

Use this checklist to determine whether your enrolled dependent(s) are eligible to participate in Alcatel-Lucent's Health and Welfare plans.

⇒ If you answer **YES** to all of the criteria for a dependent, you will need to provide documentation for eligibility – see *Documentation Required Worksheet* for details.

⇒ If you answer **NO** to any questions, remove that dependent immediately to avoid penalties or other liabilities.

To remove dependents that are not eligible for coverage, check the box next to their name(s) on the enclosed Dependent Confirmation Form, and return the form to the address provided. We must receive this form and any supporting documentation by **May 16, 2008**.

## Eligibility Guidelines for Alcatel-Lucent – Active Management and Retired Management EL1

	Yes	No
<b>A. Spouse (Husband or Wife)</b>		
• The person is currently your legal or common-law spouse (husband or wife)	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Same- or Opposite-Sex Domestic Partner</b>		
• The person is your same- or opposite-sex domestic partner	<input type="checkbox"/>	<input type="checkbox"/>
• You reside together in the same residence	<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 are not legally married or the domestic partner of anyone else	<input type="checkbox"/>	<input type="checkbox"/>
• You comply with any state or local registration process for domestic partners, if available	<input type="checkbox"/>	<input type="checkbox"/>
• You consider one another to have a close and committed personal relationship and have no other such relationship with any person	<input type="checkbox"/>	<input type="checkbox"/>
• You are responsible for each other's welfare and financial obligations	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Birth Child, Legally Adopted Child or Legal Guardian Child of You or Your Spouse/Domestic Partner</b>		
• The child is your or your spouse's/domestic partner's biological, legally adopted child, has been placed in your home for adoption, or you or your spouse/domestic partner are the child's legal guardian	<input type="checkbox"/>	<input type="checkbox"/>
• The child is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The child is under age 20 <b>AND</b> primarily dependent upon you for financial support <b>OR</b> the child is between the ages of 20 and 24, <b>AND</b> a full-time student, <b>AND</b> primarily dependent upon you for financial support	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Stepchild</b>		
• The child is your stepchild	<input type="checkbox"/>	<input type="checkbox"/>
• The child is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The child resides with you	<input type="checkbox"/>	<input type="checkbox"/>
• The child is under age 20 <b>AND</b> primarily dependent upon you for financial support <b>OR</b> the child is between the ages of 20 and 24, <b>AND</b> a full-time student, <b>AND</b> primarily dependent upon you for financial support	<input type="checkbox"/>	<input type="checkbox"/>

<b>E. Disabled Adult Child</b>	<b>Yes</b>	<b>No</b>
• The child is over age 20	<input type="checkbox"/>	<input type="checkbox"/>
• The child is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The child is disabled and you have received a letter from your medical claims administrator certifying the child's disability status	<input type="checkbox"/>	<input type="checkbox"/>
• The child is primarily dependent on you for financial support	<input type="checkbox"/>	<input type="checkbox"/>

<b>F. Qualified Medical Child Support Order (QMCSO) Child</b>	<b>Yes</b>	<b>No</b>
• The child is your birth or legally adopted child	<input type="checkbox"/>	<input type="checkbox"/>
• The child is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The child is under age 20 <b>AND</b> primarily dependent upon you for financial support <b>OR</b> the child is between the ages of 20 and 24, <b>AND</b> a full-time student, <b>AND</b> primarily dependent upon you for financial support	<input type="checkbox"/>	<input type="checkbox"/>
• You have a qualified medical child support order currently in effect	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Class II dependents must have been continuously re-enrolled during each annual open enrollment since January 1, 1996, OR were enrolled before June 1, 1986 (grandfathered dependents). Class II dependent coverage only applies to participants from the former Lucent Technologies.**

<b>G. Class II Birth Child, Legally Adopted Child or Legal Guardian Child</b>	<b>Yes</b>	<b>No</b>
• The dependent is your birth, legally adopted child or legal guardian child over the age of 24	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent resides with you or in a nearby household (within a 100-mile radius) provided by you	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent receives less than \$12,000 per year in income from all sources (other than your support)	<input type="checkbox"/>	<input type="checkbox"/>

<b>H. Class II Grandchild, Brother, Sister</b>	<b>Yes</b>	<b>No</b>
• The dependent is your grandchild, brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent resides with you or in a nearby household (within a 100-mile radius) provided by you	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent receives less than \$12,000 per year in income from all sources (other than your support)	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. Class II – Stepchild</b>	<b>Yes</b>	<b>No</b>
• The dependent is your stepchild over the age of 24	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent is unmarried	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent resides with you	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent receives less than \$12,000 per year in income from all sources (other than your support)	<input type="checkbox"/>	<input type="checkbox"/>

<b>J. Class II – Parents, Grandparents</b>	<b>Yes</b>	<b>No</b>
• The dependent is your parent, your grandparent, or the parent or grandparent of your lawful spouse (husband or wife)	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent resides with you or in a nearby household (within a 100-mile radius) provided by you	<input type="checkbox"/>	<input type="checkbox"/>
• The dependent receives less than \$12,000 per year in income from all sources (other than your support)	<input type="checkbox"/>	<input type="checkbox"/>

**Below you will find the types of proof required for each type of eligible dependent. This checklist can be used as a reference to help you when using the “Documentation Required Worksheet” enclosed in this packet.**

**Note: All non-English documents must be provided with an official translation and bear the stamp and mark of a Registered Translator.** You may contact a local college, university or translation services company for assistance. You or a family member cannot translate the documents. If the documentation is not translated when sent in, your dependent will be marked as incomplete until the translation is received.

**Spouse (Husband or Wife) – Section 1**

- Proof of Marital Status
- Proof of Common Law Marriage

**Same- or Opposite-Sex Domestic Partner – Section 2**

- Proof of Domestic Partnership

**Birth Child and Legally Adopted Child or Legal Guardian Child**

- Proof of Relationship – **Section 3**
- Proof of Financial Dependency – **Section 4**
- If between the ages of 20 and 24: Proof of Full-Time Student Status – **Section 7**

**Stepchild**

- Proof of Relationship – **Section 3**
- Proof of Financial Dependency – **Section 4**
- Proof of Residency – **Section 5**
- If between the ages of 20 and 24: Proof of Full-Time Student Status – **Section 7**

**Disabled Adult Child**

- Proof of Relationship – **Section 3**
- Proof of Financial Dependency – **Section 4**
- Proof of Disability – **Section 6**

**Qualified Medical Child Support Order Child**

- Proof of Relationship – **Section 3**
- Proof of Financial Dependency – **Section 4**

**Class II Dependents**

- Proof of Relationship – **Section 8**
- Proof of Financial Dependency – **Section 8**
- Proof of Residency – **Section 8**

# Documentation Required Worksheet

## Documents required to prove your dependent is eligible

Please provide the proper documents for each dependent enrolled in an Alcatel-Lucent plan. A complete list of required documents is shown below.

You can find more information on [www.benefitanswersplus.com](http://www.benefitanswersplus.com) under *Dependent Verification*.

If you have questions or need help on how to obtain copies of documents, such as a marriage or birth certificate, call the Alcatel-Lucent Dependent Verification Help Line at 1-888-898-1115. The Help Line is available Monday through Friday, from 8 a.m. to 5 p.m. ET.

**Important Notes:** Do not send us confidential information. ♦ Please mark out all financial information and the first five digits of all Social Security numbers. See sample tax return on page 8. ♦ You must include an official translation with the stamp and mark of a Registered Translator for all foreign documents.

## Section 1 – Proof of Marital Status – Spouse (Husband or Wife) (Class I Dependents)

### Couple married before the 2007 calendar year

A **copy of one** of the documents listed below is required:

1. 2007 or 2006 Tax Return – Federal or State (including Puerto Rico returns); PAGE ONE AND SIGNATURE PAGE ONLY; mark out all financial information and the first five digits of all Social Security numbers (examples: 1040 form, e-File Confirmation Page, Tax Preparer’s Summary or Federal Return Recap, Telefile, or 2007 Tax Extension Form 4868). See sample tax return on page 8.

- Your 2007 or 2006 tax return showing “married filing jointly” **OR**
- Your 2007 or 2006 tax return showing “married filing separately.” Your spouse’s (husband or wife) name must appear on the tax form on the line provided after the “married filing separately” status (or vice versa)

**OR**

2. Marriage Certificate **AND** Proof of Joint Ownership (mortgage statement, credit card statement, car note, bank statement, school taxes, or utility bills) dating from any time in the last 3 months, or rental/lease agreement or property appraisals from the city, county or state for tax purposes or property tax document dating from the last 12 months. Auto insurance can show one spouse (husband or wife) listed as the owner and one as a driver, and must be currently in effect.

### Couple married during the 2007 calendar year

- Copy of Marriage Certificate

### Couple is married under common law

1. Your relationship must have begun in a state that permits 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**

A **copy of one** of the documents listed below is required:

2. Proof of joint ownership of property

- Joint bank account and/or other financial instruments that cumulatively have substantial value (must be dated within the last 3 months)
- Lease or deed showing you and your partner (husband or wife) as co-signers (lease must be dated within the last 12 months)
- Auto insurance (can show one partner listed as the owner and one as a driver) and must be currently in effect
- Mortgage statement, credit card statement, car note, bank statement, school taxes, or utility bills dating from any time in the last 3 months
- Property appraisals from the city, county or state for tax purposes or property tax document dating from the last 12 months

## Section 2 – Proof of Same- and Opposite-Sex Domestic Partner (Class I Dependents)

You must provide **copies** of the following:

1. If you live in a jurisdiction having a domestic partnership registry, proof of registration with a governmental body pursuant to state or local law authorizing such registration **OR** Alcatel-Lucent's notarized Affidavit of Domestic Partnership

**AND**

2. Proof of joint ownership of property. Any **ONE** of the following will suffice:
  - Joint bank account and/or other financial instruments that cumulatively have substantial value (must be dated within the last 3 months)
  - Lease or deed showing you and your domestic partner as co-signers (lease must be dated within the last 12 months)
  - Auto insurance (can show one partner listed as the owner and one as a driver) and must be currently in effect
  - Mortgage statement, credit card statement, car note, bank statement, school taxes, or utility bills dating from any time in the last 3 months
  - Property appraisals from the city, county or state for tax purposes or property tax document dating from the last 12 months.

**AND**

3. Proof that you and your domestic partner reside together (such as driver's licenses or credit card bills or utility bills dating from any time in the last 3 months). If your proof of registration in 1 above, or any document from 2 above, shows you and your domestic partner residing together, no additional proof of residency is required.

## Section 3 – Proof of Parent/Child Relationship (Class I Dependents)

A **copy** of **one** of the documents listed below is required:

1. Birth certificate showing the child's parent(s)
2. Hospital record showing the child's parent(s)
3. Paternity test showing the child's parent(s)
4. Verification of Birth Facts or Certification of Birth Facts showing the child's parent(s) (with signature from hospital representative or state information on the document)
5. Court-approved adoption papers (with signature or seal), including Adoption Placement Agreement and Petition for Adoption
6. **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)
7. Divorce decree that lists child(ren) born to the marriage
8. Court child support order that shows the child's parents
9. 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
10. Court-awarded legal guardianship papers showing:
  - You have been granted guardianship under state law
  - You, your spouse (husband or wife), or domestic partner are the child's legal guardian
  - The name of the dependent covered by the agreement
  - Signature and date from the court or court seal/stamp

### Section 4 – Proof of Financial Dependency (Class I Dependents)

A **copy of one** of the documents listed below is required:

1. 2007 or 2006 tax return – federal or state (including Puerto Rico returns); PAGE ONE AND SIGNATURE PAGE ONLY; mark out all financial information and the first five digits of all Social Security numbers. (Examples: 1040 form, Tax Preparer’s Summary or Federal Return Recap.) See sample tax return on page 8.
  - Your 2007 or 2006 tax return showing your child as a dependent
2. Spouse’s (husband or wife) 2007 tax return – federal or state (including Puerto Rico returns); PAGE ONE AND SIGNATURE PAGE ONLY; mark out all financial information and the first five digits of all Social Security numbers. (Examples: 1040 form, Tax Preparer’s Summary or Federal Return Recap.) See sample tax return on page 8.
  - Your spouse’s (husband or wife) 2007 tax return showing your child as a dependent **OR**
  - 2007 tax returns for you and your spouse (husband or wife) showing the same address **OR** 2007 tax returns for you and your spouse (husband or wife) showing different addresses. The address on your spouse’s (husband or wife) tax return must match the address on file with the Service Center
3. Divorce decree, court order or qualified medical child support order (QMCSO) showing your responsibilities. Divorce decree/court order/custody agreement/QMCSO must include:
  - First page of agreement listing you as either the petitioner (plaintiff) or the respondent (defendant)
  - Name(s) of the child(ren) covered by the agreement
  - Name of the person responsible for providing health/medical benefits
  - Indication that the decree has been filed (such as a stamp, judge’s signature, or case number)If the divorce decree does not list the child(ren)’s name(s), you must also provide copies of birth certificate(s) (or hospital record(s), etc.) showing both the petitioner and respondent as the child(ren)’s parents.
4. Consistent pattern of support
  - Proof of residency showing the dependent lives with employee (such as driver’s license, state ID, report card, or school registration) **AND** eight months worth of canceled checks
5. Proof the participant provides payment for the dependent to live in a facility or institution (such as cancelled checks)
6. SSI statements (for the disabled child only)

### Section 5 – Proof of Residency – (Class I Dependents) Not Needed for Children Born in 2007 or 2008

A **copy of one** of the documents listed below is required:

1. Your 2007 or 2006 Tax Return PAGE ONE AND SIGNATURE PAGE ONLY; 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 these do not agree, this document is not acceptable proof of residency
2. Driver’s license or state ID
3. Report card, school registration, or emergency contact form (showing address)
4. Birth certificate/hospital record showing your address (acceptable only for children under age five)
5. Social Security card stub showing child’s name and employee’s address (mark out first five digits) (acceptable only for children under age five)
6. Divorce decree/custody agreement showing the primary physical residence of the child is with the parent (spouse/domestic partner of the employee)
7. Lease or deed in the employee’s name – (listing the dependents)

### Section 6 – Proof of Disability – (Class I Dependents)

A **copy** of the document listed below is required:

1. Letter from your Medical Claims Administrator certifying the child’s disability status. (Please see the Dependent Confirmation Form. If the dependent has already been certified by the Medical Claims Administrator as disabled, the letter from your Medical Claims Administrator is not required.)

## Section 7 – Proof of Full-Time Student Status – (Class I Dependents)

### For Each College Student

A **copy of one** of the documents listed below is required:

1. Verification of enrollment from the most recent term in 2007 or 2008
2. Letter from school, on school letterhead, stating that the dependent is a full-time student for the 2007 or 2008 term
3. Class schedule, registration, report card, transcript, or tuition bill from the 2007 or 2008 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 (Accreditation Not Required)

1. If the student is taking AT LEAST 12 credit hours, we DO NOT need proof of the school's full-time-student criteria.
2. If the 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

**For High School Students (20 years or older), you must provide** a letter from the high school identifying your dependent as a student. A student age 20 or older that is being home-schooled is not eligible.

**Note: Class II dependents must have been continuously re-enrolled during each annual open enrollment since January 1, 1996, OR were enrolled before June 1, 1986 (grandfathered dependents).**

## Section 8 – Proof of Class II Dependents

### Step 1 – Proof of Class II Relationship

A **copy of one** of the documents listed below is required:

1. Children – The child's birth certificate showing the employee as a parent
2. Grandchild – The grandchild's birth certificate and the parents' birth certificates
3. Parents – The employee's (or spouse's) birth certificate showing the parents
4. Grandparents – The employee's birth certificate and the employee's parents' birth certificates
5. Spouse's (husband or wife) Grandparents – The spouse's birth certificate and the spouse's parents' birth certificates
6. Siblings (brother or sisters) – The employee's birth certificate and the sibling's birth certificate listing the parents

### Step 2 – Proof of Class II Dependent Income

A **copy of one** of the documents listed below is required:

1. Dependent's 2007 or 2006 tax return (PAGE ONE AND SIGNATURE PAGE ONLY) showing total income for the year is less \$12,000 (other than the employee support)
2. Employee's 2007 or 2006 tax return (PAGE ONE AND SIGNATURE PAGE ONLY) showing the person claimed as a dependent

### Step 3 – Proof of Class II Residency/Resides with Employee

You must provide a **copy** of the following:

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 employee either owns or rents the home

# Example: Properly Submitted Copy of Tax Return – First Page Only

When submitting your tax returns, please mark out all personal 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 (husband or wife)
2. The last four digits of the Social Security number for yourself and your spouse (husband or wife)
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 to your dependent
8. The number of children (on line 6c) who live with you must match the number of dependents listed on the return or the qualifying child box must be checked for proof of residency
9. Mark out all financial information

Please see example below:

Form **1040** Department of the Treasury—Internal Revenue Service **2006** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2006, or other tax year beginning \_\_\_\_\_, 2006, ending \_\_\_\_\_, 2007. OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise please print or type.	<b>1</b> Your first name and initial <b>Sam</b>	Last name <b>Sample</b>	<b>2</b> Your social security number [REDACTED] <b>4321</b>
	If a joint return, spouse's first name and initial <b>Sally</b>	Last name <b>Sample</b>	Spouse's social security number [REDACTED] <b>1234</b>
<b>3</b>	Home address (number and street). If you have a P.O. box, see page 16. <b>123 Main Street</b>		Apt. no. [REDACTED]
Presidential Election Campaign	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>Any City, Any State 12345</b>		Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
<b>4</b>	Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		<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. ▶ <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)
<b>5</b>	Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 6b <input checked="" type="checkbox"/> Spouse 6c Dependents:		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you <b>1</b> • did not live with you due to divorce or separation (see page 20) Dependents on 6c not entered above Add numbers on lines above ▶ <b>3</b>
	(1) First name <b>Baby</b>	Last name <b>Sample</b>	(2) Dependent's social security number [REDACTED] <b>6789</b>
			(3) Dependent's relationship to you <b>Daughter</b>
			(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19)
	d Total number of exemptions claimed		<b>3</b>
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	[REDACTED]
	8a Taxable interest. Attach Schedule B if required	8a	[REDACTED]
	b Tax-exempt interest. Do not include on line 8a	8b	[REDACTED]
	9a Ordinary dividends. Attach Schedule B if required	9a	[REDACTED]
	b Qualified dividends (see page 23)	9b	[REDACTED]
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	[REDACTED]
	11 Alimony received	11	[REDACTED]
	12 Business income or (loss). Attach Schedule C or C-EZ	12	[REDACTED]
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	[REDACTED]
	14 Other gains (losses). Attach Form 4797	14	[REDACTED]
	15a IRA distributions	15a	[REDACTED]
	b Taxable amount (see page 25)	15b	[REDACTED]
	16a Pensions and annuities	16a	[REDACTED]
	b Taxable amount (see page 26)	16b	[REDACTED]
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	[REDACTED]
	18 Farm income or (loss). Attach Schedule F	18	[REDACTED]
	19 Unemployment compensation	19	[REDACTED]
	20a Social security benefits	20a	[REDACTED]
	b Taxable amount (see page 27)	20b	[REDACTED]
	21 Other income. List type and amount (see page 29)	21	[REDACTED]
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	[REDACTED]
<b>Adjusted Gross Income</b>	23 Archer MSA deduction. Attach Form 8853	23	[REDACTED]
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	[REDACTED]
	25 Health savings account deduction. Attach Form 8889	25	[REDACTED]
	26 Moving expenses. Attach Form 3903	26	[REDACTED]
	27 One-half of self-employment tax. Attach Schedule SE	27	[REDACTED]
	28 Self-employed SEP, SIMPLE, and qualified plans	28	[REDACTED]
	29 Self-employed health insurance deduction (see page 29)	29	[REDACTED]
	30 Penalty on early withdrawal of savings	30	[REDACTED]
	31a Alimony paid b Recipient's SSN ▶	31a	[REDACTED]
	32 IRA deduction (see page 31)	32	[REDACTED]
	33 Student loan interest deduction (see page 33)	33	[REDACTED]
	34 Jury duty pay you gave to your employer	34	[REDACTED]
	35 Domestic production activities deduction. Attach Form 8903	35	[REDACTED]
	36 Add lines 23 through 31a and 32 through 35	36	[REDACTED]
	37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	[REDACTED]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80. Cat. No. 11320B Form **1040** (2006)