

U.S. Treasury Department Internal Revenue Service

For the year January 1-December 31, 1967, or other taxable year beginning

, 1967, and ending , 19

First name and initial

Last name

Social security or employer identification number, if any

Number and street, or rural route

City or town, State and ZIP code, or country

Occupation in the United States

Check whether:

Individual

Fiduciary

State address to which you want refund check, if any, mailed if other than address shown above

TAX COMPUTATION: FOR INCOME EFFECTIVELY CONNECTED WITH U.S. BUSINESS

1 Enter all salaries, wages, bonuses, tips, commissions, etc.

Table with 4 columns: Employer's Name, Where Employed (City and State), Income Tax Withheld, Wages, etc. Rows 2-11 include Totals, Other income, Total, Deductions, Balance, Exemptions, Taxable income, Tax, and Investment/Foreign Tax Credits.

TAX COMPUTATION: FOR INCOME NOT EFFECTIVELY CONNECTED WITH U.S. BUSINESS

Table with 2 columns: Description, Amount. Row 12: Total income from page 2, Part I, line 7, col. (e). Row 13: Tax (30% or lower treaty rate of line 12).

TAX—CREDITS—PAYMENTS

Table with 2 columns: Description, Amount. Rows 14-22 include TOTAL (add lines 11 and 13), Tax from recomputing prior year investment credit, TOTAL TAX (add lines 14 and 15), Income tax withheld from line 2, U.S. income tax withheld at source, 1967 Estimated tax payments, Amount(s) paid with Form(s) 1040C, Reg. Inv., Nonhighway gas tax, Excess F.I.C.A., and TOTAL (add lines 17 through 21).

BALANCE DUE OR REFUND

Table with 2 columns: Description, Amount. Rows 23-26 include Balance Due, Overpayment, Amount of line 24 you wish credited to 1968 Estimated Tax, and Subtract line 25 from 24.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Signature of taxpayer, responsible representative or agent (Date)
Signature of preparer other than taxpayer (Address) (Date)

Part I.—INCOME FROM SOURCES OTHER THAN WAGES, ETC.

Enter on line 3 income from rents, annuities, farming, etc., and attach Schedule B (Form 1040) or Schedule F (Form 1040) whichever is applicable. Enter net profit (or loss) from business or profession on line 4. Disregard all references to Form 1040 on the schedules. Enter applicable exclusions in Part II.

Nature of income (a)	Name and address of your withholding agent (b)	Amount of U.S. income tax withheld and/or paid at the source (c)	AMOUNT OF INCOME	
			Effectively connected with a U.S. business (d)	Not effectively connected with a U.S. business (e)
1 Scholarship or fellowship grants				
2 Dividends (List payer(s))				
3 Other: (Specify)				
4 Net profit (or loss) from business or profession from page 3, Part IV, line 24.				
5 Net gain from Schedule D (Form 1040) Part IV, line 4.				
6 Net gain from page 4, Part V, line 2.				
7 Totals. Enter here and on applicable lines on page 1.				

Part II.—DEDUCTIONS AND EXCLUSIONS

Use this part to list your deductions and exclusions such as sick pay exclusion, dividends received exclusion (up to \$100 but not more than dividends reported in Part I, line 2, col. (d)), charitable contributions, employee business expenses, etc. If you reported income from a scholarship or fellowship in Part I, above, you are entitled to exclude up to \$300 (but not to exceed the amount of the grant) multiplied by the number of months for which you received amounts under the grant during the taxable year. (For more detailed information, see Document 5588.) NOTE: You are NOT entitled to any deductions in respect of income reported in Part I, column (e).

Nature of deduction or exclusion	Name and address of payee	Amount
1		

2 Total deductions and exclusions. Enter here and on page 1, line 5.

Part III.—EXEMPTIONS (Complete only if you are a resident of Canada, Mexico, or Japan. See page 3 of instructions.)

Check boxes which apply. 1 (a) Regular \$600 exemption Yourself Wife
 (b) Additional \$600 exemption if 65 or over at end of 1967 (Not applicable to residents of Japan) Yourself Wife
 (c) Additional \$600 exemption if blind at end of 1967 Yourself Wife

Enter number of boxes checked →

2 Exemptions for your children and other dependents (list below). Residents of Japan include only your children present in the U.S.

• If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 4 of instructions.

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
				\$	\$

3 Total exemptions

4 Multiply the total exemptions on line 3 by \$600. Enter here and on line 7, page 1.

