

Label (See page 14.) Use the IRS label. Otherwise, please print in ALL CAPITAL LETTERS.

OMB No. 1545-0085

| | | | | |
|---|--|-------|-----------|----------|
| L A B E L H E R E | Your first name | Init. | Last name | |
| | If a joint return, spouse's first name | Init. | Last name | |
| | Home address (number and street). If you have a P.O. box, see page 14. | | | Apt. no. |
| | City, town or post office. If you have a foreign address, see page 14. | | State | ZIP code |

Your social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Spouse's social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

For Privacy Act and Paperwork Reduction Act Notice, see page 42.

Presidential Election Campaign Fund (See page 14.)

| | | |
|--|-----|----|
| Do you want \$3 to go to this fund? | Yes | No |
| 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.

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here. ► _____
- 4 Head of household (with qualifying person). (See page 15.) 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 16.)

| | | | | | |
|---|---|--------------------------|--|-------------------------------------|--|
| 6a <input type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. | No. of boxes checked on 6a and 6b | <input type="checkbox"/> | | | |
| b <input type="checkbox"/> Spouse | | | | | |
| c Dependents. If more than six dependents, see page 16. | No. of your children on 6c who: • lived with you <input type="checkbox"/> • did not live with you due to divorce or separation (see page 17) <input type="checkbox"/> Dependents on 6c not entered above <input type="checkbox"/> Add numbers entered in boxes above <input type="checkbox"/> | | | | |
| (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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

d Total number of exemptions claimed

| | | | | |
|---|------------|----------------------|--|------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2. | 7 | <input type="text"/> | Dollars | Cents |
| 8a Taxable interest income. Attach Schedule 1 if required. | 8a | <input type="text"/> | | |
| b Tax-exempt interest. DO NOT include on line 8a. | 8b | <input type="text"/> | | |
| 9 Dividends. Attach Schedule 1 if required. | 9 | <input type="text"/> | | |
| 10a Total IRA distributions. | 10a | <input type="text"/> | 10b Taxable amount (see page 19). | 10b |
| 11a Total pensions and annuities. | 11a | <input type="text"/> | 11b Taxable amount (see page 19). | 11b |
| 12 Unemployment compensation. | 12 | <input type="text"/> | | |
| 13a Social security benefits. | 13a | <input type="text"/> | 13b Taxable amount (see page 21). | 13b |
| 14 Add lines 7 through 13b (far right column). This is your total income. | 14 | <input type="text"/> | | |
| 15 IRA deduction (see page 21). | 15 | <input type="text"/> | | |
| 16 Subtract line 15 from line 14. This is your adjusted gross income. If under \$29,290 (under \$9,770 if a child did not live with you), see the EIC instructions on page 27. | 16 | <input type="text"/> | | |



17 Enter the amount from line 16. 17

18a Check if: [] You were 65 or older [] Blind [] Spouse was 65 or older [] Blind Enter number of boxes checked 18a

b If you are married filing separately and your spouse itemizes deductions, see page 23 and check here 18b

19 Enter the standard deduction for your filing status. But see page 24 if you checked any box on line 18a or 18b 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 19

20 Subtract line 19 from line 17. If line 19 is more than line 17, enter 0. 20

21 Multiply \$2,650 by the total number of exemptions claimed on line 6d. 21

22 Subtract line 21 from line 20. If line 21 is more than line 20, enter 0. This is your taxable income. If you want the IRS to figure your tax, see page 24. 22

23 Find the tax on the amount on line 22 (see page 24). 23

24a Credit for child and dependent care expenses. Attach Schedule 2. 24a

b Credit for the elderly or the disabled. Attach Schedule 3. 24b

c Adoption credit. Attach Form 8839. 24c

d Add lines 24a, 24b, and 24c. These are your total credits. 24d

25 Subtract line 24d from line 23. If line 24d is more than line 23, enter 0. 25

26 Advance earned income credit payments from Form(s) W-2. 26

27 Household employment taxes. Attach Schedule H. 27

28 Add lines 25, 26, and 27. This is your total tax. 28

29a Total Federal income tax withheld from Forms W-2 and 1099. 29a

b 1997 estimated tax payments and amount applied from 1996 return. 29b

c Earned income credit. Attach Schedule EIC if you have a qualifying child. 29c

d Nontaxable earned income: amount and type 29e

e Add lines 29a, 29b, and 29c. These are your total payments. 29e

30 If line 29e is more than line 28, subtract line 28 from line 29e. This is the amount you overpaid. 30

31a Amount of line 30 you want refunded to you. If you want it directly deposited, see page 33 and fill in 31b, 31c, and 31d. 31a

b Routing number c Type: [] Checking [] Savings

d Account number

32 Amount of line 30 you want applied to your 1998 estimated tax. 32

33 If line 28 is more than line 29e, subtract line 29e from line 28. This is the amount you owe. For details on how to pay, see page 34. 33

34 Estimated tax penalty (see page 34). 34

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 accurately list 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.

Signature and occupation fields for taxpayer and spouse.

Paid preparer's use only

Preparer's signature, date, SSN, EIN, and ZIP code fields.

