Form **1040EZ**

Department of the Treasury—Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents 2007

OMB No. 1545-0074

Label (See page 8.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
ANIL	MITRA	222 42 0517
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 9.	Apt. no.	
4510 VALLEY WEST BLVD	G	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 9.		
ARCATA CA 95521-7434		

You **must** enter your SSN(s) above.

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

Presidential Election Campaign (page 9) Check here if you, or your spouse if a joint return, want $3 to go to this fund . . . . ▶ ☐ **You** ☐ **Spouse**

Income

Attach Form(s) W-2 here. Enclose, but do not attach, any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	33921
2	Taxable interest. If the total is over $1,500, you cannot use Form 1040EZ.	2	0
3	Unemployment compensation and Alaska Permanent Fund dividends (see page 10).	3	0
4	Add lines 1, 2, and 3. This is your **adjusted gross income.**	4	33921
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. ☐ **You** ☐ **Spouse** If no one can claim you (or your spouse if a joint return), enter $8,750 if **single;** $17,500 if **married filing jointly.** See back for explanation.	5	8750
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your **taxable income.** ▶	6	25171

Payments and tax

7	Federal income tax withheld from box 2 of your Form(s) W-2.	7	3925
8a	**Earned income credit (EIC).**	8a	0
b	Nontaxable combat pay election. 8b 0		
9	Add lines 7 and 8a. These are your **total payments.** ▶	9	3925
10	**Tax.** Use the amount on **line 6 above** to find your tax in the tax table on pages 18–26 of the booklet. Then, enter the tax from the table on this line.	10	3385

Refund

Have it directly deposited! See page 15 and fill in 11b, 11c, and 11d or Form 8888.

11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund.** If Form 8888 is attached, check here ▶ ☐	11a	540
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		

Amount you owe

12	If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe.** For details on how to pay, see page 16. ▶	12	0

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 16)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign here

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists 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.

Joint return? See page 6. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		MENTAL HEALTH	(707) 4079501
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Phone no. ( )	

2007 PREVIEW RETURN DO NOT FILE

BNA