

# ANATOMY OF THE 1040

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial **TAXPAYER** Last name **INFORMATION** See separate instructions.

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

TC #1

**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 but not your dependent, enter this child's name here. ▶ \_\_\_\_\_
  - 5  Qualifying widow(er) with dependent child
- Check only one box.

TC #2

**Exemptions**

6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, <b>do not</b> check box 6a . . . . .				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 instructions) _____ Dependents on 6c not entered above _____ Add numbers on lines above ▶ <span style="border: 1px solid black; padding: 2px;">  </span>
b <input type="checkbox"/> Spouse . . . . .				
<b>c Dependents:</b>				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed . . . . .				<input style="width: 50px;" type="text"/>

If more than four dependents, see instructions and check here ▶

TC #3

**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.

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 . . . . .	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		10	
11	Alimony received . . . . .		11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	
14	<del>Other gains or (losses). Attach Form 4797 . . . . .</del>		14	OUT OF SCOPE
15a	IRA distributions . . . . .	15a	b Taxable amount	15b
16a	Pensions and annuities . . . . .	16a	b Taxable amount	16b
17	<del>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .</del>		17	OUT OF SCOPE
18	<del>Farm income or (loss). Attach Schedule F . . . . .</del>		18	OUT OF SCOPE
19	Unemployment compensation . . . . .		19	
20a	Social security benefits . . . . .	20a	b Taxable amount	20b
21	Other income. List type and amount _____		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶		22	TOTAL INCOME

TC #4

**Adjusted Gross Income**

23	Educator expenses . . . . .	23		
24	<del>Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .</del>	24	OUT OF SCOPE	
25	Health savings account deduction. Attach Form 8889 . . . . .	25		
26	<del>Moving expenses. Attach Form 3903 . . . . .</del>	26	OUT OF SCOPE	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27		
28	<del>Self-employed SEP, SIMPLE, and qualified plans . . . . .</del>	28	OUT OF SCOPE	
29	<del>Self-employed health insurance deduction . . . . .</del>	29	OUT OF SCOPE	
30	Penalty on early withdrawal of savings . . . . .	30		
31a	Alimony paid b Recipient's SSN ▶ _____	31a		
32	IRA deduction . . . . .	32		
33	Student loan interest deduction . . . . .	33		
34	Tuition and fees. Attach Form 8917 . . . . .	34		
35	<del>Domestic production activities deduction. Attach Form 8903 . . . . .</del>	35	OUT OF SCOPE	
36	Add lines 23 through 35 . . . . .	36		TOTAL ADJUST.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37		TOTAL AGI

ADJUSTMENTS  
REDUCE  
INCOME

TC #5

TC #6

TC #7

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>TOTAL AGI</b>
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>	<b>39a</b>	<b>DEDUCTIONS &amp; EXEMPTIONS REDUCE TAXABLE INCOME</b>
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>	<b>39b</b>	
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>CREDITS REDUCE TAX</b>
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>TOTAL CREDITS</b>
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>TOTAL TAX</b>
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	<b>TOTAL PAYMENTS</b>
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	<b>TOTAL TAX</b>
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	<b>TOTAL PAYMENTS</b>
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	<b>TOTAL TAX</b>
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	<b>TOTAL PAYMENTS</b>
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>TOTAL TAX</b>
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	<b>TOTAL PAYMENTS</b>
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	<b>TOTAL TAX</b>
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	<b>Health care: individual responsibility (see instructions)</b> Full-year coverage <input type="checkbox"/>	<b>61</b>	<b>TOTAL PAYMENTS</b>
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>TOTAL TAX</b>
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
<b>65</b>	2014 estimated tax payments and amount applied from 2013 return	<b>65</b>	<b>TAXES PAID IN AHEAD</b>
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	<b>TOTAL PAYMENTS</b>
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	<b>TOTAL TAX</b>
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	<b>TOTAL PAYMENTS</b>
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	<b>TOTAL TAX</b>
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> Reserved <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	<b>TOTAL PAYMENTS</b>
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	<b>REFUND</b>
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>76b</b>	
<b>d</b>	Account number <input type="text"/>	<b>76c</b>	<b>TAX OWED</b>
<b>77</b>	Amount of line 75 you want <b>applied to your 2015 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	<b>TAX OWED</b>
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete below.  **No**

Designee's name  Phone no.  Personal identification number (PIN)

**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 <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name <input type="text"/>	Firm's EIN <input type="text"/>		Phone no. <input type="text"/>	
Firm's address <input type="text"/>				