

For the year Jan. 1–Dec. 31, 1999, or other tax year beginning , 1999, ending OMB No. 1545-0074

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

Form with fields for name, address, and social security numbers.

Your social security number
Spouse's social security number

IMPORTANT! You must enter your SSN(s) above.

Presidential Election Campaign

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Table with Yes/No columns for the campaign question.

Filing Status

- 1 Single
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.
4 Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (year spouse died 19 ). (See page 18.)

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.
6b Spouse
6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 19)

No. of boxes checked on 6a and 6b
No. of your children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 19)
Dependents on 6c not entered above
Add numbers entered on lines above

Income

Attach Copy B of your 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 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.
8a Taxable interest. Attach Schedule B if required.
8b Tax-exempt interest. DO NOT include on line 8a.
9 Ordinary dividends. Attach Schedule B if required.
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions
15b Taxable amount (see page 22)
16a Total pensions and annuities
16b Taxable amount (see page 22)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount (see page 24)
21 Other income. List type and amount (see page 24)
22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Table with columns for line numbers and amounts.

Adjusted Gross Income

23 IRA deduction (see page 26)
24 Student loan interest deduction (see page 26)
25 Medical savings account 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 28)
29 Keogh and self-employed SEP and SIMPLE plans
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 Add lines 23 through 31a
33 Subtract line 32 from line 22. This is your adjusted gross income

Table with columns for line numbers and amounts.

Tax and Credits

Standard Deduction for Most People

Single: \$4,300
Head of household: \$6,350
Married filing jointly or Qualifying widow(er): \$7,200
Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income)
35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction
37 Subtract line 36 from line 34
38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d.
39 Taxable income. Subtract line 38 from line 37.
40 Tax (see page 31). Check if any tax is from a Form(s) 8814 b Form 4972
41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Child tax credit (see page 33)
44 Education credits. Attach Form 8863
45 Adoption credit. Attach Form 8839
46 Foreign tax credit. Attach Form 1116 if required
47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49 through 55. This is your total tax

Payments

57 Federal income tax withheld from Forms W-2 and 1099
58 1999 estimated tax payments and amount applied from 1998 return
59a Earned income credit. Attach Sch. EIC if you have a qualifying child
b Nontaxable earned income: amount and type
60 Additional child tax credit. Attach Form 8812
61 Amount paid with request for extension to file (see page 48)
62 Excess social security and RRTA tax withheld (see page 48)
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

Refund

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID
66a Amount of line 65 you want REFUNDED TO YOU
b Routing number
c Type: Checking Savings
d Account number
67 Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49
69 Estimated tax penalty. Also include on line 68

Sign Here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime telephone number (optional)
Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address EIN
ZIP code

