

Form **1040**

**U.S. Individual Income Tax Return**

U.S. Treasury Department, Internal Revenue Service



**1967**

for the year January 1–December 31, 1967,  
or other taxable year beginning \_\_\_\_\_, 1967, ending \_\_\_\_\_, 19\_\_\_\_\_

Please print or type

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

Last name

Your social security number

Home address (Number and street or rural route)

Your occupation

City, town or post office, and State

ZIP code

Spouse's social security number

Enter below name and address used on your return for 1966 (if same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1966 names and addresses.

Spouse's occupation

Your present employer and address

Spouse's present employer and address, if joint return

**Your Filing Status**—check only one:

- 1a  Single
- 1b  Married filing joint return (even if only one had income)
- 1c  Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above and give first name here \_\_\_\_\_
- 1d  Unmarried Head of Household
- 1e  Surviving widow(er) with dependent child

**Your Exemptions** Regular 65 or over Blind

- 2a Yourself . . .    } Enter number of boxes checked ▶
- 2b Spouse . . .    }
- 3a First names of your dependent children who lived with you \_\_\_\_\_ Enter number ▶
- 3b Number of other dependents (from page 2, Part I, line 3) \_\_\_\_\_

**Part I Exemptions** Complete only for dependents claimed on line 3b, page 1

(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				\$	\$
2					
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 Gross dividends and other distributions on stock (list payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

1b Exclusion (see instructions)

1c Capital gain distributions (see page 6 of instructions)

1d Nontaxable distributions (see page 6 of instructions)

1e Total (add lines 1b, 1c, and 1d)

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

Interest (list payers and amounts below)  
Earnings from savings and loan assoc. and credit unions.

Other interest (banks, bonds, tax refunds, etc.)

2 Total interest income

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

4 Business income or loss (attach Schedule C)

5 Sale or exchange of property (attach Schedule D)

6 Farm income or loss (attach Schedule F)

Miscellaneous income (state nature and source)

7 Total miscellaneous income

8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6

**Part III Adjustments to income**

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.

1 One-half (but not more than \$150) of insurance premiums for medical care

2 Total cost of medicine and drugs

3 Enter 1% of line 9, page 1

4 Subtract line 3 from line 2 (not less than zero)

5 Other medical, dental expenses (include balance of insurance premiums for medical care not deductible on line 1)

6 Total (add lines 4 and 5)

7 Enter 3% of line 9, page 1

8 Subtract line 7 from line 6 (not less than zero)

9 Total (add lines 1 and 8)

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

10 Total cash contributions

11 Other than cash (see instructions for required statement). Enter total of such items here

12 Carryover from prior years (see page 8 of instr.)

13 Total contributions (add lines 10, 11, and 12—see instructions for limitation)

Taxes.—Real estate

State and local gasoline

General sales (see page 15 of instructions)

State and local income

Personal property

14 Total taxes

Interest expense.—Home Mortgage

Other (itemize)

15 Total interest expense

Miscellaneous deductions.—(see page 9 of instructions)

16 Total miscellaneous

17 TOTAL DEDUCTIONS (add lines 9, 13, 14, 15, and 16). Enter here and on 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 TOTAL CREDITS (for page 1, line 13)

EXPENSE ACCOUNTS—If you had an expense allowance or charged expenses to your employer, check here  and see page 7 of instructions.