Spouse's social security number on page 19 Use the IRS hable. Home address (number and street). If you have a P.O. hox, see page 19. Apt. no. 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. You Spouse See page 19. You would enter your SSN(s) above. You Spouse See page 19. You would enter your SSN(s) above. You Spouse See page 19. You would enter this child's name. Enter spouse's social security number of see page 19. You would enter this child's name. Enter spouse's social security number of this fund? You would enter this child's name here. You Spouse See page 19. You would not part of the see page 20. You would not part of the see page 20. You would not part of the see page 21. You did not part of the see page 21. You did not part of the see page 21. You would not part of the see page 21. You would not part of the see page 21. You would not part of the see page 21. You would not part of the see page 21. You would not part of the see page 22. You would not part of the see page 22. You would not page 19.	<u> 1040</u>	-	intment of the Treasury—Internal Revenue Service Individual Income Tax Return 2001 (99) IRS Use Only—Do n	not write or staple in this space.						
See instructions on page 190 But better IRS about the I	(For	the year Jan. 1–Dec. 31, 2001, or other tax year beginning , 2001, ending , 20	OMB No. 1545-0074						
Income The point return, spooper's first name and initial based, continued and property of the point return, spooper's first name and initial based.	Label	You	ur first name and initial Last name	Your social security number						
The part of the	(300									
Home address (number and steed) if you have a foreign address, see page 19. You must entire your SSN(s) above. You will entire your SSN(s) above. You w	on page 19.)	If a	joint return, spouse's first name and initial Last name	Spouse's social security number						
or type. City, town or post office, state, and 2/li code. If you have a foreign address, see page 19.	label. H	Hoi	ne address (number and street). If you have a P.O. box, see page 19. Apt. no.	▲ Important! ▲						
Note. Checking "vest will not change your tax or reduce your refund.	or type.	City	y, town or post office, state, and ZIP code. If you have a foreign address, see page 19.							
Do you, or your spouse if filing a joint return, want \$3 to go to this fund?			Note. Checking "Yes" will not change your tax or reduce your refund.	You Spouse						
Check only one box.	(See page 19.)	7		☐ Yes ☐ No ☐ Yes ☐ No						
Check only one box.		1	Single							
Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ Cualifying widowler) with dependent child (year spouse died ▶). (See page 19.) Exemptions Exemptions 6a	Filing Status	2								
enter bits, child's name here. ► Qualifying widow(er) with dependent child (year spouse died ►). (See page 19)		3								
enter this child's name here Southlying widow(e) with dependent child (year spouse died No. of pore checked as and 6 to 20 Dependents; (y) Dependents;	Check only	4								
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 Components of the	one box.									
return, do not check box 6a b Spouse c Dependents: (1) First name Last name Social security number Social security			Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)							
b Spouse . C Dependents: (2) Dependents Social security number of eather on 6 contents ask dependents, see page 20. If more than six dependents, see page 20. If a Total number of exemptions claimed	Exemptions	6a		checked on						
C Dependents: (1) First name Last name Social security number relationship to detail for child tax ordel (see page 20) Commended Comm	•	b	Spouse							
If more than six dependents, see page 20.		С	Dependents: (2) Dependent's (3) Dependent's (4) √ if qu	ralitying children on 6c						
d Total number of exemptions claimed d Total number of exemptions claimed Taxable interest. Attach Schedule B if required Attach Brorns W-2 and W-20 here. Altach Schedule B if required Altach Schedule B if required Basa Basa Taxable interest. Attach Schedule B if required Basa Basa Taxable interest. Attach Schedule B if required Altach Schedule B if required Basa Basa Taxable interest. Attach Schedule B if required Basa Basa Taxable interest. Attach Schedule B if required Altach Schedule B if required Basa Basa Taxable interest. Attach Schedule B if required Altach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Altach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B if required Interest Basa Taxable interest. Attach Schedule B interest Basa Taxable interest. Attach Schedule C or C-EZ Taxable interest Basa				nage 20)						
if more than six dependents, see page 20. d Total number of exemptions claimed				1						
Capital gain or (losse). Attach Form 4797 Total IRA distributions 15a 16a				you due to divorce						
Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R If tax was withheld. If you did not get a W-2, see page 21 If you did not get a W-2, see page 21 If a Total Inable interest. Attach Schedule B if required. If you did not get a W-2, see page 21 If a Total Inable interest. Attach Schedule B if required. If you did not get a W-2, see page 21 If a Total IRA distributions If you did not get a W-2, see page 21 If A Total IRA distributions If you did not get a W-2, see page 21 If A Total IRA distributions If you did not get a W-2, see page 21 If A Total IRA distributions If you did not you did not get a W-2, see page 21 If A Total IRA distributions If you did not you did not get a W-2, see page 21 If A Total IRA distributions If you did not you did not you have	see page 20.									
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Attach b Tax-exempt interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b		7	Wages, salaries, tips, etc. Attach Form(s) W-2	7						
W-2G here. Also attach Also attach Form(s) 1099-R If tax was withheld. If you did not get a W-2, see page 21. If you did not get a W-2, see page 21. If one attach, any payment. Also, please use Form 1040-V. Adjusted Gross Income Inc	Income	_	•	8a						
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11		10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10						
withheld. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797. 15 Total IRA distributions. 15a Total Panisons and annulties 15a Total Panisons 15b Taxable amount (see page 23) 17 Panisons 18 Parm income or (loss). Attach Schedule F 19 Unemployment compensation 19 Unemployment compensation 19 Unemployment panisons or (loss). Attach Schedule F 10 Unemployment panisons or (losse page 25) 20 Dob	Form(s) 1099-R	11	Alimony received							
13 Capital gain or (loss). Attach Schedule D if required. If not required, check nere 14 Other gains or (losses). Attach Form 4797 .	if tax was	12	Business income or (loss). Attach Schedule C or C-EZ							
If you did not get a W-2, see page 21. 15a Total IRA distributions . 16a 16a 16a 16b 16b 16b 16b 17c 18c 16a 17c 18c 16a 17c 18c 17c 17c 18c 17c 17c 17c 17c 17c 17c 17c 1	withneia.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	'						
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Enclose, but do not attach, any payment. Also, please use Form 1040-V. 20a Social security benefits . 20a b Taxable amount (see page 25) 21 Other income. List type and amount (see page 27) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 23 IRA deduction (see page 27) . 23 43 Student loan interest deduction (see page 28) . 24 Gross 25 Archer MSA deduction. Attach Form 8853 . 25 Income 26 Moving expenses. Attach Form 3903 . 26 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed health insurance deduction (see page 30) 29 Self-employed SEP, SIMPLE, and qualified plans . 30 Penalty on early withdrawal of savings . 30 Add lines 23 through 31a . 32	see page 21.		2 randon des page 20,							
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Adjusted 24 Student loan interest deduction (see page 28). 25 Archer MSA deduction. Attach Form 8853. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed health insurance deduction (see page 30). 29 Self-employed SEP, SIMPLE, and qualified plans. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN 32 Add lines 23 through 31a. 33 Student loan interest deduction (see page 28). 24	FOITI 1040-V.									
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29 Self-employed SEP, SIMPLE, and qualified plans		27	one hair of self-employment tax. Attach self-educe SE							
30 Penalty on early withdrawal of savings		28	Self employed health insurance deduction (see page 30)	<i></i>						
31a Alimony paid b Recipient's SSN ►		29	Self employed SEL, Silvil EE, dild qualified plans							
32 Add lines 23 through 31a		30	Tenary on early withdrawar or savings							
32 Add lines 23 through 31a			Authory paid b Recipient's Solv P							
			Add lines 23 through 318							

Form 1040 (2001)							Page 2	
Toy and	34	Amount from line 33 (adjusted gross income) .				34		
Tax and Credits	35a	Check if: \square You were 65 or older, \square Blind; \square						
Standard) .	Add the number of boxes checked above and er						
Deduction	b	If you are married filing separately and your spou			_			
for— ● People who	[you were a dual-status alien, see page 31 and check here ▶ 35b ☐				24		
checkėd any	30 [A) or your standard deduction (see left margin)			36		
box on line 35a or 35b or	37	Subtract line 36 from line 34						
who can be claimed as a	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32						
dependent,						38		
see page 31.	39	Taxable income. Subtract line 38 from line 37. If						
All others: Single	40	Tax (see page 33). Check if any tax is from a For			4972	40 41		
Single, \$4,550	41	Alternative minimum tax (see page 34). Attach I						
Head of	42	Add lines 40 and 41		1 1	 ▶	42		
household, \$6,650	43	Foreign tax credit. Attach Form 1116 if required		1 1				
Married filing	44	Credit for child and dependent care expenses. Attac		l l				
jointly or	45	Credit for the elderly or the disabled. Attach Scho						
Qualifying widow(er),	46	Education credits. Attach Form 8863						
\$7,600	47	Rate reduction credit. See the worksheet on page 3		1				
Married	48	Child tax credit (see page 37)		1 1				
filing separately,	49	Adoption credit. Attach Form 8839		. 49				
\$3,800	50		Form 839					
		c Form 8801 d Form (specify)						
	51	Add lines 43 through 50. These are your total cr				51		
	52	Subtract line 51 from line 42. If line 51 is more the	nan line 4	2, enter -0	•	52		
Other	53	Self-employment tax. Attach Schedule SE		53				
Taxes	54	Social security and Medicare tax on tip income not re	•	· -		54		
	55	Tax on qualified plans, including IRAs, and other tax-fav	55					
	56	Advance earned income credit payments from Fo				56		
	57 50	Household employment taxes. Attach Schedule H				57		
<u> </u>	58	Add lines 52 through 57. This is your total tax			· · · · ·	58		
Payments	59	Federal income tax withheld from Forms W-2 and	-					
	60	2001 estimated tax payments and amount applied from 20						
If you have a qualifying	61a	Earned income credit (EIC)		. 61a				
child, attach	b	Nontaxable earned income 61b		1				
Schedule EIC.	62	Excess social security and RRTA tax withheld (s		1 1				
	63	Additional child tax credit. Attach Form 8812 .						
	64	Amount paid with request for extension to file (s						
	65	Other payments. Check if from a Form 2439 b						
	66	Add lines 59, 60, 61a, and 62 through 65. These				66		
Refund	67	If line 66 is more than line 58, subtract line 58 from	m line 66.	This is the amour	nt you overpaid	67		
Direct	68a	Amount of line 67 you want refunded to you .	<u></u> .		•	68a		
page 51 and	► b	Routing number		c Type: Checki	ng 📙 Savings			
fill in 68b, 68c, and 68d.	► d	Account number						
Amount	69	Amount of line 67 you want applied to your 2002 estim			52 >	70		
You Owe	70 71	Amount you owe. Subtract line 66 from line 58. Estimated tax penalty. Also include on line 70 $$.			see page 52 ►			
Third Party	Do	you want to allow another person to discuss this r	eturn with	n the IRS (see pag	je 53)? 🔲 Yes.	Complete the following	g. 🗌 No	
Designee	De: nar	signee's Phone no.	e _ (١	Personal identific number (PIN)	cation		
Sign		ler penalties of perjury, I declare that I have examined this re	turn and ac	companying schedule	· · · · · · · · · · · · · · · · · · ·	d to the best of my knowle	edge and	
Sign		ef, they are true, correct, and complete. Declaration of prepare						
Here	You	Your signature Date Your occupation Daytime phone number						
Joint return? See page 19.	n? \ \							
Keep a copy	Spo	ouse's signature. If a joint return, both must sign. Date	е	Spouse's occupat	tion			
for your records.	7		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
	Dro	parer's		Date	01 1 "	Preparer's SSN or PTI	N	
Paid		parer's hature			Check if self-employed			
Preparer's		n's name (or	I		EIN	<u> </u>		
Use Only	you	rs if self-employed),			Dhone n-	()		