

Your first name and initial	Last name	OMB No. 1545-0074 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. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **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

Foreign country name	Foreign province/county	Foreign postal code
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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 instructions.) 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 instructions)

Exemptions

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

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

For 11a minus 11b and 12a minus 12b, exclude rollovers for FAFSA. If negative, enter zero.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22			
	23a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind } Total boxes	<input type="checkbox"/>			
		if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind } checked ▶ 23a				
	23b	If you are married filing separately and your spouse itemizes deductions, check here	▶ 23b	<input type="checkbox"/>		
		24 Enter your standard deduction .	24			
	Standard Deduction for— • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25			
		26 Exemptions. Multiply \$3,700 by the number on line 6d.	26			
		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27			
		This is your taxable income.		▶	27	
		28 Tax , including any alternative minimum tax (see instructions).	28			
29 Credit for child and dependent care expenses. Attach Form 2441.		29				
30 Credit for the elderly or the disabled. Attach Schedule R.		30				
31 Education credits from Form 8863, line 23.		31				
32 Retirement savings contributions credit. Attach Form 8880.		32				
33 Child tax credit (see instructions).		33				
If you have a qualifying child, attach Schedule EIC.	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-. This is your total tax .	35				
	36 Federal income tax withheld from Forms W-2 and 1099.	36				
	37 2011 estimated tax payments and amount applied from 2010 return.	37				
	38a Earned income credit (EIC).	38a				
	b Nontaxable combat pay election.	38b				
	39 Additional child tax credit. Attach Form 8812.	39				
	40 American opportunity credit from Form 8863, line 14.	40				
	41 Add lines 36, 37, 38a, 39, and 40. These are your total payments .	▶ 41				
	42 If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid .	42				
Refund Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.	43a Amount of line 42 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 43a					
	▶ b Routing number <input type="text"/>	▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	▶ d Account number <input type="text"/>					
	44 Amount of line 42 you want applied to your 2012 estimated tax .	44				
Amount you owe	45 Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions.	▶ 45				
	46 Estimated tax penalty (see instructions).	46				
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input type="checkbox"/> No					
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>		
Sign here Joint return? See page 13. 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
		Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
Paid preparer use only	Firm's name ▶	Firm's EIN ▶				
	Firm's address ▶	Phone no.				