	FORM 104 U.S. Treasury Dep	artment	ME TAX RETURN—1964	Your social security number (Husband's if joint return)					
int or Type	Internal Revenue First name and initial	(If joint return, use first names and middle initials of both)	Last name	Occupation					
	Home address (Number and street or rural route)			Wife's number, If Joint return					
Please Print or	City, town or post off	ice, and State	Postal ZIP code	Occupation					
교	Enter the name and address used on your return for 1963 (if the same as above, write "Same"). If none filed, give reason.								
		d taxpayers: If you are changing from filing separate a separate returns, enter names and addresses from the		e instructions before impleting your return.					
	1a. 🗌 Single								
	b. 🗌 Marrie	☐ Wife] Enter number							
	. c. 🗌 Marrie	b. Age 65 or over Yourself	of house						
	filing a return give his or her first name and social security number.			☐ Wife					
	444-444		3a. Number of your dependent children	who lived with you					
	d. 🗌 Unmar	ried Head of Household	b. Number of other dependents (from lin						
	e. 🗌 Survivir	ng widow(er) with dependent child	4. Total exemptions claimed	<u> —</u> >					
		INCOMEIf joint return, incl	lude all income of both husband and wife	1					
•		plaries, tips, etc. If not shown on attached Fo							
		ome (from line 9, Part II, page 2)							
Here	-	d lines 5 and 6)							
Ŋ		nts (from line 5, Part III, page 2).		•					
≶ =	9. lotal inco	•		• •					
• Attach Copy B of Form W-2	TAX COMPU- TATION	10. Tax Table—If you do not itemize deductions an in instructions. Do not use lines 11 a, b, c, or 11. Tax Rate Schedule— a. If you itemize deductions, enter total from Polifyou do not itemize deductions, and line (1) 10 percent of line 9 or; (2) \$200 (\$100 if married and filing sep claimed on line 4, above. The deduction computed under (1) or (5 filing separate return). b. Subtract line 11a from line 9	d line 9 is less than \$5,000, find your tax from d. Enter tax on line 12. art IV, page 2 9 is \$5,000 or more enter the larger of: parate return) plus \$100 for each exemption 2) is limited to \$1,000 (\$500 if married and	\. •					
		c. Multiply total number of exemptions on line		• -					
		d. Subtract line 11c from line 11b. (Figure you page 10 of instructions. Enter tax on line 12.		ne on					
	TAX-CREDITS-PAYMENTS								
	12. Tax (from	either Tax Table, line 10, or Tax Rate Schedul	e, line 11)	. •					
•		its (from line 5, Part V, page 2)		· • ————					
Here	14. Income tax (subtract line 13 from line 12)								
	15. Self-employment tax (Schedule C-3 or F-1)								
money Order	16. Total tax (add lines 14 and 15). If either you or your wife worked for more than one employer, see page 5 of instructions.								
9	17a.Total Federal income tax withheld (attach Forms W-2)								
6	b.1964 Estimated tax payments (Include 1963 overpayment allowed as a credit) (Office where paid)								
Ě	c. Total (add lines 17a and 17b).								
þ	-	TAY DUE OD BEELIN							
Š	18: If novment	18. If payments (line 17c) are less than tax (line 16), enter Balance Due. With this return.							
CI GCK	19. If payments (line 17c) are larger than tax (line 16), enter Overpayment								
	20. Amount o								
Attaca		ne 20 from 19. Apply to: U.S. Savings Bon		only.					
Ē.	Under penalties o	of perjury, I declare that I have examined this return, incl e, correct, and complete. If prepared by a person other	uding accompanying schedules and statements,	and to the best of my knowledge					
	HERE	If joint return, BOTH HUSBAND AND WIFE N	NUST SIGN even if only one had income.	Date					
	Sign here	Signature of preparer other than taxpayer to	783634-1 Address	Date					

PART I.—EXEMPTIONS—Complete only for dependents claimed on line 3b, page 1											
(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Mon	ths lived in your f born or died dur- write "B" or "D"	(d) Did dependent	(e) Amount YOU fur for dependent's sup If 100% write "Al	rished	(f) Amoun by OTHER depe	nt furnished IS including endent			
1					\$		\$				
2		 			***		ļ				
3. Total number of dependents listed above.	Enter_here and or	n line_3b	, page 1				\rightarrow				
PART IIINCOME FROM ALL S	OURCES OF	THER	PART IV.	ITEMIZED D	EDUCTIONS-	-Use	only if	you do			
THAN WAGES, SALARI	ES, ETC.				able or standa						
Dividends and Other Distributions			Medical an	d dental expense. spensated by insura	—Attach itemized nce or otherwise.	d list. NO	Do not i TE: If you	enter any u or vou			
A. Gross amount	wife are 65	or over, or if eithe	r has a dependen	t pare							
B. Nontaxable and capital gain distributions.		structions for possibless, if any, of me				1					
C. Subtract item B from item A. Give details in lines	<u>. </u>		over 1%	of line 9, page 1							
Explanation of Item C (Write (8), (W), (J) for stock h	eld by husband, wife,	ar jointly)	2. Other me	edical, dental exper	nses (include hos-	1					
1a. Qualifying dividends (Name of payer)	pital insur	rance premiums) .									
			1	ld lines 1 and 2) .		1	•				
	·-•		4. Enfer 3%	of line 9, page 1 (s	iee '''' ove) .						
			5. Subtract !	line 4 from line 3;	see. 8 of in-			•			
			structions	for maximum limit	alion	.					
	1			is.—If other than p							
W . A	I			nentsee instruction							
								;			
b. Subtract \$100. If joint return see instructions			:								
c. Balance			•	•		1		į			
d. Nonqualifying dividends (Name of payer)	[1									
		:				i					
Total	1					ļ					
2. Total (add lines to and 1d)				structions for limitat							
	ľ			•		-					
3. Interest (Name of payer)	1			me mortgage				÷			
	1		Other (Spec	:ify)		1					
	Į.		,					:			
	!		i								
Total interest income	ţ			·				į			
	- -			Total intere	st expense						
 Pension: and annuities, rents and royalties partnerships, and estates or trusts (Schedule B) 	•		į.	estate		[
5. Business income (Schedule C)	•	i	1	cal gasoline		1		•			
6. Sale or exchange of property (Schedule D) .			1	25		,		!			
7. Farm income (Schedule F)		- 		cal income							
8. Other sources (state nature)		į	Personal pro	perty	otal taxes —>			į			
		ŀ	1	ctions (see page 9	-			i			
Total other sources	<u>-</u>	-						•			
9. Add lines 2 through 8. Enter here and or	1					-		1			
line 6, page 1	<u> </u>										
PART III.—ADJUSTMENTS	ļ		**************	Total other a	leductions —>	1					
 "Sick pay" if included in line 5, page 1 (Attack Form 2440 or other required statement) 	1		TOTAL DE	DUCTIONS (For lin	ne11a,pc (e1)→		-				
2. Moving expenses (attach Form 3903)			PART V					=			
3. Employer Susiness expense (attach Form 2106				received credit: E	nter smallest of	[
or othe sment)	'.	!	(a) 2% o	of time 15, Part II, (b) tax shown on l						
4. Payme self-employed persons to retire	.		2% of ta	age 1 less foreign exable income (see	instructions),	İ					
ment p. etc. (Attach Form 2950SE)	-	- 	2. Retiremen	t income credit (Sc	hedule B)		******				
5. Total adjustments (lines 1 through 4). Ente				rt credit (Form 346)							
here and on line 8, page 1		<u> </u>		tax credit (Form 11							
EXPENSE ACCOUNT INFORMATION-		covenant bonds cre		 							
allowance or charged expenses to your employ see page 7 of instructions.		dits (add lines 1 thr on line 13, page 1		ļ		į					
see bode viol manacious:			. Hele unu	on mie 13, page 1	<u> </u>	<u> </u>					