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.)	ᅵ								Υ	our soc	ial security numbe	r
(A B								_			_
Use the	Ē	If a join	t return, spouse's first name and initial	Last name					S	pouse's	social security numl	ber
IRS label.	н	Homo	address (number and street). If you have a P.) hav ass nags 16	=				-		1 1	
Otherwise,	E	Home a	address (number and street). If you have a P.	O. box, see page 13	0.		Ap	t. no.			u must enter ır SSN(s) above. <i>u</i>	
please print or type.	R E	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 n our tax or refund.	ot
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)			You 🗌 Spou	se
Filing		1	Single			4 🗌	Head of house	hold (wit	h au	ıalifvina	person). (See page	e 16.)
status		2	Married filing jointly (even if only	y one had inco	me)	I	f the qualifying	g person	is a	child b	out not your depend	
Check only		3	Married filing separately. Enter	•	,		enter this child			_		
one box.			full name here.	<u> </u>		5 🔲 (Qualifying wide	ow(er) wi	th d	lepende	nt child (see page	17)
Exemption	าร	6a		an claim yo	u as a d	lepend	ent, do no	t chec	k)	Boxes checked on	
-		h	box 6a.							}	6a and 6b	
		b	Spouse Dependents:	T				(4) √ if	ans	J alifyina	No. of children on 6c who:	
		C	Dependents.	(2) Depender		. ,	ependent's tionship to	child	for	child	lived with	
			(1) First name Last name	security n	umber	1014	you	tax cı	redit ge 1		you .	
If more than six dependents,								Pu			 did not live with you due 	
see page 18.											to divorce or separation	
											(see page 19)	
											Dependents	
									Щ		on 6c not entered above	
									Ш		Add numbers	
		ч	Total number of exemption	e claimed							on lines	
Incomo		u	Total Humber of exemption	is ciairrieu.							above >	
Income		7	Wages, salaries, tips, etc.	Attach Forn	n(s) W-2					7		
Attach			rrages, earanes, nps, ster	71114011110111	11(0) 11 2							
Form(s) W-2 here. Also		8a	Taxable interest. Attach S	chedule 1 if	required	d.				8a		
attach		b	Tax-exempt interest. Do n	ot include or	n line 8a.	8b	_					
Form(s)		9a	Ordinary dividends. Attach		f require					9a		
1099-R if tax was withheld			Qualified dividends (see pa	<u> </u>	- \	9b				_		
	•	10	Capital gain distributions (see page 22	2).					10		
If you did not get a W-2, see		11a					Taxable am			446		
page 21.		120	distributions. 11a Pensions and				(see page 2 Taxable am			11b		
Enclose, but do		ıza	annuities. 12a				see page 2			12b		
not attach, any payment.			124				(ccc page :	-0):		120		
,		13	Unemployment compensa	tion and Ala	iska Peri	manen	t Fund divi	dends		13		
		14a	Social security			14b	Taxable an	nount				
			benefits. 14a			((see page 2	25).		14b		
		4-	A 1 1 11 7 11 1 4 4 1 16		\ 							
		15	Add lines 7 through 14b (fa	r right colum	in). This	s your	total incon	ne.		15		
Adjusted		16	Educator expenses (see a	ano 25)		16						
gross		17								-		
income		18	(1 0 /							_		
			Stading roan intoroot dode			. 10				_		
		19	Tuition and fees deduction	n. Attach For	rm 8917	. 19						
		20	Add lines 16 through 19. 7				tments.			20		
		21	Subtract line 20 from line	15. This is y	our adjι	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								
payments		(1	_					
Standard	D	If you are married filing separately and your spouse its deductions, see page 30 and check here	emizes ▶ 23b	, \sqcap						
Deduction for—	24	Enter your standard deduction (see left margin).	231		24	1				
	25	Subtract line 24 from line 22. If line 24 is more than line 22	enter -0-		25					
 People who checked any 	26	If line 22 is \$117,300 or less, multiply \$3,400 by the total num		ntions						
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.								
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	, 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								
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	10	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 here	e 	44a					
deposit? See page 52	▶ b	Routing -								
and fill in		number	Savings	ı						
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)?	Yes. (Complete the follow	ing. N				
Third party		Designee's Phone		sonal ider	·	g				
designee		no. ► ()	nber (PIN)							
Sign		nder 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 r	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 or F	PTIN				
Paid		Preparer's ignature	Check if self-emplo	oyed \square						
preparer's		Firm's name (or	EIN							
use only		ours if self-employed), address, and ZIP code	Pho	one no.	()					