

U.S. Treasury Department  
Internal Revenue Service

or taxable year beginning \_\_\_\_\_, 1963, ending \_\_\_\_\_, 19\_\_\_\_\_

Your social security number

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Occupation

Wife's number if joint return

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Occupation

First name and initial

Last name

If joint return of husband and wife, use first names and middle initials of both

Home address

Number and street or rural route

City, town or post office, and State

Postal ZIP code

Did you file a return for 1962?  Yes  No. If name or address was different than shown above, enter name and address used.

Check one:  Single  Married filing joint return (even if only one had income)  Unmarried Head of Household  Surviving widow(er) with dependent child  Married filing separately *Give name of wife or husband only if also filing separately*

If joint return, include all income of both husband and wife—**INCOME**—If either you or your wife worked for more than one employer, see page 4 of instructions.

1. Wages, salaries, tips, etc., and excess of allowances over business expenses:

Employer's name

Where employed (city and state)

(a) Federal income tax withheld

(b) Wages, etc.

\$

\$

2. Totals

3. "Sick pay" if included in line 1 (attach required statement)

4. Subtract line 3 from line 2



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Print or Type

W-2 Here

1. Exemptions for yourself—and wife (only if all her income is included in this return, or she had no income)

Check boxes which apply. (a) Regular \$600 exemption . . . . .  Yourself  Wife
(b) Additional \$600 exemption if 65 or over at end of 1963 . . . . .  Yourself  Wife
(c) Additional \$600 exemption if blind at end of 1963 . . . . .  Yourself  Wife
Enter number of boxes checked

2. Exemptions for your children and other dependents (list below)

• If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 6 of instructions.

Table with columns: NAME, Relationship, Months lived in your home, Did dependent have income of \$600 or more?, Amount YOU furnished for dependent's support, Amount furnished by OTHERS including dependent.

3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)

ITEMIZED DEDUCTIONS—If you do not use tax table or standard deduction

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize. If necessary, write more than one item on a line or attach additional sheets. Put name and address on all attachments.

Contributions, Interest expense, Taxes, Medical and dental expense, Other deductions. Includes sub-sections for Home mortgage, Other interest expense, Real estate taxes, State income taxes, State and local sales taxes, Other taxes, and a table for medical expenses.

EXPENSE ACCOUNT INFORMATION. Did you receive an expense allowance or reimbursement, or charge expenses to your employer? If "Yes," did you submit itemized accounting of all such expenses to your employer?

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.

Sign here. Taxpayer's signature and date. If joint return, BOTH HUSBAND AND WIFE MUST SIGN. Wife's signature and date. Signature of preparer other than taxpayer. Address. Date.