

U. S. Treasury Department Internal Revenue Service

or Other Taxable Year Beginning 1959, Ending 19 (PLEASE TYPE OR PRINT)

Name (If this is a 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) (Postal zone number) (State)

Your Social Security Number

Occupation

Wife's Social Security Number

Occupation

ATTACH CHECK OR MONEY ORDER HERE

Exemptions

- 1. Check blocks which apply. (a) Regular \$600 exemption... (b) Additional \$600 exemption if 65 or over... (c) Additional \$600 exemption if blind... 2. List first names of your children who qualify as dependents... 3. Enter number of exemptions claimed for other persons... 4. Enter the total number of exemptions claimed on lines 1, 2, and 3.

ATTACH COPY B OF FORMS W-2 HERE

Income

Table with 4 columns: Employer's Name, Where Employed (City and State), (a) Wages, etc., (b) Income Tax Withheld. Rows include line 5 (Total wages), line 6 (Less: Excludable Sick Pay), line 7 (Balance), line 8 (Profit or loss from business), line 9 (Profit or loss from farming), line 10 (Other income), line 11 (Adjusted Gross Income).

ATTACH COPY B OF FORMS W-2 HERE

Tax due or refund

- Check if unmarried "Head of Household" or "Surviving Widow or Widower" with dependent child. 12. TAX on income on line 11. 13. (a) Dividends received credit from line 5 of Schedule J... (b) Retirement income credit from line 12 of Schedule K... 14. Balance (line 12 less line 13)... 15. Enter your self-employment tax from separate Schedule C or F... 16. Sum of lines 14 and 15... 17. (a) Tax withheld (line 5 above)... (b) Payments and credits on 1959 Declaration of Estimated Tax... 18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE here... 19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here... 20. Amount of line 19 to be: (a) Credited on 1950 estimated tax \$...; (b) Refunded \$...

Did you receive an expense allowance or reimbursement, or charge expenses to your employer? If "Yes," did you submit an itemized accounting of expenses to your employer?

County in which you live. Is your wife (husband) filing a separate return for 1959? If you owe any Federal tax for years before 1959, enter here the Internal Revenue District where the account is outstanding.

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

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

Name	Relationship	Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have gross income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "All"	Amount furnished by OTHERS including dependent
				\$	\$

Enter on line 3, page 1, the number of exemptions claimed above.

→ If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions.

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 State to whom paid. If necessary write more than one item on a line or attach additional sheets. Please put your name and address on any attachments.

Contributions					
	Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions . . .				\$
Interest					
				Total interest	
Taxes					
				Total taxes	
Medical and dental expense (If 65 or over, see instructions, page 10)	Submit itemized list. Do not enter any expense compensated by insurance or otherwise				
	1. Cost of medicines and drugs IN EXCESS of 1 percent of line 11, page 1		\$		
	2. Other medical and dental expenses		\$		
	3. Total		\$		
	4. Enter 3 percent of line 11, page 1				
	5. Allowable amount (excess of line 3 over line 4). (See instructions, page 10, for limitations.)				
Other Deductions (See page 10 of instructions and attach information required)					
				Total	
TOTAL DEDUCTIONS (Enter here and on line 2 of Tax Computation, below)					\$

TAX COMPUTATION—IF YOU DO NOT USE THE TAX TABLE

1. Enter Adjusted Gross Income from line 11, page 1	\$
2. If deductions are itemized above, enter total of such deductions. If deductions are not itemized and line 1, above, is \$5,000 or more , enter the smaller of 10 percent of line 1 or \$1,000 (\$500 if a married person filing a separate return)	
3. Balance (line 1 less line 2)	
4. Multiply \$600 by total number of exemptions claimed on line 4, page 1	
5. Taxable Income (line 3 less line 4)	
6. Tax on amount on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16	
7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D	
8. Tax credits. If you itemized deductions, enter:	
(a) Credit for income tax payments to a foreign country or U. S. possession (Attach Form 1116)	\$
(b) Tax paid at source on tax-free covenant bond interest and credit for partially tax-exempt interest	
(c) Total	Enter here →
9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c)	\$

IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2

Schedule A.—INCOME FROM DIVIDENDS (Income from Savings (Building) and Loan Associations and Credit Unions should be entered as interest in Schedule B)

1. Name of qualifying corporation declaring dividend (See instructions, page 11):
(Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)

2. Total

3. Exclusion of \$50 (If both husband and wife received dividends, each is entitled to exclude not more than \$50 of his (her) own dividends)

4. Excess, if any, of line 2 over line 3. Enter here and on line 1, Schedule J

5. Name of nonqualifying corporation declaring dividend:

6. Enter total of lines 4 and 5

Schedule B.—INCOME FROM INTEREST (This includes interest credited to your account)

Name of payer	Amount	Name of payer	Amount
	\$		\$

Enter total here →

Schedule D Summary.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

- 1. From sale or exchange of capital assets (from separate Schedule D)
- 2. From sale or exchange of property other than capital assets (from separate Schedule D)

Schedule E.—INCOME FROM PENSIONS AND ANNUITIES (See instructions, page 12)

Part I.—General Rule

1. Investment in contract	\$	4. Amount received this year	\$
2. Expected return	\$	5. Amount excludable (line 4 multiplied by line 3)	
3. Percentage of income to be excluded (line 1 divided by line 2)	%	6. Taxable portion (excess of line 4 over line 5)	

Part II.—Where your employer has contributed all or part of the cost and your contribution will be recovered tax-free within three years. If your cost was fully recovered in prior years or if you did not contribute to the cost, enter the total amount received in line 5 omitting lines 1 through 4.

1. Cost of annuity (amounts you paid)	\$	4. Amount received this year	\$
2. Cost received tax-free in past years		5. Taxable portion (excess, if any, of line 4 over line 3)	
3. Remainder of cost (line 1 less line 2)	\$		

Schedule G.—INCOME FROM RENTS AND ROYALTIES

1. Kind and location of property	2. Amount of rent or royalty	3. Depreciation (explain in Sch. I) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)
	\$	\$	\$	\$
1. Totals	\$	\$	\$	\$
2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5)				

Schedule H.—OTHER INCOME

1. Partnerships (name and address)

2. Estates or trusts (name and address)

3. Other sources (state nature)

Total income (or loss) from above sources (Enter here and on line 10, page 1)

IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2

Schedule I.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE G

Table with 7 columns: 1. Kind of property, 2. Date acquired, 3. Cost or other basis, 4. Depreciation allowed, 5. Method of computing depreciation, 6. Rate (% or life), 7. Depreciation for this year.

Schedule J.—DIVIDENDS RECEIVED CREDIT (See instructions, page 14)

Form for Schedule J with lines 1-5 and a table for Taxable Income Means. Includes instructions for computing the credit.

Schedule K.—RETIREMENT INCOME CREDIT (See instructions, page 14)

This credit does not apply if: 1. If you received pensions or annuities of \$1,200 or more from Social Security or Railroad Retirement; 2. If you are under 65 years of age and had "earned income" of \$2,100 or more; OR 3. If you are 65 or over and under 72, and had "earned income" of \$2,400 or more.

If separate return, use column B only. If joint return, use column A for wife and column B for husband ->

Did you receive earned income in excess of \$600 in each of any 10 calendar years before the taxable year 1959? Widow or widowers see instructions, page 14.

If answer above is "Yes" in either column, furnish all information below in that column.

Form for Schedule K with lines 1-3 and instructions for retirement income reporting.

Table with columns A and B for earned income reporting, including checkboxes for Yes/No and dollar amounts.

Form for Schedule K with lines 2-6 and instructions for retirement income limitation.

Table for retirement income limitation with columns for dollar amounts and instructions.

Form for Schedule K with lines 7-12 and instructions for retirement income credit calculation.