | | | | |
| Deduction | 24 | Enter your standard deduction (see left margin). | | 230 🗀 | 24 | 1 | | | | |
| for— | 25 | Subtract line 24 from line 22. If line 24 is more than line 22 | enter -(|) <u> </u> | 25 | | | | | |
| People who checked any | 26 | If line 22 is \$117,300 or less, multiply \$3,400 by the total num | | | _23 | | | | | |
| box on line 23a or 23b or | 20 | claimed on line 6d. If line 22 is over \$117,300, see the worksh | 26 | | | | | | | |
| who can be | 27 | Subtract line 26 from line 25. If line 26 is more than line 25 | | | | | | | | |
| claimed as a dependent, | | This is your taxable income. | 27 | | | | | | | |
| see page 30. | 28 | Tax, including any alternative minimum tax (see page 30). | | | 28 | | | | | |
| All others: | 29 | Credit for child and dependent care expenses. | | | | | | | | |
| Single or Married filing | | Attach Schedule 2. 29 | | | _ | | | | | |
| separately, | 30 | Credit for the elderly or the disabled. Attach | | | | | | | | |
| \$5,350 | | Schedule 3. 30 | | | _ | | | | | |
| Married filing jointly or Qualifying | 31 | Education credits. Attach Form 8863. 31 | | | _ | | | | | |
| | 32 | Child tax credit (see page 35). Attach Form 8901 if required. 32 | | | | | | | | |
| widow(er), \$10,700 | 33 | • | | | _ | | | | | |
| Head of | 33 | Retirement savings contributions credit. Attach Form 8880. | | | | | | | | |
| household, \$7,850 | 34 | Add lines 29 through 33. These are your total credits. | | | _ 34 | | | | | |
| Ψ1,000 | 35 | Subtract line 34 from line 28. If line 34 is more than line 28, er | nter -0 | | 35 | | | | | |
| | 36 | Advance earned income credit payments from Form(s) W-2 | | | 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 | | | | | | | | |
| If you have a qualifying | | applied from 2006 return. 39 | | | _ | | | | | |
| child, attach | 40a | . , | | | _ | | | | | |
| Schedule EIC. | <u>b</u> | Nontaxable combat pay election. 40b Additional child tax credit. Attach Form 8812. 41 | | | | | | | | |
| | 41 42 | Add lines 38, 39, 40a, and 41. These are your total payme | nte | | _ 42 | 1 | | | | |
| | 43 | If line 42 is more than line 37, subtract line 37 from line 42. | | | 42 | | | | | |
| Refund | 40 | This is the amount you overpaid. | • | | 43 | | | | | |
| Direct | 44a | Amount of line 43 you want refunded to you. If Form 8888 is attached | ed, check h | nere 🕨 🗌 | 44a | | | | | |
| deposit? See page 52 | ▶ b | Routing - | | | | | | | | |
| and fill in | | number | ☐ Savir | ngs | | | | | | |
| 44b, 44c, and 44d or | ▶ d | Account | | | | | | | | |
| Form 8888. | | number Lilia in the second sec | | | _ | | | | | |
| | 45 | Amount of line 43 you want applied to your | | | | | | | | |
| | 40 | 2008 estimated tax. 45 | | | _ | 1 | | | | |
| Amount | 46 | Amount you owe. Subtract line 42 from line 37. For details to pay, see page 53. | s on now | | 46 | | | | | |
| you owe | 47 | Estimated tax penalty (see page 53). 47 | | | 40 | | | | | |
| | | Do you want to allow another person to discuss this return with the IRS (see | e page 54)3 | Yes. (| Complete the follo | owing. N | | | | |
| Third party | | Designee's Phone | o pago o .,. | Personal ider | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| designee | | no. ► () | number (PIN) | | | | | | | |
| Sign | | Inder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my nowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration | | | | | | | | |
| here | C | of preparer (other than the taxpayer) is based on all information of which the preparer l | - | | | | | | | |
| Joint return? | \ ' | our signature Date Your occupa | Daytime phone | e number | | | | | | |
| See page 15. Keep a copy | 7 | Proupole pigneture If a joint veture health asset size. | () | | | | | | | |
| for your records. | | Spouse's signature. If a joint return, both must sign. Date Spouse's occ | | | | | | | | |
| | | Date | | | Preparer's SSN c | or PTIN | | | | |
| Paid | | Preparer's ignature | Check self-er | if if if inployed in inployed in including in inployed in inployed in inployed in input input in input input in input input in input input in input in input input in input in | | | | | | |
| preparer's | | Firm's name (or | | EIN | 1 | | | | | |
| use only | | ours if self-employed), address, and ZIP code | | Phone no. | () | | | | | |