

Label

(See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

Label Here

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning , 2003, ending , 20
Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see page 19. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

OMB No. 1545-0074

Your social security number

Spouse's social security number

Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

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 20.) 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 page 20.)

Exemptions

If more than five dependents, see page 21.

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. 6b Spouse. 6c Dependents: (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 21) 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 21) Dependents on 6c not entered above Add numbers on lines above

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 22 rows for income reporting. Columns include line number, description, and amount. Rows include: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 8b Tax-exempt interest; 9a Ordinary dividends; 9b Qualified dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13a Capital gain or (loss); 13b Post-May 5 capital gain distributions; 14 Other gains or (losses); 15a IRA distributions; 15b Taxable amount; 16a Pensions and annuities; 16b Taxable amount; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 20b Taxable amount; 21 Other income; 22 Total income.

Adjusted Gross Income

Table for Adjusted Gross Income with 12 rows (23-34). Rows include: 23 Educator expenses; 24 IRA deduction; 25 Student loan interest deduction; 26 Tuition and fees deduction; 27 Moving expenses; 28 One-half of self-employment tax; 29 Self-employed health insurance deduction; 30 Self-employed SEP, SIMPLE, and qualified plans; 31 Penalty on early withdrawal of savings; 32a Alimony paid; 32b Recipient's SSN; 33 Add lines 23 through 32a; 34 Subtract line 33 from line 22. This is your adjusted gross income.

Tax and Credits

Standard Deduction for—
• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.
• All others:
Single or Married filing separately, \$4,750
Married filing jointly or Qualifying widow(er), \$9,500
Head of household, \$7,000

35 Amount from line 34 (adjusted gross income)
36a Check if: [ ] You were born before January 2, 1939, [ ] Blind. Total boxes checked
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here
37 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
38 Subtract line 37 from line 35
39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35
40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-
41 Tax (see page 36). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972
42 Alternative minimum tax (see page 38). Attach Form 6251
43 Add lines 41 and 42
44 Foreign tax credit. Attach Form 1116 if required
45 Credit for child and dependent care expenses. Attach Form 2441
46 Credit for the elderly or the disabled. Attach Schedule R
47 Education credits. Attach Form 8863
48 Retirement savings contributions credit. Attach Form 8880
49 Child tax credit (see page 40)
50 Adoption credit. Attach Form 8839
51 Credits from: a [ ] Form 8396 b [ ] Form 8859
52 Other credits. Check applicable box(es): a [ ] Form 3800 b [ ] Form 8801 c [ ] Specify
53 Add lines 44 through 52. These are your total credits
54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-

Other Taxes

55 Self-employment tax. Attach Schedule SE
56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required
58 Advance earned income credit payments from Form(s) W-2
59 Household employment taxes. Attach Schedule H
60 Add lines 54 through 59. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099
62 2003 estimated tax payments and amount applied from 2002 return
63 Earned income credit (EIC)
64 Excess social security and tier 1 RRTA tax withheld (see page 56)
65 Additional child tax credit. Attach Form 8812
66 Amount paid with request for extension to file (see page 56)
67 Other payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885
68 Add lines 61 through 67. These are your total payments

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid
70a Amount of line 69 you want refunded to you
b Routing number
c Type: [ ] Checking [ ] Savings
d Account number
71 Amount of line 69 you want applied to your 2004 estimated tax

Amount You Owe

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57
73 Estimated tax penalty (see page 58)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [ ] Yes. Complete the following. [ ] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 20. 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which 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.