E 1U4U		U.S	. Individual Income Tax R	eturn 201	Ub	(99)	IRS Use	Only—Do n	ot write o	r staple in this space.	
(For	the year Jan. 1-Dec. 31, 2006, or other tax year be	ginning	, 2006, e	nding		, 20	C	MB No. 1545-0074	1
Label		You	ur first name and initial	Last name						Your social security number	
(See	L A				<u> </u>						
instructions on page 16.)	B	If a	joint return, spouse's first name and initial	Spouse's social security number							
Use the IRS	Ĺ										
label. Otherwise,	н	Hor	me address (number and street). If you have	a P.O. box, see page 16.			Apt. no.		You must enter		
please print	E R	L		your SSN(s) above.							
or type.	E	City	y, town or post office, state, and ZIP code. If		ng a box below wi						
Presidential	_						1./			your tax or refund	
Election Campa	aign	<u>▶</u> C	heck here if you, or your spouse if filing	g jointly, want \$3	to go to	o this fu	nd (see p	page 16) I	_	You L Spou	ıse
Eiling Statu		1	Single		4					g person). (See pag	
Filing Statu	5	2	Married filing jointly (even if only one				, , ,		child bu	t not your depende	nt, ente
Check only one box.		3 ∟	Married filing separately. Enter spou	ise's SSN above	5 [_	child's nam		h danan	dent child (see pa	
one box.			and full name here.)	Boxes checked	.ge 17)
Exemptions	3	6a b	Yourself. If someone can claim y Spouse	•		iot chec	k box oa		}	on 6a and 6b No. of children	
		c	Dependents:	(2) Depend		(3) De	pendent's	(4) if qu	alifying	on 6c who:	
			(1) First name Last name	social security		1	onship to you	child for ch credit (see p		lived with youdid not live with	
				1 1			you	Toroun (door p	ago 10/	you due to divorce	
If more than for										or separation (see page 20)	
dependents, se page 19.	ee									Dependents on 6c not entered above	
page .e.											
		d	Total number of exemptions claimed							Add numbers on lines above ▶	
_		7	Wages, salaries, tips, etc. Attach Forn	n(s) W-2					7		
Income		8a	Taxable interest. Attach Schedule B in	f required					8a		
Attach Form(s))	b	Tax-exempt interest. Do not include	on line 8a	. [8	Bb					
W-2 here. Also)	9a	Ordinary dividends. Attach Schedule I	3 if required .					9a		
attach Forms W-2G and		b	Qualified dividends (see page 23) .		. 5)b					
1099-R if tax		10	Taxable refunds, credits, or offsets of	state and local i	income t	axes (se	ee page 2	24)	10		+
was withheld.		11	Alimony received						11		
		12	Business income or (loss). Attach Sch					<u>.</u>	12		_
		13	Capital gain or (loss). Attach Schedule		not req	uired, ch	neck here	• ▶ ⊔	13		_
If you did not get a W-2,		14	Other gains or (losses). Attach Form 4	1797	1				14		_
see page 23.		15a	IRA distributions 15a 16a				ount (see	,	15b 16b		_
Forting body		16a	T CHSIOHS and armunds	0			ount (see	,	17		_
Enclose, but do not attach, any payment. Also, please use Form 1040-V.		17	Rental real estate, royalties, partnershi					eaule E	18		+
		18 19	Farm income or (loss). Attach Schedu Unemployment compensation						19		+
		20a	Social security benefits . 20a		1	vahle am	ount (see	 nage 27)	20b		
		21	Other income. List type and amount (see page 29)			,	,	21		
		22	Add the amounts in the far right column						22		
		23	Archer MSA deduction. Attach Form 8	3853	. 2	23					
Adjusted		24	Certain business expenses of reservists, p	erforming artists, a	and						
Gross			fee-basis government officials. Attach Fo	•		24					
Income		25	Health savings account deduction. Att	ach Form 8889.	. 2	25					
		26	Moving expenses. Attach Form 3903		. 2	26			_		
		27	One-half of self-employment tax. Attac	h Schedule SE .	. –	27			_		
		28	Self-employed SEP, SIMPLE, and qua	•		28			-		
		29	Self-employed health insurance deduction		23)	29					
		30	Penalty on early withdrawal of savings		. –	30			-		
		31a	Alimony paid b Recipient's SSN ▶			1a			-		
		32	IRA deduction (see page 31)		. –	32 33					
		33	Student loan interest deduction (see p	-	. –	34 34					
		34 25	Jury duty pay you gave to your employments production activities deduction		. –	35					
		35 36	Add lines 23 through 31a and 32 thro		00				36	1	
		37	Subtract line 36 from line 22. This is y	•				•	37		

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Form 1040 (2006)				Page 2
Tax	38	Amount from line 37 (adjusted gross income)	38	
and	39a	Check ∫ ☐ You were born before January 2, 1942, ☐ Blind. ☐ Total boxes		
Credits		if:		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶39b		4
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
People who	41	Subtract line 40 from line 38	41	
checked any box on line	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,	4.0	•
39a or 39b or	40	see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	43	
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	44	
dependent, see page 34.	44 45	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 Alternative minimum tax (see page 39). Attach Form 6251	45	
All others:	46	Add Bass 44 and 45	46	
Single or	47	Foreign tax credit. Attach Form 1116 if required		
Married filing separately, \$5,150	48	Credit for child and dependent care expenses. Attach Form 2441		
	49	Credit for the elderly or the disabled. Attach Schedule R . 49		
Married filing	50	Education credits. Attach Form 8863		
jointly or Qualifying widow(er), \$10,300	51	Retirement savings contributions credit. Attach Form 8880.		
	52	Residential energy credits. Attach Form 5695	_	
	53	Child tax credit (see page 42). Attach Form 8901 if required 53	_	
Head of household,	54	Credits from: a Form 8396 b Form 8839 c Form 8859		
\$7,550	55	Other credits: a Form 3800 b Form 8801 c Form 55		
	56 57	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 58	
Other	58	Self-employment tax. Attach Schedule SE		
Taxes	59 60	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		
	60 61	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64		
	65	2006 estimated tax payments and amount applied from 2005 return 65		
If you have a	_ _66a	Earned income credit (EIC)	_	
qualifying child. attach	b	Nontaxable combat pay election [66b]		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	_	
	68	Additional child tax credit. Attach Form 8812	-	
	69	Amount paid with request for extension to file (see page 60)	-	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70	-	
	71 72	Credit for federal telephone excise tax paid. Attach Form 8913 if required Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	
			73	
Refund Direct deposit? See page 61	73 74a	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	
	⊳ b	Routing number		
and fill in 74b, 74c, and 74d,	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax 75		
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶	76	
You Owe	77	Estimated tax penalty (see page 62)		
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 63)? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	3. Comp	plete the following. \Box No
Designee	De	signee's Phone Personal ident	tification	
	nar	me ► no. ► () number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements,		as boot of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information o		
Here	Yo	ur signature Date Your occupation	Da	ytime phone number
Joint return? See page 17.			1	1
Кеер а сору	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		,
for your records.				
	Pre	parer's Date Check if	Pre	eparer's SSN or PTIN
Paid		check if self-employed]	
Preparer's	Fire	n's name (or FIN		
Use Only	you add	urs if self-employed), dress, and ZIP code Phone no.	()