

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 **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**

No. of boxes checked on 6a and 6b

c Dependents. If more than six dependents, see page 16.

(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

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 17)

Dependents on 6c not entered above

Add numbers entered in boxes above

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7

--	--	--	--	--	--	--	--	--	--

8a Taxable interest income. Attach Schedule 1 if required. 8a

--	--	--	--	--	--	--	--	--	--

b Tax-exempt interest. DO NOT include on line 8a. 8b

--	--	--	--	--	--	--	--	--	--

9 Dividends. Attach Schedule 1 if required. 9

--	--	--	--	--	--	--	--	--	--

10a Total IRA distributions. 10a

--	--	--	--	--	--	--	--	--	--

10b Taxable amount (see page 19). 10b

--	--	--	--	--	--	--	--	--	--

11a Total pensions and annuities. 11a

--	--	--	--	--	--	--	--	--	--

11b Taxable amount (see page 19). 11b

--	--	--	--	--	--	--	--	--	--

12 Unemployment compensation. 12

--	--	--	--	--	--	--	--	--	--

13a Social security benefits. 13a

--	--	--	--	--	--	--	--	--	--

13b Taxable amount (see page 21). 13b

--	--	--	--	--	--	--	--	--	--

14 Add lines 7 through 13b (far right column). This is your total income. 14

--	--	--	--	--	--	--	--	--	--

15 IRA deduction (see page 21). 15

--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--



17 Enter the amount from line 16. **17**

--	--	--	--	--	--	--	--	--	--

18a 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

 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 ▶

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.

Your signature	Date	Your occupation
Spouse's signature. If joint return, BOTH must sign.	Date	Spouse's occupation

Paid preparer's use only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN
Firm's name (or yours if self-employed) and address	EIN	ZIP code	

