<u>E 1040</u>	U.S	. Individual Income Tax Ret	turn 🛮 🗒 🖰 📗	(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	If a joint return, spouse's first name and initial Last name			Spouse's social security number	
Use the IRS Label.	Hoi	Home address (number and street). If you have a P.O. box, see page 10. Apt. no.			For he	lp in finding line
Otherwise, E					instru	ctions, see pages
please print or type.	City	City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.				
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.
	1	Single				
Filing Status	2	Married filing joint return (even i	f only one had income)			
	3	Married filing separate return. Enter spouse's social security no. above and full name here. ▶				
Check only	4	Head of household (with qualifyir	ng person). (See page 10	D.) If the qualifying persor	n is a child b	ut not your dependent
one box.		enter this child's name here. ▶				
	5	Qualifying widow(er) with depen			e page 10.)	
Exemptions	6a	Yourself. If your parent (or someone				No. of boxes checked on
		return, do not check box				6a and 6b
	b	Spouse		(3) Dependent's (4) No.	of months	No. of your
	С	Dependents:	(2) Dependent's social security number	relationship to lived	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 dependents, see page 10.			: :			 did not live with you due to divorce
			: :			or separation
			: :			(see page 11)
						Dependents on 6c not entered above
						Add numbers
	d	Total number of exemptions claimed	<u> </u>			entered on lines above ►
	7	Wages, salaries, tips, etc. Attach Form(s			7	
Income		Taxable interest. Attach Schedule B if r			. 8a	
A 44 I-		Tax-exempt interest. DO NOT include of				
Attach Copy B of your	9				9	
Forms W-2,	10	Dividends. Attach Schedule B if required				
W-2G, and 1099-R here. If you did not get a W-2, see page 12.	11	Alimony received				
	12	Business income or (loss). Attach Schedule C or C-EZ				
	13	Capital gain or (loss). Attach Schedule I			13	
	14	Other gains or (losses). Attach Form 479			14	
	15a	Total IRA distributions . 15a		cable amount (see page 13	15b	
	16a	Total pensions and annuities 16a		rable amount (see page 13		
Enclose but do not attach any payment. Also, please use Form 1040-V.	17	Rental real estate, royalties, partnerships	s, 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 Tax	kable amount (see page 14) 20b	
	21	Other income. List type and amount—se	ee page 15			
					21	
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22				
Adimatad	23	IRA deduction (see page 16)		3		
Adjusted	24	Medical savings account deduction. Att		4		
Gross	25	Moving expenses. Attach Form 3903 or	3703-1	5		
Income	26	One-half of self-employment tax. Attach	T Schedule SE .	6		
If line 32 is under \$29,290 (under	27	Self-employed health insurance deducti	ion (see page 17)	7		
	28	Keogh and self-employed SEP and SIM	—	8		
\$9,770 if a child did not live with	29	Penalty on early withdrawal of savings		9		
you), see EIC inst. on page 21.	30a	Alimony paid b Recipient's SSN ▶		Da		
	31	Add lines 23 through 30a			. 31	
	32	Subtract line 31 from line 22. This is you	ur aujustea gross inco	лпе	32	

Department of the Treasury—Internal Revenue Service