

Form 1040A

U. S. INDIVIDUAL INCOME TAX RETURN (Less than \$10,000 total income)

1961

Please print →

1. Name (If a 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 Zone State

2. Your Social Security Number

3. Wife's Social Security Number

4. Check one:

Single; Married filing joint return;

Married filing separate return—

Name of wife (husband) _____

5. WAGES SHOWN ON FORMS W-2 AND OTHER INCOME		FEDERAL INCOME TAX WITHHELD	EMPLOYER'S NAME. Where employed. Write (W) before name of each wife's employers
If item 9 is \$10,000 or more, or if item 6 is over \$200, use Form 1040.			
6. INTEREST, DIVIDENDS, AND OTHER WAGES	Yours	7. Total Federal income tax withheld ↓	8. If you had an expense allowance or charged expenses to your employer, see instruction 8 and check here <input type="checkbox"/> if appropriate.
	Wife's		
9. TOTAL INCOME →			Enclose Forms W-2, Copy B. If your income was \$5,000 or more, you must compute your tax. However, if your income was less than \$5,000, you may have the Internal Revenue Service compute your tax by omitting items 10, 11, and 12. If you compute your own tax, ← pay balance (item 11) in full with return to your District Director. Please do not bend, pin or tear this card
10. Enter tax from Tax Table or from tax computation schedule →			
11. If item 10 is larger than item 7, enter balance due →			
12. If item 7 is larger than item 10, enter refund →			

13. EXEMPTIONS FOR YOURSELF—AND WIFE (only if all her income is included in this return, or she had no income)

Check blocks which apply.	}	(a) Regular \$600 exemption	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	} Enter number of exemptions checked →
		(b) Additional \$600 exemption if 65 or over at end of 1961	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
		(c) Additional \$600 exemption if blind at end of 1961	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	

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

NAME ▶ Enter figure 1 in the last column to right for each name listed (Give address if different from yours)	Relationship	ANSWER ONLY FOR DEPENDENTS OTHER THAN YOUR CHILDREN				
		Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "ALL"	Amount furnished by OTHERS including dependent. See instruction 14	→
				\$	\$	→
						→
						→
						→
						→
						→

15. Total exemptions from items 13 and 14 above

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

SIGN →				
HERE →	(Your signature)	(Date)	(If joint return, wife's signature)	(Date)

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