

Fair Flat Tax Act of 2005

Simplified U.S. Individual Income Tax Return

	Your first name and initial	Last name	Your Social Security number
	If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
	Home address (if number and street). If you have a P.O. box, see page 16.	Apt. no.	
	City, town or post office, state and ZIP code. If you have a foreign address, see page 16		
Presidential Election Campaign	Do you or your spouse, if filing a joint return, want \$3 to go to this fund?	You Yes/No	Spouse Yes/No
Filing Status	1 <input type="checkbox"/> Single 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 ►	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) 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 17)	
Exemptions	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 6b <input type="checkbox"/> Spouse 6c Dependents		
	(1) First name	Last name	(2) Dependent's Social Security number
			(3) Dependent's relationship to you
			(4) <input type="checkbox"/> if qualifying child for child tax credit (see page 18)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
	6d Number of exemptions		<input type="checkbox"/>
Income	7 Total income from all sources (from schedule B and/or D)		7
Adjusted Gross Income	8 IRA deductions or other qualified savings (see instructions p._)		8
	9 HSA and self-employed health insurance (see instructions p._)		9
	10 Education/Reservist Expenses/Other adjustments (see instructions p._)		10
	11 Add lines 8, 9, and 10		11
	12 Adjusted Gross Income (subtract line 11 from line 7)		12
Deductions	13a Mortgage interest deduction (see instructions p._)		13a
	13b Deduction for charitable contributions (see instructions p._)		13b
	13c Other deductions (e.g., disabled)		13c
	14 Total deduction (add lines 13a and 13b) or Standard Deduction		14
	15 Personal Exemptions (multiply \$3,100 by number of exemptions on line 6d)		15
	16 Taxable Income (subtract lines 14 and 15 from line 12)		16
	17 Tax (see instructions p._)		17
Tax Credits	18 Education/Family Priorities/Other credits (see instructions p._)		18
	19a Tax after Credits (subtract line 18 from line 17)		19a
	19b Other taxes (see schedule B)		19b
	20 Total Tax (add lines 19a and 19b)		20
Payments	21 Federal income tax withheld and estimated tax (see instructions p._)		21
	22 EIC and Child Credit (see table_)		22
	23 Total state and local taxes paid (income, property, and sales; see instructions p._)		23
	24 State and local tax credit refund (10% of line 23)		24
	25 Total payments (add lines 21, 22 and 24)		25
Refund	26 If line 25 is greater than line 21, subtract line 21 from 25. This is the amount you overpaid		26
	27a Amount of line 26 you want refunded to you		27a
	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number _____		
	28 Amount of line 26 you want applied to your 2005 estimated tax		28
Amount You Owe	29 Amount You Owe. Subtract line 25 from line 20.		29
	30 Estimated Tax penalty (see instructions p._)		30
Sign Here	Your Signature	Date	Occupation
	Spouse's Signature	Date	Spouse's occupation
	Preparer's Signature	Date	Preparer's SSN or PIN