

For the year January 1–December 31, 1974, or other taxable year beginning, 1974, ending, 19

Name (If joint return, give first names and initials of both) Last name COUNTY OF RESIDENCE Your social security number Present home address (Number and street, including apartment number, or rural route) Spouse's social security no. City, town or post office, State and ZIP code Occupation Yours Spouse's

Filing Status (check only one) 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here 4 Unmarried Head of Household (See instructions on page 5) 5 Widow(er) with dependent child (Year spouse died 19) Exemptions Regular / 65 or over / Blind 6a Yourself 6b Spouse 6c First names of your dependent children who lived with you 6d Number of other dependents (from line 27) 7 Total exemptions claimed

8 Presidential Election Campaign Fund Do you wish to designate \$1 of your taxes for this fund? Yes No If joint return, does your spouse wish to designate \$1? Yes No Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

Income 9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see instructions on page 3.) 10a Dividends (See instructions on pages 6 and 13) 10b Less exclusion 11 Interest income. [If \$400 or less, enter total without listing in Schedule B] [If over \$400, enter total and list in Part II of Schedule B] 12 Income other than wages, dividends, and interest (from line 38) 13 Total (add lines 9, 10c, 11, and 12) 14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43) 15 Subtract line 14 from line 13 (adjusted gross income)

● If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 16. ● If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax. ● CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here and see instructions on page 7.

Tax, Payments and Credits 16 Tax, check if from: Tax Tables 1-12 Schedule D Tax Rate Schedule X, Y, or Z Schedule G OR Form 4726 17 Total credits (from line 54) 18 Income tax (subtract line 17 from line 16) 19 Other taxes (from line 61) 20 Total (add lines 18 and 19) 21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front) 21b 1974 estimated tax payments (include amount allowed as credit from 1973 return) 21c Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return 21d Other payments (from line 65) 22 Total (add lines 21a, b, c, and d) Pay amount on line 23 in full with this return. Write social security number on check or money order and make payable to Internal Revenue Service.

Balance Due or Refund 23 If line 20 is larger than line 22, enter BALANCE DUE IRS (Check here if Form 2210, Form 2210F, or statement is attached. See instructions on page 7.) 24 If line 22 is larger than line 20, enter amount OVERPAID 25 Amount of line 24 to be REFUNDED TO YOU 26 Amount of line 24 to be credited on 1975 estimated tax. If all of overpayment (line 24) is to be refunded (line 25), make no entry on line 26.

Sign 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. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge. Your signature Date Preparer's signature (other than taxpayer) Date Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Address (and ZIP Code) Preparer's Emp. Ident. or Soc. Sec. No.

Please attach Copy B of Forms W-2 here

Please attach Check or Money Order here

Other Dependents	(a) NAME	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
						\$

27 Total number of dependents listed in column (a). Enter here and on line 6d ▶

Part I Income other than Wages, Dividends, and Interest

28 Business income or (loss) (attach Schedule C)	28		
29 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	29		
30 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	30		
31 Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	31		
32 Farm income or (loss) (attach Schedule F)	32		
33 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	33		
34 50% of capital gain distributions (not reported on Schedule D—see instructions on page 8)	34		
35 State income tax refunds (does not apply if refund is for year in which you took the standard deduction—others see instructions on page 8).	35		
36 Alimony received	36		
37 Other (state nature and source—see instructions on page 8) ▶	37		
38 Total (add lines 28, 29, 30, 31, 32, 33, 34, 35, 36, and 37). Enter here and on line 12 ▶	38		

Part II Adjustments to Income

39 "Sick pay." (From Forms W-2 and W-2P. If not shown on Forms W-2 or W-2P, attach Form 2440 or statement.)	39		
40 Moving expense (attach Form 3903)	40		
41 Employee business expense (attach Form 2106 or statement)	41		
42 Payments as a self-employed person to a retirement plan, etc.—see instructions on page 9	42		
43 Total adjustments (add lines 39, 40, 41, and 42). Enter here and on line 14 ▶	43		

Part III Tax Computation (Do not use this part if you use Tax Tables 1-12 to find your tax.)

44 Adjusted gross income (from line 15)	44		
45 (a) If you itemize deductions, check here <input type="checkbox"/> and enter total from Schedule A, line 41 and attach Schedule A	45		
(b) If you do not itemize deductions, check here <input type="checkbox"/> and enter 15% of line 44, but do NOT enter more than \$2,000. (\$1,000 if line 3 checked)			
46 Subtract line 45 from line 44	46		
47 Multiply total number of exemptions claimed on line 7, by \$750	47		
48 Taxable income. Subtract line 47 from line 46	48		

(Figure your tax on the amount on line 48 by using Tax Rate Schedule X, Y, or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 16.

Part IV Credits

49 Retirement income credit (attach Schedule R)	49		
50 Investment credit (attach Form 3468)	50		
51 Foreign tax credit (attach Form 1116)	51		
52 Credit for contributions to candidates for public office—see instructions on page 9	52		
53 Work Incentive (WIN) credit (attach Form 4874)	53		
54 Total credits (add lines 49, 50, 51, 52, and 53). Enter here and on line 17 ▶	54		

Part V Other Taxes

55 Self-employment tax (attach Schedule SE)	55		
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Tax from recomputing prior-year Work Incentive (WIN) credit (attach schedule)	57		
58 Minimum tax. Check here <input type="checkbox"/> , if Form 4625 is attached	58		
59 Social security tax on tip income not reported to employer (attach Form 4137)	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60		
61 Total (add lines 55, 56, 57, 58, 59, and 60). Enter here and on line 19 ▶	61		

Part VI Other Payments

62 Excess FICA tax withheld (two or more employers—see instructions on page 9)	62		
63 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	63		
64 Credit from a Regulated Investment Company (attach Form 2439)	64		
65 Total (add lines 62, 63, and 64). Enter here and on line 21d ▶	65		

Foreign Accounts Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? Yes No
If "Yes," attach Form 4683. (For definitions, see Form 4683.)