<b>1040</b>		urtment of the Treasury—Internal Revenue Service 20 <b>07</b> 5. Individual Income Tax Return	7	IRS Use Only—Do n	ot write o	r staple in this space.				
	_		7, ending	, 20		OMB No. 1545-0074	1			
Label	Yo	ur first name and initial Last name			Your	social security nun	nber			
(See L										
on page 12 ) B	lf a	joint return, spouse's first name and initial Last name	Spouse's social security number							
Use the IRS										
Iabel. Otherwise,	Но	Home address (number and street). If you have a P.O. box, see page 12.  Apt. no.  You must enter								
please print B	-	your SSN(s) above.								
or type.	Cit	y, town or post office, state, and ZIP code. If you have a foreign add	Checking a box below will not							
Presidential Commoin		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		10)		your tax or refund				
Election Campaig		heck here if you, or your spouse if filing jointly, want \$3 to g				∐ You ∐ Spoι				
Filing Status	1 [			of household (with	. ,	·	,			
•	2	☐ Married filing jointly (even if only one had income)		ualifying person is a		t not your depende	nt, ente			
Check only one box.	<b>3</b> l	Married filing separately. Enter spouse's SSN above and full name here. ▶		hild's name here.  fying widow(er) wit		dent child (see na	nga 1/1)			
one box.	6a	Yourself. If someone can claim you as a dependent, d		, ,	)	Boxes checked	igc 1 <del>1</del> )			
Exemptions	b	Spouse	o not checi	K DOX Ga	}	on 6a and 6b No. of children				
	c	Dependents: (2) Dependent's		pendent's (4) if qu		on 6c who:				
		(1) First name Last name social security numb		onship to child for c		<ul><li>lived with you</li><li>did not live with</li></ul>				
				9.0011 (000)	]	you due to divorce or separation				
If more than four						(see page 16)				
dependents, see page 15.					]	Dependents on 6c not entered above				
15						Add numbers on				
	d	Total number of exemptions claimed				lines above ►	<u> </u>			
	7	Wages, salaries, tips, e.c. Attach Form(s) W-2			7					
Incé	8a	Tameble interest. Attach Schedule B if required			8a					
Attach Form(s)	b	Tax-exempt interest. Do not include on line 8a	8b							
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required			9a		_			
attach Forms W-2G and 1099-R if tax was withheld.	b	Qualified dividends (see page 19)	9b							
	10	Taxable refunds, credits, or offsets of state and local incom	ne taxes (se	e page 20)	10		+			
	11	•			11		+			
	12						+			
If you did not	13	Capital gain or (loss). Attach Schedule D if required. If not in	required, ch	eck here ► L	14		+			
If you did not get a W-2,	14 15a	Other gains or (losses). Attach Form 4797	Tayahla am	ount (see page 21)	15b					
see page 19.	16a	II IA distributions		ount (see page 21)	16b					
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, tru		, , ,	17					
not attach, any payment. Also, please use Form 1040-V.	18	Farm income or (loss). Attach Schedule F	-		18					
	19	Unemployment compensation			19					
	20a			ount (see page 24)	20b					
	21	Other income. List type and amount (see page 24)			21					
	22	Add the amounts in the far right column for lines 7 through 21		r total income ▶	22		+			
Adjusted	23	Educator expenses (see page 26)	23		_					
Adjusted Gross	24	Certain business expenses of reservists, performing artists, and								
		fee-basis government officials. Attach Form 2106 or 2106-EZ	24		-					
Income	25	Health savings account deduction. Attach Form 8889.	25 26		-					
	26	Moving expenses. Attach Form 3903	27							
	27	One-half of self-employment tax. Attach Schedule SE	28							
	28 29	Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction (see page 26)	29							
	30	Penalty on early withdrawal of savings	30							
	31a	Alimony paid <b>b</b> Recipient's SSN ▶	31a							
	32	IRA deduction (see page 27)	32							
	33	Student loan interest deduction (see page 30)	33							
	34	Tuition and fees deduction. Attach Form 8917	34							
	35	Domestic production activities deduction. Attach Form 8903	35			1				
	36	Add lines 23 through 31a and 32 through 35			36					
	37	Subtract line 36 from line 22. This is your adjusted gross i	income .	🕨	37					

Form 1040 (2007)				Page 2			
Tax	38	Amount from line 37 (adjusted gross income)	38				
and	39a	Check [ You were born before January 2, 1943, Blind.] Total boxes					
Credits		if: Spouse was born before January 2, 1943, ☐ Blind.   checked ▶ 39a ☐					
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b □	]				
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40				
for—	41	Subtract line 40 from line 38	41				
People who checked any box on line	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line					
		6d. If line 38 is over \$117,300, see the worksheet on page 33	42				
39a or 39b <b>or</b> who can be	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43				
claimed as a dependent,	44	Tax (see page 33). Check if any tax is from: a $\square$ Form(s) 8814 b $\square$ Form 4972 c $\square$ Form(s) 8889	44				
see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45				
• All others:	46	Add lines 44 and 45	46				
Single or	47	Credit for child and dependent care expenses. Attach Form 2441	_				
Married filing separately,	48	Credit for the elderly or the disabled. Attach Schedule R . 48	_				
\$5,350	49	Education credits. Attach Form 8863	_				
Married filing	50	Residential energy credits. Attach Form 5695	-				
jointly or Qualifying	51	Foreign tax credit. Attach Form 1116 if required	-				
widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52	-				
\$10,700	53	Retirement savings contributions credit. Attach Form 8880 . 53					
Head of household,	54	Credits from: a Form 8396 b Form 8859 c Form 8839	-				
\$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 555	-				
	56 57	Add lines 47 through 55. These are your <b>total credits</b>	56				
		Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57				
Other	58	Self-employment tax. Attach Schedule SE	58 59				
Taxes	59	Unreported social security and Medicare tax from: <b>a</b> Form 4137 <b>b</b> Form 8919	60				
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	61				
	61 62	Advance earned income credit payments from Form(s) W-2, box 9	62				
	63	Add lines 57 through 62. This is your <b>total tax</b>	63				
Dovemente	64	Federal income tax withheld from Forms W-2 and 1099 64					
Payments	65	2007 estimated tax payments and amount applied from 2006 return					
If you have a	_66a	Earned income credit (EIC)					
qualifying	b	Nontaxable combat pay election   66b					
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67					
	68	Additional child tax credit. Attach Form 8812 68					
	69	Amount paid with request for extension to file (see page 59) 69					
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70					
	71	Refundable credit for prior year minimum tax from Form 8801, line 27					
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72				
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	73				
Direct deposit?	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □	74a				
See page 59 and fill in 74b,	▶ b	Routing number					
74c, and 74d,	► d	Account number					
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax   75					
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76				
You Owe		Estimated tax penalty (see page 61)	Comple	ete the following No			
Third Party		· · · · · · · · · · · · · · · · · · ·		ste the following. [ ] 140			
Designee	De: nar	signee's Phone Personal identific ne ► no. ► ( ) number (PIN)	cation				
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an					
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	vhich pre	parer has any knowledge.			
Joint return?	Your signature Date Your occupation Daytime phone number						
See page 13.	_		(	)			
Keep a copy for your	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation					
records.							
Paid		parer's Date Check if	Prep	arer's SSN or PTIN			
Preparer's		nature self-employed	<u>L.</u>				
Use Only	Fire	n's name (or EIN					
OGC OTHY	ado	urs if self-employed), dress, and ZIP code Phone no.	(	)			