1040		artment of the Treasury—Internal Revenue Service 1997 (99) IRS Use Only—Do r	not write or	staple in this space.		
		he year Jan. 1–Dec. 31, 1997, or other tax year beginning , 1997, ending	, 19 OMB No. 1545-0074			
Label	Yo	ur first name and initial Last name	Your s	Your social security number		
(See L instructions B on page 10.) E	lf a	a joint return, spouse's first name and initial Last name	Spous			
Use the IRS Label.	Но	me address (number and street). If you have a P.O. box, see page 10. Apt. no.		For help in finding line instructions, see pages 2 and 3 in the booklet.		
Otherwise, E please print R or type. E	Cit	y, town or post office, state, and ZIP code. If you have a foreign address, see page 10.				
Presidential			Yes	No Note: Checking "Yes" will not		
Election Campaign (See page 10.)	¹	Do you want \$3 to go to this fund?		change your tax or reduce your refund.		
Filing Status	1	Single				
	2 3	Married filing joint return (even if only one had income) Married filing separate return. Enter spouse's social security no. above and full name here.				
	3 4	Head of household (with qualifying person). (See page 10.) If the qualifying person i		but not your dependent		
Check only one box.	7	enter this child's name here. ►		but not your dependent,		
	5		page 10).)		
Examplians	6a	Yourself. If your parent (or someone else) can claim you as a dependent on his or h return, do not check box 6a.	er tax	No. of boxes checked on		
Exemptions	b		}	6a and 6b		
	с С	Spouse	f months	No. of your children on 6c		
	Ū	social security number relationship to lived in	n your n 1997	who:		
			<u></u>	 lived with you did not live with 		
If more than six				you due to divorce		
dependents, see page 10.				or separation (see page 11)		
				Dependents on 6c		
				not entered above Add numbers		
	d	Total number of exemptions claimed		entered on lines above ►		
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7			
Income	, 8a	Taxable interest. Attach Schedule B if required Image: Schedule B if required	8a			
Attach	b	Tax-exempt interest. DO NOT include on line 8a				
Copy B of your	9	Dividends. Attach Schedule B if required	9			
Forms W-2, W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 12)	10			
1099-R here.	11	Alimony received	11			
If you did not get a W-2, see page 12.	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D	13 14			
	14 15-	Other gains or (losses). Attach Form 4797	14 15b			
	15a 16a	Total pensions and annuities 16a b Taxable amount (see page 13) b Taxable amount (see page 13)	16b			
Enclose but do not attach any payment. Also, please use Form 1040-V.	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 14)	20b			
	21	Other income. List type and amount—see page 15	21			
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income				
Adjusted Gross	23	IRA deduction (see page 16)	_			
	24	Medical savings account deduction. Attach Form 8853 . 24	_			
	25	Moving expenses. Attach Form 3903 or 3903-F 25	_			
Income	26	One-half of self-employment tax. Attach Schedule SE . 26				
If line 32 is under	27	Self-employed health insurance deduction (see page 17) 27 Keogh and self-employed SEP and SIMPLE plans 28				
\$29,290 (under \$9,770 if a child did not live with	28 29	Keogh and self-employed SEP and SIMPLE plans 28 Penalty on early withdrawal of savings 29				
	29 30a	Alimony paid b Recipient's SSN ▶ 30a				
you), see EIC inst. on page 21.	30a 31	Add lines 23 through 30a	31			
on page 21.	32	Subtract line 31 from line 22. This is your adjusted gross income	32			

Department of the Treasury-Internal Revenue Service

Tax Compu-	33 34a	Amount from line 32 (adjusted gross income) Check if: You were 65 or older, Blind; Spor	use was 6	5 or olde	r, 🛛 Blind.		33			
tation	b	Add the number of boxes checked above and enter the If you are married filing separately and your spouse item	nizes dedu	ictions or						
	35	you were a dual-status alien, see page 18 and check here ► 34b Enter the larger Larger Larger								
If you want the IRS to figure your tax, see	36	of your: Single—\$4,150 • Married filing jointly or Qualifying widow(er)—\$6,900 • Head of household—\$6,050 • Married filing separately—\$3,450								
	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			
page 18.	38 39	Taxable income. Subtract line 37 from line 36. If line 37 Tax. See page 19. Check if any tax from a Form(s) 88				•	38 39			
Credits	40 41	Credit for child and dependent care expenses. Attach Form	2771	40 41						
	41	Credit for the elderly or the disabled. Attach Schedule R	`· · ⊢	42						
	42	Adoption credit. Attach Form 8839	$\cdot \cdot \vdash$	43						
	43 44	Foreign tax credit. Attach Form 1116 Other. Check if from a Form 3800 b Form 8 c Form 8801 d Form (specify)	396	43						
	45	Add lines 40 through 44					45			
	46	Subtract line 45 from line 39. If line 45 is more than line					46			
	47	Self-employment tax. Attach Schedule SE					47			
Other	48					•	48			
Taxes	49	Alternative minimum tax. Attach Form 6251 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137								
	50	Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required								
	51	Advance earned income credit payments from Form(s) V					51			
	52	Household employment taxes. Attach Schedule H.					52			
	53	Add lines 46 through 52. This is your total tax					53			
Doumonto	54	Federal income tax withheld from Forms W-2 and 1099	!	54						
Payments	55	1997 estimated tax payments and amount applied from 1996 re	eturn .	55						
	56a	Earned income credit. Attach Schedule EIC if you have a qua								
		child b Nontaxable earned income: amount ►								
Attach Forms W-2, W-2G, and		and type >		6a						
	57	Amount paid with Form 4868 (request for extension) .	· · ⊢	57						
1099-R on	58	Excess social security and RRTA tax withheld (see page	~~~	58						
the front.	59	Other payments. Check if from $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form		59		<u> </u>	10			
	60	Add lines 54, 55, 56a, 57, 58, and 59. These are your to					60			
Refund	61	If line 60 is more than line 53, subtract line 53 from line 60.	. This is the	e amount	you OVERPA	ID	61	-		
Have it directly	62a ► b	Amount of line 61 you want REFUNDED TO YOU Routing number	 Туре: 🗌	 Checki	ng 🗌 Savir	► ngs	62a			
deposited! See page 27 and fill in 62b, ► 62c, and 62d.	► d	Account number			1					
	63	Amount of line 61 you want APPLIED TO YOUR 1998 ESTIMATED TA	I	63						
Amount	64	If line 53 is more than line 60, subtract line 60 from line 5. For details on how to pay, see page 27				/E. ▶	64			
You Owe	65	Estimated tax penalty. Also include on line 64		65 65		-	A			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information o									
Here	N .	/our signature	Date		Your occupation	on				
Keep a copy of this return										
for your records.		Spouse's signature. If a joint return, BOTH must sign.		Date Spouse's occupati			I			
Paid	Prepa signa	rer's	Date		Check if self-employed		Prepa	arer's social	I security	no.
Preparer's	Firm's name (or yours						EIN			
Use Only	addre	employed) and					7IP c	- odo		