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U.S. INDIVIDUAL INCOME TAX RETURN (LESS THAN \$10,000 TOTAL INCOME)

1964

Please print ->	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, State and Postal ZIP code			Your social security number (Husband's if joint return) Wife's number, if joint return		4. Check one: Single;	_
						Married filing joint return (even if only one had in come); Married filing separately—	
						If your husband or wife also filing a return give hi or her first name and social security number.	
Enter the name and address used on your return for 1963. (If the same as above, write "Same.") If interest, dividends and nonwithheld wages are over \$200, use Form 1040.		interest, dividends and nonwithheld	5. Enter total wages, salaries, tips, etc. Enclose Forms W-2, Copy B. If not shown on enclosed Forms W-2 attach explanation. Wife's		Yours> Wife's>		
		6. Interest and dividends		Yours> Wife's>	_		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7. Total income (add item		_		
NOTE.—Married taxpayers: If you are changing from filing separate returns to a joint return or from a joint return to separate returns, enter names and addresses from the 1963 joint or separate returns. 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 8, 10,			8. Enter tax from Tax Tab	le or from tax computatio	n schedule>		
			9. Total Federal income ta				
			10. If item 8 is larger than		_		
			11. If item 9 is larger than	item 8, enter refund –			
and 11. If you compute your own tax, pay balance (item 10) in full with return to your District Director.		Apply refund to: U.S	3. Savings Bonds, with	excess refunded	i; or Refund only.		
U.S. TREASU	IRY DEPARTMENT . INTERNAL	REVENUE SERVICE	(OVER) LIST	YOUR EXEMPTION	NS AND SIG	N ON OTHER SIDE.	

12. EXEMPTIONS FOR YOURSELF-AND WIFE	(only if all her income	is included in this re	eturn, or she had n	income)			
Check boxes which apply							
(a) Regular \$600 exemption				Yourself V	Vife Enter	.	
(b) Additional \$600 exemption if 65 o	r over at end of 196	54		Yourself V	Vife boxes	Ì	
(c) Additional \$600 exemption if blind	l at end of 1964			Yourself \	Vife checked	→	
13. NUMBER OF YOUR DEPENDENT CHILDRE	N WHO LIVED WITH	YOU				->	
14. DEPENDENTS OTHER THAN THOSE CLAS	MED IN ITEM 13.						
(a) NAME ► Enter figure 1 in the last column to right for each name listed (If more space is needed, attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year also write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU fur- nished for dependent's support. If 100% write "ALL"	(f) Amount furnished by OTHERS including dependent. See instruction 14		
				ş	\$	→	
						→	
						→	
15. Total exemptions from items 12	2, 13, and 14 ab	ove				→	
f you had an expense allowance or charged expenses a					propriate.		
HERE	, , , , , , , , , , , , , , , , , , , ,		,				
If joint return, BOTH HUSBAND AND WIFE MUST SIGN even if only one had income.				Date			