modified for CS1102

1040		tment of the Treasury—Internal Revenue Service 20	06	(99) IRS Use Only—Do	not write or	staple in this space.
	T	he year Jan. 1-Dec. 31, 2006, or other tax year beginning	, 2006, endi			MB No. 1545-0074
Label	You	r first name and initial Last name			Your s	ocial security number
(See L instructions A on page 16) B						
E						
Use the IRS ∟ label.	Hor	ne address (number and street). If you have a P.O. box, see p	page 16			i i
Otherwise, H			1	ou must enter our SSN(s) above.		
please print R or type. E			Checkir	ng a box below will not		
Presidential						your tax or refund.
Election Campaign	CI	neck here if you, or your spouse if filing jointly, want \$	3 to go to	this fund (see page 16)		You
Filing Status	1 L	Single	4			g person). (See page 17.)
-			a child bu	t not your dependent, ente		
Check only one box.			5	this child's name here. Qualifying widow(er) w	th depen	dent child (see page 17)
	6a	Yourself. If someone can claim you as a depend	lent, do no t	t check box 6a		Boxes checked on 6a and 6b
Exemptions	b	Spouse		(3) Dependent's		
	с	Dependents: (2) Depen (1) First name Last name Social Securit		relationship to		
		(1) First name Last name Social Securit		you		
If more than four						
dependents, see page 19.						Dependents on 6c
						Add numbers on
	d	Total number of exemptions claimed				lines above
Income	7 8a	Wages, salaries, tips, etc. Attach Form(s) W-2			7 8a	
	oa	Taxable interest. Attach Schedule B in required				
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required			9a	
attach Forms W-2G and	b	Qualified dividends (see page 23)	9b			
1099-R if tax						
was withheld.						
lf you did not						
get a W-2, see page 23.	15a IRA distributions					
	16a	Pensions and annuities			16b	
Enclose, but do not attach, any						
payment. Also,						
please use Form 1040-V.	20a	Social security benefits .			20b	
	21	Other income. List type and amount (see page 29)			21	
	22	Add the amounts in the far right column for lines 7 through	ugh 21. This	s is your total income	22	
Adjusted					-	
Gross						
Income					_	
					-	
					-	
					-	
					-	
	32	IRA deduction (see page 31)				
	33	Student loan interest deduction (see page 33)				
	34	Jury duty pay you gave to your employer	54			
	36	Add lines 23 through 31a and 32 through 35			36	
	37	Subtract line 36 from line 22. This is your adjusted g	ross incon		37	
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

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Тах	38	Amount from line 37 (adjusted gross income)	38		
and	39a	Check You were born before January 2, 1942, Blind. Total boxes			
Credits	_	if: checked 39a			
Standard					
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		
for—	-		41		
People who	41	Subtract line 40 from line 38	41		
checked any	42				
box on line		multiply \$3,300 by the total number of exemptions claimed on line 6d	42		
39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43		
who can be claimed as a			44		
dependent,	44	Tax (see page 36).	44		
see page 34.	45				
All others:	46	Add lines 44 and 45	46		
	47	Foreign tax credit. 47			
Single or Married filing					
separately,	48				
\$5,150	49				
Married filing	50	Education credits. 50			
jointly or	51				
Qualifying	52				
widow(er), \$10,300	-				
	53				
Head of	54				
household, \$7,550	55				
ψ1,000	56	Add lines 47 through 55. These are your total credits	56		
	57	Add lines 47 through 55. These are your total credits			
	57		57		<u> </u>
Other	58	Self-employment tax. Attach Schedule SE	58		
	59	Social security and Medicare tax on tip income not reported to employer.	59		
Taxes		· · · · · · · · · · · · · · · · · · ·			
	60				
	61				
	62				
	63	Add lines 57 through 62. This is your total tax	63		
Deumente	64	Federal income tax withheld from Forms W-2 and 1099 64			
Payments					
	65	2006 estimated tax payments and amount applied from 2005 return 65			
If you have a	_66a				
qualifying	b				
child, attach Schedule EIC.	67				
	J				
	68				
	69				
	70				
	71				
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72		
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73		
Direct deposit?	74a				
See page 61	b				
and fill in 74b,	d				
74c, and 74d,					
or Form 8888.	75				
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76		
You Owe	77				