

Wyden-Gregg Tax Reform Act of 2010

Simplified U.S. Individual Income Tax Return

	Your first name and initial	Last name	Your Social Security number	
	If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number	
	Home address (if number and street). If you have a P.O. box, see page 16.	Apt. no.		
	City, town or post office, state and ZIP code. If you have a foreign address, see page 16			
Presidential Election Campaign	Do you or your spouse, if filing a joint return, want \$3 to go to this fund?	You Yes/No	Spouse Yes/No	
Filing Status	1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15) If the qualifying person is a child but not your dependent, enter this child's name here ▶ _____ 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ▶ _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)			
Exemptions	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 6b <input type="checkbox"/> Spouse 6c Dependents			
	(1) First name	Last name	(2) Dependent's Social Security number	(3) Dependent's relationship to you
	_____	_____	_____	(4) <input type="checkbox"/> if qualifying child for child tax credit (see page 17)
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>
	6d Number of exemptions	_____	_____	<input type="checkbox"/>
Income	7a Dividends and capital gains not excluded (see instructions p.____)	7a	13a	
	7b Total Income from all other sources (Attach W-2 and schedule B and/or D if required)	7b	13b	
	7c Total income (add lines 7a and 7b)	7c		
Adjusted Gross Income	8 LSA and RSA deductions or other qualified savings (see instructions p.____)	8		
	9 HSA and self-employed health insurance (see instructions p.____)	9		
	10 Education/Teacher Classroom/Reservist Expenses/Other adjustments (see instructions p.____)	10		
	11 Add lines 8, 9, and 10	11		
	12 Adjusted Gross Income (subtract line 11 from line 7c)	12		
Deductions	13a Mortgage interest deduction (see instructions p.____)	13a		
	13b Deduction for charitable contributions (see instructions p.____)	13b		
	13c Other deductions (e.g., disabled)	13c		
	14 Total deduction (add lines 13a, 13b and 13c) or Standard Deduction	14		
	15 Personal Exemptions (multiply \$3,650 by number of exemptions on line 6d)	15		
	16 Taxable Income (subtract lines 14 and 15 from line 12)	16		
	17 Tax (see instructions p.____)	17		
Tax Credits	18 Education/Family Priorities/Other credits (see instructions p.____)	18		
	19a Tax after Credits (subtract line 18 from line 17)	19a		
	19b Other taxes (see schedule B)	19b		
	20 Total Tax (add lines 19a and 19b)	20		
Payments	21 Federal income tax withheld and estimated tax (see instructions p.____)	21		
	22 EIC and Child Credit (see table____)	22		
	23 First Time Homebuyer Credit	23		
	24 Total payments (add lines 21, 22 and 23)	24		
Refund	25 If line 24 is greater than line 21, subtract line 21 from 24. This is the amount you overpaid	25		
	26a Amount of line 25 you want refunded to you	26a		
	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number _____			
	27 Amount of line 25 you want applied to your 2011 estimated tax	27		
Amount You Owe	28 Amount You Owe. Subtract line 24 from line 20.	28		
	29 Estimated Tax penalty (see instructions p.____)	29		
Sign Here	Your Signature	Date	Occupation	
	Spouse's Signature	Date	Spouse's occupation	
	Preparer's Signature	Date	Preparer's SSN or PIN	