Write the words "Stimulus Payment" across the top of the form you file.

| 1040A | | . Individual Income Ta | | (99) | 2007 | IRS Hea Only | _Do not !!! | e or staple in this space |
|---|-----------|--|--------------------------|---------------------|---------------------|------------------|------------------------|---|
| | | st name and initial | Last name | (99) | 2001 | ind use Only- | | OMB No. 1545-0074 |
| Label | | | Edot Hamo | | | | | ial security number |
| (See page 15.) L | | John E. | Michael | _ | | | 1 | 00 2222 |
| B | If a ioin | t return, spouse's first name and initial | Last name | 9 | | | | social security number |
| Use the | | Susan R. | Michael | 6 | | | 1 1 | 00 1111 |
| IRS label. H | Home a | address (number and street). If you have a P. | | 9 | | Apt. no. | - | u must enter |
| Otherwise, E | | 1040 Main Street | , , , , , , , , , | | | | | ir SSN(s) above. |
| please print or type. | City, to | wn or post office, state, and ZIP code. If you | u have a foreign address | s, see page | e 15. | | | · · · |
| Presidential | | Hometown, TX 77099 | | | | | | a box below will not our tax or refund. |
| Election Campaign | ► Ched | ck here if you, or your spouse if fi | iling jointly, want 🤄 | \$3 to go | to this fund (s | ee page 15) | | You Spouse |
| Filing | 1 🗆 | Single | | | 4 Head of | household (wit | th qualifying | person). (See page 16. |
| status | 2 | Married filing jointly (even if onl | ly one had income | e) | If the qu | ualifying persor | is a child b | out not your dependent |
| Check only | 3 🗆 | Married filing separately. Enter | | | · | is child's name | | |
| one box. | | full name here. ► | | | 5 U Qualifyir | ng widow(er) w | ith depende | nt child (see page 17) |
| Exemptions | 6a | | can claim you | as a d | lependent, d | lo not chec | k) | Boxes checked on |
| • | | box 6a. | | | | | } | 6a and 6b |
| | b | | | | | (a) /a | J | No. of children on 6c who: |
| | C | Dependents: | (2) Dependent's | s social | (3) Depende | SIILS Child | f qualifying for child | lived with |
| | | (1) First name Last name | security num | | relationship you | tax c | redit (see | you |
| If more than six | | (1) I del Hallie Zaer Hallie | 1 1 | | you | pa | age 18) | • did not live |
| dependents, see page 18. | | | 1 1 | | | | | with you due to divorce or |
| | | | 1 1 | | | | | separation (see page 19) |
| | | | 1 1 | | | | | |
| | | <u> </u> | 1 1 | | | | | Dependents on 6c not |
| ` | | | | | | - | _ | entered above |
| | If you y | were self-employed or a partner | include the am | ount vo | u would optor | on Schodulo | SE line 2 | Add numbers |
| | | Total number of exemption | | ount yo | u would enter | on Schedule | SE, lille S. | on lines above ▶ |
| Income | | | | | | | | |
| | 7 | Wages, salaries, tips, etc. | Attach Form(s | s) W-2 | | | 7 | |
| Attach | | | | , | | | | |
| Form(s) W-2 here. Also | 8a | Taxable interest. Attach S | Schedule 1 if re | equired | d. | | 8a | |
| attach | | Tax-exempt interest. Do I | | | | | | |
| Form(s) | 9a | Ordinary dividends. Attach | Schedule 1 if r | equire | d. | | 9a | |
| 1099-R if tax | b | Qualified dividends (see p | age 22). | | 9b | | | |
| was withheld. | 10 | Capital gain distributions | (see page 22). | | | | 10 | |
| If you did not | 11a | IRA | | | 11b Taxab | le amount | | |
| get a W-2, see page 21. | | distributions. 11a | | | (see p | age 22). | 11b | |
| . • | 12a | Pensions and | | | 12b Taxab | | | |
| Enclose, but do not attach, any | | annuities. 12a | | | (see p | age 23). | 12b | |
| payment. | | | | | | | | |
| ocial security, | 13 | Unemployment compensa | ation and Alask | ka Peri | | | . 13 | |
| er 1 railroad | 14a | Social security | | | 14b Taxab | | | |
| etirement, and | | benefits. 14a | | | (see p | age 25). | 14b_ | |
| eterans disability nd death benefits | 45 | Add 1:000 7 through 14b (fo | vu viadat a aluvaava\ | Thin i | | : | | |
| | 15 | Add lines 7 through 14b (fa | ir rignit column) | . Inis i | is your total | income. | 15 | |
| Adjusted | 16 | Educator expenses (see p | 25) | | 16 | | | |
| gross | 16 17 | Educator expenses (see page 25). 16 RA deduction (see page 27). 17 | | | | | | |
| income | 18 | Student loan interest dedu | | 20) | | | | |
| | 10 | Student loan interest deat | uction (see pag | y e 29). | . 10 | | | |
| | 19 | Tuition and fees deduction | n Attach Form | 8917 | . 19 | | | |
| | 20 | Add lines 16 through 19. | | | | ts. | 20 | |
| | | , ad iii oo ii ii oogii 19. | Those are you | · total | aajaaanen | | 20 | |
| | 21 | Subtract line 20 from line | 15. This is voi | ır adi ı | usted gross | income. | ▶ 21 | |
| | | | . 3 io io you | | 3.030 | | | |

Form 1040A (2007) Page 2

| | 00 | Fighter the amount from line 01 (adjusted aveces income) | 00 | | | | | | |
|-------------------------------------|--|--|---|--|--|--|--|--|--|
| Tax, | 22 | Enter the amount from line 21 (adjusted gross income). | 22 | | | | | | |
| credits, | 00 | 01 1 (| | | | | | | |
| and | 23a | Check You were born before January 2, 1943, Blind Total boxes if: Spouse was born before January 2, 1943, Blind Checked | 00- | | | | | | |
| payments | | C Speake was some series dandary 2, 16 to, C Similary Grocked | 23a | | | | | | |
| | b | If you are married filing separately and your spouse itemizes | | | | | | | |
| Standard Deduction | L | , | | | | | | | |
| for— | <u> 24</u> | Enter your standard deduction (see left margin). | 24 | | | | | | |
| 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 \$117,300 or less, multiply \$3,400 by the total number of exemptions | | | | | | | |
| box on line 23a or 23b or | claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32 | | | | | | | | |
| who can be | 27 | Subtract line 26 from line 25. If line 26 is more than line 25, enter - | 0 | | | | | | |
| 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 | | Attach Schedule 2. 29 | | | | | | | |
| Married filing | 30 | Credit for the elderly or the disabled. Attach | | | | | | | |
| separately, \$5,350 | | Schedule 3. 30 | | | | | | | |
| Married filing | 31 | Education credits. Attach Form 8863. | | | | | | | |
| jointly or | 32 | | | | | | | | |
| Qualifying | 32 | Child tax credit (see page 35). Attach Form 8901 if required. 32 | | | | | | | |
| widow(er), \$10,700 | | · | | | | | | | |
| Head of | 33 | Retirement savings contributions credit. Attach | | | | | | | |
| household, | | Form 8880. 33 | | | | | | | |
| \$7,850 | 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. | | | | | | | |
| | 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 | | applied from 2006 return. 39 | | | | | | | |
| a qualifying child, attach | | | | | | | | | |
| Schedule | b | Nontaxable combat pay election. 40b | | | | | | | |
| EIC. | 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. | | | | | | | |
| neiuna | | This is the amount you overpaid. 43 | | | | | | | |
| Direct | 44a | Amount of line 43 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ 44a | | | | | | | |
| deposit? | | Pouting | | | | | | | |
| See page 52 and fill in | | number | ings | | | | | | |
| 44b, 44c, | A | Account | | | | | | | |
| and 44d or | u | number | | | | | | | |
| Form 8888. | 45 | Amount of line 43 you want applied to your | | | | | | | |
| | 70 | 2008 estimated tax. 45 | | | | | | | |
| A | 46 | Amount you owe. Subtract line 42 from line 37. For details on how | N/ | | | | | | |
| Amount | 40 | to pay, see page 53. | ▶ 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 page 54) |)? Yes. Complete the following. No | | | | | | |
| Third party | , . | 50 you want to allow another person to discuss this return with the in-5 (see page 54) |)? res. Complete the followingnc | | | | | | |
| designee | | Designee's Phone no. ▶ () | Personal identification number (PIN) | | | | | | |
| Cian | | Inder penalties of perjury, I declare that I have examined this return and accompanying schedules | | | | | | | |
| Sign | ŀ | knowledge and belief, they are true, correct, and accurately list all amounts and sources of income l | received during the tax year. Declaration | | | | | | |
| here | | 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 | | | | | | | |
| Joint return? See page 15. | | | | | | | | | |
| Keep a copy | 7 | Spouse's signature. If a joint return, both must sign. Date Spouse's occupation | | | | | | | |
| for your | | | | | | | | | |
| records. | , | Data | Drongrey's CCNI or DTINI | | | | | | |
| Paid | | Preparer's Date Chec | | | | | | | |
| preparer's | _ | Self-e | employed 🔲 | | | | | | |
| use only |) | Firm's name (or vours if self-employed), | EIN ; | | | | | | |
| | á | address, and ZIP code | Phone no. () | | | | | | |