

Form **1040 A** **U.S. Individual Income Tax Return** (Less than \$10,000 total income)

**1965**

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, 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.

If item 7 is \$10,000 or more, or if interest, dividends and non-withheld wages are over \$200, use Form 1040.

Enter the name & address used on your return for 1964 (If the same as above, write "Same.") If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1964 names and addresses.

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.

U.S. TREASURY DEPARTMENT • INTERNAL REVENUE SERVICE

5. Enter total wages, salaries, tips, etc. Enclose Forms W-2, Copy B. If not shown on enclosed Forms W-2 attach explanation.	Yours ▶	
	Wife's ▶	
6. Interest and dividends	Yours ▶	
	Wife's ▶	
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: <input type="checkbox"/> U.S. Savings Bonds, & excess refunded; or <input type="checkbox"/> Refund only.		

(OVER) LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE.

**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

	<b>Regular</b>	<b>65 or over</b>	<b>Blind</b>
Yourselves . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wife . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter number of exemptions checked ▶▶

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

Enter number ▶

**14. DEPENDENTS OTHER THAN THOSE CLAIMED 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 furnished for dependent's support. If 100% write "ALL"	(f) Amount furnished by OTHERS including dependent. See instruction 14
				\$	\$

**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.

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

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