U.S. Individual Income Tax Return
for the year January 1–December 31, 1966, or other taxable year beginning ..................................................
1966, ending .................................. U.S. Treasury Department—Internal Revenue Service

First name and initial (If joint return, use first names and middle initials of both) Last name

Home address (Number and street or rural route)

City, town, or post office, and State ZIP code

Please print or type

Enter the name and address used on your return for 1965 (If the same as above, write “Same”). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1965 names and addresses.

Your present employer and address

Wife’s present employer and address, if joint return

Filing Status—check only one:

1a □ Single
1b □ Married filing joint return (even if only one had income)
1c □ Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.
1d □ Unmarried Head of Household
1e □ Surviving widow(er) with dependent child

Exemptions Regular 65 or over Blind
2a Yourself . □ □ □ Enter number of exemptions checked ▶▶▶
2b Wife . □ □ □
3a First names of your dependent children who lived with you ..............................................................
3b Number of other dependents (from page 2, Part I, line 3) Enter number ▶▶▶
4 Total exemptions claimed .................... ▶▶▶

Income 5 Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation ▶
6 Other income (from page 2, Part II, line 8) ▶
7 Total (add lines 5 and 6) ▶
8 Adjustments (from page 2, Part III, line 5) ▶
9 Total income (subtract line 8 from line 7) ▶

Figure tax by using either 10 or 11

10 Tax Table—If you do not itemize deductions and line 9 is less than $5,000, find your tax from tables in instructions. Do not use lines 11a, b, c, or d. Enter tax on line 12.

11 Tax Rate Schedule—

11a If you itemize deductions, enter total from page 2, Part IV
   If you do not itemize deductions, and line 9 is $5,000 or more enter the larger of:
   (1) 10 percent of line 9 or;
   (2) $200 ($100 if married and filing separate return) plus $100 for each
   exemption claimed on line 4, above.
   Deduction under (1) or (2) limited to $1,000 ($500 if married and filing separately).
11b Subtract line 11a from line 9 ▶
11c Multiply total number of exemptions on line 4, above, by $600
11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12.

Tax Credits Payments

12 Tax (from either Tax Table, see line 10, or Tax Rate Schedule, see line 11) ▶
13 Total credits (from page 2, Part V, line 5) ▶
14a Income tax (subtract line 13 from line 12) ▶
14b Tax from recomputing prior year investment credit (attach statement) ▶
15 Self-employment tax (Schedule C-3 or F-1) ▶
16 Total tax (add lines 14a, 14b, and 15) ▶
17 Total Federal income tax withheld (attach Forms W-2) ▶
18 1966 Estimated tax payments (include 1965 overpayment allowed as a credit) ▶
19 Excess F.I.C.A. Tax Withheld (two or more employers—see page 5 of inst.) ▶
20 Nonhighway Federal gasoline tax—Form 4136, Reg. Inv.—Form 2439 ▶
21 Total (add lines 17, 18, 19, and 20) ▶

Tax Due or Refund

22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return ▶
23 If payments (line 21) are larger than tax (line 16), enter Overpayment ▶▶▶
24 Amount of line 23 you wish credited to 1967 Estimated Tax ▶
25 Subtract line 24 from 23. Apply to: □ U.S. Savings Bonds, with excess refunded or □ Refund only ▶

Attach Check or Money Order here

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

Sign here ▶ If joint return, BOTH HUSBAND AND WIFE MUST SIGN even if only one had income.

Sign here ▶ Date ____________________________

Signature of preparer other than taxpayer. Address ____________________________ Date _____________
PART I. Exemptions  Complete only for dependents claimed on line 3b, page 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Did dependent have income of $600 or more?</th>
<th>Amount YOU furnished for dependent's support, if 100% write &quot;ALL&quot;</th>
<th>Amount furnished by OTHERS including dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

3 Total number of dependents listed above. Enter here and on page 1, line 3b.

PART II. Income from sources other than wages, etc.

1a Dividends and other distributions on stock (Name of payer write (H), (W), (J), for stock held by husband, wife, or jointly) ...

1b Exclusion (see instructions) ...

1c Capital gain distributions ...

1d Nontaxable distributions ...

1e Total lines 1b, 1c, and 1d ...

1f Taxable dividends (line 1a less line 1e—
not less than zero) ...

2 Interest (name of payer)

2a Earnings from savings and loan assoc., mutual savings banks, credit unions, etc ...

2b Interest on bank deposits (other than mutual savings) ...

2c Other interest (bonds, etc.) ...

2d Total interest income (lines 2a, 2b, & 2c)...

3 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (Sch. B)

4 Business income (Schedule C) ...

5 Sale or exchange of property (Schedule D) ...

6 Farm income (Schedule F) ...

7 Miscellaneous income (state nature) ...

8 TOTAL (add lines 1f through 7. Enter here and on page 1, line 6) ...

PART III. Adjustments

1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement) ...

2 Moving expenses (attach Form 3903) ...

3 Employee business expense (attach Form 2106 or other statement) ...

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE) ...

5 TOTAL ADJUSTMENTS (lines 1 through 4). Enter here and on page 1, line 8 ...

PART IV. Itemized deductions—Use only if you do not use tax table or standard deduction.

Medical and dental expense (not compensated by insurance or otherwise)—Attach itemized list. If 65 or over see instructions.

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 ...

7 Subtract line 6 from line 5; see page 8 of instructions for maximum limitation ...

Contributions.—Cash—including checks, money orders, etc. (itemize) ...

Taxes.—Real estate ...

State and local gasoline ...

General sales (see page 15 of instructions) ...

State and local income ...

Personal property ...

TOTAL TAXES ...

Interest expense.—Home Mortgage ...

Other (itemize) ...

Total interest expense ...

Miscellaneous deductions.—(see page 9 of instructions) ...

TOTAL DEDUCTIONS (for page 1, line 11a) ...

PART V. Credits

1 Retirement income credit (Schedule B) ...

2 Investment credit (Form 3468) ...

3 Foreign tax credit (Form 1116) ...

4 Tax-free covenant bonds credit ...

5 TOTAL CREDITS (add lines 1 through 4). Enter here and on page 1, line 13 ...