

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return **2002**

(99)

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

Label

(See instructions on page 21.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 21.)

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A
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E

For the year Jan. 1–Dec. 31, 2002, or other tax year beginning

, 2002, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

Home address (number and street). If you have a P.O. box, see page 21.

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

You

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? . . . ▶

☐ Yes ☐ No**Filing Status**

Check only one box.

1 ☐ Single4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2

3

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)**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 6ab ☐ Spousec **Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

No. of boxes checked on 6a and 6b

No. of children on 6c who:

No. of children on 6c who:
[Redacted]
[Redacted]
[Redacted]

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

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 23.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b

9 Ordinary dividends. Attach Schedule B if required

10

11

12

13

14

15a

16a

17

18

19

20a

21

22

Social security benefits

Other income. List type and amount (see page 29)

Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

7

8a

b

9

10

11

12

13

14

15b

16b

17

18

19

20b

21

22

Adjusted Gross Income

23

24

25

26

27

28

29

30

31

32

33a

34

35

IRA deduction (see page 29)

Student loan interest deduction (see page 31)

Tuition and fees deduction (see page 32)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Add lines 23 through 33a

Subtract line 34 from line 22. This is your **adjusted gross income** ▶

24

25

26

27

28

29

30

31

32

33a

34

35

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 37a or 37b 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

36	Amount from line 35 (adjusted gross income)	36	
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	37a	
b		37b	<input type="checkbox"/>
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	
39	Subtract line 38 from line 36	39	
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	
42	Tax (see page 36)	42	
43		43	
44	Add lines 42 and 43	44	
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47		47	
48		48	
49		49	
50		50	
51		51	
52		52	
53		53	
54	Add lines 45 through 53. These are your total credits	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57		57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	58	
59		59	
60		60	
61	Add lines 55 through 60. This is your total tax	61	

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2002 estimated tax payments and amount applied from 2001 return	63	
64		64	
65		65	
66		66	
67		67	
68		68	
69	Add lines 62 through 68. These are your total payments	69	

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
71a		71a	
b		b	
d		d	
72		72	

Amount You Owe

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	
74		74	

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)
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Sign Here

Joint return? See page 21. 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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	