Department of the Treasury-Internal Revenue Service 1040 U.S. Individual Income Tax Return (99) IRS Use Only-Do not write or staple in this space For the year Jan. 1-Dec. 31, 1999, or other tax year beginning 1999, ending OMB No. 1545-0074 Label Your first name and initial Your social security number (See A B E instructions Spouse's social security number If a joint return, spouse's first name and initial Last name on page 18.) L Use the IRS Home address (number and street). If you have a P.O. box, see page 18. Apt. no. **IMPORTANT!** label. Н Otherwise, You must enter R please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. vour SSN(s) above. or type. Yes No Note. Checking Presidential "Yes" will not Election Campaign Do you want \$3 to go to this fund? change your tax or reduce your refund. (See page 18.) If a joint return, does your spouse want \$3 to go to this fund? . Single Filing Status 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. ▶ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, 4 Check only one box. enter this child's name here. ▶ Qualifying widow(er) with dependent child (year spouse died ▶ 19 5). (See page 18.) Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax 6a No. of boxes **Exemptions** checked on 6a and 6b Spouse . b No. of your (4) √ if qualifying (3) Dependent's Dependents: children on 6c (2) Dependent's child for child tax relationship to social security number (1) First name Last name you credit (see page 19) lived with you · did not live with If more than six you due to divorce dependents. or separation see page 19. (see page 19) Dependents on 6c not entered above Add numbers entered on lines above ▶ Total number of exemptions claimed Wages, salaries, tips, etc. Attach Form(s) W-2. 7 Income 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. DO NOT include on line 8a. Attach Copy B of your 9 Ordinary dividends. Attach Schedule B if required Forms W-2 and 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21) . 10 W-2G here. 11 11 Also attach 12 Form(s) 1099-R 12 Business income or (loss). Attach Schedule C or C-EZ . if tax was 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 withheld. 14 14 Other gains or (losses). Attach Form 4797 If you did not 15a 15b Total IRA distributions . 15a **b** Taxable amount (see page 22) get a W-2, 16b 16a Total pensions and annuities **b** Taxable amount (see page 22) 16a see page 20. 17 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F Enclose, but do 18 not staple, any 19 19 Unemployment compensation payment. Also, Social security benefits . 20a 20b 20a please use 21 Form 1040-V. Other income. List type and amount (see page 24) 21 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 23 IRA deduction (see page 26) 23 **Adjusted** 24 24 Student loan interest deduction (see page 26) Gross 25 25 Medical savings account deduction. Attach Form 8853. Income 26 26 Moving expenses. Attach Form 3903 27 27 One-half of self-employment tax. Attach Schedule SE 28 28 Self-employed health insurance deduction (see page 28) 29 29 Keogh and self-employed SEP and SIMPLE plans . . Penalty on early withdrawal of savings . . . 30 30 31a 31a Alimony paid b Recipient's SSN ▶ ___

32 33 Add lines 23 through 31a

Subtract line 32 from line 22. This is your adjusted gross income

32

33

Form 1040 (1999)				Page 2
Toy and	34	Amount from line 33 (adjusted gross income)	34	
Tax and Credits	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
Standard	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b □		
Deduction for Most	36 [Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	
People Single:	37	Subtract line 36 from line 34	37	
Single: \$4,300	38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on		
Head of	30	line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter.	38	
household: \$6,350	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	
Married filing	40	Tax (see page 31). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 ▶	40	
jointly or Qualifying	41	Credit for child and dependent care expenses. Attach Form 2441		
widow(er):	42	Credit for the elderly or the disabled. Attach Schedule R 42		
\$7,200 Married	43	Child tax credit (see page 33)		
filing	44	Education credits. Attach Form 8863		
separately: \$3,600	45	Adoption credit. Attach Form 8839		
+5,555	46	Foreign tax credit. Attach Form 1116 if required 46		
	47	Other. Check if from a Form 3800 b Form 8396		
		c Form 8801 d Form (specify) 47		
Other Taxes	48	Add lines 41 through 47. These are your total credits	48	
	49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0 ▶	49	
	50	Self-employment tax. Attach Schedule SE	50	
	51	Alternative minimum tax. Attach Form 6251	51	
	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53 54	
	54	Advance earned income credit payments from Form(s) W-2	55	
	55 56	Household employment taxes. Attach Schedule H	56	
Daymonts		Federal income tax withheld from Forms W-2 and 1099	30	
Payments	57 58	1999 estimated tax payments and amount applied from 1998 return . 58	-	
	59a	Earned income credit. Attach Sch. EIC if you have a qualifying child		
	57a	Nontaxable earned income: amount		
	D	and type ► 59a		
	60	Additional child tax credit. Attach Form 8812 60		
	61	Amount paid with request for extension to file (see page 48)		
	62	Excess social security and RRTA tax withheld (see page 48) 62		
	63	Other payments. Check if from a Form 2439 b Form 4136		
	64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	
Refund	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	
	66a	Amount of line 65 you want REFUNDED TO YOU	66a	
Have it directly				
deposited!	► b	Routing number		
See page 48 and fill in 66b,	► d	Account number		
66c, and 66d.	67	Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX ► 67	_	
Amount	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE.		
You Owe	, 0	For details on how to pay, see page 49	68	
Cian	69 Under	Estimated tax penalty. Also include on line 68 69 repenalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	nd to the	hest of my knowledge and
Sign	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which p	reparer has any knowledge
Here	, ,	Your signature Date Your occupation	I	Daytime telephone
Joint return? See page 18.				number (optional)
Кеер а сору	9	Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation		
for your records.				
	Prepa	Date Charlet	Prepa	arer's SSN or PTIN
Paid	signat			
Preparer's	Firm's name (or yours		EIN ;	
Use Only	if self-employed) and address		ZIP code	

