		Dual-Status <u>RETURN</u>								
E 10/0		artment of the Treasury—Internal Revenue Service								
<u>1040</u>				r staple in this space.						
		he year Jan. 1–Dec. 312000;othetayeabeginning 2000;jing ur first name and initial Last name	, 20							
	10	Sam R. Brown		Your social security number						
(See instructions on page 19.) E	lf a	a joint return, spouse's first name and initial Last name		OOO OO OOO Spouse's social security number						
			1 00000							
Use the IRS Label. H	Но	me address (number and street). If you have a P.O. box, see page 19. Apt. no.		Importanti						
Otherwise, E		2617 Pewter Place		Important!						
please print R or type.	Cit	ty, town or post office, state, and ZIP code. If you have a foreign address, see page 19.		/ou must enter /our SSN(s) above						
Presidential	Ļ	Anytown, VA 22000		u Spous						
Election Campaig	n 🕨	Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?		s □No □Yes						
(See page 19.)	1	V I								
Filing Status	2	olingio								
	3	Married filing joint return (even if only one had income) Married filing separate return. Enter spouse's social security no. above and full name here.								
	4	Head of household (with qualifying person). (See page 19.) If the qualifying person		l but not your depe	ndent,					
one box.		enter this child's name here.								
	5		bage 19.)							
Exemptions	6a	Yourself. If your parent (or someone else) can claim you as a dependent on his or return, do not check box 6a	her tax	No. of boxes checked on	1					
Exemptions	b	Spouse	. (6a and 6b						
	c	Dependents: (3) Dependent's (4)	qualifying	No. of your children on 6c						
		ended ensuring promises relationship to child of	child tax e page 20)	who:						
				 did not live with 						
If more than six dependents,				you due to divorce						
see page 20.			_	(see page 20)						
			-							
			-	Add numbers						
	d	Total number of exemptions claimed	<u> </u>	entered on linesabove ►	1					
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	. 7	28,300						
Income	8a	Taxable interest. Attach Schedule B if required	. <u>8a</u>	395						
Attach	b	Tax-exempt interest. Do not include on line 8a 8b		100						
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedule B if required	•	120						
Also attach	10 11		· —	ge 19.) No. of boxes checked on for and bb 1 id lax bing No. of your children on 6c 1 who id or who • Uved with you • 0 • Of one live with you due to diverce or separation (see page 20) 1 0 Depage 20 1 1 Incestove 1 1 1 1 1 1 1 1 120 1 13 11 1 14 15 1 19 20 20 20 21 20						
Form(s) 1099-R if tax was	12		•		-					
withheld.	12		Attach Schedule B if required 9 120 dits, or offsets of state and local income taxes (see page 22) 10 11 (loss). Attach Schedule C or C-EZ 12 13 Attach Schedule D if required. If not required, check here 13 14							
	14	Other gains or (losses). Attach Form 4797								
If you did not	15a	Total IRA distributions 15a b Taxable amount (see page 23)	15b							
get a W-2, see page 21.	16a	Total pensions and annuities 16a b Taxable amount (see page 23)								
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E								
Enclose, but do not attach, any	18	Farm income or (loss). Attach Schedule F			+					
payment. Also,	19 20a	Unemployment compensation Social security benefits 20a b Taxable amount (see page 25)								
please use Form 1040-V.	20a 21	Other income. List type and amount (see page 25)			<u> </u>					
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	▶ 22	28,815						
	23	IRA deduction (see page 27)	_\ ///							
Adjusted	24	Student loan interest deduction (see page 27) 24	-\(\\\\\							
Gross	25	Medical savings account deduction. Attach Form 8853 . 25	-\ ///							
Income	26	Moving expenses. Attach Form 3903 26 8,300 One-half of self-employment tax. Attach Schedule SE 27	-\(////							
	27 28		-\(////							
	28 29	Self-employed health insurance deduction (see page 29) Self-employed SEP, SIMPLE, and qualified plans	-\////							
	30	Penalty on early withdrawal of savings			1					
	31a	Alimony paid b Recipient'sSSN								
					1					
	32	Add lines 23 through 31a	. 32	8,300						
	33	Add lines 23 through 31a Subtract line 32 from line 22. This is your adjusted gross income Act, and Paperwork Reduction Act Notice, see page 56. Cat. No. 11320	► 33	8,300 20,515 Form 1040	(2000)					

_	34	Amount from line 33 (adjusted gross income	2)			34	20,515	Ť
Tax and	34 35a	Check if: Vou were 65 or older, Bli		• • • • •	or D Blind	1		+
Credits	204	Add the number of boxes checked above a			• ► 35a			
	b	If you are married filing separately and your						
Standard	້	you were a dual-status alien, see page 31 a	and check he	re	.► 35b 🛛			
Deduction	36	Enter your itemized deductions from Sche	dule A, line 2	8, or standard d	eduction shown			
or Most People	Γ	on the left. But see page 31 to find your sta			ed any box on	36	922	
-	37	line 35a or 35b or if someone can claim you Subtract line 36 from line 34	u as a uepen	uem.	• • •	37	19.593	$^{+}$
Single: 4,400	0.				• • •	Ĭ		t
lead of	38	If line 34 is \$96,700 or less, multiply \$2,800 line 6d. If line 34 is over \$96,700, see the w				38	2.800	
ousehold: 6,450	39	Taxable income. Subtract line 38 from line				39	16,793	t
Aarried filing	40	Tax (see page 32). Check if any tax is from a	-	_		40	2,552	t
Dintly or Qualifying	40	Alternative minimum tax. Attach Form 6251				41		t
vidow(er):	42	Add lines 40 and 41	• • •			42	2,552	t
7,350	42	Foreign tax credit. Attach Form 1116 if requ	uirod	43		1		t
/arried iling	43							
eparately:	44	Credit for child and dependent care expenses. Credit for the elderly or the disabled. Attach				<i>\////</i>		
3,675	45	Education credits. Attach Form 8863	i Scheuule R	46		<i>\/////</i>		
ne 40	40	Child tax credit (see page 36)	• • •	47		<i>\/////</i>		
ix from		Adoption credit. Attach Form 8839	• • •	48		¥/////		
able \$2,51 ax from Fori	D,70		b 🗌 Form 83	• • • • • • • • • • • • • • • • • • • •		<i>\/////</i>		
1X 110111 F011 040NR \$36		c Form 8801 d Form (specify) $_$		49		<i>\\\\\\</i>		
	50	Add lines 43 through 49. These are your to	tal credits		1	50	1	
	51	Subtract line 50 from line 42. If line 50 is m		42. enter -0-		51	2,552	t
	52	Self-employment tax. Attach Schedule SE				52		t
other	53	Social security and Medicare tax on tip incom	me not renor	ted to employer	Attach Form 4137	53		T
axes	53 54	Tax on IRAs, other retirement plans, and M				54		T
	55	Advance earned income credit payments fro			iii eu	55		t
	56	Household employment taxes. Attach Scher				56		T
	57	Add lines 51 through 56. This is your total t			i	57	2,552	t
ayments	58	Federal income tax withheld from Forms W		58	2,736			t
ayments	59	2000 estimated tax payments and amount applied					Line 58	
you have a	60a	Earned income credit (EIC)		60a			<u>Line 30</u>	
ualifying hild, attach	Гь	Nontaxable earned income: amount	· · i	· ; //////			Includes	
chedule EIC.	_	and type					\$36 from	
	61	Excess social security and RRTA tax withh	eld (see page	e 50) 61			Form 1040NR	2
	62	Additional child tax credit. Attach Form 881		62				
	63	Amount paid with request for extension to		e 50) 63		<i>\////</i>		
	64	Other payments. Check if from a Form 243				<i>\////</i>		
	65	Add lines 58, 59, 60a, and 61 through 64. T			s>	65	2,736	
efund	66	If line 65 is more than line 57, subtract line 5	7 from line 65	5. This is the amo	unt you overpaid	66	184	
	67a	Amount of line 66 you want refunded to yo			.	67a	184	
ave it rectly								
eposited!	▶ b	Routing number		► c Type: Chec	king 🗌 Savings	<i>\/////</i>		
e page 50 d fill in 67b,	► d	Account number						
c, and 67d.	68	Amount of line 66 you want applied to your 2001 e	stimated tax	68		¥/////		
mount	69	If line 57 is more than line 65, subtract line	65 from line	57. This is the a	mount you owe.	<i>\/////</i>		
ou Owe		For details on how to pay, see page 51 .			≻	69		
	70	Estimated tax penalty. Also include on line		70		<u> </u>		///
ign	Under	r penalties of perjury, I declare that I have examined t they are true, correct, and complete. Declaration of	his return and a preparer (other)	accompanying scheo than taxpaver) is bas	dules and statements, a sed on all information o	nd to th f which	te best of my knowle preparer has any kno	.dg nwl
lere		ur signature	I Date	Your occupation				
pint return?	. –	·				ne nulli		
e page 19. ep a copy	<u> </u>	am R. Brown	3-16-2001	-				
r your cords.	Spi	ouse's signature. If a joint return, both must sign.	Date	Spouse's occup	.,		is return with the prepare 52)? Yes	
aid	Prepa	rer's		Date	Check if	Prep	parer's SSN or PTIN	
	signal	ture			self-employed			
reparer's	Firm's	s name (or if self-employed), ss, and ZIP code			EIN			
se Only								