

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: I . M. Last name: HOPEFULL Your social security number: 321-88-7777

If a joint return, spouse's first name and initial: SHEEZA Last name: HOPEFULL Spouse's social security number: 321-88-7778

Home address (number and street). If you have a P.O. box, see instructions. 30045 POINT ROAD Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). EREHWON NC 27695 **Presidential Election Campaign** 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

Foreign country name Foreign province/country Foreign postal code

**Filing Status**

1  Single 4  Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. **►**

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b 2

b  Spouse . . . . . } No. of children on 6c who:

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	• lived with you	• did not live with you due to divorce or separation (see instructions)
(1) First name	Last name					
MIA	HOPEFULL	321-88-7779	Daughter	X	1	

If more than four dependents, see instructions and check here

Dependents on 6c not entered above

Add numbers on lines above **3**

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	52,000
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	250
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	0
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	0
b	Qualified dividends . . . . .	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	0
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	-48
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .	13	0
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	0
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	-6,463
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____ . . . . .	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> <b>►</b> . . . . .	22	45,739

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	0
25	Health savings account deduction. Attach Form 8889 . . . . .	25	5,125
26	Moving expenses. Attach Form 3903 . . . . .	26	0
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	340
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	0
29	Self-employed health insurance deduction . . . . .	29	0
30	Penalty on early withdrawal of savings . . . . .	30	0
31a	Alimony paid <b>b</b> Recipient's SSN <b>►</b> _____ . . . . .	31a	
32	IRA deduction . . . . .	32	0
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	0
36	Add lines 23 through 35 . . . . .	36	5,465
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> <b>►</b> . . . . .	37	40,274

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation (TRUCKER/FARMER), Daytime phone number (555-123-4500)
Spouse's signature, Date, Spouse's occupation (REGISTERED NURSE), If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.