

Label (See page 18.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

Form fields for name, address, and social security numbers.

OMB No. 1545-0074 and social security number fields.

Filing status

Check only one box.

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er)

Exemptions

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

b Spouse

c Dependents:

If more than six dependents, see page 21.

Table with columns for dependent name, social security number, relationship, and child for credit.

Boxes checked on 6a and 6b, No. of children on 6c who: lived with you, did not live with you due to divorce or separation, Dependents on 6c not entered 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 24.

Enclose, but do not attach, any payment.

Income table with rows 7 through 15, including wages, interest, dividends, and capital gain distributions.

Adjusted gross income

Adjusted gross income table with rows 16 through 21, including penalties and deductions.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	
	23a	Check if: <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind } Total boxes checked <input type="checkbox"/> 23a		
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here	23b	<input type="checkbox"/>
	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 over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	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 32).	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	Retirement savings contributions credit. Attach Form 8880.	32	
	33	Child tax credit (see page 37). Attach Form 8901 if required.	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	2006 estimated tax payments and amount applied from 2005 return.	39		
40a	Earned income credit (EIC) .	40a		
b	Nontaxable combat pay election.	40b		
41	Additional child tax credit. Attach Form 8812.	41		
42	Credit for federal telephone excise tax paid. Attach Form 8913 if required.	42		
43	Add lines 38, 39, 40a, 41, and 42. These are your total payments .	43		
44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid .	44		
45a	Amount of line 44 you want refunded to you . If Form 8888 is attached, check here	45a	<input type="checkbox"/>	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>			
46	Amount of line 44 you want applied to your 2007 estimated tax .	46		
47	Amount you owe . Subtract line 43 from line 37. For details on how to pay, see page 54.	47		
48	Estimated tax penalty (see page 54).	48		

Standard Deduction for—

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.
- All others:
 - Single or Married filing separately, \$5,150
 - Married filing jointly or Qualifying widow(er), \$10,300
 - Head of household, \$7,550

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See page 53 and fill in 45b, 45c, and 45d or Form 8888.

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 55)? **Yes**. Complete the following. **No**

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

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.

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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	