1040		rtment of the Treasury—Internal Revenue 5. Individual Income Tax Re	1111	002	(99)	IRS Use (Only—Do na	ot write or s	staple in thi	is space.			
	_	the year Jan. 1-Dec. 31, 2002, or other tax year beg		, 2002, en	` '		20 ``.	ot write or staple in this space. OMB No. 1545-0074					
Label	_	ur first name and initial	Last name	,,	··g	,		Your social security number					
(See instructions on page 21.)	If a	joint return, spouse's first name and initial Last name							Spouse's social security number				
Use the IRS label. HOtherwise, E		Home address (number and street). If you have a P.O. box, see page 21. Apt. no.						▲ Important! ▲					
please print or type.	City	City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.								You must enter your SSN(s) above.			
Presidential Election Campaigr	1	Note. Checking "Yes" will not change	your tax or re	duce your	refund.			You		Spous			
(See page 21.)		Do you, or your spouse if filing a joint	return, want \$	3 to go to	this fund	d?	_ , ▶	Yes	□ No	Yes	∐ No		
Filing Status	1 [2 [= - 3 -	e had income)			of househ ualifying pe							
Check only	3	Married filing separately. Enter spou											
one box.		and full name here. ▶		5 L		fying widese died ▶							
	6a	Yourself. If your parent (or someo			age 21.) No. of b								
Exemptions	Оа	return, do not check bo						}	checked	d on			
•	b	Spouse						<u></u> J	No. of c				
	С	Dependents:	(2) Depe	endent's		pendent's Inship to	(4) √ if qua child for chi		on 6c w • lived w				
		(1) First name Last name	social secur	rity number	1	you	credit (see pa		• did not	-			
If more than five			<u> </u>	<u> </u>					you due t or separa				
dependents,			1 !	!			<u> </u>		(see page				
see page 22.			+ :	<u>;</u>			<u> </u>		Depender not enter				
			- :	1			-		Add num				
	d	Total number of exemptions claimed		:					on lines above ▶	Ĺ			
	7	Wages, salaries, tips, etc. Attach Form	n(s) W-2		<u> </u>			7	42010				
Income	, 8a	Taxable interest. Attach Schedule B if						8a					
Attach	b	Tax-exempt interest. Do not include	•		b								
Forms W-2 and	9	Ordinary dividends. Attach Schedule E	9										
W-2G here. Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)											
Form(s) 1099-R	11	Alimony received											
if tax was	12	Business income or (loss). Attach Schedule C or C-EZ									-		
withheld.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □									-		
	14	Other gains or (losses). Attach Form 4797						14			-		
If you did not get a W-2, see page 23. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	15a	IRA distributions 15a			ount (see p	,	15b			-			
	16a	` 13 '						16b					
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E											
	18 19	Farm income or (loss). Attach Schedule F											
	20a	Social security benefits . 20a b Taxable amount (see page 27)											
	21	Other income. List type and amount (see page 29)						20b 21					
	22	Add the amounts in the far right column						22					
Adjusted	23	Educator expenses (see page 29) .		2	3								
	24	IRA deduction (see page 29)						-/////					
Gross	25	Student loan interest deduction (see page 31)			5								
Income	26	Tuition and fees deduction (see page 32)			6								
	27	Archer MSA deduction. Attach Form 8853			7								
	28	Moving expenses. Attach Form 3903			8			-//////					
	29	One-half of self-employment tax. Attach Schedule SE .			9								
	30	Self-employed health insurance deduc											
	31	Self-employed SEP, SIMPLE, and qua		–									
	32	Penalty on early withdrawal of savings											
	33a 34	Alimony paid b Recipient's SSN ► Add lines 23 through 33a						34					
	34 25	Subtract line 3/1 from line 22. This is v						25					

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Form 1040 (2002)			Page 2					
Toy and	36	Amount from line 35 (adjusted gross income)	36					
Tax and	37a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.						
Credits	١	Add the number of boxes checked above and enter the total here ▶ 37a						
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or						
for—		you were a dual-status alien, see page 34 and check here ▶ 37b □						
 People who checked any 	ີ38	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .	38					
box on line	39	Subtract line 38 from line 36	39					
37a or 37b or who can be	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on						
claimed as a		line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40					
dependent, see page 34.	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41					
All others:	42	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	42					
Single, \$4,700	43	Alternative minimum tax (see page 37). Attach Form 6251	43					
Head of	44	Add lines 42 and 43	44					
household,	45	Foreign tax credit. Attach Form 1116 if required						
\$6,900 Married filing	46	Credit for child and dependent care expenses. Attach Form 2441						
jointly or	47	Credit for the elderly or the disabled. Attach Schedule R 47						
Qualifying	48	Education credits. Attach Form 8863	<i></i>					
widow(er), \$7,850	49	Retirement savings contributions credit. Attach Form 8880 . 49						
Married	50	Child tax credit (see page 39)	<i></i>					
filing separately,	51	Adoption credit. Attach Form 8839						
\$3,925	52	Credits from: a Form 8396 b Form 8859						
	53	Other credits. Check applicable box(es): a Form 3800						
		b Form 8801 c Specify 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	56	Self-employment tax. Attach Schedule SE	56					
Taxes	57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57					
	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required .	58					
	59	Advance earned income credit payments from Form(s) W-2	59					
	60 61	Household employment taxes. Attach Schedule H	60					
Doumento								
Payments	62	Todarda modine tak wilimeda moni Tolinis W 2 dila 1077						
16	63	2002 Collinated tax paymonts and amount applied non-zoot rotain						
If you have a qualifying	64 [75	Zuried moonie dream (210)						
child, attach	65	Excess social security and not in the track with local costs page 507						
Schedule EIC.	66	Additional child tax credit. Attach Form 6612						
	67 68	Amount paid with request for extension to file (see page 56) Other payments from: a Form 2439 b Form 4136 c Form 8885 68						
	69	Add lines 62 through 68. These are your total payments	69					
Defund	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70					
Refund	71a	Amount of line 70 you want refunded to you	71a					
Direct deposit? See page 56	▶ b	Routing number						
and fill in 71b,	► d	Account number						
/ ic, and / id.	72	Amount of line 70 you want applied to your 2003 estimated tax ► 72						
Amount	73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73					
You Owe	74	Estimated tax penalty (see page 57) 74	<u> </u>					
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 58)? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Complete the following. \square No					
Designee		signee's Phone Personal identifi	cation					
	nar		<u> </u>					
Sign	Und bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, ar ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	nd to the best of my knowledge and which preparer has any knowledge.					
Here								
Joint return?	\ 10	an signature Date Tour occupation	Daytime phone number					
See page 21. Keep a copy		purpole elementure. If a laint valuum hath recent aire.	(
for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation						
records.		Doto	Dropororio SSN or DTIN					
Paid	Pre	parer's Date Check if self-employed	Preparer's SSN or PTIN					
Preparer's		, sen cimpoyed	<u> </u>					
Use Only	you	n's name (or EIN ris if self-employed),	<u> </u>					
,	adr	Phone no	i i					