1040A	U.S	S. Individual Income T	ax Return	(99)	200	6 IRS U	se Only-	–Do	not wri	te or staple in this s	space.
Label	Your	first name and initial	Last name				``	`i	(OMB No. 1545-007	4
								Υ	our so	cial security number	er
	۱ ۱							_			
	E If a jα	oint return, spouse's first name and initial	Last name					S	pouse's	social security nun	nber
Use the IRS label.								<u> </u>			
Otherwise,		e address (number and street). If you have a P	P.O. box, see page 18			Ap	t. no.			u must enter	
please print	:								you	ur SSN(s) above.	
or type.	City,	town or post office, state, and ZIP code. If yo	u have a foreigh addr	ess, see page	9 18.					a box below will	not
Presidential Election Campaign	Ch	and have if you are your analyse if f	filing isintly was	+ ¢0 += ==	to this	fund (acc not	10)	ch	Ĕ,	our tax or refund.	
<u> </u>		eck here if you, or your spouse if f	ning jointly, wan	ा कुउ 10 go						You U Spor	
Filing	1	Single		\	4 📙	Head of nouse	noid (Wit	n qu	ialitying Lehild k	person). (See pag out not your deper	19.) ndent
status	2 3	Married filing jointly (even if onMarried filing separately. Enter	•	,		enter this child				out not your deper	ident,
Check only one box.	3	full name here.	spouse's 33N	above and	_				_	ent child (see page	e 20)
Exemptions	• 6a		can claim vo	u as a d			. ,		<u> </u>	Boxes	
Exemptions	, 00	box 6a.	carr clairr yo	a ao a a	ороне	ioni, do no	• 01100		}	checked on 6a and 6b	
	k	o 🗌 Spouse							<u>J</u>	No. of children	
	(Dependents:	(2) Dependen	it's social	(3)	Dependent's	(4) √if child			on 6c who:	
		(1) First name Last name	security n		rela	tionship to	tax cı	redit	(see	lived with you	
If more than six		(1) First flame Last flame				you	pa	ge 2	21)	 did not live 	
dependents, see page 21.			1 1					\underline{H}		with you due to divorce or	
1.05								$^{+}$		separation (see page 22)	
								H			
								H		Dependents on 6c not	
								Ħ		entered above	
							I			Add numbers	
	(d Total number of exemption	ns claimed.							on lines above ▶	<u> </u>
Income											
Attach	_7	Wages, salaries, tips, etc.	Attach Form	n(s) W-2.					7		
Form(s) W-2	_										
here. Also		Taxable interest. Attach So Tax-exempt interest. Do			I. 8b				8a		
attach Form(s)		Ordinary dividends. Attach							- 9a		
1099-R if tax		• Qualified dividends (see p		requirec	9b				Ja		
was withheld.	10	Capital gain distributions		5).	00				10		
If you did not		a IRA	(000 000 000	<i>/</i> -	11b	Taxable an	nount				
get a W-2, see page 24.		distributions. 11a				(see page 2			11b		
-	12 a	Pensions and			12b	Taxable an	nount				
Enclose, but do not attach, any		annuities. 12a				(see page 2	26).		12b		
payment.	13	Unemployment compensa	ation, Alaska	Perman	ent Fu	ınd dividen	ds, an	d			
		jury duty pay.							13		
	14a	Social security				Taxable an			4.41		
		benefits. 14a				(see page 2	28).		14b		
	15	Add lines 7 through 14b (fa	ar right colum	n) This is	s vour	total incon	ne	•	15		
Adjusted	16	Penalty on early withdraw			o your	total illoon		_	13		
-	200										
gross income	17	IRA deduction (see page 28).							_		
IIICUIII C	18	Student loan interest deduction (see page 31). 18							-		
	19	Jury duty pay you gave							_		
		page 31).			19				_		
	20	Add lines 16 through 19.	These are yo	ur total	adjus	tments.			20		
	04	Cubtract line Of from I'm	45 This :-	011K 0 -1!	t-	auaaa !			04		
	21	Subtract line 20 from line	io. Itiis is y	our aaju	stea	ษาบรร เทิด	me.		21		

Department of the Treasury-Internal Revenue Service

Form

Form 1040A	(2006			F	age :
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22	
credits, and		Check { ☐ You were born before January 2, 1942, ☐ Blind } Total boxes if: Spouse was born before January 2, 1942, ☐ Blind } checked ▶ 23a]	
payments Standard	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b			
Deduction for—	24	Enter your standard deduction (see left margin).			
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	
checked any	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane H	Katrina.	_ - •	
box on line 23a or 23b or		see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on li		26	
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0 This is your taxable income .	27		
see page 32.	28	Tax, including any alternative minimum tax (see page 32).		28	
All others:	29	Credit for child and dependent care expenses.			
Single or		Attach Schedule 2. 29	\perp	_	
Married filing separately, \$5,150	30	Credit for the elderly or the disabled. Attach Schedule 3. 30		_	
Married filing	31	Education credits. Attach Form 8863. 31		_	
jointly or Qualifying	32	Retirement savings contributions credit. Attach Form 8880. 32		_	
widow(er),	33	Child tax credit (see page 37). Attach			
\$10,300		Form 8901 if required. 33		_	
Head of household,	34	Add lines 29 through 33. These are your total credits.		34	
\$7,550	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.	<u> </u>	37	
	38	Federal income tax withheld from Forms W-2 and 1099. 38		_	
	39	2006 estimated tax payments and amount			
If you have		applied from 2005 return. 39		_	
a qualifying child, attach	40a		\bot	_	
Schedule	b	Nontaxable combat pay election. 40b			
EIC.	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	
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid.		44	
Direct	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check here		45a	
deposit? See page 53 and fill in 45b, 45c, and 45d or Form 8888.	▶ b	Routing number			
	▶ d	Account number			
	46	Amount of line 44 you want applied to your 2007 estimated tax. 46		-	
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how	•	-	
you owe		to pay, see page 54.		47	
you owe	48	Estimated tax penalty (see page 54). 48			
Third party	. [Do you want to allow another person to discuss this return with the IRS (see page 55)?	Yes. C	Complete the following.	N
		Designee's Phone Pers	onal ider	ntification	
designee			ber (PIN)		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and some I receive and belief, they are true, correct, and accurately list all amounts and sources of income I receive			
here	(of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledg		•	
Joint return?	\ '	our signature Date Your occupation		Daytime phone numb	oer
See page 18. Keep a copy	-			()	
for your records.	5	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation			
Paid		Preparer's Date Check if Salf-employ		Preparer's SSN or PTIN	
preparer's	_	Sen cripicy	<u> </u>		
use only)	Firm's name (or vours if self-employed),		()	
,	á	address, and ZIP code P Phor	ne no.	()	