Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2003 (99) | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning , 2003, ending , 20 | OMB No. 1545-0074

Label

(See instructions on page 19.)

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

Presidential Election Campaign (See page 19.)

L A B E L   H E R E

Your first name and initial | Last name | 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 page 19. | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

▲ **Important!** ▲

You **must** enter your SSN(s) above.

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

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 . . . .

b ☐ **Spouse** . . . .

c Dependents:

If more than five dependents, see page 21.

(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)
			☐
			☐
			☐
			☐
			☐

d Total number of exemptions claimed . . . .

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.**

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 page 23) **9b**		
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . .	**10**	
11 Alimony received	**11**	
12 Business income or (loss). Attach Schedule C or C-EZ	**12**	
13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	**13a**	
b If box on 13a is checked, enter post-May 5 capital gain distributions **13b**		
14 Other gains or (losses). Attach Form 4797	**14**	
15a IRA distributions . . . **15a** **b** Taxable amount (see page 25)	**15b**	
16a Pensions and annuities **16a** **b** Taxable amount (see page 25)	**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 page 27)	**20b**	
21 Other income. List type and amount (see page 27) _____	**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 Educator expenses (see page 29)	**23**	
24 IRA deduction (see page 29)	**24**	
25 Student loan interest deduction (see page 31)	**25**	
26 Tuition and fees deduction (see page 32)	**26**	
27 Moving expenses. Attach Form 3903	**27**	
28 One-half of self-employment tax. Attach Schedule SE .	**28**	
29 Self-employed health insurance deduction (see page 33)	**29**	
30 Self-employed SEP, SIMPLE, and qualified plans . .	**30**	
31 Penalty on early withdrawal of savings	**31**	
32a Alimony paid **b** Recipient's SSN ▶	**32a**	
33 Add lines 23 through 32a		**33**
34 Subtract line 33 from line 22. This is your **adjusted gross income** . . . . . ▶		**34**

Tax and Credits	**35**	Amount from line 34 (adjusted gross income)	**35**	
	36a	Check if: ☐ **You** were born before January 2, 1939, ☐ Blind. ☐ **Spouse** was born before January 2, 1939, ☐ Blind. } Total boxes checked ▶ 36a		
Standard Deduction for—	**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 . . . . . . ▶ **36b** ☐		
● People who checked any box on line 36a or 36b **or** who can be claimed as a dependent, see page 34.	**37**	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) . .	**37**	
	38	Subtract line 37 from line 35	**38**	
	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	**39**	
	40	**Taxable income.** Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- .	**40**	
● All others:	**41**	**Tax** (see page 36). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 . . .	**41**	
Single or Married filing separately, $4,750	**42**	**Alternative minimum tax** (see page 38). Attach Form 6251	**42**	
	43	Add lines 41 and 42 . . . . ▶	**43**	
Married filing jointly or Qualifying widow(er), $9,500	**44**	Foreign tax credit. Attach Form 1116 if required . . .	**44**	
	45	Credit for child and dependent care expenses. Attach Form 2441	**45**	
	46	Credit for the elderly or the disabled. Attach Schedule R .	**46**	
	47	Education credits. Attach Form 8863	**47**	
Head of household, $7,000	**48**	Retirement savings contributions credit. Attach Form 8880 .	**48**	
	49	Child tax credit (see page 40)	**49**	
	50	Adoption credit. Attach Form 8839	**50**	
	51	Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859 . .	**51**	
	52	Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Specify _____	**52**	
	53	Add lines 44 through 52. These are your **total credits**	**53**	
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- . . . . ▶	**54**	
Other Taxes	**55**	Self-employment tax. Attach Schedule SE	**55**	
	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . .	**56**	
	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required .	**57**	
	58	Advance earned income credit payments from Form(s) W-2	**58**	
		Household employment taxes. Attach Schedule H		
	60	Add lines 54 through 59. This is your **total tax** . . . . ▶	**60**	
Payments	**61**	Federal income tax withheld from Forms W-2 and 1099 . .	**61**	
	62	2003 estimated tax payments and amount applied from 2002 return .	**62**	
If you have a qualifying child, attach Schedule EIC.	**63**	**Earned income credit (EIC)**	**63**	
	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	**64**	
	65	Additional child tax credit. Attach Form 8812	**65**	
	66	Amount paid with request for extension to file (see page 56)	**66**	
	67	Other payments from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885	**67**	
	68	Add lines 61 through 67. These are your **total payments** . . . . ▶	**68**	
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**	**69**	
	70a	Amount of line 69 you want **refunded to you** . . . . ▶	**70a**	
	▶ **b**	Routing number ☐☐☐☐☐☐☐☐☐ ▶ **c** Type: ☐ Checking ☐ Savings		
	▶ **d**	Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		
	71	Amount of line 69 you want **applied to your 2004 estimated tax** ▶	**71**	
Amount You Owe	**72**	**Amount you owe.** Subtract line 68 from line 60. For details on how to pay, see page 57 ▶	**72**	
	73	Estimated tax penalty (see page 58)	**73**	

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. ( )	

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