Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **1998** (98) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 1998, or other tax year beginning , 1998, ending , 19 OMB No. 1545-0074

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

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 (number and street). If you have a P.O. box, see page 18.	Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.		

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

Presidential Election Campaign (See page 18.)

	Yes	No
Do you want $3 to go to this fund?		
If a joint return, does your spouse want $3 to go to this fund?		

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

Filing Status

Check only one box.

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 18.) 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 18.)

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)✓ if qualifying child for child tax credit (see page 19)
			☐
			☐
			☐
			☐
			☐
			☐

If more than six dependents, see page 19.

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 19)**

Dependents on 6c not entered above

Add numbers entered on lines above ►

d Total number of exemptions claimed

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 20.

Enclose, but do not staple, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	**Taxable** interest. Attach Schedule B if required		8a
b	**Tax-exempt** interest. DO NOT include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required		9
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21)		10
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D		13
14	Other gains or (losses). Attach Form 4797		14
15a	Total IRA distributions 15a	**b** Taxable amount (see page 22)	15b
16a	Total pensions and annuities 16a	**b** Taxable amount (see page 22)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits 20a	**b** Taxable amount (see page 24)	20b
21	Other income. List type and amount—see page 24		21
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ►		22

Adjusted Gross Income

If line 33 is under $30,095 (under $10,030 if a child did not live with you), see EIC inst. on page 36.

23	IRA deduction (see page 25)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 28)	28	
29	Keogh and self-employed SEP and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid **b** Recipient's SSN ►	31a	
32	Add lines 23 through 31a		32
33	Subtract line 32 from line 22. This is your **adjusted gross income** ►		33

Tax and Credits

Standard Deduction for Most People
Single: $4,250
Head of household: $6,250
Married filing jointly or Qualifying widow(er): $7,100
Married filing separately: $3,550

34	Amount from line 33 (adjusted gross income)		34
35a	Check if: ☐ **You** were 65 or older, ☐ Blind; ☐ **Spouse** was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here ▶ 35b ☐		
36	Enter the **larger** of your **itemized deductions** from Schedule A, line 28, **OR standard deduction** shown on the left. **But** see page 30 to find your standard deduction if you checked any box on line 35a or 35b **or** if someone can claim you as a dependent		36
37	Subtract line 36 from line 34		37
38	If line 34 is $93,400 or less, multiply $2,700 by the total number of exemptions claimed on line 6d. If line 34 is over $93,400, see the worksheet on page 30 for the amount to enter		38
39	**Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39
40	**Tax.** See page 30. Check if any tax from **a** ☐ Form(s) 8814 **b** ☐ Form 4972 ▶		40
41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Child tax credit (see page 31)	43	
44	Education credits. Attach Form 8863	44	
45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Other. Check if from **a** ☐ Form 3800 **b** ☐ Form 8396 **c** ☐ Form 8801 **d** ☐ Form (specify) _____	47	
48	Add lines 41 through 47. These are your **total credits**		48
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶		49

Other Taxes

50	Self-employment tax. Attach Schedule SE	50
51	Alternative minimum tax. Attach Form 6251	51
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53
54	Advance earned income credit payments from Form(s) W-2	54
55	Household employment taxes. Attach Schedule H	55
56	Add lines 49 through 55. This is your **total tax** ▶	56

Payments

Attach Forms W-2 and W-2G on the front. Also attach Form 1099-R if tax was withheld.

57	Federal income tax withheld from Forms W-2 and 1099	57	
58	1998 estimated tax payments and amount applied from 1997 return	58	
59a	**Earned income credit.** Attach Schedule EIC if you have a qualifying child **b** Nontaxable earned income: amount ▶ _____ and type ▶ _____	59a	
60	Additional child tax credit. Attach Form 8812	60	
61	Amount paid with Form 4868 (request for extension)	61	
62	Excess social security and RRTA tax withheld (see page 43)	62	
63	Other payments. Check if from **a** ☐ Form 2439 **b** ☐ Form 4136	63	
64	Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** ▶		64

Refund

Have it directly deposited! See page 44 and fill in 66b, 66c, and 66d.

65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID**		65
66a	Amount of line 65 you want **REFUNDED TO YOU** ▶		66a
▶ b	Routing number ▶ **c** Type: ☐ Checking ☐ Savings		
▶ d	Account number		
67	Amount of line 65 you want **APPLIED TO YOUR 1999 ESTIMATED TAX** ▶	67	

Amount You Owe

68	If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE**. For details on how to pay, see page 44 ▶		68
69	Estimated tax penalty. Also include on line 68	69	

Sign Here

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.

Joint return? See page 18.
Keep a copy for your records.

Your signature	Date	Your occupation	Daytime telephone number (optional)
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 social security no.
Firm's name (or yours if self-employed) and address ▶			EIN ZIP code