

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)

**2013**

OMB No. 1545-0074

Your first name and initial		Last name	<b>Your social security number</b> .....	
If a joint return, spouse's first name and initial		Last name	<b>Spouse's social security number</b> .....	
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	<b>▲ Make sure the SSN(s) above are correct.</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county	Foreign postal code	

<b>Income</b>  <b>Attach Form(s) W-2 here.</b>  Enclose, but do not attach, any payment.	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,000 if <b>single</b> ; \$20,000 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>
	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>
	<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions).	<b>8a</b>
	<b>b</b>	Nontaxable combat pay election. <b>8b</b> <input type="checkbox"/>	
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>
<b>Payments, Credits, and Tax</b>	<b>10</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>
	<b>11a</b>	If line 9 is larger than line 10, subtract line 10 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>11a</b>
<b>Refund</b>  Have it directly deposited! See instructions and fill in 11b, 11c, and 11d or Form 8888.	<b>b</b>	Routing number <input type="text"/>	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <input type="text"/>	
<b>Amount You Owe</b>	<b>12</b>	If line 10 is larger than line 9, subtract line 9 from line 10. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>12</b>

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes**. Complete below.  **No**

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. <b>▶</b>  Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			