

Your first name and initial	Last name	OMB No. 1545-0074
		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 instructions.		Apt. no.
		▲ Make sure the SSN(s) above and on line 6c are correct.
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing status Check only one box.

<p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</p>	<p>4 <input type="checkbox"/> 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. ▶</p> <p>5 <input type="checkbox"/> Qualifying widow(er) (see instructions)</p>
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Exemptions

6a Yourself. If someone can claim you as a dependent, **do not** check box 6a.

b Spouse

c Dependents:

(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"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed. Add numbers on lines above ▶

Income

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 instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	11b Taxable amount (see instructions).
		11b
12a Pensions and annuities.	12a	12b Taxable amount (see instructions).
		12b
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	14b Taxable amount (see instructions).
		14b
15 Add lines 7 through 14b (far right column). This is your total income . ▶	15	

Adjusted gross income

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments .	20	
21 Subtract line 20 from line 15. This is your adjusted gross income . ▶	21	

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22
23a Check [] You were born before January 2, 1953, [] Blind } Total boxes
if: [] Spouse was born before January 2, 1953, [] Blind } checked 23a []
b If you are married filing separately and your spouse itemizes deductions, check here 23b []
24 Enter your standard deduction. 24
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25
26 Exemptions. Multiply \$4,050 by the number on line 6d. 26
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. 27
This is your taxable income.
28 Tax, including any alternative minimum tax (see instructions). 28
29 Excess advance premium tax credit repayment. Attach Form 8962. 29
30 Add lines 28 and 29. 30
31 Credit for child and dependent care expenses. Attach Form 2441. 31
32 Credit for the elderly or the disabled. Attach Schedule R. 32
33 Education credits from Form 8863, line 19. 33
34 Retirement savings contributions credit. Attach Form 8880. 34
35 Child tax credit. Attach Schedule 8812, if required. 35
36 Add lines 31 through 35. These are your total credits. 36
37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37
38 Health care: individual responsibility (see instructions). Full-year coverage [] 38
39 Add line 37 and line 38. This is your total tax. 39
40 Federal income tax withheld from Forms W-2 and 1099. 40
41 2017 estimated tax payments and amount applied from 2016 return. 41
42a Earned income credit (EIC). 42a
b Nontaxable combat pay election. 42b
43 Additional child tax credit. Attach Schedule 8812. 43
44 American opportunity credit from Form 8863, line 8. 44
45 Net premium tax credit. Attach Form 8962. 45
46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. 46

Standard Deduction for—
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

Refund

47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. 47
48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check here 48a
b Routing number [] [] [] [] [] [] [] [] [] [] c Type: [] Checking [] Savings
d Account number []
49 Amount of line 47 you want applied to your 2018 estimated tax. 49

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions. 50
51 Estimated tax penalty (see instructions). 51

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete the following. [] 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the 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 If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only

Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.