Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return (99) 2002

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0085

Label

(See page 21.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE

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 22.	Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 22.		

▲ Important! ▲

You **must** enter your SSN(s) above.

Presidential Election Campaign (See page 22.)

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? . . . ▶

You	Spouse
☐ Yes ☐ No	☐ Yes ☐ No

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 23.) 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 ▶). (See page 24.)

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.

b ☐ **Spouse**

c **Dependents:**

If more than six dependents, see page 24.

(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 25)
			☐
			☐
			☐
			☐
			☐
			☐

No. of 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 26)** _____

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 27.

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	
9	Ordinary dividends. Attach Schedule 1 if required.		9
10	Capital gain distributions (see page 27).		10
11a	IRA distributions. 11a	**11b** Taxable amount (see page 27).	11b
12a	Pensions and annuities. 12a	**12b** Taxable amount (see page 28).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.		13
14a	Social security benefits. 14a	**14b** Taxable amount (see page 30).	14b
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶		15

Adjusted gross income

16	Educator expenses (see page 30).	16	
17	IRA deduction (see page 30).	17	
18	Student loan interest deduction (see page 33).	18	
19	Tuition and fees deduction (see page 33).	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

Tax, credits, and payments

Standard Deduction for—

- People who checked any box on line 23a or 23b **or** who can be claimed as a dependent, see page 34.
- All others:

Single, $4,700

Head of household, $6,900

Married filing jointly or Qualifying widow(er), $7,850

Married filing separately, $3,925

22	Enter the amount from line 21 (adjusted gross income).		22
23a	Check if: ☐ **You** were 65 or older ☐ Blind ☐ **Spouse** was 65 or older ☐ Blind — **Enter number of boxes checked** ▶ 23a		
b	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here ▶ 23b ☐		
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	Multiply $3,000 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 35).		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 38). 33		
34	Adoption credit. Attach Form 8839. 34		
35	Add lines 29 through 34. These are your **total credits.**		35
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.		36
37	Advance earned income credit payments from Form(s) W-2.		37
38	Add lines 36 and 37. This is your **total tax.**	▶	38
39	Federal income tax withheld from Forms W-2 and 1099. 39		
40	2002 estimated tax payments and amount applied from 2001 return. 40		
41	**Earned income credit (EIC).** 41		
42	Additional child tax credit. Attach Form 8812. 42		
43	Add lines 39 through 42. These are your **total payments.**	▶	43

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 52 and fill in 45b, 45c, and 45d.

44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you **overpaid.**		44
45a	Amount of line 44 you want **refunded to you.**	▶	45a
▶ **b**	Routing number ▶ **c** Type: ☐ Checking ☐ Savings		
▶ **d**	Account number		
46	Amount of line 44 you want **applied to your 2003 estimated tax.** 46		

Amount you owe

47	**Amount you owe.** Subtract line 43 from line 38. For details on how to pay, see page 53.	▶	47
48	Estimated tax penalty (see page 53). 48		

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign here

Joint return? See page 22.

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 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	Date	Your occupation	Daytime phone number
			( )
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), address, and ZIP code		EIN	
		Phone no. ( )	