Department of the Treasury-Internal Revenue Service

Filing StatusSingle $\quad \square$ Married filing jointlyMarried filing separately (MFS) $\quad \square$ Head of household (HOH)Qualifying widow(er) (QW)

## Check only

 one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not vour denendent. $>$| Your first na Your nam | and middle initial hould appear here. |  | Last name |  |  | Your social security number |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If joint return Or here. | ouse's first name and mid | e initial | Last name |  |  | Spouse's social security number $\square$ |
|  |  |  |  |  |  | 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. You Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). |  |  |  |  |  |  |
| Foreign country name |  |  |  |  | Foreign postal code | If more than four dependents, see instructions and $\checkmark$ here |
|  | Someone can claim: $\square$ You as a dependent $\quad \square$ Your spouse as a dependent$\square$ Spouse itemizes on a separate return or you were a dual-status alien |  |  |  |  |  |

Age/Blindness You: $\square$ Were born before January 2. $1955 \square$ Are blind Spouse: $\square$ Was born before January $2.1955 \quad \square$ Is blind


Taxable income amount will also be needed for application, part D.

