Read instructions carefully.
Complete both sides of form.
Please print.

U. S. INDIVIDUAL INCOME TAX RETURN

If you use this form, the Internal Revenue Service will compute your tax.

1954

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

FORM 1040A
65974-0

Do not bend, pin, or mutilate.
ENCLOSE FORMS W-2

1. NAME

2. WIFE'S (HUSBAND'S) NAME

3. HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)

(CITY, TOWN, OR POST OFFICE) (ZONE) (STATE)

4. (Check) ☐ Single ☐ Married

5. Is this a joint return? ☐ Yes ☐ No

6. Is wife (husband) filing separately? ☐ Yes ☐ No

	Taxpayer's	Your Wife's (Husband's)
7. Social Security No.		
8. Wages →	(a)	(b)
9. Tax Withheld →	(a)	(b)
10. Other Income →	(a)	(b)
11. Special Credit →	(a)	(b)
12. Exclusion →	(a)	(b)

Only if joint return

● List your exemptions on other side.

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT, AND COMPLETE RETURN TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TAXPAYER'S SIGNATURE AND DATE | IF JOINT RETURN, WIFE'S (HUSBAND'S) SIGNATURE

(FOR USE OF INTERNAL REVENUE SERVICE)
C | B
T | R

13. EXEMPTIONS FOR YOURSELF AND WIFE (OR HUSBAND)

	EXEMP-TIONS
(a) For your own exemption, write the FIGURE 1 ───────────────▶	
(b) If you were 65 or over at the end of 1954, write the FIGURE 1 ──────▶	
(c) If taxpayer was blind at the end of 1954, write the FIGURE 1 ──────▶	
(d) If your wife (or husband) had no income in 1954, or if this is a joint return, write the FIGURE 1 for her (or his) exemption───▶	
(e) If she (or he) is claimed as an exemption in (d) above and was 65 or over at the end of 1954, write the FIGURE 1──────▶	
(f) If she (or he) is claimed as an exemption in (d) above and was blind at the end of 1954, write the FIGURE 1──────▶	

14. EXEMPTIONS FOR YOUR CHILDREN AND OTHER DEPENDENTS (List below)

Name (also give address if different from yours) ● Enter Figure 1 in the last column to right for each name listed.	Relationship	Answer ONLY for dependents other than children			
		Did dependent have gross income of $600 or more?	Amount YOU spent for dependent's support. If 100%, write "All"	Amount spent by OTHERS including dependent	
					▶
					▶
					▶
					▶
					▶
					▶

15. Enter total number of exemptions listed in items 13 and 14 above. ───────────────▶