1040		tment of the Treasury—Internal Revenue Se	_	2002	(99)	IRS Use	Only—Do no	ot write or	staple in thi	s space.	
-	For	the year Jan. 1–Dec. 31, 2002, or other tax year beginn	ning	, 2002,	ending		20	0	MB No. 15	45-0074	
Label	You	r first name and initial	_ast name					Your s	ocial secu	rity num	ber
(See L											
instructions on page 21.)	lf a	a joint return, spouse's first name and initial Last name Spot						Spous	e's social s	security n	umber
Use the IRS Label. H Otherwise, E	Hor	ne address (number and street). If you have a F	P.O. box, s	ee page 21.		Apt. n	р.		Impor	tant!	
please print R or type. E	City	ity, town or post office, state, and ZIP code. If you have a foreign address, see page 21.					-	ou must our SSN(s			
Presidential		Note Checking "Vec" will not change we	our tox or	roduco vou	r rofund			Yo	L	Spous	e
Election Campaign (See page 21.)		Note. Checking "Yes" will not change yo Do you, or your spouse if filing a joint re					►	Yes	s 🗌 No	Yes	No
	1 [Single		4	Head	d of housel	nold (with a	qualifying	person).	(See page	e 21.) If
Filing Status	2	Married filing jointly (even if only one had income) the qualifying person is a							not your o	dependen	it, enter
Check only	3	Married filing separately. Enter spouse			this	child's nam	e here. 🕨				
one box.		and full name here.		5		lifying wic				ild (year	
	60					use died		<u> </u>	21.) No. of b	nxes	
Exemptions	6a	Vourself. If your parent (or someone return, do not check box	6a .		• •			· · · }	checked 6a and 6	on	
	b	Spouse					· · / ·	<u>. </u>	No. of c		
	С	Dependents:		Dependent's		ependent's ionship to	(4) √ if qua child for ch		 on 6c wl lived w 		
		(1) First name Last name	SOCIAL SE	ecurity number		you	credit (see pa		 did not 	live with	
If we are these first									you due to or separa		
If more than five dependents,									(see page		
see page 22.									Depender		
									not entere Add num	-	
									on lines	0013	
	d	Total number of exemptions claimed .		<u></u>		<u></u>	<u></u>	<u> </u>	above 🕨		
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2					7			
Income	8a	Taxable interest. Attach Schedule B if re		· · · ;			· • •	8a			
Attach	b	Tax-exempt interest. Do not include on line 8a 8b									
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedule B if required						9			
Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)					4)	10			
Form(s) 1099-R	11	Alimony received					11				
if tax was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ					12			-	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here						13 14			
lf you did not get a W-2,	14	Other gains or (losses). Attach Form 479	//	 _b .	• •			14 15b			
	15a					nount (see	•	16b			
see page 23.	16a	Pensions and annuities 16a b Taxable amount (see page 25) Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				-	17				
	17 18	Farm income or (loss). Attach Schedule	-					18			
Enclose, but do not attach, any	10 19	Unemployment compensation	г		• •			19			
payment. Also,	19 20a	Social security benefits . 20a	• •	 ьт	· ·	 nount (see j	· · ·	20b			
please use Form 1040-V.	20a 21	Other income. List type and amount (see	e nade 20				v ,	21			
	22	Add the amounts in the far right column fo						22			
	23	Educator expenses (see page 29)			23						
Adjusted	24	IRA deduction (see page 29)			24						
Gross	25	Student loan interest deduction (see pag			25						
Income	26	Tuition and fees deduction (see page 32			26						
	27	Archer MSA deduction. Attach Form 885			27						
	28	Moving expenses. Attach Form 3903 .			28						
	29	One-half of self-employment tax. Attach			29						
	30	Self-employed health insurance deduction			30						
	31	Self-employed SEP, SIMPLE, and qualified		-	31						
	32	Penalty on early withdrawal of savings .			32						
	33a	Alimony paid b Recipient's SSN ►			33a						
	34	Add lines 23 through 33a						34			
	35	Subtract line 34 from line 22. This is you	ir adjuste	ed gross inc	ome		►	35			

Form 1040 (2002	Form	1040	(2002)
-----------------	------	------	--------

Tax and Credits	36 37a	Amount from line 35 (adjusted gross income) . Check if: You were 65 or older, Blind; Add the number of boxes checked above and en	36				
Standard Deduction for—	b	If you are married filing separately and your spour you were a dual-status alien, see page 34 and ch					
 People who checked any 	38	Itemized deductions (from Schedule A) or your s	38				
box on line	39	Subtract line 38 from line 36				39	
37a or 37b or who can be	40	If line 36 is \$103,000 or less, multiply \$3,000 by th					
claimed as a		line 6d. If line 36 is over \$103,000, see the works				40	
dependent, see page 34.	41	Taxable income. Subtract line 40 from line 39. If	41				
All others:	42	Tax (see page 36). Check if any tax is from: a 🗌 For	42				
Single, \$4,700	43	Alternative minimum tax (see page 37). Attach F	43				
Head of	44	Add lines 42 and 43			▶	44	
household,	45	Foreign tax credit. Attach Form 1116 if required					
\$6,900 Married filing	46	Credit for child and dependent care expenses. Attack	h Form 2				
jointly or	47	Credit for the elderly or the disabled. Attach Sche	edule R.				
Qualifying widow(er),	48	Education credits. Attach Form 8863					
\$7,850	49	Retirement savings contributions credit. Attach Fo					
Married filing	50	Child tax credit (see page 39)					
separately,	51	Adoption credit. Attach Form 8839		·			
\$3,925	52	Credits from: a Form 8396 b Form 8		· //////			
	53	Other credits. Check applicable box(es): a \Box b \Box Form 8801 c \Box Specify					
	54	b Form 8801 c Specify Add lines 45 through 53. These are your total cre				54	
	55	Subtract line 54 from line 44. If line 54 is more th				55	
	56					56	
Other	57				57		
Taxes	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required				58	
	59	Advance earned income credit payments from Fo			-	59	
	60	Household employment taxes. Attach Schedule H				60	
	61	Add lines 55 through 60. This is your total tax				61	
Payments	62	Federal income tax withheld from Forms W-2 and	1099.	. 62			
	63	2002 estimated tax payments and amount applied from 20	01 return	. 63			
If you have a	64	Earned income credit (EIC)		. 64			
qualifying child, attach	65	Excess social security and tier 1 RRTA tax withheld (s	see page	56) 65			
Schedule EIC.	66	Additional child tax credit. Attach Form 8812 .					
	67	Amount paid with request for extension to file (se					
	68 60	Other payments from: a Form 2439 b Form 4136 c					
	69	Add lines 62 through 68. These are your total pa	,	<u> </u>		69	
Refund	70 710	If line 69 is more than line 61, subtract line 61 from Amount of line 70 you want refunded to you .		-	ou overpaid	70 71a	
Direct deposit? See page 56	71a		· · ·	c Type: Checking			
and fill in 71b,	► b	Routing number			Savings		
71c, and 71d.	► d	Account number					
Amount	72 73	Amount of line 70 you want applied to your 2003 estim Amount you owe. Subtract line 69 from line 61. F			e nage 57 🕨	73	
You Owe	73 74	Estimated tax penalty (see page 57)					/////
	Do	you want to allow another person to discuss this re-	eturn witl	h the IRS (see page !	58)? 🗌 Yes.	Complete the following.] No
Third Party	De	signee's Phone			Personal identifi	cation	
Designee	nar	ne no.	▶ ()	number (PIN)		
Sign	Uno	ler penalties of perjury, I declare that I have examined this ret ef, they are true, correct, and complete. Declaration of prepare	urn and a	ccompanying schedules an taxpayer) is based on	and statements, ar	nd to the best of my knowledge	and
Here				с.			
Joint return?	YO	Your signature Date Your occupation				Daytime phone number	
See page 21. Keep a copy						() 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
for your records.	Spo	buse's signature. If a joint return, both must sign. Date	e	Spouse's occupatior	I		
Paid	Pre sig	parer's nature			eck if If-employed	Preparer's SSN or PTIN	
Preparer's	— Firr	n's name (or		30	EIN	1 	
Use Only	you add	Irssif self-employed), https://www.andline.com/ Irss, and ZIP code			Phone no.	()	