

Label
(See page 19.)

Use the IRS label.
Otherwise, please print or type.

L A B E L H E R E	Your first name and initial	Last name	
	If a joint return, spouse's first name and initial	Last name	
	Home address (number and street). If you have a P.O. box, see page 20.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		

OMB No. 1545-0085

Your social security number

Spouse's social security number

▲ Important! ▲
You must enter your SSN(s) above.

Presidential Election Campaign
(See page 20.)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . .

You Yes No Spouse Yes No

Filing status
Check only one box.

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 Qualifying widow(er) with dependent child (See page 21.)

Exemptions

6a **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.

b **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 23)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of 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 (see page 23) _____

Dependents on 6c not entered above _____

Add numbers on lines 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.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a Taxable interest. Attach Schedule 1 if required.	8a
b Tax-exempt interest. Do not include on line 8a.	8b
9a Ordinary dividends. Attach Schedule 1 if required.	9a
b Qualified dividends (see page 25).	9b
10a Capital gain distributions (see page 25).	10a
b Post-May 5 capital gain distributions (see page 25).	10b
11a IRA distributions.	11a
11b Taxable amount (see page 25).	11b
12a Pensions and annuities.	12a
12b Taxable amount (see page 26).	12b
13 Unemployment compensation and Alaska Permanent Fund dividends.	13
14a Social security benefits.	14a
14b Taxable amount (see page 28).	14b
15 Add lines 7 through 14b (far right column). This is your total income .	15
16 Educator expenses (see page 28).	16
17 IRA deduction (see page 28).	17
18 Student loan interest deduction (see page 31).	18
19 Tuition and fees deduction (see page 31).	19
20 Add lines 16 through 19. These are your total adjustments .	20
21 Subtract line 20 from line 15. This is your adjusted gross income .	21

Adjusted gross income

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	
	23a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>		
	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	Multiply \$3,050 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	27	
	28	Tax, including any alternative minimum tax (see page 33).	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).	33	
	34	Adoption credit. Attach Form 8839.	34	
	35	Add lines 29 through 34. These are your total credits .	35	
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	
	37	Advance earned income credit payments from Form(s) W-2.	37	
	38	Add lines 36 and 37. This is your total tax . ▶ 38	38	
	39	Federal income tax withheld from Forms W-2 and 1099.	39	
	40	2003 estimated tax payments and amount applied from 2002 return.	40	
	41	Earned income credit (EIC) .	41	
	42	Additional child tax credit. Attach Form 8812.	42	
	43	Add lines 39 through 42. These are your total payments . ▶ 43	43	
Refund	44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid .	44	
	45a	Amount of line 44 you want refunded to you . ▶ 45a	45a	
	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 2004 estimated tax .	46	
Amount you owe	47	Amount you owe . Subtract line 43 from line 38. For details on how to pay, see page 51. ▶ 47	47	
	48	Estimated tax penalty (see page 52).	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, \$4,750
 - Married filing jointly or Qualifying widow(er), \$9,500
 - Head of household, \$7,000

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 50 and fill in 45b, 45c, and 45d.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 52)? **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 Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN _____ Phone no. () _____

