

Label
(See instructions on page 10.)
Use the IRS label.
Otherwise, please print or type.

L
A
B
E
L

H
E
R
E

Your first name and initial		Last name	
If a joint return, spouse's first name and initial		Last name	
Home address (number and street). If you have a P.O. box, see page 10.		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.			

Presidential Election Campaign
(See page 10.)

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes

No

Note: Checking "Yes" will not change your tax or reduce your refund.

Your social security number

Spouse's social security number

For help in finding line instructions, see pages 2 and 3 in the booklet.

Filing Status

1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security no. above and full name here. ►
4 Head of household (with qualifying person). (See page 10.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
5 Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 10.)

Check only one box.

Exemptions

6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **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) No. of months lived in your home in 1997
If more than six dependents, see page 10.
d Total number of exemptions claimed

No. of boxes checked on 6a and 6b
No. of your children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 11)
Dependents on 6c not entered above
Add numbers entered on lines above ►

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 8b
9 Dividends. Attach Schedule B if required
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 12)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions . 15a b Taxable amount (see page 13)
16a Total pensions and annuities 16a b Taxable amount (see page 13)
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 . 20a b Taxable amount (see page 14)
21 Other income. List type and amount—see page 15
22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ►

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.
If you did not get a W-2, see page 12.
Enclose but do not attach any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 IRA deduction (see page 16) 23
24 Medical savings account deduction. Attach Form 8853 24
25 Moving expenses. Attach Form 3903 or 3903-F 25
26 One-half of self-employment tax. Attach Schedule SE 26
27 Self-employed health insurance deduction (see page 17) 27
28 Keogh and self-employed SEP and SIMPLE plans 28
29 Penalty on early withdrawal of savings 29
30a Alimony paid b Recipient's SSN ► 30a
31 Add lines 23 through 30a 31
32 Subtract line 31 from line 22. This is your **adjusted gross income** 32

If line 32 is under \$29,290 (under \$9,770 if a child did not live with you), see EIC inst. on page 21.

Tax Computation

33	Amount from line 32 (adjusted gross income)	33	
34a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	34a	
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here	34b	<input type="checkbox"/>
35	Enter the larger of: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single—\$4,150 • Married filing jointly or Qualifying widow(er)—\$6,900 • Head of household—\$6,050 • Married filing separately—\$3,450	35	
36	Subtract line 35 from line 33	36	
37	If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter	37	
38	Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-	38	
39	Tax. See page 19. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	39	

If you want the IRS to figure your tax, see page 18.

Credits

40	Credit for child and dependent care expenses. Attach Form 2441	40	
41	Credit for the elderly or the disabled. Attach Schedule R	41	
42	Adoption credit. Attach Form 8839	42	
43	Foreign tax credit. Attach Form 1116	43	
44	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 40 through 44	45	
46	Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-	46	

Other Taxes

47	Self-employment tax. Attach Schedule SE	47	
48	Alternative minimum tax. Attach Form 6251	48	
49	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	49	
50	Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required	50	
51	Advance earned income credit payments from Form(s) W-2	51	
52	Household employment taxes. Attach Schedule H	52	
53	Add lines 46 through 52. This is your total tax	53	

Payments

54	Federal income tax withheld from Forms W-2 and 1099	54	
55	1997 estimated tax payments and amount applied from 1996 return	55	
56a	Earned income credit. Attach Schedule EIC if you have a qualifying child b Nontaxable earned income: amount ▶ _____ and type ▶ _____	56a	
57	Amount paid with Form 4868 (request for extension)	57	
58	Excess social security and RRTA tax withheld (see page 27)	58	
59	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	60	

Attach Forms W-2, W-2G, and 1099-R on the front.

Refund

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID	61	
62a	Amount of line 61 you want REFUNDED TO YOU	62a	
▶ b	Routing number <input type="text"/>	▶ c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
▶ d	Account number <input type="text"/>		
63	Amount of line 61 you want APPLIED TO YOUR 1998 ESTIMATED TAX	63	

Have it directly deposited! See page 27 and fill in 62b, 62c, and 62d.

Amount You Owe

64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, see page 27	64	
65	Estimated tax penalty. Also include on line 64	65	

Sign Here

Keep a copy of this return 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation	
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address		EIN	
		ZIP code	

