

U.S. Treasury Department Internal Revenue Service

or taxable year beginning _____, 1961, ending _____, 19_____

Your Social Security Number

Occupation

Wife's Social Security Number

Occupation

PLEASE PRINT OR TYPE

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) (Postal zone number) (State)

Check One: [] Single; [] Unmarried "Head of Household"; [] Surviving widow or widower with dependent child; [] Married filing joint return; [] Married filing separate return—Name of wife (husband)

INCOME—(If joint return, include all income of both husband and wife)

1. Wages, salaries, tips, etc., and excess of allowances over business expenses. Employer's name Where employed (city and state)

Table with 2 columns: (a) Wages, etc. and (b) Federal income tax withheld. Includes a shaded area for totals.

If either you or your wife worked for more than one employer, see page 4 of instructions

- 2. Totals here
3. "Sick pay" if included in line 1 (attach required statement)
4. Subtract line 3 from total wages
5. Dividends, interest, rents, royalties, pensions, etc. (Schedule B—if required by instructions page 5)
6. Business income (Schedule C)
7. Sale or exchange of property (Schedule D)
8. Farm income (Schedule F)
9. Total (add lines 4 through 8)

FIGURE YOUR TAX BY USING EITHER 10 OR 11

10. Tax Table

If line 9 is less than \$5,000 and you do not itemize deductions— Copy total exemptions from page 2 here Find your tax in table on page 10 of instructions. Do not use lines 11 a, b, c, or d. Enter tax on line 12.

11. Tax Rate Schedule

- a. If you itemize deductions, enter total from page 2. If line 9 is \$5,000 or more and you do not itemize, enter 10% of line 9 but not more than \$1,000 (\$500 if married and filing separate return).
b. Subtract line 11a from line 9
c. Copy total exemptions from page 2 here, multiply by \$600.
d. Subtract line 11c from line 11b. Figure your tax on this amount by using tax rate schedule on page 9 of instructions and enter tax on line 12.

- 12. Tax (from either tax table or tax rate schedule)
13. Self-employment tax (Schedule C-3 or F-1)
14. Total (add lines 12 and 13)

PAYMENTS AND CREDITS

- 15. a. Tax withheld (line 2, col. (b) above). Attach Forms W-2
b. Payments and credits on 1961 Declaration of Estimated Tax
c. Dividends received credit
d. Retirement income credit
e. Other credits (Specify—see page 5 of instructions)
f. Total (add lines a, b, c, d and e)
District Director's office where amount on line 15b was paid

TAX DUE OR REFUND

- 16. If payments and credits (line 15f) are less than tax (line 14), enter Balance Due here. Pay in full with this return to "Internal Revenue Service."
17. If payments and credits (line 15f) are larger than tax (line 14), enter Overpayment here.
18. Line 17 to be: (a) Credited on 1962 estimated tax \$; (b) Refunded \$.

I declare under penalties of perjury 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here (Taxpayer's signature and date) (If joint return, BOTH HUSBAND AND WIFE MUST SIGN) (Wife's signature and date)

Sign here (Signature of preparer other than taxpayer) (Address) (Date)

Attach Check or Money Order Here

Attach Copy B of Forms 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 blocks which apply.	(a) Regular \$600 exemption	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	Enter number of exemptions checked →
	(b) Additional \$600 exemption if 65 or over at end of 1961	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
	(c) Additional \$600 exemption if blind at end of 1961	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	

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.

NAME Enter figure 1 in the last column to right for each name listed (Give address if different from yours)	Relationship	ANSWER ONLY FOR DEPENDENTS OTHER THAN YOUR CHILDREN			
		Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "ALL"	Amount furnished by OTHERS including dependent
.....			\$	\$
.....				
.....				
.....				
.....				
.....				
.....				
.....				

3. Total exemptions. (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

Show 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

<p>Contributions (If other than money, submit description of property and method of valuation)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Total paid (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)</p>	<p>\$</p>
<p>Interest</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Total interest</p>	

<p>Taxes</p> <p>Real estate taxes</p> <p>State and local sales taxes</p> <p>.....</p>	<p>State income taxes</p> <p>Other taxes (specify)</p> <p>.....</p>	<p>Total taxes</p>
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<p>Medical and dental expense (Submit itemized list. Do not enter any expense compensated by insurance or otherwise)</p> <p>NOTE: If you or your wife are 65 or over, or if either has a dependent parent 65 or over, see page 8 of Instructions for possible larger deduction.</p> <p>1. Total cost of medicine and drugs</p> <p>2. Enter 1% of line 9, page 1</p> <p>3. Subtract line 2 from line 1</p> <p>4. Other medical and dental expenses (Including hospital insurance premiums)</p> <p>5. Total (add lines 3 and 4)</p> <p>6. Enter 3% of line 9, page 1</p> <p>7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation</p>	<table border="1"> <tr><td>\$</td><td></td></tr> <tr><td>.....</td><td></td></tr> <tr><td>.....</td><td></td></tr> <tr><td>.....</td><td></td></tr> <tr><td>\$</td><td></td></tr> </table>	\$		\$	
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<p>Other deductions (See page 8 of instructions and attach required information)</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Total</p>	<p>\$</p>
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TOTAL DEDUCTIONS (Enter here and on line 11a, page 1)..... \$

EXPENSE ACCOUNT INFORMATION

Did you receive an expense allowance or reimbursement, or charge expenses to your employer? ...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	} See page 4, instructions.
If "Yes," did you submit itemized accounting of expenses to your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	