



This tax document is provided courtesy of efile.com.

Visit our homepage: <http://www.efile.com>

Discover the benefits of efilng: <http://www.efile.com/efile-tax-return-direct-deposit-statistics/>

Learn more about income taxes in the US: <http://www.efile.com/tax-history-and-the-tax-code/>

For electronic filing support, click here: <http://www.efile.com/support/>

Please contact an efile.com customer tax support representative with any questions you might have: <http://www.efile.com/contact/>

For Privacy Act Notice, see page 3 of Instructions For the year January 1–December 31, 1978, or other tax year beginning 1978, ending 19

Use IRS label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation
Do you want \$1 to go to the Presidential Election Campaign Fund? If joint return, does your spouse want \$1 to go to this fund?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse's occupation

Filing Status

Check only one box.

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. If spouse is also filing, give spouse's social security number in the space above and enter full name here
- 4 Unmarried head of household. Enter qualifying name
- 5 Qualifying widow(er) with dependent child (Year spouse died 19).

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Enter number of boxes checked on 6a and b
b <input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	
c First names of your dependent children who lived with you			Enter number of children listed
d Other dependents:			Enter number of other dependents
(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$750 or more?
			(5) Did you provide more than one-half of dependent's support?
7 Total number of exemptions claimed			Add numbers entered in boxes above

Income

Please attach Copy B of your Forms W-2 here. If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

8	Wages, salaries, tips, and other employee compensation	8	
9	Interest income (If over \$400, attach Schedule B)	9	
10a	Dividends (If over \$400, attach Schedule B)	10a	
10b	Exclusion	10b	
10c	Subtract line 10b from line 10a	10c	
11	State and local income tax refunds (does not apply unless refund is for year you itemized deductions)	11	
12	Alimony received	12	
13	Business income or (loss) (attach Schedule C)	13	
14	Capital gain or (loss) (attach Schedule D)	14	
15	Taxable part of capital gain distributions not reported on Schedule D (see page 9 of Instructions)	15	
16	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	16	
17	Fully taxable pensions and annuities not reported on Schedule E	17	
18	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Other income (state nature and source—see page 10 of Instructions)	20	
21	Total income. Add lines 8, 9, and 10c through 20	21	
22	Moving expense (attach Form 3903)	22	
23	Employee business expenses (attach Form 2106)	23	
24	Payments to an IRA (see page 10 of Instructions)	24	
25	Payments to a Keogh (H.R. 10) retirement plan	25	
26	Interest penalty due to early withdrawal of savings	26	
27	Alimony paid (see page 10 of Instructions)	27	
28	Total adjustments. Add lines 22 through 27	28	
29	Subtract line 28 from line 21	29	
30	Disability income exclusion (attach Form 2440)	30	
31	Adjusted gross income. Subtract line 30 from line 29. If this line is less than \$8,000, see page 2 of Instructions. If you want IRS to figure your tax, see page 4 of Instructions	31	

Adjustments to Income

Adjusted Gross Income

Tax Computation

32 Amount from line 31 32

33 If you do not itemize deductions, enter zero }
 If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41 } 33

Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here and see page 11 of the Instructions. Also see page 11 of the Instructions if:

- You are married filing a separate return and your spouse itemizes deductions, OR
- You file Form 4563, OR
- You are a dual-status alien.

34 Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I 34
 Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if:

- The amount on line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR
- You have more exemptions than those covered in the Tax Table for your filing status, OR
- You use any of these forms to figure your tax: Schedule D, Schedule G, or Form 4726.

Otherwise, you MUST use the Tax Tables to find your tax.

35 Tax. Enter tax here and check if from Tax Tables or Schedule TC 35

36 Additional taxes. (See page 11 of Instructions.) Enter total and check if from Form 4970, Form 4972, Form 5544, Form 5405, or Section 72(m)(5) penalty tax 36

37 Total. Add lines 35 and 36 37

Credits

38 Credit for contributions to candidates for public office 38

39 Credit for the elderly (attach Schedules R&RP) 39

40 Credit for child and dependent care expenses (attach Form 2441) 40

41 Investment credit (attach Form 3468) 41

42 Foreign tax credit (attach Form 1116) 42

43 Work Incentive (WIN) Credit (attach Form 4874) 43

44 New jobs credit (attach Form 5884) 44

45 Residential energy credits (see page 12 of Instructions; attach Form 5695) 45

46 Total credits. Add lines 38 through 45 46

47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero) 47

Other Taxes

48 Self-employment tax (attach Schedule SE) 48

49 Minimum tax. Check here and attach Form 4625 49

50 Tax from recomputing prior-year investment credit (attach Form 4255) 50

51 Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 51

52 Uncollected employee FICA and RRTA tax on tips (from Form W-2) 52

53 Tax on an IRA (attach Form 5329) 53

54 Total tax. Add lines 47 through 53 54

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55 Total Federal income tax withheld 55

56 1978 estimated tax payments and credit from 1977 return 56

57 Earned income credit. If line 31 is under \$8,000, see page 2 of Instructions. If eligible, enter child's name 57

58 Amount paid with Form 4368 58

59 Excess FICA and RRTA tax withheld (two or more employers) 59

60 Credit for Federal tax on special fuels and oils (attach Form 4136) 60

61 Regulated Investment Company credit (attach Form 2439) 61

62 Total. Add lines 55 through 61 62

Refund or Due

63 If line 62 is larger than line 54, enter amount OVERPAID 63

64 Amount of line 63 to be REFUNDED TO YOU 64

65 Amount of line 63 to be credited on 1979 estimated tax 65

66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order. (Check if Form 2210 (2210F) is attached. See page 14 of instructions.) 66

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____

Paid Preparer's Information

Preparer's signature _____ Preparer's social security no. _____ Check if self-employed

Firm's name (or yours, if self-employed), address and ZIP code _____ E.I. No. _____

Date _____