U.S	RM 1040 Treasury Department		DIVIDUAL INC							
1012	rnal Revenue Service	Name(It	this is a joint return of husband	f and wife, use fi	rst names and middle					
		1	(Numbe	er and street or r	ural route)					
	int Commission Management	(City, town, or pos	sl office)	(Postal zone	number)	·^	(State)			
rous soc	ial Security Number	Occupation		4489.2.200	iai Security Rumber		Occupation			
	If Income	Was All From S	alaries and Wages,	Use Pages	1 and 2 Only	. 5 e	e Page 3 of	the	Instructions,	
Exemptions	Check for wife income or he included in thi 2. List first names qualify as dep address if diffe 3. Enter number	1. Check blocks which apply. Check for wife if she had no income or her income is included in this return. 2. List first names of your children who qualify as dependents; give address if different from yours. 3. Enter number of exemptions claimed for other persons listed at top of page 2. 4. Enter the total number of exemptions claimed on lines 1, 2, and 3.								
	5. Enter all wa	aes, salaries, bom	uses, commissions, tips allowance paid by your	s, and other	er compensatio	n bel	fore payroll	ded	uctions (includin	ng any
•	Employer	's Name	Where Employed (City and State)		(a) Wages, etc.			(b) Income Tax Wi	ithheid
7						_				
- ×- /				Enter tota	uls here — — >	\$			\$	_
6 OF FORMS W-2 MEKE	Profit (or loss Profit (or loss Other incom	s) from business from s) from farming from e (or loss) from pag	m separate Schedule (n separate Schedule F ge 3 (dividends, intere 1E (sum of lines 7, 8, 9	est, rents, p	ensions, etc.).				wife had more one employers social securi (FICA) withhel wages exce \$94.50, see i tions, page 5.	and the ity tax Id from e e d e d instruc-
<u></u>	Unmarried or le of Household,	egally separated pers " see instructions, pa	ions qualifying as "Head ge 7, and check here	□ Widd	ows and widowers al tax computation	with c	dependent chil Instructions, p	d who sage 8	are entitled to the	ie 🗌
Tax due or refund	I Table on page if you itemize the factories was all from wages, omit times 13 through 16. 17. (a) Tax with (b) Payment: District 18. If your tax (li	ge 16 of instruction of deductions, compiled (b) Retirement 14. Balance (line 15. Enter your sented (line 5 above) and credits on 19 to Director's office vine 12 or 16) is large). Attach Forms W— 258 Declaration of Esti where paid ger than your paymen	check here 2 and enter h line 5 of Se ine 12 of S m separate 2, Copy B. imated Tax	. If line 11 here the amount chedule J	is \$5 from \$ F	,000 or more line 9, page	or 2).	\$\$ \$\$ \$\$	
}	l	Pay in tull with this return to "Internal Revenue Service." If less than \$1.00, file return without payment. 9. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here ->								1
	if less than \$1.	00, the overpayment	will be refunded only up lited on 1959 estimated	on applicatio	11.				P	
			en!, or charge expenses to				page 6,)			
	in which you live.		Is your wife (husband) filin enter her (his) name.	· · · -) ti	Do you awe any ux for years before	
edge 🕬	nd belief is a true, cor	teri, and complete retu to be reperted in the re	return (including any accom irn. If the return is prepar eturn of which he has any k (If this is a joint return, B	ed by a personal nawledge.	n other than the ta	храуст	, his declaration	me an	ed to the best of my	knowi-
	·		is a foun tennil n			J, J111	11116	B.10	The same same	

Form 1040—19	58 EXEMPTIONS F	PERSONS OTHER			- 	Page	
	Name	Relationship	Months fived in your bome. If born or died during year also write "B" or "D"	Did dependent have gross meams of \$600 or mote?	Amount YOU fur- rished for dependent: support. If 100% write "All"	Amount furnished by OTHERS including dependent	
					\$	is	
	y=		!		 	-	
		- 	:				
	ge 1, the number of examptions is based on a multiple-support		persons, attach info	ormation describ	oed on page 5 of	instructions.	
at Hus	AIZED DEDUCTIONS—I band and Wife (Not Legally Set e to whom paid. If necessary write more	sarated) File Separate Reti	urns and Gne Item	ēzes Deductions,	the Other Must Ai	so Itemize	
				·			
	A						
Contributions							
	Total paid but not to exceed	1 20% of line 11, page 1	, except as describ	oed on page	of instructions	S	
Interest							
					Total interest	İ	
Taxes	<u></u>						
14403							
					Total taxes		
Medical and		y expanse compensated by gs IIN EXCESS of 1 percen	nce or otherwise		c		
dental expense	Other medical and dent						
(If 65 or over. see instructions,	^ Total						
page 10)	Enter 3 percent of line 13 Allowable amount (excess						
Other							
Deductions (See page 10 of							
nstructions and attach informa-							
tion required)	TOTAL DEDUCTIONS	/5-to-born and an line	O al Tay Camp		Total	-	
		ATION-IF YOU				*	
1. Enter Adjus	ted Gross are from line	11, page 1				\$	
2. If deduction	are itemi. Sove, enter t	otal of such deductions.	. If deductions	are not itemize			
above, is 1	(a) o man (b) all oth	ied person filing a sepa ers enter 10 percent of l			smaller		
3. Balance (lin	ie 1 less line 2)			-		;	
4. Multiply \$6	600 by total number of exe	mptions claimed on lin	e 4, page 1		• • • • • • • • • • • •		
5. TAXABL 6. Tax on c	NCOME (line 3 less line on line 5. Use appro						
Tax Tabi	page 16,				. <i>.</i>		
	apital gains and the altern	·· · · · · · · · · · · · · · · · ·	the tax from s	eparate Sched	ule D		
	If you itemized deduction or income tax payments to a lo		session (Attach Fo	orm 1° `	\$		
(b) Tax pai	d at source on tax-free covenant	bond interest and credit fo	r partially tax-exer	mptint≘ ∉st			
(c) (old)	· · <i>, · · · · · · · · · · · · · · · · ·</i>			Er	Iter nere		

9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c)...

GPO

IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2

1. Name of qualifying corporation (Indicate by (H), (W), (i) whether stack is held by		d (See instruction	s, page 11);	Amount	-	
4				\$	-	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					-	
			<b></b>	-	_	
2. Total	<del>-</del> *			-   <del></del>	-	-
<ol> <li>Exclusion of \$50 (If both husband not more than \$50 of his (her) or</li> </ol>			titled to exclude	<b>.</b>	-	
4. Excess, if any, of line 2 over lin					-} .	
5. Name of nonqualifying corporation	declaring dividend	l:				
·					-	
6. Enter total of lines 4 and 5		· · · · · · · · · · · · · · · · · · ·			\$	
Schedule BINCOME FROM INTER				· · · · · · · · · · · · · · · · · · ·	•	
Name of payer	Amount	Name	ol payer	Amount	-	ţ
	\$			\$		
u	<del> </del>					
·					-	
	<b></b>			<u>-</u>		
<del></del>				Enter total here→		·;
Schedule D Summary.—GAINS AND 1		· —	<del></del>	<del></del>		
<ol> <li>From sale or exchange of capital as</li> </ol>	· ·	· ·		· · · · · · · · · · · · · · · · · · ·		
2. From sale or exchange of property	other than capital a	ssets (trom separate	Schedule D)	· · · · · · · · · · · · · · · · · · ·		
Schedule E.—INCOME FROM PENSI Part I.—General Rule	ONS AND ANNUIT	IES (See Instruction	s, page 12)			
1. Investment in contract	\$	4. Amount receive	d this year	\$	Ì	
2. Expected return	\$	<ol><li>Amount exclude</li></ol>	able (line 4 multip	olied	j	
<ol><li>Percentage of income to be exclude</li></ol>	d	by line 3)			ľ	
(line 1 divided by line 2)		<ol><li>Taxable portion</li></ol>				
Part IIWhere your cost will be rec					Ì	
<ol> <li>Cost of annuity (amounts you paid)</li> </ol>		<ol> <li>Amount received</li> </ol>	d this year	····!\$		
2. Cost received tax-free in past years	1.			, , , , , , , , , , , , , , , , , , , ,		
<ol><li>Remainder of cost (line 1 less line 2)</li></ol>		5. Taxable portion	(excess, if any, of	line 4 over line 3)		[
Schedule G.—INCOME FROM RENTS				<del></del>		
1. Kind and location of property	2. Amount of reni or royally	3. Depreciation (explain in Sch. I) or depletion	4. Repairs (attach itemized list)	5 Other expenses (attach itemized list)		•
	\$	\$	\$	\$		į
	!	;				
	· · ·	<u> </u>	 			
1. Totals	\$	\$	\$	\$		
<ol><li>Net income (or loss) from rents an</li></ol>	d royalties (colum	1 2 less sum of colu	mns 3, 4, and 5	) <b></b>		]
Schedule H.—OTHER INCOME						
					•	İ
1. Parmerships (name and address)						
2. Estates or trusts (name and address)						
3. Other sources (state nature)						
						-

## IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2

Schedule L-EXPLANATION OF DEDU	CTION FOR DE	PRECIATION CLA	HMED IN SCHLOU	LE G		
Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
	i		·		-	
	j				-  - -	
	:					
	<u> </u>		· 		-! -	
	<b></b>		.		-	
Cabadala I BIVIDENDO DECEMED C	DEBIT (Con inst		<u>'</u>		<del>'</del>	
Schedule J.—DIVIDENDS RECEIVED C	KEDII (268 mg	rections, page 14)				
<ol> <li>Amount of dividends on line 4, Sch</li> <li>Tentative credit (4 percent of line 1</li> </ol>					\$	
	LIMITAT	ION ON CREDIT				į
<ul><li>3. Tax shown on line 12, page 1, plu</li><li>4. 4 percent of taxable income</li></ul>				• • • • • • • • • • • • • • • • • • •		
Taxable (a) If tax is computed Income (b) If Tax Table is use			5, page 2. 1, less 10 percent there	not and loce th	_	
Means deduction for exem	nptions (\$600 mult	iplied by the number	of exemptions claimed o	n line 4, page 1.	).	
5. Dividends received credit. Enter 3, or 4, above				mounts on lin	ne 2, \$	
Schedule KRETIREMENT INCOME (	CREDIT (See in:	structions, page 14)				
Tais credit does not apply: 1. If you receive 2. If you are un 3. If you are 65	d pensions or ann der 65 years of ag or over and unde	uities of \$1,200 or m e and had "earned i r 72, and had "earne	tore from Social Securit neome" of \$2,100 or m ed income" of \$2,400 or	ty or Railroad I ore; OR · more,	Retiromont;	
If separate return, use column B only. If joint				A		В
Did you receive earned income in excess of \$6 1958? Widow or widowers see instruc	00 in each of any	10 calendar veas be		☐ Yes ☐	No	Yes 🗌 No
If answer above is "Yes" in either column, for			nn.			1 1 1 1
1. Retirement income for taxable year						
(a) For taxpayers under 65 year	s of age:	-				
Enter only income received fr	-	nd annuities under	public retirement	Œ	l _e	
systems(b) For taxpayers 65 years of a		· · · · · · · · · · · · · · · · · · ·	· · · • • • · · · · • • • • • • • • • •	J		
Enter total of pensions and ann	-	gross rents, and div	ridends		] _	
	ON RETIREMEN	-		<u> </u>		
2. Maximum amount of retirement inc	ome for credit o	computation		\$ 1,200	00 \$	1,200 00
3. Deduct:						;
(a) Amounts received in taxable y Act, the Railroad Retirement A	ear as pensions Acts, and certair	or annuities under 1 other exclusions f	the Social Security rom gross income		-	
(b) Earned income received in faxing this line does not apply to persons 72	able year:		ļ		}	
(1) Taxpayers under 65 years	of the enter of	r) mount in excess of	\$900			
(2) Taxpayers 65 or over and	under 72. enter	amount in excess	of \$1.200			
4. Total of lines 3(a) and 3(b	)	, , ,		<u> </u>		
5. Balance (line 2 minus line 4)				<del></del>		
6. Line 5 or line 1, whichever is small	ler	• • • • • • • • • • • • • • •			: -1	: <u> </u>
7. Tentative credit (20 percent of line	6)	• • • • • • • • • • • • •			1 1	
8. Total tentative credit on this return LIMITAT	-	ts on line 7, colun REMENT INCOME		:	••••	
9. Amount of tax shown on line 12, p	age 1					
<ol> <li>Less: Dividends received credit from</li> </ol>	m line 5, Sched	lule J, above			••••	
11. Balance (line 9 less line 10)		5/EX				
Retirement income credit. Enter he is smaller			amount on line 8 or 1		\$	