

Label

(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

**L
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E**

For the year Jan. 1–Dec. 31, 2006, or other tax year beginning _____, 2006, ending _____, 20

Your first name and initial _____ Last name _____

If a joint return, spouse's first name and initial _____ Last name _____

Home address (number and street). If you have a P.O. box, see page 16. _____ Apt. no. _____

City, town or post office _____ state _____ ZIP code _____ If you have a foreign address, see page 16. _____

OMB No. 1545-0074

Your social security number

Spouse's social security number

▲ You must enter your SSN(s) above. ▲

Presidential Election Campaign

Check here if you or your spouse (if filing jointly, wages to you and your spouse) (see page 16) You Spouse

Filing Status

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above and full name here _____
- 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here _____
- 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

a You Yourself (if someone can claim you as a dependent, do not check box a)

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see page 19.

d Total number of exemptions claimed

Boxes checked on 6a and 6b
No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

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

7	8	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22
Wages, salaries, tips, etc. Attach Form(s) W-2	Taxable interest. Attach Schedule B if required	Ordinary dividends. Attach Schedule B if required	Qualified dividends (see page 23)	Taxable retirement, annuity, or offsets of state and local income taxes (see page 24)	Alimony received	Business income or (loss). Attach Schedule C or C-EZ	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	Other gains or (losses). Attach Form 4797	IRA distributions	Taxable amount (see page 25)	Pensions and annuities	Taxable amount (see page 26)	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	Farm income or (loss). Attach Schedule F	Unemployment compensation	Social security benefits	Taxable amount (see page 27)	Other income. List type and amount (see page 29)	Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23	24	25	26	27	28	29	30	31a	31b	32	33	34	35	36	37
Archer MSA deduction. Attach Form 8853	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	Health savings account deduction. Attach Form 8889	Moving expenses. Attach Form 3903	One-half of self-employment tax. Attach Schedule SE	Self-employed SEP, SIMPLE, and qualified plans	Self-employed health insurance deduction (see page 29)	Penalty on early withdrawal of savings	Alimony paid	Recipient's SSN	IRA deduction (see page 31)	Student loan interest deduction (see page 33)	Jury duty pay you gave to your employer	Domestic production activities deduction. Attach Form 8903	Add lines 23 through 31a and 32 through 35	Subtract line 36 from line 22. This is your adjusted gross income

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