

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.

Presidential Election Campaign (See page 18.)

Form with fields for name, address, and social security numbers.

Your social security number
Spouse's social security number

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

Table with Yes/No columns and a note about checking 'Yes'.

Filing Status

Check only one box.

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security no. above and full name here.
4 Head of household (with qualifying person). (See page 18.) 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 18.)

Exemptions

If more than six dependents, see page 19.

Form for exemptions including sections 6a, b, c, and d.

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 (see page 19)
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.

Table for income reporting with rows 7 through 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.

Table for adjusted gross income reporting with rows 23 through 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)
35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
36 Enter the larger of your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left.
37 Subtract line 36 from line 34
38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d.
39 Taxable income. Subtract line 38 from line 37.
40 Tax. See page 30. Check if any tax from a Form(s) 8814 b Form 4972
41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Child tax credit (see page 31)
44 Education credits. Attach Form 8863
45 Adoption credit. Attach Form 8839
46 Foreign tax credit. Attach Form 1116 if required
47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49 through 55. This is your total tax

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
58 1998 estimated tax payments and amount applied from 1997 return
59a Earned income credit. Attach Schedule EIC if you have a qualifying child b Nontaxable earned income: amount and type
60 Additional child tax credit. Attach Form 8812
61 Amount paid with Form 4868 (request for extension)
62 Excess social security and RRTA tax withheld (see page 43)
63 Other payments. Check if from a Form 2439 b Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments

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
66a Amount of line 65 you want REFUNDED TO YOU
b Routing number
c Type: Checking Savings
d Account number
67 Amount of line 65 you want APPLIED TO YOUR 1999 ESTIMATED TAX

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
69 Estimated tax penalty. Also include on line 68

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 Preparer's social security no.
Firm's name (or yours if self-employed) and address EIN
ZIP code

