<u>E 1040</u>	U.S	. Individual Income Tax Ret	urn 🛮 🗒 🍎 🖊	(99) IRS Use Only—Do	not write or st	aple in this space.
		e year Jan. 1-Dec. 31, 1997, or other tax year		, 1997, ending	, 19	OMB No. 1545-0074
Label (	You	r first name and initial	Last name		Your soc	cial security number
(See L				<u> </u>		
on page 10.)	If a	joint return, spouse's first name and initial	Spouse's	s social security number		
Use the IRS	Ног	ne address (number and street). If you have a l	P.O. box, see page 10. Apt. no.			lp in finding line
Otherwise, E			instru	ctions, see pages		
please print or type.	City	, town or post office, state, and ZIP code. If you	2 and	3 in the booklet.		
Presidential					/ Yes I	No Note: Checking
Election Campaigr	1	Do you want \$3 to go to this fund?				"Yes" will not change your tax or
(See page 10.)		If a joint return, does your spouse want				reduce your refund.
Filing Status	1	Single				
	2	Married filing joint return (even if	f only one had income)			
	3	Married filing separate return. Enter s	spouse's social security no	o. above and full name her	e. <b>&gt;</b>	
Check only	4	Head of household (with qualifyin	g person). (See page 10	D.) If the qualifying person	n is a child b	ut not your dependent
one box.		enter this child's name here. ▶				
	5	Qualifying widow(er) with depend			e page 10.)	
Evamptions	6a	Yourself. If your parent (or someone				No. of boxes checked on
Exemptions		return, <b>do not</b> check box				6a and 6b
	b	Spouse		(3) Dependent's (4) No		No. of your
	С	Dependents:	(2) Dependent's social security number	relationship to live	d in your	children on 6c who:
		(1) First name Last name	i i	you hom	e in 1997	lived with you
If more than six			<u> </u>			<ul> <li>did not live with you due to divorce</li> </ul>
dependents,			<u> </u>			or separation
see page 10.		-	: :			(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			7	
Income		<b>Taxable</b> interest. Attach Schedule B if re			8a	
Attach		Tax-exempt interest. DO NOT include of				
Attach Copy B of your	9	Dividends. Attach Schedule B if required			9	
Forms W-2,	10	Taxable refunds, credits, or offsets of st				
W-2G, and 1099-R here.	11	Alimony received	11			
	12	Business income or (loss). Attach Sched	lule C or C-EZ		12	
If you did not get a W-2, see page 12.	13	Capital gain or (loss). Attach Schedule D			13	
	14	Other gains or (losses). Attach Form 479			. 14	
	15a	Total IRA distributions . 15a		kable amount (see page 13	) 15b	
	16a	Total pensions and annuities 16a		kable amount (see page 13		
Enclose but do	17	Rental real estate, royalties, partnerships	, S corporations, trusts	, etc. Attach Schedule E	17	
not attach any payment. Also,	18	Farm income or (loss). Attach Schedule	F		. 18	
please use	19	Unemployment compensation	,		. 19	
Form 1040-V.	20a	Social security benefits . 20a	<b>b</b> Tax	kable amount (see page 14	) <b>20b</b>	
	21	Other income. List type and amount—se	ee page 15			
					21	
	22	Add the amounts in the far right column for			22	
Adjusted	23	IRA deduction (see page 16)		3		
	24	Medical savings account deduction. Atta		4	_	
Gross	25	Moving expenses. Attach Form 3903 or	l _			
Income	26	One-half of self-employment tax. Attach	l _			
If line 32 is under \$29,290 (under	27	Self-employed health insurance deduction				
	28	Keogh and self-employed SEP and SIMI				
\$9,770 if a child did not live with	29	Penalty on early withdrawal of savings .		29		
you), see EIC inst. on page 21.	30a	Alimony paid <b>b</b> Recipient's SSN ▶		Oa	21	
	31 32	Add lines 23 through 30a		me	. 31 32	
	<b>5</b> 2	Subtract mic of north mic ZZ. This is you	a aajastoa yross iriod		-   32	1

Department of the Treasury—Internal Revenue Service

Form 1040 (1997)	)								Page 2
Тах	33	Amount from line 32 (adjusted gross income)					33		
Compu- tation	34a	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 ▶ 34a							
	b	If you are married filing separately and your spouse itemiz you were a dual-status alien, see page 18 and check here							
	35	Enter Standard deductions from Schedule A, line 28,		Rut so	2	۱۱			
		the page 18 if you checked any box on line 34a or 34b <b>or</b> someone							
		of Single \$4.150. • Married filing jointly or Qualifying widow/er) \$6.900							
		<ul> <li>Head of household—\$6,050</li> <li>Married filing</li> </ul>							
If you want	36	Subtract line 35 from line 33		36					
the IRS to figure your	37	If line 33 is \$90,900 or less, multiply \$2,650 by the total nulling 6d. If line 33 is over \$90,900, see the worksheet on page	37						
tax, see page 18.	38	line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter. <b>Taxable income.</b> Subtract line 37 from line 36. If line 37 is more than line 36, enter -0							
	39	Tax. See page 19. Check if any tax from a  Form(s) 8814			n 4972	▶	39		
Credits	40	Credit for child and dependent care expenses. Attach Form 24	<sup>,</sup> , ⊢	40					
	41	Credit for the elderly or the disabled. Attach Schedule R $\mbox{.}$	. –	41					
	42	Adoption credit. Attach Form 8839	. –	42 43		-			
	43	Foreign tax credit. Attach Form 1116	. –	43		-			
	44	Other. Check if from a ☐ Form 3800 b ☐ Form 839 c ☐ Form 8801 d ☐ Form (specify)		44					
	45	Add lines 40 through 44				_	45		
	46	Subtract line 45 from line 39. If line 45 is more than line 3					46		
Other	47	Self-employment tax. Attach Schedule SE				.	47		
Taxes	48	Alternative minimum tax. Attach Form 6251				.	48		
idaes	49	Social security and Medicare tax on tip income not reported to	o emplo	yer. Atta	ch Form 4137	.	49		
	50	Tax on qualified retirement plans (including IRAs) and MSA	As. Atta	ch Form	5329 if require	d _	50		
	51	Advance earned income credit payments from Form(s) W-				.  -	51		
	52 53	Household employment taxes. Attach Schedule H Add lines 46 through 52. This is your <b>total tax</b>				:	52 53		
		Federal income tax withheld from Forms W-2 and 1099		54	· · · · · ·		33		
Payments <b>Payments</b>	54 55	1997 estimated tax payments and amount applied from 1996 retuined.	. –	55					
	56a	Earned income credit. Attach Schedule EIC if you have a qualify							
	-	child <b>b</b> Nontaxable earned income: amount ▶	, o.						
Attach		and type ▶	5	66a					
Forms W-2,	57	Amount paid with Form 4868 (request for extension) . $$ .	. –	57		-			
W-2G, and 1099-R on	58	Excess social security and RRTA tax withheld (see page 2	-'/ -	58					
the front.	59	Other payments. Check if from a Form 2439 b Form 4		59			(0		
	60	Add lines 54, 55, 56a, 57, 58, and 59. These are your <b>tota</b>		60					
Refund	61 62a	If line 60 is more than line 53, subtract line 53 from line 60. T Amount of line 61 you want <b>REFUNDED TO YOU</b>	nis is tn	e amoun	t you <b>OVERPAI</b>		62a		
Have it directly	02a			Check					
deposited! See page 27	<b>▶</b> D	Routing number	ype: ∟	Check	ing ∐ Savin ¹	gs			
and fill in 62b,	▶ d	Account number							
62c, and 62d.	63	Amount of line 61 you want APPLIED TO YOUR 1998 ESTIMATED TAX	(▶	63					
Amount You Owe	64	If line 53 is more than line 60, subtract line 60 from line 53. $$			UNT YOU OW	E.			
	45	For details on how to pay, see page 27 Estimated tax penalty. Also include on line 64				▶	64		
	65 Under	penalties of perjury, I declare that I have examined this return and acc			ules and statemer	nts. and	to the be	est of my knowle	edge and
Sign		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known							
Here	Ι,	our signature	Date		Your occupation	n			
Keep a copy of this return									
for your		Spouse's signature. If a joint return, BOTH must sign.  Date  Spouse's occupation							
records.	7								
Paid		Preparer's signature Date Check if self-employed						r's social securi ; ;	ıy no.
Preparer's	Firm's	Firm's name (or yours							
Use Only	if self	if self-employed) and address							
	auuress 7							e	

