

Your name (last, first, and middle) James J. P.		First name James	Last name P.	File separate instructions. Your social security number 123-45-6789
Your spouse's name (last, first, and middle) Patricia J.		First name Patricia	Last name J.	Spouse's social security number 432-10-9876
Home address (include apartment, if you have an apt. no.; see instructions) 100 Towson Drive Baltimore, MD 11234			Appt. no. 100	<input type="checkbox"/> Home address for filing return and on which you lived. <input type="checkbox"/> Home address for filing return and on which you lived, but you are filing a separate return for a spouse, former spouse, or dependent child. <input type="checkbox"/> Home address for filing return and on which you lived, but you are filing a separate return for a spouse, former spouse, or dependent child, and you are claiming a dependent exemption for a spouse, former spouse, or dependent child.
Foreign country name Foreign postal code Foreign phone area				

**Filing Status**

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 or an individual other than your dependent child.

5  Qualifying widow(er) with dependent child.

**Exemptions**

1  Yourself. If someone can claim you as a dependent, do not check box for yourself.

2  Spouse.

3 Dependents		4 Spouse's social security number	5 Dependent's relationship to you	6 If filing jointly, do you have a dependent who is blind, deaf, or dumb?
7 Name	8 Address			
James J. P.	Towson, MD	123-45-6789	Self	
Patricia J. P.	Towson, MD	432-10-9876	Spouse	
John D. P.	Towson, MD	123-45-6789	Child	

9 Total number of exemptions claimed: 3

**Income**

1 Wages, salaries, tips, etc. Attach Form(s) W-2	27	75,000
2a Taxable interest. Attach Schedule B if required	28	100
2b Tax-exempt interest. Do not include on line 2b	29	
3 Ordinary dividends. Attach Schedule B if required	30	100
3a Qualified dividends	31	100
4 Taxable refunds, credits, or offsets of state and local income taxes	32	100
5 Alimony received	33	
6 Business income or loss. Attach Schedule C or C-EZ	34	10,000
7 Capital gain or loss. Attach Schedule B if required. First required, check here.	35	100
8 Other gains or losses. Attach Form 6782	36	
9a IRA distributions	37	100
9b Pensions and annuities	38	100
10 Rental real estate, royalties, partnerships, S-corporations, trusts, etc. Attach Schedule E	39	
11 Farm income or loss. Attach Schedule F	40	
12 Unemployment compensation	41	
13 Social security benefits	42	100
14 Other income. List type and amount	43	
15 Combine the amounts on lines 1 through 14. This is your total income	44	114,100

**Adjusted Gross Income**

16 Educator expenses	45	
17 Charitable contributions of cash, property, or services. Attach Form 708 or 709-02	46	
18 Health savings account deduction. Attach Form 8889	47	
19 Moving expenses. Attach Form 8903	48	
20 Deductible part of self-employment tax. Attach Schedule SE	49	1,000
21 Self-employed SEP, SIMPLE, and qualified plans	50	14,000
22 Self-employed health insurance deduction	51	
23 Penalty on early withdrawal of savings	52	
24a Alimony paid. If recipient's SSN is 123-45-6789	53	5,000
24b IRA deduction	54	
25 Student loan interest deduction	55	
26 Tuition and fees. Attach Form 8879	56	
27 Domestic production activities deduction. Attach Form 8885	57	
28 Add lines 16 through 27	58	20,000
29 Subtract line 28 from line 44. This is your adjusted gross income	59	94,100