

Label
(See page 17.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

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 17.	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.	

OMB No. 1545-0074

Your social security number

Spouse's social security number

▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17) **You** **Spouse**

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 18.)
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 19)

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **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 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 21)

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. Also, please use **Form 1040-V**.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a Taxable interest. Attach Schedule B if required.	8a
b Tax-exempt interest. Do not include on line 8a.	8b
9a Ordinary dividends. Attach Schedule B if required.	9a
b Qualified dividends (see page 25).	9b
10 Capital gain distributions (see page 25).	10
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 in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 28).	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

Adjusted gross income

16 Educator expenses (see page 30).	16
17 IRA deduction (see page 30).	17
18 Student loan interest deduction (see page 32).	18
19 Tuition and fees deduction. Attach Form 8917.	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

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, 1945, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here ▶ 23b <input type="checkbox"/>		
	24a	Enter your standard deduction (see left margin).	24a	
	b	If you are increasing your standard deduction by certain real estate taxes or new motor vehicle taxes, attach Schedule L and check here (see page 34) ▶ 24b <input type="checkbox"/>		
	25	Subtract line 24a from line 22. If line 24a is more than line 22, enter -0-.	25	
	26	Exemptions. If line 22 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 34.	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 35).	28	
		29 Credit for child and dependent care expenses. Attach Form 2441.	29	
	30 Credit for the elderly or the disabled. Attach Schedule R.	30		
	31 Education credits from Form 8863, line 29.	31		
	32 Retirement savings contributions credit. Attach Form 8880.	32		
	33 Child tax credit (see page 38).	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	37		
	38 Federal income tax withheld from Forms W-2 and 1099.	38		
	39 2009 estimated tax payments and amount applied from 2008 return.	39		
	40 Making work pay and government retiree credits. Attach Schedule M.	40		
	41a Earned income credit (EIC).	41a		
	b Nontaxable combat pay election. 41b			
	42 Additional child tax credit. Attach Form 8812.	42		
	43 Refundable education credit from Form 8863, line 16.	43		
	44 Add lines 38, 39, 40, 41a, 42, and 43. These are your total payments. ▶ 44	44		

Standard Deduction for—

- People who checked any box on line 23a, 23b, or 24b or who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

If you have a qualifying child, attach Schedule EIC.

Refund	45	If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you overpaid.	45	
	46a	Amount of line 45 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/> 46a		
	b	Routing number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	47	Amount of line 45 you want applied to your 2010 estimated tax.	47	
Amount you owe	48	Amount you owe. Subtract line 44 from line 37. For details on how to pay, see page 66. ▶ 48	48	
	49	Estimated tax penalty (see page 66).	49	

Third party designee Do you want to allow another person to discuss this return with the IRS (see page 67)? **Yes.** Complete the following. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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.	