

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

Form fields for name and address: Your first name and initial, Last name, If a joint return, spouse's first name and initial, Last name, Home address (number and street), Apt. no., City, town or post office, state, and ZIP code.

Your social security number, Spouse's social security number

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

Presidential Election Campaign (See page 18.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes No Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions

If more than six dependents, see page 19.

Exemption details: 6a Yourself, 6b Spouse, 6c Dependents (table with columns for name, SSN, relationship, child credit), 6d Total number of exemptions claimed.

Summary of exemptions: 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, Dependents on 6c not entered above, Add numbers entered on lines above.

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.

Income lines 7-22: 7 Wages, salaries, tips, etc., 8a Taxable interest, 8b Tax-exempt interest, 9 Ordinary dividends, 10 Taxable refunds, 11 Alimony received, 12 Business income, 13 Capital gain, 14 Other gains, 15a Total IRA distributions, 15b Taxable amount, 16a Total pensions and annuities, 16b Taxable amount, 17 Rental real estate, 18 Farm income, 19 Unemployment compensation, 20a Social security benefits, 20b Taxable amount, 21 Other income, 22 Total income.

Summary columns for income lines 7-22.

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.

Adjusted Gross Income lines 23-33: 23 IRA deduction, 24 Student loan interest, 25 Medical savings account, 26 Moving expenses, 27 One-half of self-employment tax, 28 Self-employed health insurance, 29 Keogh and self-employed SEP and SIMPLE plans, 30 Penalty on early withdrawal, 31a Alimony paid, 31b Recipient's SSN, 32 Add lines 23 through 31a, 33 Subtract line 32 from line 22.

Summary columns for adjusted gross income lines 23-33.

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: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> 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 <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> 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 <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> 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 <input type="checkbox"/> Form 2439 b <input type="checkbox"/> 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: <input type="checkbox"/> Checking <input type="checkbox"/> 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

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

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.

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 <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address		EIN	ZIP code

