**U.S. Individual Income Tax Return**  
(Less than $10,000 total income)

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, State and Postal ZIP code**

2. **Your social security number**  
   (Husband's if joint return)

3. **Wife's number, if joint return**

4. **Check one:**
   - a. Single;
   - b. Married filing joint return (even if only one had income);
   - c. Married filing separately - If your husband or wife is also filing a return give his or her first name and social security number.

5. Enter total wages, salaries, tips, etc. En- 
   close Forms W-2, Copy B. If not shown on 
   enclosed Forms W-2 attach explanation.

6. **Interest and dividends**

7. **Total income (add items 5 and 6)**

8. **Tax from Tax Table or tax computation schedule**

9. **Total Federal income tax withheld (from Forms W-2)**

10. **If item 8 is larger than item 9, enter balance due**

11. **If item 9 is larger than item 8, enter refund**

**Apply refund to:**  
- U.S. Savings Bonds, & excess refunded; or  
- Refund only.

**Over**  
LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE.

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**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, and 11. If you compute your own tax, pay balance**  
**(item 10)** in full with return to your District Director.
12. EXEMPTIONS FOR YOURSELF—AND WIFE (only if all her income is included in this return, or she had no income)

Check boxes which apply

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<th>Yourself</th>
<th>Regular</th>
<th>65 or over</th>
<th>Blind</th>
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<td>Wife</td>
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Enter number of exemptions checked

13. First names of your dependent children who lived with you

14. DEPENDENTS OTHER THAN THOSE CLAIMED IN ITEM 13.

<table>
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<tr>
<th>(a) NAME</th>
<th>(b) Relationship</th>
<th>(c) Months lived in your home, if born or died during year also write “B” or “D”</th>
<th>(d) Did dependent have income of $500 or more?</th>
<th>(e) Amount YOU furnished for dependent’s support, if 100% write “ALL”</th>
<th>(f) Amount furnished by OTHERS including dependent. See instruction 14</th>
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</table>

15. TOTAL EXEMPTIONS FROM ITEMS 12, 13, AND 14 ABOVE

Your present employer

Wife’s present employer

City and State where employed

City and State where employed

If you had an expense allowance or charged expenses to your employer, see instructions for “Reimbursed Expenses” and check here [] if appropriate.

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

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