

Label (See instructions.)

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

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20
Your first name MI Last name
Your social security number
If a joint return, spouse's first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. State ZIP code
Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [] 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 & 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

If more than four dependents, see instructions.

6a [] Yourself. If someone can claim you as a dependent, do not check box 6a
6b [] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [x] if qualifying child for child tax credit (see instrs)
No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above
d Total number of exemptions claimed

Income

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

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2
7
8a Taxable interest. Attach Schedule B if required
8a
8b Tax-exempt interest. Do not include on line 8a
8b
9a Ordinary dividends. Attach Schedule B if required
9a
9b Qualified dividends (see instrs)
9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
10
11 Alimony received
11
12 Business income or (loss). Attach Schedule C or C-EZ
12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here
13
14 Other gains or (losses). Attach Form 4797
14
15a IRA distributions
15a b Taxable amount (see instrs)
15b
16a Pensions and annuities
16a b Taxable amount (see instrs)
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 (see instrs)
20b
21 Other income
21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income
22

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853
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 One-half of self-employment tax. Attach Schedule SE
27
28 Self-employed SEP, SIMPLE, and qualified plans
28
29 Self-employed health insurance deduction (see instructions)
29
30 Penalty on early withdrawal of savings
30
31a Alimony paid b Recipient's SSN
31a
32 IRA deduction (see instructions)
32
33 Student loan interest deduction (see instructions)
33
34 Jury duty pay you gave to your employer
34
35 Domestic production activities deduction. Attach Form 8903
35
36 Add lines 23 - 31a and 32 - 35
36
37 Subtract line 36 from line 22. This is your adjusted gross income
37

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550

Table with 3 columns: Line number, Description, and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 38; 39a Check if: You were born before January 2, 1942, Blind. Total boxes checked 39a; Spouse was born before January 2, 1942, Blind. 39b; 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40; 41 Subtract line 40 from line 38 41; 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d 42; 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43; 44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972 44; 45 Alternative minimum tax (see instructions). Attach Form 6251 45; 46 Add lines 44 and 45 46; 47 Foreign tax credit. Attach Form 1116 if required 47; 48 Credit for child and dependent care expenses. Attach Form 2441 48; 49 Credit for the elderly or the disabled. Attach Schedule R 49; 50 Education credits. Attach Form 8863 50; 51 Retirement savings contributions credit. Attach Form 8880 51; 52 Residential energy credits. Attach Form 5695 52; 53 Child tax credit (see instructions). Attach Form 8901 if required 53; 54 Credits from: a Form 8396 b Form 8839 c Form 8859 54; 55 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Form 55; 56 Add lines 47 through 55. These are your total credits 56; 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 58 Self-employment tax. Attach Schedule SE 58; 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59; 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60; 61 Advance earned income credit payments from Form(s) W-2, box 9 61; 62 Household employment taxes. Attach Schedule H 62; 63 Add lines 57-62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 64 Federal income tax withheld from Forms W-2 and 1099 64; 65 2006 estimated tax payments and amount applied from 2005 return 65; 66a Earned income credit (EIC) No 66a; b Nontaxable combat pay election 66b; 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67; 68 Additional child tax credit. Attach Form 8812 68; 69 Amount paid with request for extension to file (see instructions) 69; 70 Payments from: a Form 2439 b Form 4136 c Form 8885 70; 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71; 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Rows include: 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73; 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a; b Routing number; c Type: Checking Savings; d Account number; 75 Amount of line 73 you want applied to your 2007 estimated tax 75; 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions 76; 77 Estimated tax penalty (see instructions) 77

Amount You Owe

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Sign Here

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; Firm's name (or yours if self-employed), address, and ZIP code, Self-Prepared, EIN, Phone no.