



How to Verify Your Dependents' Eligibility for Benefits

ACTION REQUIRED

What's in Your Kit

- **Documentation Request Letter**

- Personalized information about the new dependents you want to enroll for coverage, including a page that you must return to the AT&T Benefits Center
- Instructions for submitting documentation

- **Other forms may be included, but only if applicable to your situation. If additional forms are included, follow the instructions on each form to complete and submit the required information.**

Keep this kit so that you may refer back to it during the process of verifying your dependents' eligibility for benefits coverage.

This document summarizing the dependent eligibility provisions for AT&T health and welfare plans is presented as a quick reference for general information only. For detailed terms and conditions of the AT&T health and welfare plans, consult the summary plan descriptions, summary of material modifications or the official plan documents. In all cases, the official plan documents shall govern and are the final authority on the terms of the plans. The AT&T companies reserve the right to amend, modify, suspend or terminate any and all of their health and welfare plans, subject to any applicable collective bargaining agreement. Participation is neither a contract nor a guarantee of future employment.

Benefits Coverage for Your Dependents

At AT&T, our ability to provide you and your eligible dependents with competitive health and welfare benefits is an important responsibility. Part of keeping our plans competitive is to ensure that only eligible dependents—as defined by the AT&T benefit plans—have access to benefits coverage. To do this, participants who newly enroll dependents for coverage are required to provide documents to verify that their dependents meet the eligibility requirements for benefits coverage.

This guide describes the steps necessary to verify dependent eligibility and will help you understand the documentation that you will need to provide.

For More Information

For AT&T benefits information, refer to the “Benefits” section of HROneStop, which you can access:

- From work at <http://hronestop.att.com>.
- From home at <http://access.att.com>.

To review your current coverage and access tools and other resources, go online to the AT&T Benefits Center at <http://resources.hewitt.com/att>.

If you have questions, you can call the AT&T Benefits Center toll-free at **1-877-722-0020** (domestic) or **+1-847-883-0866** (international). AT&T Benefits Center Service representatives are available between 7 a.m. and 7 p.m. Central time, Monday through Friday.

Failure to Comply With the Dependent Eligibility Verification Request

If you do not respond or if you fail to provide the required documentation by the date referenced in the Documentation Request Letter OR if you enroll ineligible dependents:

- Those dependents will be determined ineligible and dropped from coverage retroactively to the date coverage began.
- You may be personally liable for the actual costs of all health care claims incurred by ineligible or unverified dependents.

Providing false statements, altered documents or intentionally enrolling an ineligible dependent in an AT&T benefits plan or program is a violation of the AT&T Code of Conduct and constitutes fraud. AT&T may refer suspected fraud to AT&T Asset Protection for further investigation, which could lead to legal action and/or disciplinary action, up to and including termination of employment.

Start Now

We want to ensure that your newly enrolled eligible dependents remain covered under our plans; therefore, it's critical that you immediately start the eligibility verification process described in this guide.

Temporary Coverage

Your newly enrolled dependents' benefits coverage is in “temporary” status until we can verify eligibility through the required documentation. What this means is that your dependent can access benefits coverage while his/her eligibility for coverage is being determined.

What You Need

Use the following to start the eligibility verification process:

- Documentation Request Letter
- Two sections in this guide: The Eligibility Checklist and Required Documents to Verify Dependent Eligibility

What to Expect

Here's what to expect during the eligibility verification period:

- You *may* receive a Dependent Documentation Reminder Letter—if the AT&T Benefits Center has not received any of the documentation needed to confirm that your dependent is eligible for coverage.
- You *will* receive a Dependent Eligibility Results Notice. This notice will tell you whether your dependents' coverage is approved, denied or pending until additional documentation is submitted and reviewed.

Getting Started

Documentation Request Letter (in this kit)

- This letter shows the dependents you have newly enrolled for coverage and provides instructions for submitting the required documents needed to verify dependent eligibility.
- The **deadline** for receipt of your documents is shown on page 1 of the letter, in the "Action You Must Take Now" section.

Eligibility Checklist (in this guide)

- Use this checklist to determine whether the dependents listed in the Documentation Request Letter are eligible for coverage. In the Eligibility Checklist (that begins on page 3), find the section for each dependent that you have enrolled for coverage and answer the questions. For example, if you enrolled your spouse for coverage, you need only answer the questions pertaining to your spouse.
- If you answer "Yes" to all the questions, follow the instructions in the Documentation Request Letter to start the verification process.
- If you answer "No" to any of the questions, your dependent is not eligible for coverage, and you must remove that dependent from coverage immediately. **If you have questions and/or if you need to remove your dependent from coverage**, contact a representative at the AT&T Benefits Center (contact information is on page 1).

Required Documents to Verify Dependent Eligibility (in this guide)

- Use this section to find a list of the documents required to verify eligibility for each new dependent.
- Read the list carefully to ensure that you obtain and submit the required documents in a timely manner.

Eligibility Checklist

Use this checklist to determine whether your enrolled dependent(s) are eligible to be in AT&T health and welfare plans.

- If you answer **YES** to all questions for a dependent, you will need to document eligibility for each applicable criterion selected as “Yes.” For information, see the following section in this guide, “Required Documents to Verify Dependent Eligibility.”
- If you answer **NO** to any questions, your dependent is not eligible for coverage and you must remove that dependent from coverage immediately. **If you have questions and/or if you need to remove your dependent from coverage**, contact a Service Representative at the AT&T Benefits Center. Your dependent will be dropped from coverage retroactive to the date coverage began.

Failure to respond to this request to verify the eligibility of your newly enrolled dependent(s) will result in their removal from coverage, retroactive to the date coverage began. If you have questions regarding the dependent eligibility guidelines or if you would like more information regarding the documents you must provide to validate a dependent’s eligibility, please call the AT&T Benefits Center toll-free at **1-877-722-0020**.

| A. Lawful Spouse | Yes | No |
|---|--------------------------|--------------------------|
| ■ The person is currently your lawful spouse. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Domestic Partner (DP) | Yes | No |
| Note: This dependent type does not apply to retirees who retired prior to 2002. | | |
| ■ The person is your same-gender domestic partner. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ You are both at least 18 years old. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ You and your domestic partner are not related by blood. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ You and your domestic partner reside in the same household. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ You are not legally married, the domestic partner or common law spouse of anyone else. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ You and your domestic partner share responsibility for each other’s welfare and financial obligations. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Natural-Born Child or Legally Adopted Child | Yes | No |
| ■ The child is your natural-born or legally adopted child or has been placed in your home for adoption. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ The child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ The child is under age 19 or became age 19 in the current calendar year OR | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ The child is between the ages of 19 and 25 and is a full-time student (12+ credit hours per term or max course load available) in an accredited school. | | |

Eligibility Checklist Continued

| D. Child of Your Domestic Partner | | Yes | No |
|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> | The child is your domestic partner's natural-born or legally adopted child or has been placed in your home for adoption. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child lives with you except for limited periods of time when he/she may be away at school or with his/her other parent having limited custody or visitation rights. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is under age 19 or became age 19 in the current calendar year OR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is between the ages of 19 and 25 and is a full-time student (12+ credit hours per term or max course load available) in an accredited school. | | |
| E. Stepchild | | Yes | No |
| <input type="checkbox"/> | The child is your stepchild. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child lives with you except for limited periods of time when he/she may be away at school or with his/her other parent having limited custody or visitation rights. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is under age 19 or became age 19 in the current calendar year OR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is between the ages of 19 and 25 and is a full-time student (12+ credit hours per term or max course load available) in an accredited school. | | |
| F. Child for Whom You are the Legal Guardian | | Yes | No |
| <input type="checkbox"/> | The court has awarded you, your spouse or domestic partner permanent legal guardianship or other legal relationships that have existed for 12 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child lives with you except for limited periods of time when he/she may be away at school or with his/her other parent having limited custody or visitation rights. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is under age 19 or became age 19 in the current calendar year OR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The child is between the ages of 19 and 25 and is a full-time student (12+ credit hours per term or max course load available) in an accredited school. | | |
| G. Disabled Adult Child | | Yes | No |
| Note: Your dependent is required to be certified as disabled under the rules of the medical plan. Certification is required prior to your dependent being added to coverage. Contact the AT&T Benefits Center to request a Disabled Dependent Certification Form which provides instructions for completing and submitting documentation for review in determining your dependent's eligibility. | | | |
| <input type="checkbox"/> | The adult child (age 19 or older) is disabled under the plan's definition and the disability has been approved under the terms of the plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The adult child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The adult child is your own child, child placed for adoption in your home, legally adopted child OR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | The adult child is your stepchild (through marriage) or through your relationship with a domestic partner who lives with you, and a child for whom either you, your spouse/domestic partner is the legal guardian who lives with you. | | |

| H. Class II Dependents | Yes | No |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> ■ The dependent is your or your spouse/domestic partner's unmarried dependent child not eligible as a Class I dependent OR ■ The dependent is your unmarried grandchild OR ■ The dependent is your brother or sister OR ■ The dependent is your parent or grandparent OR ■ The dependent is your spouse/domestic partner's parent or grandparent. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ Dependent lives with you or in a household provided by you in your vicinity. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ The dependent earns less than \$8,800 annual income. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ The Class II Dependent is dependent on you for support. | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Sponsored Children | Yes | No |
| <ul style="list-style-type: none"> ■ The adult child is unmarried. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ The adult child is between the ages of 19 and 23. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ The adult child is not a full-time student. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ■ The adult child is your own child, child placed for adoption in your home, legally adopted child OR ■ The adult child is your stepchild (through marriage) or through your relationship with a domestic partner who lives with you, and a child for whom either you, your spouse/domestic partner is legal guardian who lives with you. | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT RETURN THIS WORKSHEET—Only return copies of supporting documentation

Overview of Documents Required to Prove Eligibility

Below is an overview of the documents required to prove eligibility for each type of eligible dependent. This checklist can help you when using the section “Required Documents to Verify Dependent Eligibility” found in this guide.

Note: For all foreign, non-English documents, if available: Submit an official English translation of the document, along with the stamp and mark of a registered translator. For translation assistance, you may contact a local college, university or translator services company for assistance. You or a family member cannot translate the documents.

Lawful Spouse

- Proof of Marital Status – Section 1

Domestic Partner

- Proof of Domestic Partnership – Section 2

Natural-Born Child, Legally Adopted Child, or Child placed for Adoption under age 19 or became age 19 in the current calendar year

- Proof of Parent/Child Relationship – Section 3

Natural-Born Child, Legally Adopted Children, or Child placed for Adoption between the ages of 19 and 25

- Proof of Parent/Child Relationship – Section 3
- Proof of Full-time Student Status – Section 5

Stepchild, Child or your Domestic Partner or Child for whom you or your Spouse/Domestic Partner are a Legal Guardian under age 19 or became age 19 in the current calendar year

- Proof of Parent/Child Relationship – Section 3
- Proof of Residency – Section 4

Stepchild, Child or your Domestic Partner or Child for whom you or your Spouse/Domestic Partner are a Legal Guardian between the ages of 19 and 25

- Proof of Parent/Child Relationship – Section 3
- Proof of Residency – Section 4
- Proof of Full-time Student Status – Section 5

Disabled Adult Child who is your Natural-Born Child, Legally Adopted Child or Child placed for Adoption age 19 or older*

- Proof of Parent/Child Relationship – Section 3

Disabled Adult Child who is your Stepchild/Child of your Domestic Partner or Child for whom you or your Spouse/Domestic Partner are a Legal Guardian age 19 or older*

- Proof of Parent/Child Relationship – Section 3
- Proof of Residency – Section 4

Sponsored Child who is your Natural-Born Child, Stepchild, Child of your Domestic Partner, Legally Adopted Child, Child placed for Adoption, or Child for whom you and your Spouse/Domestic Partner are a Legal Guardian between the ages of 19 and 23

- Proof of Parent/Child Relationship – Section 3
- Proof of Residency – Section 4

Class II Child, Grandchild, Parent, Grandparent, Brother or Sister and Spouse/Domestic Partner’s Parent or Grandparent

- Proof of Relationship – Section 6
- Proof of Income – Section 6
- Proof of Residency – Section 6

*Your dependent is required to be certified as disabled under the rules of the medical plan. Certification is required prior to your dependent being added to coverage. Contact the AT&T Benefits Center to request a Disabled Dependent Certification Form which provides instructions for completing and submitting documentation for review in determining your dependent's eligibility.

Required Documents to Verify Dependent Eligibility

Getting Started

The following pages show different types of dependents, e.g., spouse, child, etc. For each type of dependent, you will see a numbered list describing the documents you must provide to verify eligibility. Read the list carefully to ensure that you obtain and submit the required documents in a timely manner.

Before Submitting Your Documents

- Do not highlight forms.
- Do not staple forms.
- Do not send originals. Documents received will not be returned.

Important

- Please provide the proper documents for each dependent newly enrolled in an AT&T health and welfare plan. You will find a complete list of required documents on the following pages.
- **Send copies only. Documents received will not be returned.** All documents will be computer scanned and then destroyed.
- For all foreign, non-English documents, if available: Submit an official English translation of the document, along with the stamp and mark of a registered translator.

If you have questions or need help on how to obtain copies of documents such as a marriage or birth certificate, call the AT&T Benefits Center toll-free at **1-877-722-0020**.

Section 1 - Proof of Marital Status - Lawful Spouse

Please block out all financial information on your tax return and the first five digits of all Social Security Numbers. See attached example "Properly Submitted Copy of Tax Return" at the end of this section.

Couple married before the current year

Provide a copy of the documents listed below:

1. The Verification of Eligibility for Medical Working Spouse Primary Premiums form, if spouse is enrolled in coverage (Not applicable to pre-1988 retirees).

AND

Select **either #2 or #3** and return the required documents listed:

2. Most recently filed – federal or state tax forms (including Puerto Rico returns) (1040 form, e-File Confirmation Page, Tax Preparer's Summary, Federal Return Recap, Telefile, or most recently filed Tax Extension Form 4868)

- Your most recently filed tax return showing "married filing jointly"

OR

- Your most recently filed tax return showing "married filing separately." Your spouse's name must appear on the tax form on the line provided after the "married filing separately" status (or vice versa).

3. Marriage Certificate **AND** Proof of Joint Ownership (mortgage statement, credit card statement, car note, bank statement, or utility bills) dating from any time in the last three months, or rental/lease agreement or property tax dating from the last 12 months. Auto insurance can show one spouse listed as the owner and one as a driver, and must be in effect.

Couple married within the current year

Provide a copy of the document listed below:

1. Marriage Certificate

AND

2. The Verification of Eligibility for Medical Working Spouse Primary Premiums form, if spouse is enrolled in coverage. (Not applicable to pre-1988 retirees).

Couple is married under common law

Provide a copy of the documents listed below:

1. Your relationship must have begun in a state that recognizes common-law marriage. If your state recognizes only those common-law marriages that began before a specific date, you must provide either a document to prove you owned property together before that date, or an affidavit from the state showing that the marriage began before that date.

AND

2. Proof of joint ownership (mortgage statement, credit card statement, car note, bank statement, or utility bills), dating from any time in the last 3 months, or rental/lease agreement or property tax document dating from within the last 12 months. Auto insurance can show one spouse listed as the owner and one as a driver, and must be currently in effect.

3. The Verification of Eligibility for Medical Working Spouse Primary Premiums form, if spouse is enrolled in coverage. (Not applicable to pre-1988 retirees).

Section 2 - Proof of Domestic Partner (DP)

Note: This dependent type **does not** apply to retirees who **retired prior to 2002**.

Provide a copy of the documents listed below:

1. A copy of the Domestic Partner Affidavit.
2. Proof of residency.
3. Proof of financial interdependence, such as a bank account or credit card in both names, power of attorney for health care, designation of each other as authorized signatures on safe deposit boxes, or joint wills.
4. The Verification of Eligibility for Medical Working Spouse Primary Premiums form if spouse is enrolled in coverage. (Not applicable to pre-1988 retirees).

Section 3 - Proof of Parent/Child Relationship

Natural-Born Child, Legally Adopted Child, Child placed for Adoption, Stepchild, Child of your Domestic Partner, Child for whom you and your Spouse/Domestic Partner are a Legal Guardian, Sponsored Children and Disabled Adult Children

Provide a copy of **one** of the documents listed below:

1. Birth certificate showing the child's parent(s).
Note: Not all birth certificates show the child's parents, you must provide one that does.
2. Hospital record showing the child's parent(s).
3. Paternity test showing the child's parent(s).
4. Court-approved adoption papers (with signature or seal), including Adoption Placement Agreement and Petition for Adoption.
5. Report of Birth Abroad of a citizen of the United States of America (issued by the Department of State) showing the child's parents. The Certificate of Birth Abroad, also issued by the Department of State, is **NOT** acceptable because it does not list the parents' names.
6. Divorce decree that lists children born to the marriage.
7. Court Child Support Order that shows the child's parents.
8. State Affidavit of Parentage or Paternity (or like form) that acknowledges the child's father. This form must have some indication that it was filed with the state or with the court.
9. Court-awarded permanent legal guardianship or Texas Conservator/Guardian papers showing:
 - You have been granted permanent guardianship under state law.
 - You (your spouse or domestic partner) are the child's legal guardian.
 - The name of the dependent covered by the agreement.
 - Your signature or court seal/stamp.

Note: If the child is a stepchild or child of your domestic partner, you must also provide proof of relationship showing your spouse or domestic partner as the child's parent. See Sections 1 or 2.

Section 4 - Proof of Residency

Stepchild, Child of your Domestic Partner or Disabled Adult Children, Child for whom you and your Spouse/Domestic Partner are a Legal Guardian and Sponsored Children who are Stepchildren/Children of your Domestic Partner (Not needed for newborn children)

Please block out all financial information on your tax return and the first five digits of all Social Security Numbers. See attached example "Properly Submitted Copy of Tax Return."

Provide a copy of **one** of the documents listed below:

1. Your most recently filed tax return – federal or state (including Puerto Rico returns) (1040 form, e-File Confirmation Page, Tax Preparer's Summary, or Federal Return Recap) showing the child listed as a dependent. The "number of children who lived with you" must agree with the number of dependents you list on the return.
2. Child's driver's license or state ID.
3. Report card, school registration, or emergency contact form (showing participant's address).
4. Birth certificate/hospital record showing the participant's address (acceptable only for children under age five).
5. Social Security card stub showing child's name and participant's address (acceptable only for children under age five).
6. Divorce decree/custody agreement/QMSCO showing the primary physical residence of the child is with the parent in a relationship recognized by the plan.

Section 5 - Proof of Full-time Student Status

Natural-born Child, Legally Adopted Child, Child placed for Adoption, Stepchild, Child of your Domestic Partner, Child for whom you and your Spouse/Domestic Partner are a Legal Guardian, who is age 19 to 25.

For College Student

Provide a copy of the documents listed below:

Proof of Enrollment

1. Verification of enrollment for the current term **OR**
2. Letter from school on school letterhead stating that the dependent is a full-time student for the current term **OR**
3. Class schedule, registration, report card, transcript, or tuition bill for the current term.

All of the documents listed above must include:

- The name of the dependent
- The name of the school(s)
- The semester or quarter in which the child was enrolled
- The total number of credit hours

AND

Proof of School's Full-Time-Student Criteria

1. If student is taking AT LEAST 12 credit hours, we DO NOT need proof of the school's full-time-student criteria.
2. If student is taking FEWER THAN 12 credit hours, we DO need proof of the school's full-time-student criteria as outlined below:
 - Letter on school letterhead stating the school's criteria for full-time status **OR**
 - Photocopy of school literature stating the school's criteria for full-time status

AND

Proof of School Accreditation

1. Letter on school letterhead stating that the school is accredited **OR**
2. Photocopy of school literature stating that school is accredited

For High School Student (19 to 25 years old)

- You **must** provide a letter from the high school identifying your dependent as a student.

Section 6 - Proof of Class II Dependents

Step 1 – Proof of Class II Relationships

Provide a copy of the documents for the applicable dependent:

1. Children – The child’s birth certificate showing the participant as a parent.
2. Grandchildren – The grandchild’s birth certificate and the parent’s birth certificate.
3. Parents – The participant’s (or spouse’s/domestic partner’s) birth certificate showing the parents.
4. Grandparents – The participant’s birth certificate and the participant’s parent’s birth certificate.
5. Spouse’s Grandparents – The spouse’s/domestic partner’s birth certificate and the spouse’s/domestic partner’s parent’s birth certificate.
6. Siblings – The participant’s birth certificate and the sibling’s birth certificate.

Note: Not all birth certificates show the child’s parents; you must provide one that does.

Step 2 – Proof of Class II Dependent Income

Provide a copy of **one** of the documents listed below:

1. Dependent’s most recently filed tax return showing total income for the year. Income cannot be more than \$8,800, **OR**
2. Participant’s most recently filed tax return showing the person claimed as a dependent, **OR**
3. If dependent does not file taxes but receives Social Security – Dependent’s most recently filed Form SSA-1099 (or other tax-related form). Social Security received cannot be more than \$8,800.

Step 3 – Proof of Class II Residency

If the Dependent Resides with the Participant

Provide a copy of **one** of the documents listed below, showing where the dependent lives:

1. Driver’s license, state ID, report card, or school registration, **OR**
2. Your most recently filed tax return – federal or state (including Puerto Rico returns) (1040 form, e-File Confirmation Page, Tax Preparer’s Summary, or Federal Return Recap) showing the child listed as a dependent. The “number of children who lived with you” must agree with the number of dependents you list on the return.

If the Dependent Resides in Household Provided by Participant

Provide a copy of the documents listed below:

1. Proof of where the dependent lives (such as driver’s license, state ID, utility bills, or school registration)

AND

2. Deed, mortgage statement (dated within the last three months), lease (dated within the last 12 months), or six months worth of rent receipts/cancelled checks showing that the participant either owns or rents the home.

Example: Properly Submitted Copy of Tax Return

When submitting your tax returns, please block out all financial information and the first five digits of all Social Security Numbers.

Specific information that needs to be shown includes:

1. Your full name and the full name of your spouse.
2. The last four digits of the Social Security Number for yourself and your spouse.
3. Your full address.
4. Filing status.
5. Your dependent's full name.
6. The last four digits of the Social Security Number for your dependent.
7. The relationship of your dependent.
8. Number of children (from line 6c) who live with you; or, if they don't live with you, the "if qualifying child for tax credit" box must be checked.

Please see example to the right.

| Form 1040 Department of the Treasury—Internal Revenue Service | | U.S. Individual Income Tax Return | | OMB No. 1545-0074 | |
|--|--|--|---|--|---|
| | | | | IRS Use Only—Do not write or staple in this space. | |
| Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type. | 1 Your first name and initial Sam | Last name Sample | 2 Your social security number : 4321 | | |
| | If a joint return, spouse's first name and initial Sally | Last name Sample | Spouse's social security number : 1234 | | |
| | Home address (number and street). If you have a P.O. box, see page 12. 123 Main Street | | Apt. no. : _____ | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. Any City, Any State 12345 | | You must enter your SSN(s) above. ▲ | | | |
| Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ▶ <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse | | | | | |
| Filing Status | | | | | |
| 1 <input type="checkbox"/> Single | | | | | |
| 2 <input checked="" 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. ▶ | | | | | |
| 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ | | | | | |
| 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14) | | | | | |
| Exemptions | | | | | |
| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | | | | | |
| b <input checked="" type="checkbox"/> 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 15) | Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see page 16) Dependents on 6c not entered above |
| Baby Sample | | 6789 | Daughter | | |
| | | | | | |
| d Total number of exemptions claimed 3 | | | | | |
| Income | | | | | |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | | |
| 8a Taxable interest. Attach Schedule B if required | | | | | |
| b Tax-exempt interest. Do not include on line 8a | | | | | |
| 9a Ordinary dividends. Attach Schedule B if required | | | | | |
| b Qualified dividends (see page 19) | | | | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) | | | | | |
| 11 Alimony received | | | | | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | | | | | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | | | |
| 14 Other gains or (losses). Attach Form 4797 | | | | | |
| 15a IRA distributions | | | | | |
| b Taxable amount (see page 21) | | | | | |
| 16a Pensions and annuities | | | | | |
| b Taxable amount (see page 22) | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | | | |
| 18 Farm income or (loss). Attach Schedule F | | | | | |
| 19 Unemployment compensation | | | | | |
| 20a Social security benefits | | | | | |
| b Taxable amount (see page 24) | | | | | |
| 21 Other income. List type and amount (see page 24) | | | | | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ | | | | | |
| Adjusted Gross Income | | | | | |
| 23 Educator expenses (see page 26) | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | | | | | |
| 25 Health savings account deduction. Attach Form 8889 | | | | | |
| 26 Moving expenses. Attach Form 3903 | | | | | |
| 27 One-half of self-employment tax. Attach Schedule SE | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | | | | | |
| 29 Self-employed health insurance deduction (see page 26) | | | | | |
| 30 Penalty on early withdrawal of savings | | | | | |
| 31a Alimony paid b Recipient's SSN ▶ | | | | | |
| 32 IRA deduction (see page 27) | | | | | |
| 33 Student loan interest deduction (see page 30) | | | | | |
| 34 Tuition and fees deduction. Attach Form 8917 | | | | | |
| 35 Domestic production activities deduction. Attach Form 8903 | | | | | |
| 36 Add lines 23 through 31a and 32 through 35 | | | | | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ | | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

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Form 1040

