

U.S. Treasury Department Internal Revenue Service

or taxable year beginning \_\_\_\_\_, 1962, ending \_\_\_\_\_, 19\_\_\_\_\_

Your Social Security Number

Occupation

Wife's Social Security Number

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)

(Postal zone number)

(State)

Print or Type

Check one: [ ] Single; [ ] Unmarried "Head of Household"; [ ] Surviving widow or widower with dependent child; [ ] Married filing joint return (even if only one had income); [ ] Married filing separate return—If wife or husband also filing separately, give name\_\_\_\_\_

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)

(a) Wages, etc.

(b) Federal income tax withheld

\$

\$

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

- 2. Totals
3. "Sick pay" if included in line 1 (attach required statement)
4. Subtract line 3 from total wages
5a. Dividends (Schedule B)
b. Interest (Schedule B or other list)
c. Rents, royalties, pensions, etc. (Schedule B)
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— Complete page 2 exemption schedule. Copy total exemptions 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

- 15a. Tax withheld (line 2, col. (b) above). Attach Forms W-2
b. Payments and credits on 1962 Declaration of Estimated Tax
c. Dividends received credit
d. Retirement income credit
e. Investment credit (Form 3468)
f. Other credits (Specify—see page 5 of instructions)
g. Total (add lines a, b, c, d, e, and f)
District Director's office where amount on line 15b was paid

TAX DUE OR REFUND

- 16. If payments and credits (line 15g) are less than tax (line 14), enter Balance Due here Pay in full with this return to "Internal Revenue Service." File with your District Director.
17. If payments and credits (line 15g) are larger than tax (line 14), enter Overpayment here
18. Amount of line 17 you wish credited to 1963 Estimated Tax
19. Subtract line 18 from line 17. Apply this balance to: [ ] U.S. Savings Bonds; or [ ] Refund

Attach Copy B of Forms W-2 Here

Attach Check or Money Order 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 (b) Additional \$600 exemption if 65 or over at end of 1962 (c) Additional \$600 exemption if blind at end of 1962. 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, address and Social Security number on all attachments

Contributions (If other than money, submit description of property, including cost or other basis, date of acquisition and method of valuation) Total paid (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)

Interest expense Total interest

Taxes Real estate taxes, State and local sales taxes, State income taxes, Other taxes (specify) Total taxes

Medical and dental expense 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. 1. Total cost of medicine and drugs 2. Enter 1% of line 9, page 1 3. Subtract line 2 from line 1 4. Other medical, dental expenses (Include hospital insurance premiums) 5. Total (add lines 3 and 4) 6. Enter 3% of line 9, page 1 (see note above) 7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation

Other deductions (See page 8 of instructions) Total 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? If "Yes," did you submit itemized accounting of all such expenses to your employer?

Did you file a return last year? Yes No. If name or address on last year's returns was different from this year, enter name and address used last year.

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)