1040		rtment of the Treasury—Internal Revenue		01	(00)		h. Da aa	4 4		
	<u> </u>	J.S. Includial income tax Return Image: Marco of the sear Jan. 1-Dec. 31, 2001, or other tax year beginning Curring Curring			- · · · · · · · · · · · · · · · · · · ·	Not write or staple in this space.				
Label		ar first name and initial	Last name					OMB No. 1545-0074 Your social security number		
(See L										
instructions B on page 19.) E	lf a	joint return, spouse's first name and initial	Last name					Spouse	e's social s	security numbe
Use the IRS label. H Otherwise, E	Ног	me address (number and street). If you have	a P.O. box, see p	age 19.		Apt. no.	ĺ		Impor	tant! 🔺
please print or type.	City	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.				You must enter your SSN(s) above.				
Presidential	<u> </u>	Note Charling "Mag" will not charge			n o fu vo ol			Υοι	ı	Spouse
Election Campaign (See page 19.)		Note. Checking "Yes" will not change Do you, or your spouse if filing a joint		5		1?	. ►	Yes	No	
<u>(000 pugo 17)</u>	1	Single		<u>9</u>		•••				
Filing Status	2	Married filing joint return (ever	n if only one had	d income)						
5	3	Married filing separate return. Ente				nd full nam	e here. I	•		
Chaole only	4	Head of household (with qualify		-					but not v	our dependent
Check only one box.	•	enter this child's name here.		o pugo 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aan jing p	0.001110	u oriniu	sarnerj	
	5	Qualifying widow(er) with depe	endent child (ye	ar spouse	e died 🕨). (See pa	ge 19.)		
Exemptions	6a	Yourself. If your parent (or some return, do not check be		aim you as			is or he	r tax }	No. of bo checked of	n
	b	Spouse						<u>. </u>	6a and 6 No. of yo	
	С	Dependents:	(2) Deper				(4)√ if qua child for ch	, ,	children o	
		(1) First name Last name	social securit	y number			redit (see pa		who: • lived w	vith you
16 march the second state									 did not 	
If more than six dependents,									you due t or separa	
see page 20.									(see page	
							<u> </u>		Depender	
							<u> </u>		not entere	
	d	Total number of exemptions claimed	i	<u>:</u> 		 	<u> </u>		entered o lines abo	n
	7	Wages, salaries, tips, etc. Attach Forr	n(s) W-2 .					7		
Income	8a	Taxable interest. Attach Schedule B i						8a		
Attach	b	Tax-exempt interest. Do not include	on line 8a	💵	b					
Forms W-2 and	9	Ordinary dividends. Attach Schedule B if required					9			
W-2G here. Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)						10		
Form(s) 1099-R	11	Alimony received						11		
if tax was	12	Business income or (loss). Attach Schedule C or C-EZ						12		
withheld.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here \blacktriangleright \Box						13		
	14	Other gains or (losses). Attach Form 4	4797	1				14		
If you did not get a W-2,	15a	Total IRA distributions . 15a				unt (see pa	0 /	15b		
see page 21.	16a	Total pensions and annuities 16a				unt (see pa	-	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E								
Enclose, but do not attach, any	18	Farm income or (loss). Attach Schedu						18 19		
payment. Also,	19	Unemployment compensation						20b		
please use	20a	Social security benefits . 20a Other income. List type and amount (200		
Form 1040-V.	21 22	Add the amounts in the far right column	see page 27)	uah 21. Th	nis is vour	total inco	me 🕨	22		
	23	IRA deduction (see page 27)			3					
Adjusted	23 24	Student loan interest deduction (see p		· · –	4					
Gross	25	Archer MSA deduction. Attach Form 8	-		5					
Income	26	Moving expenses. Attach Form 3903			6					
	27	One-half of self-employment tax. Atta			:7					
	28	Self-employed health insurance deduc			8					
	29	Self-employed SEP, SIMPLE, and qua			9					
	30	Penalty on early withdrawal of savings			0					
	31a	Alimony paid b Recipient's SSN ►			1a					
	32	Add lines 23 through 31a						32		
	33	Subtract line 32 from line 22. This is y	your adjusted g	ross inco	ome .		. 🕨	33		

Form 1040 (2001	Form	1040	(2001)
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Tax and	34	Amount from line 33 (adjusted gross income)				34		
Credits	35a		k if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.					
Standard		Add the number of boxes checked above and						
Deduction for—	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here						
People who	36	Itemized deductions (from Schedule A) or yo		36				
checked any box on line	37	Subtract line 36 from line 34				37		
35a or 35b or who can be	38	If line 34 is \$99,725 or less, multiply \$2,900 b						
claimed as a		line 6d. If line 34 is over \$99,725, see the wor	5			38		
dependent, see page 31.	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-			39			
All others:	40	Tax (see page 33). Check if any tax is from a	40					
Single, \$4,550	41	Alternative minimum tax (see page 34). Atta	41					
Head of	42	Add lines 40 and 41		1 1	· · · ►	42		
household, \$6,650	43	Foreign tax credit. Attach Form 1116 if require						
Married filing	44	Credit for child and dependent care expenses. A						
jointly or Qualifying	45 46	Credit for the elderly or the disabled. Attach S Education credits. Attach Form 8863						
widow(er),	40 47	Rate reduction credit. See the worksheet on pag		•				
\$7,600 Married	47	Child tax credit (see page 37)	-					
filing	40	Adoption credit. Attach Form 8839						
separately, \$3,800	50	· · · · · · · · · · · · · · · · · · ·		<i><i><i></i></i></i>				
\$3,800		c Form 8801 d Form (specify)						
	51	Add lines 43 through 50. These are your tota				51		
	52	Subtract line 51 from line 42. If line 51 is mor				52		
Other	53	Self-employment tax. Attach Schedule SE .				53		
Taxes	54	Social security and Medicare tax on tip income no	ot reported to	employer. Attach Form	4137	54		
lakes	55	Tax on qualified plans, including IRAs, and other tax	x-favored acco	ounts. Attach Form 5329	if required .	55		
	56	Advance earned income credit payments from	• •			56		
	57	Household employment taxes. Attach Schedu				57		
	58	Add lines 52 through 57. This is your total ta			<u> Þ</u>	58		
Payments	59	Federal income tax withheld from Forms W-2						
	60	2001 estimated tax payments and amount applied from		. <u>60</u> 61a				
If you have a qualifying	61a	Earned income credit (EIC) .	· · · ·					
child, attach	b	Excess social security and RRTA tax withheld						
Schedule EIC.	62 63	Additional child tax credit. Attach Form 8812						
	64	Amount paid with request for extension to file						
	65	Other payments. Check if from $\mathbf{a} \square$ Form 2439		51)				
	66	Add lines 59, 60, 61a, and 62 through 65. The			►	66		
Refund	67	If line 66 is more than line 58, subtract line 58	from line 66.	. This is the amount yo	ou overpaid	67		
Direct	68a	Amount of line 67 you want refunded to you			`. ► .	68a		
deposit? See	▶ b	Routing number		c Type: Checking	Savings			
page 51 and fill in 68b,	► d	Account number						
68c, and 68d.	69	Amount of line 67 you want applied to your 2002 es	stimated tax	► 69				
Amount	70	Amount you owe. Subtract line 66 from line 5			page 52 🕨	70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
You Owe	71	Estimated tax penalty. Also include on line 70 you want to allow another person to discuss the				Complete the following		
Third Party								
Designee	nar	ne nc	, i) r	Personal identific number (PIN)			
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						
Here								
Joint return? See page 19.			Date			Daytime phone number		
Keep a copy	<u> </u>	Spouse's signature. If a joint return, both must sign. Da		Spouse's occupation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
for your records.	Spo	nase s signature. Ir a joint return, both must sign.	Date				//////	
	5			Date		Preparer's SSN or PTIN	//////	
Paid	Pre sig	parer's hature		Che	ck if emploved			
Preparer's		signature self-employed Firm's name (or EIN						
Use Only	you add	rs if self-employed), ress, and ZIP code			Phone no.	()		