

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20

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 instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**▲ 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.  You  Spouse

**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. ▶ First \_\_\_\_\_ Last \_\_\_\_\_

4  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. ▶ \_\_\_\_\_ and SSN \_\_\_\_\_

5  Qualifying widow(er) with dependent child

**Exemptions**

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

b  Spouse First \_\_\_\_\_ Last \_\_\_\_\_

c Dependents:		(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)
(1) First name	Last name			
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**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 instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

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 \_\_\_\_\_ **9b** \_\_\_\_\_

10 Taxable refunds, credits, or offsets of state and local income taxes \_\_\_\_\_ **10** \_\_\_\_\_

11 Alimony received \_\_\_\_\_ **11** \_\_\_\_\_

12 Business income or (loss). Attach Schedule C or C-EZ \_\_\_\_\_ **12** \_\_\_\_\_

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13** \_\_\_\_\_

14 Other gains or (losses). Attach Form 4797 \_\_\_\_\_ **14** \_\_\_\_\_

15a IRA distributions \_\_\_\_\_ **15a** \_\_\_\_\_ **b Taxable amount** \_\_\_\_\_ **15b** \_\_\_\_\_

16a Pensions and annuities \_\_\_\_\_ **16a** \_\_\_\_\_ **b Taxable amount** \_\_\_\_\_ **16b** \_\_\_\_\_

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E \_\_\_\_\_ **17** \_\_\_\_\_

18 Farm income or (loss). Attach Schedule F \_\_\_\_\_ **18** \_\_\_\_\_

19 Unemployment compensation \_\_\_\_\_ **19** \_\_\_\_\_

20a Social security benefits \_\_\_\_\_ **20a** \_\_\_\_\_ **b Taxable amount** \_\_\_\_\_ **20b** \_\_\_\_\_

21 Other income. List type and amount \_\_\_\_\_ **21** \_\_\_\_\_

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ \_\_\_\_\_ **22** \_\_\_\_\_

**Adjusted Gross Income**

23 Educator expenses \_\_\_\_\_ **23** \_\_\_\_\_

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ \_\_\_\_\_ **24** \_\_\_\_\_

25 Health savings account deduction. Attach Form 8889 \_\_\_\_\_ **25** \_\_\_\_\_

26 Moving expenses. Attach Form 3903 \_\_\_\_\_ **26** \_\_\_\_\_

27 Deductible part of self-employment tax. Attach Schedule SE \_\_\_\_\_ **27** \_\_\_\_\_

28 Self-employed SEP, SIMPLE, and qualified plans \_\_\_\_\_ **28** \_\_\_\_\_

29 Self-employed health insurance deduction \_\_\_\_\_ **29** \_\_\_\_\_

30 Penalty on early withdrawal of savings \_\_\_\_\_ **30** \_\_\_\_\_

31a Alimony paid b Recipient's SSN ▶ \_\_\_\_\_ **31a** \_\_\_\_\_

32 IRA deduction \_\_\_\_\_ **32** \_\_\_\_\_

33 Student loan interest deduction (see instructions) \_\_\_\_\_ **33** \_\_\_\_\_

34 Tuition and fees. Attach Form 8917 \_\_\_\_\_ **34** \_\_\_\_\_

35 Domestic production activities deduction. Attach Form 8903 \_\_\_\_\_ **35** \_\_\_\_\_

36 Add lines 23 through 35 \_\_\_\_\_ **36** \_\_\_\_\_

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ \_\_\_\_\_ **37** \_\_\_\_\_

