

Form Department of the Treasury Internal Revenue Service

For the year January 1-December 31, 1969, or other taxable year beginning

1969, 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.

2 Totals

3 Other income from page 3, Part III, line 7, col. (d)

4 Total (add lines 2 and 3)

5 Deductions and exclusions from page 3, Part IV, line 2

6 Balance (line 4 less line 5)

7 Exemptions: Enter \$600 (residents of Canada, Mexico, or Japan see Instr. 3 and complete Part II)

8 Taxable income (line 6 less line 7)

9 Tax (from tax rate sch., page 4 of 1040NR instr. or alt. tax from separate Sch. D, Form 1040)

10 Tax Surcharge. If line 9 is less than \$735, enter the surcharge from the table on page 4, of the instructions. If line 9 is \$735 or more, enter .10 of line 9

11 Total (add lines 9 and 10)

12 Investment credit (Form 3468) Foreign Tax Credit (Form 1116)

13 Tax (line 11 less line 12)

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

14 Total income from page 3, Part III, line 7, col. (e)

15 Tax (30% or lower treaty rate of line 14), attach computation schedule if treaty rate is used

TAX—CREDITS—PAYMENTS

16 TOTAL (add lines 13 and 15)

17 Tax from recomputing prior year investment credit (Form 4255)

18 TOTAL TAX (add lines 16 and 17)

19 Income tax withheld from line 2, above. (Attach Forms W-2 (Copy B).)

20 U.S. income tax withheld at source from page 3, Part III, col. (c), line 7

21 1969 Estimated tax payments

22 Amount(s) paid with Form(s) 1040C

23 Reg. Inv. (Form 2439), Nonhighway gas tax (Form 4136), Excess F.I.C.A.

24 TOTAL (add lines 19 through 23)

Make check or money order payable to Internal Revenue Service

BALANCE DUE OR REFUND

25 If payments (line 24) are less than tax (line 18), enter Balance Due. Pay in full with this return

26 If payments (line 24) are larger than tax (line 18), enter Overpayment

27 Amount of line 26 you wish credited to 1970 Estimated Tax

28 Subtract line 27 from 26. Excess to be refunded

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.

(Signature of taxpayer, responsible representative or agent)

(Date)

(Signature of preparer other than taxpayer)

(Address)

(Date)

Please type or print

Please attach Copy B of Form W-2 inside

Part I: PLEASE ANSWER ALL QUESTIONS

- 1 Of what country were you a citizen or national during the taxable year?
- 2 Give your address in the country of which you are a permanent resident
- 3 What country issued your passport?
- 4 Were you ever a United States citizen? YES NO
- 5 Give the purpose of your visit to the United States
- 6 Type of entry visa and visa number
- 7 Dates you entered and left the United States during the year. (Residents of Canada or Mexico entering and leaving the U.S. at frequent intervals, give name of country only.)
- 8 Residents of Canada, Mexico, or Japan:
 - (a) State number of days (including vacation and nonwork days) you were physically present in the United States during the taxable year
 - (b) Did your wife (husband) contribute to the support of any children claimed in Part II, line 2? YES NO If "Yes," state amount
- 9 Did you file a United States income tax return for any year prior to 1969? YES NO If "Yes," give the latest year and form number
- To which Internal Revenue office was it sent?
- 10 Have you excluded from gross income in this return any amount, other than foreign source income, not effectively connected with a U.S. trade or business? YES NO If "Yes," attach statement showing amount, nature, and source of each such item of income and the reason it was excluded from gross income.

- 11 If the benefits of a U.S. income tax convention with a foreign country are claimed, furnish the following information: Country
Type and amount of income claimed to be exempt
- Were you subject to tax in that country on any of the income claimed to be entitled to the benefits of the convention? YES NO
Did you have a permanent establishment (as defined by the tax convention and section 894(b) of the Code) in the United States at any time during the taxable year? YES NO
- 12 If this return is filed in behalf of a nonresident alien wife (husband) to report community income, show name, address, and social security number of husband (wife) and Internal Revenue office where filed
- 13 Did you file Form 1040C or Form 2063 during the taxable year? YES NO
If "Yes," state Internal Revenue office where filed
Date filed
- 14 If compensation is reported on line 1, page 1, has any income tax withheld by your employer on such compensation been released to you? YES NO
If "Yes," give the name of employer and amount released
- 15 To which Internal Revenue office did you pay the amounts claimed, if any, on lines 21 and 22, page 1?

Part II: EXEMPTIONS (Complete only if you are a resident of Canada, Mexico, or Japan. See page 4 of instructions.)

Check boxes which apply.	1 (a) Regular \$600 exemption	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	Enter number of boxes checked →
	(b) Additional \$600 exemption if 65 or over at end of 1969	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
	(c) Additional \$600 exemption if blind at end of 1969	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	

(Not applicable to residents of Japan)

2 Exemptions for your children and other dependents (list below). Residents of Japan include only your children present in the United States.
 • If an exemption is based on a multiple-support agreement of a group of persons, attach Form 2120.

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

Part III: INCOME FROM SOURCES OTHER THAN WAGES, ETC.

Enter on line 3 income from rents, annuities, farming, etc., and attach Schedule E (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 IV.

Table with 5 columns: Nature of income (a), Name and address of your withholding agent (b), Amount of U.S. income tax withheld and paid at the source (c), and two sub-columns under AMOUNT OF INCOME: Effectively connected with a U.S. business (d) and Not effectively connected with a U.S. business (e). Rows include Scholarship or fellowship grants, Dividends, Other, and Totals.

Part IV: 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 III, line 2, col. (d)), charitable contributions, employee business expenses, etc. If you reported income from a scholarship or fellowship in Part III, 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 Publication 518.) NOTE: You are NOT entitled to any deductions in respect of income reported in Part III, column (e).

Table with 3 columns: Nature of deduction or exclusion, Name and address of payee, and Amount. Row 1 is for listing individual deductions.

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

Part V: GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY. (Capital gains and income other than capital gains.)

To be completed by a nonresident alien with gains from the sale or exchange of property that are from sources within the United States and not "effectively connected" with a United States business. (Include all amounts described in Instruction I, except a(1).) Be sure to include in Part III, column (c) any United States income tax paid or withheld on these gains.

Gains (losses) of a nonresident alien from the sale or exchange of property that are "effectively connected" with a United States business are to be reported on a separate Schedule D (Form 1040).

Table with 7 columns: Kind of property (a), Date of acquisition (b), Date of sale (c), Gross sales price (d), Depreciation allowed (e), Cost or other basis, cost of subsequent improvements (f), and Gain or loss (g). Row 1 is for listing individual property sales.

2 Net gain. (Enter on page 3, Part III, line 6, column (e))

Part VI: PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

State: (I) Nature of business _____; (II) Employer identification number _____

(III) Business name and address _____

1 Gross receipts or gross sales \$ _____, Less: Returns and allowances \$ _____	\$	
2 Inventory* at beginning of year (if different from last year's closing inventory attach explanation) _____	\$	
3 Merchandise purchased \$ _____, less cost of any items withdrawn from business for personal use \$ _____		
4 Cost of labor (do not include salary paid to yourself) _____		
5 Material and supplies _____		
6 Other costs (explain below) _____		
7 Total of lines 2 through 6 _____	\$	
8 Inventory* at end of year _____		
9 Cost of goods sold (line 7 less line 8) _____		
10 Gross profit (line 1 less line 9) _____	\$	
OTHER BUSINESS DEDUCTIONS (Do not include any amount deducted elsewhere in this return)		
11 Depreciation and obsolescence (explain in Schedule A, below) _____	\$	
12 Taxes on business and business property (explain below) _____		
13 Rent on business property _____		
14 Repairs (explain below) _____		
15 Salaries and wages not included on line 4 (do not include any paid to yourself) _____		
16 Amortization (attach statement) _____		
17 Retirement plans, etc. (other than your share—attach Form 2950 or Form 2950SE) _____		
18 Interest on business indebtedness _____		
19 Bad debts arising from sales or services _____		
20 Losses of business property (attach statement) _____		
21 Depletion of mines, oil and gas wells, timber, etc. (attach schedule) _____		
22 Other business expenses (explain below) _____		
23 Total of lines 11 through 22 _____		
24 Net profit (or loss) (line 10 less line 23). Enter here and on page 3, Part III, line 4, column (d) _____	\$	

EXPLANATION OF DEDUCTIONS CLAIMED IN LINES 6, 12, 14, AND 22 OF PART VI

1. Line No.	2. Explanation	3. Amount	1. Line No.	2. Explanation	3. Amount
		\$			\$

*Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? Yes No. If "Yes," attach explanation.

Schedule A—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED

Where double headings appear use the first heading for depreciation under Revenue Procedures 62-21 and 65-13 and the second heading for other authorized practices. Note: In column 6 also write "G" for depreciation under Revenue Procedures 62-21 and 65-13.

1. Group and guideline class OR Description of property	2. Cost or other basis at beginning of year OR Cost or other basis	3. Asset additions in year (amount) OR Date acquired	4. Asset retirements in year (amount) (applicable only to Rev. Proc. 62-21)	5. Depreciation allowed or allowable in prior years	6. Method of computing depreciation	7. Class life OR Rate (%) or life	8. Depreciation for this year