Department of the Treasury–Internal Revenue Service 2000 (99) IRS U	so Only. Do not write or stanle in this space								
For the year Jan. 1–Dec. 31, 2000, or other tax year beginning , 2000, ending	se Only—Do not write or staple in this space. , 20 OMB No. 1545-0074								
Label Your first name and initial Last name	Your social security number								
(See L									
instructions on page 19.) A B If a joint return, spouse's first name and initial Last name	Spouse's social security number								
Use the IRS L Home address (number and street). If you have a P.O. box, see page 19. Apt.	<sup>no.</sup> <b>A</b> Important! <b>A</b>								
Otherwise, please print R City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	You <b>must</b> enter								
or type.	your SSN(s) above.								
Presidential Note. Checking "Yes" will not change your tax or reduce your refund.	You Spouse								
	► 🛛 Yes 🗌 No 🗌 Yes 🗌 No								
1 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.								
Check only 4 Head of household (with qualifying person). (See page 19.) If the qualifying									
one box enter this child's name here. ►	enter this child's name here. ►								
5 Qualifying widow(er) with dependent child (year spouse died ►	). (See page 19.)								
<b>Exemptions 6a Vourself.</b> If your parent (or someone else) can claim you as a dependent of return, <b>do not</b> check box 6a	on his or her tax No. of boxes checked on								
• _	6a and 6b								
b         Spouse         (2)         Dependent's         (3)         Dependent's	$\frac{1}{100} \frac{1}{100} \frac{1}$								
(1) First name Last name relationship to you	credit (see page 20) who:								
you you	Ived with you     did not live with								
If more than six	you due to divorce								
dependents, see page 20.	or separation (see page 20)								
	Dependents on 6c								
	not entered above								
	Add numbers entered on								
d Total number of exemptions claimed	Iines above ▶ ◄━━━◀								
Income       7       Wages, salaries, tips, etc. Attach Form(s) W-2	· · · / 8a								
h The second interest Dennet include on the Oc									
Attach     b     Fax-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. 10 Taxable refunds credits or offsets of state and local income taxes (see page	22) 10								
Also attach 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 he	re ▶ 🔲 13								
14 Other gains or (losses). Attach Form 4797	14								
If you did not 15a Total IRA distributions . 15a b Taxable amount (se									
get a W-2, see page 21. 16a Total pensions and annuities 16a b Taxable amount (se									
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach So									
Enclose, but do <b>18</b> Farm income or (loss). Attach Schedule F	· · · <u>18</u>								
payment. Also,									
please use       20a       Social security benefits        b Taxable amount (se         Form 1040-V.       21       Other income. List type and amount (see page 25)									
22 Add the amounts in the far right column for lines 7 through 21. This is your total									
23 IRA deduction (see page 27)									
Adjusted 24 Student loan interest deduction (see page 27)									
Gross 25 Medical savings account deduction. Attach Form 8853 . 25									
Income         26         Moving expenses. Attach Form 3903         26         26									
27 One-half of self-employment tax. Attach Schedule SE . 27									
28 Self-employed health insurance deduction (see page 29) 28									
29 Self-employed SEP, SIMPLE, and qualified plans 29									
30 Penalty on early withdrawal of savings									
	32								

	34	Amount from line 33 (adjusted gross income)					34			
Tax and	35a	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.								
Credits		Add the number of boxes checked above and enter the total here ▶ 35a								
	b	If you are married filing separately and your spouse i	temi	zes deductions,	or	_				
Standard	l	you were a dual-status alien, see page 31 and check				► 35b 🗖				
Deduction	36	Enter your itemized deductions from Schedule A, lir on the left. But see page 31 to find your standard de	ne 28 Induct	3, or standard d tion if you check	leduct	ion shown				
for Most People		line 35a or 35b or if someone can claim you as a de					36			
Single:	37	Subtract line 36 from line 34					37			
\$4,400	38	If line 34 is \$96,700 or less, multiply \$2,800 by the to								
Head of household:		line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter								
\$6,450	39	Taxable income. Subtract line 38 from line 37. If line	38	is more than line	e 37, e	enter -0-	39			
Married filing	40	Tax (see page 32). Check if any tax is from a D Form(s)	881	4 b 🗌 For	m 497	2	40			
jointly or Qualifying	41	Alternative minimum tax. Attach Form 6251					41			
widow(er):	42	Add lines 40 and 41					42			
\$7,350 Married	43	Foreign tax credit. Attach Form 1116 if required		43						
filing	44	Credit for child and dependent care expenses. Attach Fo	rm 2	441 44						
separately: \$3,675	45	Credit for the elderly or the disabled. Attach Schedul	e R	45						
<u> </u>	46	Education credits. Attach Form 8863								
	47	Child tax credit (see page 36)								
	48	Adoption credit. Attach Form 8839		48						
	49	Other. Check if from a E Form 3800 b Form								
		c 🗌 Form 8801 d 🗌 Form (specify)								
	50	Add lines 43 through 49. These are your total credit					50			
	51	Subtract line 50 from line 42. If line 50 is more than					51			
Other	52	Self-employment tax. Attach Schedule SE					52 53	-		
Taxes	53	Social security and medicate tax on the meetine not reported to employer. Attach Form 4137								
	54	Tax on IRAs, other retirement plans, and MSAs. Atta					54 55			
	55	Advance earned income credit payments from Form(					56			
	56 57	Household employment taxes. Attach Schedule H Add lines 51 through 56. This is your total tax					57			
Payments	58	Federal income tax withheld from Forms W-2 and 10		50	• •					
	59	2000 estimated tax payments and amount applied from 199		· ·						
If you have a	60a	Earned income credit (EIC)								
qualifying child, attach	lifying for the monte creat (Ere)									
Schedule EIC.		and type ►								
	, 61	Excess social security and RRTA tax withheld (see p								
	62	Additional child tax credit. Attach Form 8812	-							
	63									
	64 Other payments. Check if from a  Form 2439 b Form 4136 64									
	65	Add lines 58, 59, 60a, and 61 through 64. These are	you	total payments	s.	►	65			
Refund	66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 67a Amount of line 66 you want refunded to you						66			
							67a			
Have it directly			٦	-						
deposited! I See page 50	► b	Routing number		c Type: Chec	cking	Savings				
and fill in 67b,	► d	Account number								
67c, and 67d.	68	Amount of line 66 you want applied to your 2001 estimated ta		. ► 68						
Amount	69	If line 57 is more than line 65, subtract line 65 from			moun	t you owe.				
You Owe	For details on how to pay, see page 51						69	///////////////////////////////////////		//////
Sign	70 Estimated tax penalty. Also include on line 69   70							nowled	lae and	
Sign	belief	they are true, correct, and complete. Declaration of preparer (of	her th	nan taxpayer) is bas	sed on a	all information o	f which pr	eparer has a	ny knov	vledge.
Here Joint return?	Your signature Date Your occupation Daytime phone number									
See page 19.										
Keep a copy	Sp	ouse's signature. If a joint return, both must sign. Date		Spouse's occup	oation	May the IRS d	iscuss this	return with the	e prepare	er
for your records.						shown below (	see page 5	2)? 🗌 Ye	es 🗌	No
Paid	Prepa			Date	Cheo	ck if	Prepa	rer's SSN or	PTIN	
	signa					employed				
Preparer's Use Only										
	yours	if self-employed),				Phone no	(	)		