

Label (See page 17.)

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

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17) You Spouse

OMB No. 1545-0074

Your first name and initial Last name

Your social security number

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

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 17. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Filing status Check only one box.

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 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 (see page 19)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

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 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 21)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed.

Income

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

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

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
8a	Taxable interest. Attach Schedule 1 if required.	8a
b	Tax-exempt interest. Do not include on line 8a.	8b
9a	Ordinary dividends. Attach Schedule 1 if required.	9a
b	Qualified dividends (see page 24).	9b
10	Capital gain distributions (see page 24).	10
11a	IRA distributions.	11a
11b	Taxable amount (see page 24).	11b
12a	Pensions and annuities.	12a
12b	Taxable amount (see page 25).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.	13
14a	Social security benefits.	14a
14b	Taxable amount (see page 27).	14b
15	Add lines 7 through 14b (far right column). This is your total income.	<input checked="" type="checkbox"/> 15

Adjusted gross income

16	Educator expenses (see page 29).	16
17	IRA deduction (see page 29).	17
18	Student loan interest deduction (see page 31).	18
19	Tuition and fees deduction. Attach Form 8917.	19
20	Add lines 16 through 19. These are your total adjustments.	20
21	Subtract line 20 from line 15. This is your adjusted gross income.	<input checked="" type="checkbox"/> 21

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	
Standard Deduction for — • People who checked any box on line 23a, 23b, or 23c or who can be claimed as a dependent, see page 32. • All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000	23a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind } checked ▶	23a	<input type="checkbox"/>
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶	23b	<input type="checkbox"/>
	c	Check if standard deduction includes real estate taxes (see page 32) ▶	23c	<input type="checkbox"/>
	24	Enter your standard deduction (see left margin).	24	
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
	26	If line 22 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 32. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d.	26	
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. ▶	27	
	28	Tax, including any alternative minimum tax (see page 33).	28	
	29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
	30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
	31	Education credits. Attach Form 8863.	31	
	32	Retirement savings contributions credit. Attach Form 8880.	32	
	33	Child tax credit (see page 37). Attach Form 8901 if required.	33	
	34	Add lines 29 through 33. These are your total credits.	34	
	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35	
	36	Advance earned income credit payments from Form(s) W-2, box 9.	36	
	37	Add lines 35 and 36. This is your total tax. ▶	37	
	38	Federal income tax withheld from Forms W-2 and 1099.	38	
	39	2008 estimated tax payments and amount applied from 2007 return.	39	
	40a	Earned income credit (EIC).	40a	
	b	Nontaxable combat pay election. 40b		
	41	Additional child tax credit. Attach Form 8812.	41	
	42	Recovery rebate credit (see worksheet on pages 53 and 54).	42	
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments. <input checked="" type="checkbox"/>	43	
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid.	44	
Direct deposit? See page 55 and fill in 45b, 45c, and 45d or Form 8888.	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>	45a	
	<input checked="" type="checkbox"/> b	Routing number <input type="text"/>	<input checked="" type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<input checked="" type="checkbox"/> d	Account number <input type="text"/>		
	46	Amount of line 44 you want applied to your 2009 estimated tax.	46	
Amount you owe	47	Amount you owe. Subtract line 43 from line 37. For details on how to pay, see page 56. <input checked="" type="checkbox"/>	47	
	48	Estimated tax penalty (see page 57).	48	

Third party designee Do you want to allow another person to discuss this return with the IRS (see page 57)? Yes. Complete the following. No

Designee's name <input type="checkbox"/>	Phone no. <input type="checkbox"/> ()	Personal identification number (PIN) <input type="checkbox"/>
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Sign here 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature <input type="checkbox"/>	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign. <input type="checkbox"/>	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code <input type="checkbox"/>	EIN	Phone no. ()	