

Label (See instructions.)

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

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 200 , ending , 20

Your first name MI Last name

If a joint return, spouse's first name MI Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

City, town or post office. If you have a foreign address, see instructions. State ZIP code

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter your social security number(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above & 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 (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name			

d Total number of exemptions claimed

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 instrs)

Dependents on 6c not entered above

Add numbers on lines above

If more than four dependents, see instructions.

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see instrs)

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

11 Alimony received.

12 Business income or (loss). Attach Schedule C or C-EZ.

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

b Taxable amount (see instrs)

16a Pensions and annuities

b Taxable amount (see instrs)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount (see instrs)

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903.

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see instructions)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN.

32 IRA deduction (see instructions)

33 Student loan interest deduction (see instructions)

34 Jury duty pay you gave to your employer.

35 Domestic production activities deduction. Attach Form 8903.

36 Add lines 23 - 31a and 32 - 35

37 Subtract line 36 from line 22. This is your adjusted gross income.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550

38 Amount from line 37 (adjusted gross income) 38
39a Check if: You were born before January 2, 1942, Blind. Total boxes checked 39a
Spouse was born before January 2, 1942, Blind.
b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39b
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40
41 Subtract line 40 from line 38 41
42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d 42
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43
44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972 44
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Credit for the elderly or the disabled. Attach Schedule R 49
50 Education credits. Attach Form 8863 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Residential energy credits. Attach Form 5695 52
53 Child tax credit (see instructions). Attach Form 8901 if required 53
54 Credits from: a Form 8396 b Form 8839 c Form 8859 54
55 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Form 55
56 Add lines 47 through 55. These are your total credits 56
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57

Other Taxes

58 Self-employment tax. Attach Schedule SE 58
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60
61 Advance earned income credit payments from Form(s) W-2, box 9 61
62 Household employment taxes. Attach Schedule H 62
63 Add lines 57-62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64
65 2006 estimated tax payments and amount applied from 2005 return 65
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67
68 Additional child tax credit. Attach Form 8812 68
69 Amount paid with request for extension to file (see instructions) 69
70 Payments from: a Form 2439 b Form 4136 c Form 8885 70
71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a
b Routing number XXXXXXXXXXXX c Type: Checking Savings
d Account number XXXXXXXXXXXXXXXXXXXX
75 Amount of line 73 you want applied to your 2007 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions 76
77 Estimated tax penalty (see instructions) 77

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your 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.