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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
	James E. and Rosalynn	Carter	
	Present home address (Number and street, including apartment number, or rural route)		
	The White House		
City, town or post office, State and ZIP code			Your occupation
Washington, D.C. 20500			President
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?		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Note: Checking Yes will not increase your tax or reduce your refund.
		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spouse's occupation

Filing Status

Check only one box.

1	<input type="checkbox"/>	Single	
2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)	
3	<input type="checkbox"/>	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	<input type="checkbox"/>	Unmarried head of household. Enter qualifying name	See page 6 of Instructions.
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (Year spouse died > 19)	See page 5 of Instructions.

Exemptions

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

6a	<input checked="" type="checkbox"/>	Yourself	<input type="checkbox"/>	65 or over	<input type="checkbox"/>	Blind	Enter number of boxes checked on 6a and b	2	
b	<input checked="" 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	1	
d	Other dependents:		(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$750 or more?	(5) Did you pay more than one-half of dependent's support?	Enter number of other dependents		
								All numbers entered in lines above	3

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	250,000	00
9	Interest income (If over \$400, attach Schedule B)	9	13,440	16
10a	Dividends (If over \$400, attach Schedule B)	11	565	70
10c	Subtract line 10b from line 10a	10c	11,466	70
11	State and local income tax refunds (does not apply unless refund is for year you itemized deductions)	11	11,959	51
12	Alimony received	12		
13	Business income or (loss) (attach Schedule C)	13		
14	Capital gain or (loss) (attach Schedule D)	14	3,860	82
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	28,065	43
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) Schedule	20	4,534	00
21	Total income. Add lines 8, 9, and 10c through 20	21	267,195	70

Adjustments to Income

22	Moving expense (attach Form 3903)	22		
23	Employee business expenses (attach Form 2106)	23	13,165	80
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	13,165	80

Adjusted Gross Income

29	Subtract line 28 from line 21	29	254,029	90
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	254,029	90

Tax Computation	32	Amount from line 31	32	254,029	96
	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. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> 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.	33	56,841	42
	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. 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.	34	197,188	94
	35	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Tables or <input checked="" type="checkbox"/> Schedule TC	35	89,805	70
	36	Additional taxes. (See page 11 of instructions.) Enter total and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, <input type="checkbox"/> Form 5405, or <input type="checkbox"/> Section 72(m)(5) penalty tax	36		
	37	Total. Add lines 35 and 36	37	89,805	70
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 3458)	41		
	42	Foreign tax credit (attach Form 1116)	42		
	43	Work Incentive (WIN) Credit (attach Form 4874)	43		
	44	New jobs credit (attach Form 5894)	44		
45	Residential energy credits (see page 12 of instructions; attach Form 5535)	45			
46	Total credits. Add lines 38 through 45	46	-0-		
47	Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	89,805	70	
Other Taxes	48	Self employment tax (attach Schedule SE)	48	1,433	70
	49	Minimum tax. Check here <input type="checkbox"/> and attach Form 4525	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	91,239	70	
Payments	55	Total federal income tax withheld	55	61,158	40
	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 4398	58	40,000	00
	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	107,148	40	
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	15,909	00
	65	Amount of line 63 to be credited on 1979 estimated tax. (Check <input type="checkbox"/> if Form 2710 (2710C) is attached. See page 15 of instructions.)	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 <input type="checkbox"/> if Form 2710 (2710C) is attached. See page 15 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: [Signature] Date: 12/15/78

Preparer's signature: [Signature] Preparer's social security no.: Check if self-employed

Firm's name (or yours if self-employed): McFry, Chambers, Sheppard & Thompson F.I. No.

Address and ZIP code: Americus, Georgia 31709 Date: 12/15/78

Schedules A & B—Itemized Deductions AND Interest and Dividend Income

94-4000

1978

(Form 1040)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040. See Instructions for Schedules A and B (Form 1019).

Name(s) as shown on Form 1010

James E. and Rosalynn Carter

Your social security number

Schedule A—Itemized Deductions (Schedule B is on back)

<p>Medical Expenses (not paid by insurance or otherwise) (See page 15 of Instructions.)</p>		<p>Contributions (See page 17 of Instructions.)</p>	
1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below) ▶	150 00	21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	18,636 82
2 Medicine and drugs		b Other cash contributions (show who you gave to and how much you gave) ▶	
3 Enter 1% of Form 1040, line 31			
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero		22 Other than cash (see page 17 of instructions for required statement)	
5 Balance of insurance premiums for medical care not entered on line 1		23 Carryover from prior years	
6 Other medical and dental expenses:		24 Total contributions (add lines 21a through 23). Enter here and on line 36 . . . ▶	18,636 82
a Doctors, dentists, nurses, etc.		<p>Losses (See page 17 of Instructions.)</p>	
b Hospitals		25 Loss before insurance reimbursement	
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		26 Insurance reimbursement	
		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero	
		28 Enter \$100 or amount on line 27, whichever is smaller	
7 Total (add lines 4 through 6c)		29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37 . . ▶	
8 Enter 3% of Form 1040, line 31		<p>Charitable Contributions (See page 17 of Instructions.)</p>	
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero		30 Union dues	
10 Total medical and dental expenses (add lines 1 and 9). Enter here and on line 33 . ▶	150 00	31 Other (itemize) ▶	
<p>Taxes (See page 15 of Instructions.)</p>		<p>Fees and Expenses of Personal Assets Trust</p>	
11 State and local income	12,050 38	Professional Services	2,429 69
12 Real estate	291 71	Political Contribution	100 00
13 State and local gasoline (see gas tax tables)	-0-	Dues	15 50
14 General sales (see sales tax tables)	454 00	32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 35 ▶	27,815 67
15 Personal property	25 50	<p>Charitable Contributions (See page 18 of Instructions.)</p>	
16 Other (itemize) ▶		33 Total medical and dental— from line 10	150 00
C. H. Kirby, Trustee	614 34	34 Total taxes—from line 17	13,435 93
		35 Total interest—from line 20	
17 Total taxes (add lines 11 through 16). Enter here and on line 34 ▶	13,435 93	36 Total contributions—from line 24	18,636 82
<p>Interest Expenses (See page 16 of Instructions.)</p>		37 Total casualty or theft losses—from line 29	27,815 67
18 a Home mortgage		38 Total miscellaneous—from line 32	69,011 67
b Credit and charge cards		39 Total deductions (add lines 33 through 38) ▶	
19 Other (itemize) ▶		40 If you checked Form 1010, filing Status box 2 or 5, enter \$3,200	3,200 00
		1 or 3, enter \$2,000	
		3, enter \$1,000	
20 Total interest expense (add lines 18a through 19). Enter here and on line 35 ▶		41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, enter zero and see "You Must Realize Deductions" on page 11 of the Instructions.) ▶	56,811 67

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

James E. And Rosalynn Carter

Part I Interest Income

1 If you received more than \$400 in interest, Complete Part I. Please see page 8 of the instructions to find out what interest to report. Then answer the questions in Part III, below. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, please see page 18 of the instructions.

Table with 2 columns: Name of payer, Amount. Rows include Citizens Bank of Americus, Union First Nat'l Bank, John W. Carter, Internal Revenue Service, White House Credit Union, John Hancock Life Ins. Co., and Total interest income of 13,449.16.

Part II Dividend Income

2 If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II. Please see page 9 of the instructions. Write (H), (W), (J), for stock held by husband, wife, or jointly. Then answer the questions in Part III, below. If you received dividends as a nominee for another, please see page 18 of the instructions.

Table with 2 columns: Name of payer, Amount. Row includes C. H. Kirbo, Trustee with amount 11,566.70.

Part III Foreign Accounts and Foreign Trusts

If you are required to list interest in Part I or dividends in Part II, OR if you had a foreign account or were a grantor of, or a transferor to a foreign trust, you must answer both questions in Part III. Please see page 18 of the instructions.

Questions A and B regarding foreign accounts and trusts. Question A asks about interest in foreign accounts; Question B asks about grantor/transferor status in foreign trusts.

Summary table for Part III with rows 4 through 8. Row 4: Total of line 3 (11,566.70). Row 5: Capital gain distributions. Row 6: Non taxable distributions. Row 7: Total (add lines 5 and 6). Row 8: Dividends before exclusion (subtract line 7 from line 4) (11,566.70).

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter the taxable part of capital gain distributions on Form 1040, line 15.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses (Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040.)

1973

94 Year 4603 Number

James E. and Rosalynn Carter

Part III Short-term Capital Gains and Losses—Assets Held One Year or Less



a. Kind of property and description (Example, 100 shares of ABC Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price less expense of sale	e. Cost or other basis, as adjusted (See instructions page 19)	f. Gain or (loss) from all sales during entire tax year (if loss e)	g. Other gain or (loss) from sales after 10/31/72
1						
C. H. Kirbo, Trustee						
2 Enter your share of net short term gain or (loss) from partnerships and fiduciaries					2	3,860 82
3 Enter net gain or (loss), combine lines 1 and 2					3	3,860 82
4 Short-term capital loss carryover attributable to years beginning after 1960 (see instructions page 19)					4	()
5 Net short-term gain or (loss), combine lines 3 and 4, column (f)					5	3,860 82

Part IV Long-term Capital Gains and Losses—Assets Held More Than One Year

6						
7 Capital gain distributions	7					
8 Enter gain, if applicable, from Form 4797, line 6(a)(1) (see instructions page 19)	8					
9 Enter your share of net long-term gain or (loss) from partnerships and fiduciaries	9					
10 Enter your share of net long-term gain from small business corporations (Sub- chapter S)	10					
11 Net gain or (loss), combine lines 6 through 10	11					
12 Long-term capital loss carryover attributable to years beginning after 1960 (see instructions page 19)	12	()		
13 Net long-term gain or (loss), combine lines 11 and 12, column (f)	13					

NOTE: If you have capital loss carryovers from years beginning before 1973, do not complete Parts III, IV, or VI. See Form 4797 instead.

**Part V Computation of Capital Gain Deduction
(Complete this part only if line 14 shows a gain)**

14 Combine lines 5 and 13, column (f), and enter here. If result is zero or a loss, do not complete the rest of this part. Instead skip to Part IV, line 24 on page 2	14	3,860	82
15 Enter line 13, column (f) or line 14, whichever is smaller. If zero or a loss, enter a zero and skip to line 23.	15	-0	
16 If line 11, column (g) is a gain, combine lines 7 and 11, column (f), and enter here. If this line or line 11, column (g) shows a loss or zero, enter a zero and skip to line 20	16	-0	
17 Enter line 11, column (g) or line 16, whichever is smaller	17	-0	
18 Enter line 15 or line 17, whichever is smaller	18	-0	
19 Enter 50% of amount on line 13	19	-0	
20 Subtract line 18 from line 15	20	-0	
21 Enter 50% of amount on line 20	21	-0	
22 Add line 19 and line 21. This is your capital gain deduction	22	-0	
23 Subtract line 22 from line 14. Enter this amount on Form 1040, line 14	23	3,860	82

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income Schedule

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)
▶ Attach to Form 1040. ▶ See Instructions for Schedule E (Form 1040).

94-1978
4503

Name(s) as shown on Form 1040

James E. and Rosalynn Carter

Your social security number

Part I Pension and Annuity Income. If fully taxable, do not complete this part. Enter amount on Form 1040, line 17. For one pension or annuity not fully taxable, complete this part. If you have more than one pension or annuity that is not fully taxable, attach a separate sheet listing each one with the appropriate data and enter combined total of taxable portions on line 5.

1 Name of payer ▶ _____

2 Did your employer contribute part of the cost? Yes No
If "Yes," is your contribution recoverable within 3 years of the annuity starting date? Yes No
If "Yes," show: Your contribution ▶ \$ _____, Contribution recovered in prior years ▶

2	_____
3	_____
4	_____

3 Amount received this year

5	_____
---	-------

4 Amount excludable this year

5 Taxable portion (subtract line 4 from line 3)

5	_____
---	-------

Part II Rent and Royalty Income. If you need more space, use Form 4831.
Have you claimed expenses connected with your vacation home (or other dwelling unit) rented to others (see instructions)? Yes No
If "Yes," did you or a member of your family occupy the vacation home (or other dwelling unit) for more than 14 days during the taxable year? Yes No

(a) Kind and location of property If residential, also write "R"	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain below or depletion (attach computation))	(e) Other expenses (Repairs, etc.— explain below)	
Broadman Press		20,719.65			
6 Totals					
7 Net income or (loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))					7
8 Net rental income or (loss) (from Form 4831)					8
9 Net farm rental profit or (loss) (from Form 4835)					9
10 Total rent and royalty income or (loss) (add lines 7, 8, and 9)					10 20,719.65

(a) Income or Losses from—		(b) Employer identification number	(c) Your share of gross farming or fishing in- come (see instructions)	(d) Loss	(e) Income
Partnerships	(a) Name Charles H. Kirbo, Trustee Less - Investment Interest Allowable			73,572.64	26,787.36
	11 Add amounts in columns (d) and (e)			73,572.64	26,787.36
	12 Column (e), line 11, less column (d), line 11				(48,785.28)
	13 Additional first year depreciation				
14 Total partnership income or (loss). Combine lines 12 and 13					(48,785.28)
Estates or Trusts	15 Add amounts in columns (d) and (e)				
	16 Total estate or trust income or (loss). Column (e), line 15, less column (d), line 15				
Small Bus. Corps.	17 Add amounts in columns (d) and (e)				
	18 Total small business corporation income or (loss). (Column (e), line 17, less column (d), line 17)				
19 TOTAL (add lines 5, 10, 14, 16, and 18). Enter here and on Form 1040, line 18					19 (28,065.33)

Explanation of Column (e), Part II		Item	Amount	Item	Amount
Item	Amount				

Schedule for Depreciation Claimed in Part II above. If you need more space use Form 4562.

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed for 2 years in prior years	(e) Basis of property after depreciation	(f) 1/2% or less	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) ▶ _____						
2 Totals						

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Computation of Social Security Self-Employment Tax

1973

▶ Each self-employed person must file a Schedule SE. ▶ Attach to Form 1040.
▶ See Instructions for Schedule SE (Form 1040).

94-4603

○ If you had wages, including tips, of \$17,700 or more that were subject to social security or railroad retirement taxes, do not fill in this schedule (unless you are eligible for the Earned Income Credit). See Instructions.

○ If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)

James E. Carter, Jr.

Social security number of self-employed person ▶

○ If you have only farm income complete Parts I and III. ○ If you have only nonfarm income complete Parts II and III.

○ If you have both farm and nonfarm income complete Parts I, II, and III.

Computation of Net Earnings from FARM Self-Employment

You may elect to compute your net farm earnings using the **OPTIONAL METHOD**, line 3, instead of using the **Regular Method**, line 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the **FARM OPTIONAL METHOD**.

REGULAR METHOD	a Schedule F, line 58 (cash method), or line 75 (accrual method)	1a		
1 Net profit or (loss) from:	b Farm partnerships	1b		
2 Net earnings from farm self-employment (add lines 1a and b)		2		
FARM OPTIONAL METHOD	a Not more than \$2,400, enter two-thirds of the gross profits	3		
3 If gross profits from farming ¹ are:	b More than \$2,400 and the net farm profit is less than \$1,600			
¹ Gross profits from farming are the total gross profits from Schedule F, line 32 (cash method), or line 74 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K-1 (Form 1055), line 3) as explained in instructions for Schedule SE.				
4 Enter here and on line 12a the amount on line 2, or line 3 if you elect the farm optional method		4		

Computation of Net Earnings from NONFARM Self-Employment

REGULAR METHOD	a Schedule C, line 34. (Enter combined amount if more than one business.)	5a		
	b Partnerships, joint ventures, etc. (other than farming)	5b	1,094	39
	c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361 and have not revoked that exemption, check here ▶ <input type="checkbox"/> and enter zero on this line.	5c		
	d Service with a foreign government or international organization	5d		
	e Other—Specify ▶ Royalties	5e	20,719	65
6 Total (add lines 5a through e)		6	21,814	04
7 Enter adjustments if any (attach statement, see page 27 of instructions)		7		
8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)		8	21,814	04
If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, skip lines 9 through 11 and enter amount from line 8 on line 12b, Part III.				
Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profit, and you had net self-employment earnings from self-employment of \$100 or more for at least 2 of the 3 preceding years: 1975, 1976, and 1977. The nonfarm optional method can only be used for 5 tax years.				

NONFARM OPTIONAL METHOD

9 a Maximum amount reportable, under both optional methods combined (farm and nonfarm)	9a	\$1,600	00	
b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero)	9b			
c Balance (subtract line 9b from line 9a)	9c			
10 Enter two-thirds of gross nonfarm profits ¹ or \$1,600, whichever is smaller	10			
11 Enter here and on line 12b, the amount on line 9c or line 10, whichever is smaller	11			
¹ Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 34, plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1055), line 17(a)) as explained in instructions for Schedule SE. Also, include gross profits from services reported on line 5c, d, and e, as adjusted by line 7.				

Computation of Social Security Self-Employment Tax

12 Net earnings or (loss): a From farming (from line 4)	12a		
b From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)	12b	21,814	04
13 Total net earnings or (loss) from self-employment reported on lines 12a and 12b (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule.)	13	21,814	04
14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1973 is	14	\$17,700	00
15 a Total "FICA" wages (from forms W-2) and "FICA" compensation	15a	0-	
b Unreported tips subject to FICA tax from Form 4137, line 9 or to ERTA	15b	0-	
c Add lines 15a and b	15c	0-	
16 Balance (subtract line 15c from line 14)	16	17,700	00
17 Self-employment income—line 13 or 16, whichever is smaller	17	17,700	00
18 Self-employment tax. (If line 17 is \$17,700, enter \$1,433.70; if less, multiply the amount on line 17 by .081.) Enter here and on Form 1040, line 48.	18	1,433	70

Tax Computation Schedule

94-4603

1978

▶ Attach to Form 1040.

Name(s) as shown on Form 1040

Your social security number

James E. and Rosalynn Carter

Part I Computation of Tax for Taxpayers Who Cannot Use the Tax Tables

Use this part to figure your tax if:

- Your income on Form 1040, line 34, is more than \$20,000 and you checked Filing Status Box 1, 3, or 4 on Form 1040.
- Your income on Form 1040, line 34, is more than \$40,000 and you checked Filing Status Box 2 or 5 on Form 1040.

- You had more exemptions than were covered in the Tax Table for your filing status.
- You figure your tax using the alternative tax computation on Schedule D (Capital Gains and Losses), Schedule G (Income Averaging), or Form 4726 (Maximum Tax on Personal Service Income).

1	Enter the amount from Form 1040, line 34	1	197,188	54
2	Multiply \$750 by the total number of exemptions claimed on Form 1040, line 7	2	2,250	00
3	Taxable Income. Subtract line 2 from line 1. (Figure your tax on this amount by using the Tax Rate Schedules or one of the other methods listed on line 4.)	3	194,938	54
4	Income Tax. Enter tax and check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input type="checkbox"/> Schedule D, <input type="checkbox"/> Schedule G, or <input checked="" type="checkbox"/> Form 4726	4	89,985	70
General Tax Credit				
5	Multiply \$35 by the total number of exemptions claimed on Form 1040, line 7. (If you are married filing a separate return, skip lines 6 through 9 and enter the amount from line 5 on line 10.)	5	105	00
6	Enter the amount from line 3, above	6	194,938	54
7	Enter $\left\{ \begin{array}{l} \$3,200 \text{ if you are married filing a joint return or a qualifying widow(er)} \\ \$2,200 \text{ if you are single or an unmarried head of household} \end{array} \right.$	7	3,200	00
8	Subtract line 7 from line 6	8	191,738	54
9	Enter 2% of line 8 (but do not enter more than \$180)	9	180	00
10	General tax credit. Enter the amount from line 5 or line 9, whichever is larger	10	180	00
11	Tax. Subtract line 10 from line 4. (if \$0 or less, enter \$0.) Enter this amount on Form 1040, line 35 ▶	11	89,805	70

Part II Computation for Certain Taxpayers Who Must Itemize Deductions

If you are included in one of the groups below, you **MUST** itemize. If you must itemize and the amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

You **MUST** itemize your deductions if:

- A. You can be claimed as a dependent on your parent's return and had interest, dividends, or other unearned income of \$750 or more and less than \$2,200 of earned income if single (less than \$1,600 if married filing a separate return).

Note: If your earned income is more than your itemized deductions on Schedule A, line 39, enter your earned income in Part II, line 3, of this schedule, unless you are married filing a separate return and your spouse itemizes deductions. Generally, your earned income is the total of any amounts on Form 1040, lines 8,

13, and 19. See page 11 of the Instructions for Form 1040 for more details.

B. You are married filing a separate return and your spouse itemizes deductions. (There is an exception to this rule. You don't have to itemize if your spouse must itemize only because he or she is described in A and enters earned income instead of itemized deductions on Part II, line 3, of this schedule. If this is the case, don't complete Part II. Go back to Form 1040, line 33, and enter \$0. Then go to Form 1040, line 34.)

C. You file Form 4563 to exclude income from sources in U.S. possessions. (Please see Form 4563, and Publication 570, Tax Guide for U.S. Citizens Employed in U.S. Possessions, for more details.)

D. You had dual status as a nonresident alien for part of 1978, and during the rest of the year you were either a resident alien or a U.S. citizen. However, you don't have to itemize if at the end of 1978, you were married to a U.S. resident or citizen and file a joint return reporting your combined worldwide income.

1	Enter the amount from Form 1040, line 31	1		
2	Enter the amount from Schedule A, line 40	2		
3	Enter the amount from Schedule A, line 39	3		
Caution: If you can be claimed as a dependent on your parent's return, see the Note above. Be sure you check the box below line 33 of Form 1040.				
4	Subtract line 3 from line 2	4		
5	Add lines 1 and 4. Enter here and on Form 1040, line 34. (Leave Form 1040, line 33 blank. Disregard the instruction to subtract line 33 from line 32. Follow the rest of the instructions for Form 1040, line 34.) ▶	5		

Employee Business Expenses
(Please use Form 3903 to figure moving expense deduction.)
▶ Attach to Form 1040.

1978

Your name James E. and Rosalynn Carter	Social security number	Occupation in which expenses were incurred President
Employer's name United States Government	Employer's address Washington, D.C.	

Instructions

Use this form to show the total amount of business expenses you had as an employee in 1978. Include all business expenses:

(a) You paid as an employee;
(b) You charged to your employer (for example, with credit cards);
(c) For which you received an advance, allowance, or reimbursement.

The following publications give detailed information on business expenses you can deduct as an employee:

Publication 463, *Travel, Entertainment, and Gift Expenses*;
Publication 529, *Miscellaneous Deductions and Credits*;
Publication 587, *Business Use of Your Home*;
Publication 508, *Tax Information on Educational Expenses*.

Part I—Travel, transportation (but not commuting to and from work), meals and lodging, and some other business expenses can be deducted even if you do not itemize your deductions on Schedule A (Form 1040).

If you use your own car for your work, you can deduct what it cost you for business use.

You may figure your cost using actual expenses (gas, oil, repairs, depreciation, etc.) or a standard mileage rate.

The mileage rate is 17 cents a mile for the first 15,000 miles and 10 cents for each mile over 15,000. Add to the mileage rate amount the business portion of automobile interest and State and local taxes (except gasoline tax), parking fees, and tolls. For cars fully depreciated under the straight line method, the mileage rate is 10 cents a mile for all business mileage. Your car will not be considered fully depreciated if you use only the mileage rate method to figure the cost of your car's business use for the entire period you own it. (Publication 463)

Your meals and lodging costs can be deducted if you were temporarily away on business from the general area of your main place of work. You cannot deduct the cost of meals on daily trips where you did not need sleep or rest. (Publication 463)

An outside salesperson (one who does all selling away from the employer's place of business) who had business expenses other than those listed on lines 1, 2, and 3, such as selling expenses, stationery, and postage should list such expenses on line 4. A driver-salesperson whose main duties are service and delivery (for example, delivery of bread or milk) is not considered an outside salesperson. (Publication 463)

Other business expenses must be listed and their amount entered on line 5, Part I only if your employer paid (reimbursed) the expenses and you did not list them on line 1, 2, or 3. List only the amount of the expense that your employer paid (reimbursed). If the expense was larger than the amount of reimbursement, list the difference in Part II. (Publication 463)

Part II—Other business expenses not paid by your employer can only be deducted if you itemize your deductions on Schedule A (Form 1040). Examples of these expenses are union or professional dues, tools, uniforms, materials, and telephone calls, that your employer did not pay for. (Publication 529)

Expenses for business use of part of your home can only be deducted if that part is used exclusively and continuously in connection with your work and for the convenience of your employer. (Publication 537)

Part III—Give information on educational expenses in this part. Generally, you can deduct expenses for education that helps you maintain or improve your skills in your present job. You can also deduct costs of education required by your employer, the law, or regulations to keep your present salary or job. You cannot deduct expenses for study that helps you meet minimum requirements for your job, or helps you get a new job. (Publication 508)

PART I.—Employee Business Expenses Deductible in Computing Adjusted Gross Income on Form 1040, Line 31

1 Fares for airplane, boat, bus, taxicab, train, etc.		
2 Meals and lodging		
3 Car expenses (from Part IV)		
4 Outside salesperson's expenses (see Part I instructions above) ▶		
5 Other (see Part I instructions above) ▶ Meals 519.38; Gifts 264.37; Staff Party and Receptions 12,110.94; Misc. Expenses of Office 271.11		
6 Add lines 1 through 5	13,165	80
7 Employer's payments for above expenses (other than amounts included on Form W-2)		
8 Excess expenses (subtract line 7 from line 6). Enter here and include on Form 1040, line 23	13,165	80
9 Excess payments (subtract line 6 from line 7). Enter here and include on Form 1040, line 20		

PART II.—Employee Business Expenses that are only Deductible if You Itemize Deductions on Schedule A (Form 1040)

1 Business expenses other than those included above (specify) ▶	
2 Total	

If you itemize your deductions, deduct under Miscellaneous Deductions, Schedule A (Form 1040).

PART III.—Additional Information to be Furnished When Claiming a Deduction for Educational Expenses

1 Name of educational institution or activity ▶

2 Address ▶

3 Was this education needed to meet the minimum requirements for your job? Yes No

4 Will this study program qualify you for a new job? Yes No

5 If your answer to question 3 or 4 is "No," state your reason for getting the additional education and show the relationship between the courses taken and your job during the period. (If more space is needed, attach a statement) ▶

6 List the principal subjects studied, or describe your educational activity ▶

Underpayment of Estimated Tax by Individuals

64-4603

1973

▶ Attach to Form 1040. ▶ See instructions on back.

Home(s) as shown on Form 1040

Social security number

James E. and Rosalynn Carter

NOTE How to Figure Your Underpayment (Complete lines 1 through 16)

If you meet any of the exceptions to the underpayment penalty for ALL four periods, skip lines 1 through 16 and go directly to line 17.

1 1978 tax (from Form 1040, line 54)			
2 Earned income credit (from Form 1040, line 57)			
3 Tax credit for special fuels and oils (from Form 1040, line 60)			
4 Minimum tax (from Form 1040, line 49)			
5 Social security (FICA) tax on unreported tip income (from Form 1040, line 51)			
6 Uncollected employee FICA and RRTA tax on tips (from Form 1040, line 52)			
7 Tax on an IRA (from Form 5329, Part I or III included on Form 1040, line 53)			
8 Refundable business energy credit (from Schedule B (Form 3463) included on Form 1040, line 62)			
9 Total (add lines 2 through 8)			
10 Balance (subtract line 9 from line 1)			
11 Enter 80% of the amount shown on line 10			

	Payment Due Dates			
	(a) Apr. 15, 1978	(b) June 15, 1978	(c) Sept. 15, 1978	(d) Jan. 15, 1979
12 Divide amount on line 11 by the number of payments required for the year. Enter the result in appropriate columns				
13 Amounts paid on estimated tax and tax withheld				
14 Overpayment (on line 16) from previous period				
15 Total (add lines 13 and 14)				
16 Underpayment (subtract line 15 from line 12) OR Overpayment (subtract line 12 from line 15)				

NOTE Exceptions to the Penalty
(Farmers and fishermen see instruction E for special exception)

	(a) 16,787.10	(b) 33,574.20	(c) 50,361.30	(d) 67,148.40
17 Total amount paid and withheld from January 1 through the payment due date shown				
18 Exception 1.—1977 tax $\$ 48,152.12$	25% of 1977 tax 12,038.03	25% of 1977 tax 24,076.06	25% of 1977 tax 36,114.09	25% of 1977 tax 48,152.12
19 Exception 2.—Tax on 1977 income using 1973 rates and exemptions (attach computation)	Enter 25% of tax	Enter 25% of tax	Enter 25% of tax	Enter 25% of tax
20 Exception 3.—Tax on annualized 1978 income (see worksheet on back)	Enter 25% of tax	Enter 25% of tax	Enter 25% of tax	Not applicable
21 Exception 4.—Tax on 1978 income over 3, 6, and 9 month periods (attach computation)	Enter 25% of tax	Enter 25% of tax	Enter 25% of tax	Not applicable

NOTE How to Figure the Penalty
(Complete lines 22 through 26)

22 Amount of underpayment (from line 16)				
23 Date of payment or April 15, 1979, whichever is earlier				
24 Number of days from due date of payment to the date on line 23				
25 $\frac{\text{Number of days on line 24}}{365} \times 6\% \times \text{amount on line 22}$				
26 Penalty (add amounts on line 25). Check the box below line 65 on Form 1040 and show this amount in the space provided. Then increase the "Balance Due" or decrease the amount "Overpaid" accordingly				

Maximum Tax on Personal Service Income

▶ Attach to Form 1040 (or Form 1041).

94-4903 1978

Name(s) as shown on Form 1040 (or Form 1041) Identifying number
James E. and Rosalynn Carter

Do not complete this form if:—(a) Taxable income or personal service taxable income is:
 \$40,200 or less, and on Form 1040, you checked box 1 or box 4,
 \$55,200 or less, and on Form 1040, you checked box 2 or box 5,
 \$26,000 or less and this is an Estate or Trust return (Form 1041);
 (b) You elected income averaging; or
 (c) On Form 1040, you checked box 3.

A—Personal Service Income		B—Deductions Against Personal Service Income	
Salary and Expense Allowance	250,000.00	Employee Business Expenses (2106)	13,165.80
Royalties	20,719.65		
Total personal service income	270,719.65	Total deductions against personal service income	13,165.80
1 Personal service net income—Subtract total amount in column B from total amount in column A	1		257,553.85
2 Enter your adjusted gross income (see instructions)	2		254,029.96
3 Divide the amount on line 1 by the amount on line 2. Enter percentage result here, but not more than 100%. Round to nearest 4 numbers (see instructions)	3		100.00
4 Enter your taxable income (see instructions)	4		194,938.54
5 Multiply the amount on line 4 by the percentage on line 3	5		194,938.54
6 Enter the total of your 1978 tax preference items (see instructions)	6		10,823.34
7 Personal service taxable income. Subtract line 6 from line 5 (see instructions)	7		184,115.20
8 If, on Form 1040, you checked box 1 or box 4, enter \$40,200 on Form 1040, you checked box 2 or box 5, enter \$55,200 Estate or Trust, enter \$26,000	8		55,200.00
9 Subtract line 8 from line 7 (if zero or less, do not complete rest of form)	9		128,915.20
10 Enter 50% of line 9	10		64,457.60
11 Tax on amount on line 4	11	105,279.59	
12 Tax on amount on line 7	12	97,811.49	
13 Subtract line 12 from line 11	13		7,468.10
14 If the amount on line 8 is: \$40,200, enter \$13,290 (\$12,240 if unmarried head of household). \$55,200, enter \$18,050 \$26,000, enter \$9,030	14		18,060.00
15 Add lines 10, 13, and 14. This is your maximum tax (see instructions)	15		89,985.70
Computation of Alternative Tax			
16 Amount from line 4	16		
17 Enter amount reportable on Schedule D (Form 1040), line 26 or Schedule D (Form 1041), line 20	17		
18 Subtract line 17 from line 16 Note: If Schedule D (Form 1040), line 15; Form 4798, line 7, or Schedule D (Form 1041), line 17(e) or 31 is not more than \$50,000, skip lines 19 through 23.	18		
19 Enter amount reportable on Schedule D (Form 1040), line 26 or Schedule D (Form 1041), line 22	19		
20 Add lines 18 and 19	20		
21 Enter amount from line 11	21		
22 Tax on amount on line 20	22		
23 Subtract line 22 from line 21	23		
24 Tax on amount on line 18. Caution: If line 7 is more than line 18, enter instead, amount on line 12 less 50% of the excess of line 7 over line 18	24		
25 Subtract line 24 from line 11	25		
26 Subtract line 25 from line 15	26		
27 Enter 25% of Schedule D (Form 1040), line 15; Form 4798, line 7, or Schedule D (Form 1041), line 17(e) or 31, but not more than \$12,500	27		
28 Add lines 23 (if applicable), 26 and 27	28		

If you reported capital gain distributions but did not use Schedule D (Form 1040), enter on line 17 the amount shown on Form 1040, line 15.

Investment Interest Expense Deduction

▶ See instructions on back.
 ▶ Attach to return.

94-4503

1973

Name(s) as shown on return James E. and Rosalynn Carter	Identifying number
Identify taxpayer ▶ <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust	

Part I Interest on Investment Indebtedness Incurred Prior to December 17, 1969

Note: Use part I only if you incurred investment interest attributable to the period prior to December 17, 1969, as well as on or after that date.

1 Enter investment interest expense from all sources incurred prior to December 17, 1969 and paid in 1973	-0-
2 Total net investment income from all sources	72,085.80
3 Net investment income allocable to the period prior to December 17, 1969: $\frac{\text{Line 1}}{\text{Line 1} + \text{Line 7} + \text{Line 15} + \text{Line 28}} \times \text{Line 2}$	-0-
4 Subtract line 3 from line 2.—Enter here and on line 10(a)	72,085.80

Part II Interest on Investment Indebtedness Incurred After September 10, 1975

5 Enter investment interest expense from all sources incurred after September 10, 1975	51,464.68
6 Carryover—Enter amount from 1977 Form 4952, line 16	
7 Total investment interest expense (add lines 5 and 6)	51,464.68
8 (a) Individuals enter \$10,000 (\$5,000 if married filing separately)	10,000.00
(b) Additional limitation (see instructions for line 8)	
9 Estates enter \$10,000, trusts enter zero	
10 (a) Total net investment income of line 4 (see instructions)	72,085.80
(b) $\frac{\text{Line 7}}{\text{Line 7} + \text{Line 15} + \text{Line 28}} \times \text{Line 10(a)}$	50,424.39
11 Excess expenses from "net lease property" (see General Instructions 2(b) and 3(d))	
12 Limitation on deduction (add lines 8(a), (b), 9, 10(b) and 11)	60,424.39
13 Allowable investment interest deduction—Enter the smaller of line 7 or line 12 (see General Instruction 5)	51,464.68
14 Disallowed investment interest to be carried over to 1979. (If line 7 is more than line 12, enter difference)	-0-

Part III Interest on Investment Indebtedness Incurred Prior to September 11, 1975, but after December 16, 1969

15 Enter investment interest expense from all sources incurred prior to September 11, 1975, but after December 16, 1969	22,107.76
16 Individuals enter \$25,000 (\$12,500 if married filing separately)	25,000.00
17 Estates enter \$25,000, trust enter zero	
18 Net investment income (subtract line 10(b) from line 10(a))	21,661.41
19 Excess expenses from "net lease property" (see General Instructions 2(b) and 3(d))	
20 Excess net long term capital gain over net short term capital loss (see instructions)	
21 Tentative limitation (add lines 16 through 20)	46,661.41
22 Enter capital gain from line 20. (Limit such gain by extent line 15 is more than lines 16 through 19)	-0-
Note: For adjustment of such gain on Schedule D, see Schedule B instructions for return file.	
23 Enter excess, if any, of interest on line 15 over amount on line 21	-0-
24 Additional deduction (50% of line 23)	-0-
25 Limitation on deduction (add lines 21 and 24)	46,661.41
26 Allowable investment interest deduction—Enter the smaller of line 13 or line 25 (see General Instruction 5)	22,107.76
27 Disallowed investment interest to be carried over to 1972. (If line 15 is more than line 25, enter difference)	-0-

Part IV Investment Interest Expense Carryover From Prior Years—Incurred Prior to September 11, 1975

28 Carryover—Enter amounts from 1977 Form 4952, lines 32 and 41	
29 Enter amount reportable on line 13 plus \$25,000	
30 Enter the larger of amount on line 15 or \$25,000	
31 Excess, if any, of amount on line 29 over line 30	
32 Enter 50% of line 31	
33 Interest deduction limitation (enter the smaller of line 28 or line 32) (see General Instruction 5)	
34 Interest carryover from prior years if disallowed in 1973 (excess, if any, of line 29 over line 33)	
35 Enter the capital gain deduction from your 1976 Schedule D or 1973 Form 4798	
36 Interest carryover to 1979 (subtract line 35 from line 34)	

\$12,500, if married filing separately, zero, if a trust

94-600

JAMES E. AND ROSALYNN CARTER

YEAR 1978

OTHER INCOME:

Transportation Furnished to Family Members	\$4,534.00
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Application for Automatic Extension of Time to File U.S. Individual Income Tax Return

941973

Note: File this form with the Internal Revenue Service Center where you are required to file your income tax return and pay the amount shown on line 6 below. This is not an extension of time for payment of tax. The law requires that a penalty be charged for late payment of tax unless you show reasonable cause for not paying the tax when due. (See Instruction F.)

Please Print or Type	Name (If joint return, give first names and initials of both) James E. and Rosalynn	Last name Carter	Your social security number
	Present home address (Number and street, including apartment number, or rural route) The White House		Spouse's social security no.
	City, town or post office, State and ZIP code Washington, D. C. 20500		

An automatic 2-month extension of time until June 15, 1979, is requested in which to file Form 1040 for the calendar year 1978 (or if a fiscal year return until _____, 19____, for the tax year beginning _____, 1978, and ending _____, 1979).

1 Total tax you expect to owe for 1978 (see Instruction C)		107,148.40
2 Federal income tax withheld	67,148.40	
3 1978 Estimated tax payments (include 1977 overpayment allowed as a credit)		
4 Other payments (see Instruction C)		
5 Total (add lines 2, 3, and 4)		
6 BALANCE DUE (subtract line 5 from line 1). Pay in full with this form.		40,000.00

Signature and Verification

If Prepared by Taxpayer.—Under penalty of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature: *James E. Carter* Date: 4-11-79
 Spouse's Signature: *Rosalynn Carter* Date: 4-11-79

If Prepared by Someone Other Than Taxpayer.—Under penalty of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, that I am authorized to prepare this form, and that I am:

- A member in good standing of the bar of the highest court of (specify jurisdiction) _____
- A certified public accountant duly qualified to practice in (specify jurisdiction) _____
- A person enrolled to practice before the Internal Revenue Service.
- A duly authorized agent holding a power of attorney. (The power of attorney need not be attached unless required.)
- A person standing in close personal or business relationship to the taxpayer who is unable to sign this form because of illness, absence, or other good cause. My relationship to the taxpayer and the reason why the taxpayer is unable to sign this form are _____

Signature of preparer other than taxpayer: *James E. Carter* Date: _____
 Title: _____

1 Control number 222		2 Employer's State number	
3 Employer's name, address, and ZIP code DEPUTY ASST COMPTROLLER FOR FINANCE BUREAU OF GOVT FINANCIAL OPERATIONS US DEPT OF TREASURY TREASURY ANNEX #1 WASHINGTON DC 20506		4 Sub total Cor- Void rection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10 Employee's social security number		7 Employer's identification number	
11 Federal income tax withheld 67,118.10		12 Wages, tips, other compensation 250,000.00	
15 Employee's name (first, middle, last) JUDY CARTER		16 Pension plan coverage? Yes/No NO	
13 Employee's address and ZIP code THE WHITE HOUSE WASHINGTON DC 20500		20 State income tax withheld	
		23 Local income tax withheld	
		17	
		21 State wages, tips, etc.	
		24 Local wages, tips, etc.	
		14 Total FICA wages	
		18 FICA tips	
		22 Name of State	
		25 Name of locality	
Wage and Tax Statement		1978	
		Copy B To be filed with employee's FEDERAL tax return	

Make No Entry Here

Form W-2

This information is being furnished to the Internal Revenue Service.

Department of the Treasury Internal Revenue Service

BEST COPY AVAILABLE