

Your first name and initial Joanne		Last name Doe		OMB No. 1545-0074	
Your social security number 3 4 5 6 7 8 9 0 1					
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 instructions. 5th Ave.				Apt. no. 13	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brooklyn, NY					
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing status Check only one box.

1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)
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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 child under age 17 qualifying for child tax credit (see instructions)
Mary	Doe	1234567890	daughter	<input checked="" type="checkbox"/>
	Dorian Doe	2345678901	son	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7**

8a Taxable interest. Attach Schedule B if required. **8a**

b Tax-exempt interest. Do not include on line 8a. **8b**

9a Ordinary dividends. Attach Schedule B if required. **9a**

b Qualified dividends (see instructions). **9b**

10 Capital gain distributions (see instructions). **10**

11a IRA distributions. 11a	11b Taxable amount (see instructions). 11b
12a Pensions and annuities. 12a	12b Taxable amount (see instructions). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. **13**

14a Social security benefits. 14a	14b Taxable amount (see instructions). 14b
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15 Add lines 7 through 14b (far right column). This is your **total income**. ▶ **15**

Adjusted gross income

16 Educator expenses (see instructions). 16	
17 IRA deduction (see instructions). 17	
18 Student loan interest deduction (see instructions). 18	
19 Tuition and fees. 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 . ▶ 21	