

2-28. a. See filled-in Form 1040A for the Jacksons. ¶ 207.02.

Form 1040A U.S. Individual Income Tax Return (99) 2007

Department of the Treasury—Internal Revenue Service

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See page 18.)

Your first name and initial: **John J.** Last name: **Jackson**

If a joint return, spouse's first name and initial: **Mary A.** Last name: **Jackson**

Home address (number and street). If you have a P.O. box, see page 18. **4622 Beaver Lake Road** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. **Bloomington Grove, MN 55164**

Your social security number: **291 27 4631**

Spouse's social security number: **293 41 7032**

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) **You** **Spouse**

Filing status Check only one box.

1 Single

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

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

4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child (see page 20)

Exemptions

6a **Yourself.** If someone can claim you as a dependent, do not check box 6a.

b **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see page 21.

Boxes checked on 6a and 6b: **2**

No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **2**

d Total number of exemptions claimed.

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7**

8a Taxable interest. Attach Schedule 1 if required. **8a**

b Tax-exempt interest. Do not include on line 8a. **8b**

9a Ordinary dividends. Attach Schedule 1 if required. **9a**

b Qualified dividends (see page 25). **9b**

10 Capital gain distributions (see page 25). **10**

11a IRA distributions. 11a **3,517 00** 11b Taxable amount (see page 25). 11b **3,517 00**

12a Pensions and annuities. 12a **20,000 00** 12b Taxable amount (see page 26). 12b **16,800 00**

13 Unemployment compensation and Alaska Permanent Fund dividends. **13**

14a Social security benefits. 14a **3,100 00** 14b Taxable amount (see page 28). 14b **0**

15 Add lines 7 through 14b (far right column). This is your total income. ▶ **15 20,317 00**

Adjusted gross income

16 Educator expenses (see page 28). **16**

17 IRA deduction (see page 28). **17**

18 Student loan interest deduction (see page 31). **18**

19 Tuition and fees deduction. Attach Form 8917. **19**

20 Add lines 16 through 19. These are your total adjustments. **20**

21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ **21 20,317 00**

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	20,317	00
Standard Deduction for— • People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32. • All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850	23a	Check <input checked="" type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a 2 if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind }			
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b <input type="checkbox"/>			
	24	Enter your standard deduction (see left margin).	24	12,800	00
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	7,517	00
	26	If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32.	26	6,800	00
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	▶ 27	717	00
	28	Tax, including any alternative minimum tax (see page 32).	28	71	00
	29	Credit for child and dependent care expenses. Attach Schedule 2.	29		
	30	Credit for the elderly or the disabled. Attach Schedule 3.	30		
	31	Education credits. Attach Form 8863.	31		
32	Child tax credit (see page 37). Attach Form 8901 if required.	32			
33	Retirement savings contributions credit. Attach Form 8880.	33			
34	Add lines 29 through 33. These are your total credits .	34	0		
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35	71	00	
36	Advance earned income credit payments from Form(s) W-2, box 9.	36			
37	Add lines 35 and 36. This is your total tax .	▶ 37	71	00	
38	Federal income tax withheld from Forms W-2 and 1099.	38			
39	2007 estimated tax payments and amount applied from 2006 return.	39			
If you have a qualifying child, attach Schedule EIC.	40a	Earned income credit (EIC).	40a		
	b	Nontaxable combat pay election. 40b			
41	Additional child tax credit. Attach Form 8812.	41			
42	Add lines 38, 39, 40a, and 41. These are your total payments .	▶ 42	0		
Direct deposit? See page 53 and fill in 44b, 44c, and 44d or Form 8888.	43	If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid .	43		
	44a	Amount of line 43 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 44a			
	b	Routing number <input style="width: 100px; border: 1px solid black;" type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input style="width: 100px; border: 1px solid black;" type="text"/>				
45	Amount of line 43 you want applied to your 2008 estimated tax .	45			
Amount you owe	46	Amount you owe. Subtract line 42 from line 37. For details on how to pay, see page 54.	▶ 46	71	00
	47	Estimated tax penalty (see page 54).	47		
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 55)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No				
	Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <input style="width: 50px; border: 1px solid black;" type="text"/>		
Sign here Joint return? See page 18. 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 accurately list 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.				
	Your signature <i>John J. Jackson</i>	Date 2-7-08	Your occupation Retired	Daytime phone number ()	
	Spouse's signature. If a joint return, both must sign. <i>Mary A. Jackson</i>	Date 2-7-08	Spouse's occupation Homemaker		
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. ()			

Label (See page 18.)
Use the IRS label. Otherwise, please print or type.

Label Your first name and initial Robert A.	Label Last name Harrington	Label Your social security number 509 93 8830
Label If a joint return, spouse's first name and initial	Label Last name	Label Spouse's social security number
Label Home address (number and street). If you have a P.O. box, see page 18. 3487 S. Center		Label Apt. no.
Label City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. Salt Lake City, UT 84101-9876		Label You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) You Spouse

Filing status Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 20)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7		
8a Taxable interest. Attach Schedule 1 if required.	8a		
b Tax-exempt interest. Do not include on line 8a.	8b		
9a Ordinary dividends. Attach Schedule 1 if required.	9a		
b Qualified dividends (see page 25).	9b		
10 Capital gain distributions (see page 25).	10		
11a IRA distributions.	11a 6,000 00	11b Taxable amount (see page 25).	11b 5,214 00
12a Pensions and annuities.	12a 36,000 00	12b Taxable amount (see page 26).	12b 36,000 00
13 Unemployment compensation and Alaska Permanent Fund dividends.	13		
14a Social security benefits.	14a 9,200 00	14b Taxable amount (see page 28).	14b 4,600 00
15 Add lines 7 through 14b (far right column). This is your total income.	15	15	15 45,814 00

Adjusted gross income

16 Educator expenses (see page 28).	16
17 IRA deduction (see page 28).	17
18 Student loan interest deduction (see page 31).	18
19 Tuition and fees deduction. Attach Form 8917.	19
20 Add lines 16 through 19. These are your total adjustments.	20
21 Subtract line 20 from line 15. This is your adjusted gross income.	21 45,814 00

Tax, credits, and payments

Standard Deduction for—
• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.
• All others:
Single or Married filing separately, \$5,350
Married filing jointly or Qualifying widow(er), \$10,700
Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Includes lines 22-42 for tax and payments.

Refund

Direct deposit? See page 53 and fill in 44b, 44c, and 44d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 43-45 for refund and tax.

Amount you owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-47 for amount owed.

Third party designee

Form for third party designee with fields for name, phone, and PIN.

Sign here

Joint return? See page 18. Keep a copy for your records.

Signature area with fields for taxpayer and spouse signatures, dates, and occupations.

Paid preparer's use only

Form for paid preparer with fields for signature, date, SSN/PTIN, and firm information.