

FORM 1
New Form 1040 Under the Simplified Income Tax Plan

1040-SIMPLE U.S. Individual Income Tax Return 200X (99)

For the year Jan. 1-Dec. 31, 200X, or other tax year beginning , 200X, ending , 20		OMB No. 1545-XXXX	
L A B E L H E R E	Your first name and initial	Last name	Your social security number
	If married, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street, city, town or post office, state, and ZIP code). If you have a P.O. box or a foreign address, see page xx.		▲ Important! ▲ You must enter your SSN(s) above.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2	Business income or (loss). Attach Schedule C, C-EZ, E, or F	+	2	
3	Taxable interest and dividends	+	3	
4	Gain or (loss) on stock. Attach Schedule D	+	4	
5	Other gains or (losses). Attach Form 4797	+	5	
6	Taxable distributions (retirement and savings)	+	6	
7	Social security benefits	+	7	
8	Other income. List type and amount ▶	+	8	
			Total income = 9	
9	Add lines 1 through 8			
10	Charitable contributions	-	10	
11	Multiply line 9 by 1% (.01)	-	11	
12	Subtract line 11 from line 10. If zero or less, enter -0-		12	
13	Social security benefits deduction (see page xx)	+	13	
14	Health insurance deduction	+	14	
15	Add lines 12 through 14		15	
16	Subtract line 15 from line 9. If zero or less, enter -0-		16	
			Taxable income = 16	
17	Figure your tax (see page xx)		17	
18	Home credit (see page xx)	-	18	
19	Subtract line 18 from line 17. If zero or less, enter -0-		19	
20	Family credit from Schedule A, line 6, on back	-	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-		21	
22	Self-employment tax	+	22	
23	Other taxes and foreign tax credit. Attach Schedule O	+	23	
			Total tax = 24	
24	Add lines 21 through 23. If zero or less, enter -0-		24	
25	Federal income tax withheld	-	25	
26	Work credit	+	26	
27	Savers credit. Attach Form XXXX	+	27	
28	Estimated tax and other payments	+	28	
			Total payments = 29	
29	Add lines 25 through 28		29	
30	If line 29 is more than line 24, subtract line 24 from line 29. If you want to use direct deposit, attach Form XXXX		30	
			Amount overpaid = 30	
31	Amount of line 30 you want applied to your 200Y estimated tax		31	
32	If line 24 is more than line 29, subtract line 29 from line 24		32	
			Amount you owe = 32	

Sign Here
 Married? See page xx. Keep a copy for your records.

Your signature	Date	Your occupation	If married but not filing with spouse, check here <input type="checkbox"/>
Spouse's signature. If filing with spouse, both must sign.	Date	Spouse's occupation	Daytime phone number () ()

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. () ()	

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