Form

Income Tax Return for Single and Joint Filers With No Dependents

20	09
20	UJ

1040EZ			Joint Fliers with No Dep	enaei	115 (99)		2003			OMB No. 1545-0074	
Label		Your	our first name and initial Last name						Your social security number		
	ᅵ	A.	NIL MITRA					222 42 0517			
(See page 9.)	A T	If a j	joint return, spouse's first name and initial Last name						Spouse's social security number		
use the	B E								'	•	
	ī	Hom	ne address (number and street). If you have	a P.O. b	ox, see pag	e 9.		Apt. no.	┪	You must enter	
Otherwise,	н		510 G						your SSN(s) above.		
please print	Εŀ	City.	town or post office, state, and ZIP code. If	vou have	e a foreign a	addre	ess, see page 9.		 		
	R E			, ou nav	o a 10.0.g c		oo, ooo pago o.		Checl	Checking a box below will not	
Presidential (-	A	RCATA CA 95521-7434						chang	ge your tax or refund.	
Election Campaign	Ц										
(see page 9)			Check here if you, or your spouse if	a joint	roturn wo	nt ¢	3 to go to this	fund	You	ı Spouse	
(**************************************										i spouse	
Income		1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.								
Attach	_		Attach your Form(s) W-2.						1	36757	
Form(s) W-2											
here.	_	2	Taxable interest. If the total is over	\$1,500,	you canno	t us	e Form 1040E	ZZ.	2	0	
Enclose, but do		3	Unemployment compensation in exc	cess of §	\$2,400 per	rec	pient and Ala	ska Permanent			
not attach, any			Fund dividends (see page 11).						3	0	
payment.											
		4	Add lines 1, 2, and 3. This is your a	djusted	gross inc	ome	.		4	36757	
You may benefit	_	5	If someone can claim you (or your s	pouse if	f a joint re	turn) as a depende	nt, check			
from filing Form 1040A or 1040.			the applicable box(es) below and en								
See Before You			You Spouse								
Begin on page 4.			If no one can claim you (or your spo	ouse if a	ioint retui	m).	enter \$9.350 it	f single:			
			\$18,700 if married filing jointly. S					~ g ,	5	9350	
	-	6	Subtract line 5 from line 4. If line 5							,,,,,	
		Ū	This is your taxable income.	is large.	thun nne	٦, ٥	inci o.	•	6	27407	
		7	Federal income tax withheld from F	orm(s) !	W_2 and 1	099			7	4041	
Payments,	_	8	Making work pay credit (see worksh			0))	-		8	400	
Credits,	_	9a	Earned income credit (EIC) (see						9a	0	
and Tax	-	b b	Nontaxable combat pay election.	page 13).		01		9a	U	
	-			total	normont		9b d onodita		10	4441	
	10 Add lines 7, 8, and 9a. These are your total payments and credits. 10 11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27								4441		
	1	LI	through 35 of the instructions. Then						1.1	2606	
			*						11	3696	
Refund	1	l2a	If line 10 is larger than line 11, subtraction		11 from l	ine	10. This is yoυ	ır refund.			
Have it directly	_		If Form 8888 is attached, check here	₽ ▶ ∟					12a	745	
deposited! See	•	b	Routing number				▶c Type:	Checking	Savings		
page 18 and fill in 12b, 12c,		~					, c 1)pc		ou , mgs		
and 12d or	•	А	Account number								
Form 8888.	_						-				
Amount	1	13	If line 11 is larger than line 10, subtra								
you owe			the amount you owe. For details on	how to p	pay, see pa	ge 1	.9.		13	0	
Third party	Do	you	want to allow another person to discuss	this retu	ırn with the	IRS	(see page 20)?	☐ Yes	. Complet	e the following. $\overline{\mathbf{X}}$ No	
designee	De	signe	e's		Phone			Personal	identificatio	on	
	name ► no. ► number (PIN)								PIN)	•	
Sign			penalties of perjury, I declare that I have ealy lists all amounts and sources of income								
here			formation of which the preparer has any kn			o ta		on or property (our		taxpayor, to bacca	
Joint return? See	Yo	ur sig	nature		Date		Your occupation	on	Da	ytime phone number	
page 6.			WRITER							707 4079501	
Keep a copy for	Sp	ouse'	s signature. If a joint return, both must sign	١.	Date		Spouse's occu				
your records.											
	Pro	epare	r's		1	Da	te	Observative	Prepa	arer's SSN or PTIN	
Paid		natur						Check if self-employed	7		
preparer s Firm's name (or											
use only	you	urs if	self-employed), , and ZIP code					Phone no.			
For Disclosure Dei			and Paperwork Reduction Act Notice.	coo nege	36			1 1.5116 110.		Form 1040EZ (2009)	
TOTAL DISCIONATE PTI	vacv	ALL.	ann i auci work reunction ACL Nonce.	ace nave	. 71.1.					1 UIIII 1 UTULE (2009)	