## 



e	First name ar	d initial	l (If joint return, use first names and middle initials of both)		Last name	You	r social t	security n	umber
Ş								_	
ò									
print or type	Home address (Number and street or rural route)						Your occupation		
Please							Spouse's social security number		
ā									
	Enter below name and address used on your return for 1966 (if same as above, write "Same"). If none filed, give reason, from separate to joint or joint to separate returns, enter 1966 names and addresses.						se's occup	ation	
	Your prese	ntemp	ployer and address						
	Spouse's p	resent	employer and address, if joint return						
	Your Fili	ng Si	tatus—check only one:	Your Exemptions Regular 65 or over Blind					
	la 🗆 Single				ourself 🗀 🗆			Enter number	
	1b   Married filing joint return (even if only one had income)				2b Spouse □ □ of boxes checked ►				
	ic  Married filing separately. If spouse is also filing a return,  3a First names of your dependent						who lit	ved with	
<u> </u>	enter her (his) social security number in space provided above							********	
		-	irst name here					Enter number <b>)</b>	
			ed Head of Household		Number of other dependents (from				i
		rviving	g widow(er) with dependent child		otal exemptions claimed			<u></u>	<u> </u>
ē	Income	5	Wages, salaries, tips, etc. If not shown on at	tached	Forms W-2 attach explanation				
ള	If joint re- turn include	6	Other income (from page 2, Part II, line 8)		_ <del></del>	6			-  <b></b>
	all income of both	7	Total (add lines 5 and 6)		<u> </u>	7			-
orm W–2	husband	8	Adjustments to income (from page 2, Part III,	(ine 5		<u> </u>	<u> </u>		- <u> </u>
	and wife	9	Total income (subtract line 8 from line 7)			9			100000
Boff	Find tax from table ——OR——	10	If you do not itemize deductions and line 9 is tables in instructions. Do not use lines 11a,	ine 9 is less than \$5,000, find your tax from es 11a, b, c, or d. <b>Enter tax on line 12.</b>					
ch Copy	Figure tax	11a	If you itemize deductions, enter total from page If you do not itemize deductions, and line 9 (1) 10 percent of line 9; OR (2) \$200 (\$10 plus \$100 for each exemption claimed on Deduction under (1) or (2) limited to \$1,000	lia					
e a	using tax rate	11h	1b Subtract line 11a from line 9						<i>(//<u>//////</u></i> T
Ses.	schedules		Multiply total number of exemptions on line 4, above, by \$600					•	
Ĭ			Subtract line 11c from line 11b. Enter balance	11c		· · · · · ·	-		
			amount by using tax rate schedule on page 11	11d			! - -!		
	Your Tax, Credits,	12	Tax (from either Tax Table, see line 10, or Tax	Rate 9	Schedule, see lines 11a-11d)	12			
		13	Total credits (from page 2, Part V, line 4)			13			
L		14a	Income tax (subtract line 13 from line 12)			14a			
		14b	b Tax from recomputing prior year investment credit (attach statement)						
		15_							<u> </u>
•		16	Total tax (add lines 14a, 14b, and 15)			16	 		1
=	Pay-	17	Total Federal income tax withheld (attach Forn						
=	ments	18_	Excess F.I.C.A. tax withheld (two or more employers—see			-			
_		19	□ Nonhighway Federal gasoline tax—Form 4136, □ Reg. Inv.—Form 2439 19  1967 Estimated tax payments (include 1966 overpayment allowed as a credit) 20						
<u> </u>		20	1967 Estimated tax payments (include 1966 overpayment	21	<u> 200000</u>		<u> </u>		
Ē.		21 Total (add lines 17, 18, 19, and 20)					·		
2	Balance	22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return							<b> </b> -
	Due or Refund		23 If payments (line 21) are larger than tax (line 16), enter Overpayment					·	ļ
3		24 Amount of line 23 you wish credited to 1968 Estimated Tax					<u> </u>		<u> </u>
ξ.		25 Subtract line 24 from 23. Apply to: U.S. Savings Bonds, with excess refunded or Refund only					1		<u>,</u>
	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 beling 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.								
<u>.</u>	Sign	Date   Notification of historical distribution o							
-	here 🕨	Spous	e's signature (If filing jointly, BOTH must sign even if only one had in	icame)	Address		o\$8	—1 <b>6—7932</b> 3	3-1

Nontaxable distributions   10 Capital gain gain gain gain gain gain gain gain		Part 1 Exemptions Complete only				b, page 1		10401967Page 2
Total number of dependents listed above. Enter here and on page 1, line 3b.    Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other than wages, etc.   Part III Income from sources other wages, etc.   Part I	•	,		home, if i ing year v	born or died dur- vrite "B" or "D"	ent have income of \$600 or more?	h _	by OTHERS includ- ing dependent.
3 Total number of dependents listed above. Enter here and on page 1, line 3b  Port III Income from sources other than wages, etc.  A constrained and other distributions on stock (sit payers and amoust—write (rit), (W), (I), for stock hald by husband, wite, or jointry)  Carolina (sit payers)  A subtract line 3 from line 2 tool lists that are on the decided and dental sepanes (not compensated by insurance or otherwise)—Attach itemized lists.  Carolal (sit lines 4 payers)  A subtract line 3 from line 2 tool lists that are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise)—Attach itemized lists.  Carolal sit lines 4 payers (so the sit has are on 5 otherwise) and a subtract lines 7 from line 2 other lists are on 5 otherwise).  Carolal sit lines 4 payers	2		-				<b>D</b>	<b>\$</b>
Total line 1a.  Total line 1b.  Total line 1b.	3					ne 3b	·	•
La Gross dividends and other distributions on stock (till payers and anounts—write (th), (W), (f), for stock hidd by husband, wite, or jointly)  Total line 1a.  Total line 1a.  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Capital gain distributions (oce page 5 of instructions).  Le Taxable dividends (line 1a less line 1—not less than 2cro).  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learning from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan assoc. and credit unions.  Learnings from savings and loan asso	Ĭ	Part II Income from sources othe	r than wage	es, etc.	Part IV			only if you do not use
surance premiums for medical care  2 Total cost of medicine and drugs  3 Enter 1% of line 9, page 1  4 Subtract line 3 from line 2 (not less that pare)  5 Other medicine, dental expenses (include balance of insurance premiums for medical care  5 Other medicine, dental expenses (include balance of insurance premiums for medical balance of insurance premiums for medical care  5 Total (and lines 4 and 5)  10 Total span distributions (see page 6 of instructions).  11 Nontarable distributions (see page 6 of instructions).  12 Total (add lines 1, b, c, and 1, d).  13 Total (add lines 1, b, c, and 1, d).  14 Total (add lines 1, b, c, and 1, d).  15 Taxable dividends (line 1a less line 1 emot less than zero).  16 Total (add lines 1, b, c, and 1, d).  17 Taxable dividends (line 1a less line 1 emot less than zero).  10 Total cash contributions.  10 Total cash contributions.  10 Total cash contributions.  10 Total cash contributions.  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 et lench.)  13 Total contributions.  10 Total cash contributions.  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 et lench.)  13 Total contributions.  13 Total contributions.  14 Total cash contributions.  15 Total interest income.  2 Total interest income.  3 Pensions and annulities, enths and royaliss, part-  pensions, estate and local gasoline.  Ceneral sales (see page 15 of instructions)  14 Total cash contributions.  15 Total interest expense.  16 Total 'riscellaneous'  16 Total 'riscellaneous'  17 Total miscellaneous income  18 Total interest expense.  19 Total interest expense.  19 Total cash contributions.  10 Total cash contributions.  10 Total cash contributions.  10 Total cash	1a				Medical an otherwise)	id dental expe	ense (not compensat	ed by insurance o
3 Enter 1% of line 9, page 1  4 Subtract line 3 from line 2 (not lest than zero)  5 Other medical, dental expenses (include cal care not deductible on line 1)  10 Eclapian gain distributions (see page 6 of instructions).  11 Capital gain distributions (see page 6 of instructions).  12 Parties 2 page 6 of instructions).  13 Nontaxable distributions (see page 6 of instructions).  14 Total lines 1a, c., and d.)  15 Total (side lines 1a, c., and d.)  16 Total (side lines 1a, c., and d.)  17 Taxable dividends (line 1a less line 1e—not less than zero)  18 Subtract line 7 from line 6 (not less than zero)  19 Total (side lines 1a, c., and d.)  10 Total cash contributions—Cash—including checks, money orders, etc (termize)  11 O'Total cash contributions  12 Carryover from prior years (see page 8 of instructions) for required statement).  13 Total contributions (see instructions) for required statement).  14 Total cash contributions  15 Total cash contributions  10 Total cash contributions  10 Total cash contributions  11 O'Total cash contributions  12 Carryover from prior years (see page 8 of instructions).  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation).  14 Taxable dividends (line 1a less line 1a, and 12—see instructions for limitation).  15 Total interest income  2 Total interest income  2 Total interest income  2 Total interest income  3 Pensions and annulities, rents and royalities, partnerships, estates or trusts, etc. (attach 5ch. 8).  14 Total taxes.  15 Total interest expense.  16 Total income or loss (attach Schedule C).  17 Total miscellaneous income  18 Total interest expense.  19 Total interest expense.  19 Total interest expense.  10 Total cash contributions  10 Total cash contributions  11 O'Total cash contributions (add lines 10, 11, and 12—see instructions).  12 Total interest expense.  13 Total interest expense.  14 Total taxes.  15 Total interest expense.  16 Total interest expense.  17 Total interest expense.  18 Total interest expense.  19 Total interest expense.		jointly)						
A Subtract line 3 from line 2 (bot less than zero)			2 Total co	2 Total cost of medicine and drugs				
Soften medical, dental expenses (include balance of insurance premiums for medical care not deductible on line 1   Total line 1a				·····	1			
Total line 1a					5 Other m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
16 Exclusion (see instructions)   2 Enter 3%, of line 9, page 1   2 Subtract line 7 from line 6 (not less than zero)   9 Total (add lines 1 and 8)   1		<u> </u>	cal care not deductible on line 1)					
10 Capital gain distributions (see page 6 of instructions).  11 Nonatxable distributions (see page 6 of instructions).  12 Total (add lines 1 and 8).  13 Total (add lines 1 and 1d).  14 Taxable dividends (line 1a less line 1e_not less shan zero).  15 Total (sist payers and amounts below)  Earnings from savings and loan assoc, and credit unions.  10 Total cash contributions  10 Total cash (see instructions for required statement).  11 Other than cash (see instructions for required statement).  12 Carryover from prior years see page at client.  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation).  Taxes.—Real estate  13 Total interest income  2 Total interest income  2 Total interest income  3 Pensions and annulties, rents and royaliss, partnerships, estates or trusts, etc. (attach Schedule C).  5 Sale or exchange of property (attach Schedule C).  5 Sale or exchange of property (attach Schedule C).  5 Farm income or loss (attach Schedule C).  15 Total miscellaneous income (stote nature and source).  16 Total miscellaneous income  17 Total miscellaneous income  18 Total (add lines 1 and 8).  2 Contributions.—Cash.—including checks, money orders, etc. (itemize).  10 Total cash (see instructions for required statement).  13 Total interest (banks, bonds, tax refunds, etc.).  15 Total interest income (stote instructions).  16 Total cantributions.  17 Total miscellaneous income  18 Total (add lines 1 (a	••				-		•	
See page 6 of instructions   Contributions   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (see page 6 of instructions)   Cashincluding checks, money orders, etc (stemze)   Cashincluding checks, etc (stemze)   Cashincluding checks, money orders, etc (stemze)   Cashincluding checks, etc (stemze)   Cashincluding ch	-						-	
(see page 6 of instructions).  1e Total (add lines 1b, 1c, and 1d)	70	(see page 6 of instructions).			9 Total (ad	dd lines 1 and	8)	
12 Total (add lines 1b, 1c, and 1d)  17 Taxable dividends (line 1a less line 1e— not less than zero)  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  10 Total cash contributions  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 of inter.)  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation) ▶  Taxes.—Real estate  State and local gasoline  General sales (see page 15 of instructions)  State and local income  Personal property  14 Total taxes.  Interest expense.—Home Mortgage  Other (itemize)  Total miscellaneous income (state nature and source)  15 Total interest expense.  Miscellaneous deductions.—(see page 9 of instructions)  17 Total miscellaneous income  18 Total (add lines 1f, 2, 3, 4, 5, 6, and 7) Enter here and on page 1, line 6.  Part III Adjustments to income  1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement)  2 Moving expenses (attach Form 3903)  3 Employee business expense (attach Form 2903)  3 Employee business expense (attach Form 2950SE)  4 Payments by self-employed persons to retirement plans, etc. (attach Form 2550SE)  5 Total Interest from 1116)  5 Total CREDITS (for page 1, line 13)  FORTAL ANDISTMENTS (fixed 1 through 4)  4 Total CREDITS (for page 1, line 13)	1d							
Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  10 Total cash contributions	1e		·	_   _				
Interest (list payers and amounts below)  Earnings from savings and loan assoc, and credit unions.  10 Total cash contributions  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 el instructions for limitation).  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation).  Taxes.—Real estate  State and local gasoline.  General sales (see page 15 el instructions).  State and local income.  Personal property  Interest expense.—Home Mortgage.  Other (itemize).  Total miscellaneous income (stateh Schedule 0).  Farm income or loss (attach Schedule F).  Interest expense.—Home Mortgage.  Other (itemize).  Total miscellaneous income (state nature and source).  Miscellaneous income (state nature and source).  Total miscellaneous income (state nature and source).  Interest expense.—Home Mortgage.  Other (itemize).  Total interest expense.  Miscellaneous deductions.—(see page 9 of instructions).  Interest expense.  Miscellaneous deductions.—(see page 9 of instructions).  Interest expense.  Intere	1f		_				**************************************	
Earnings from Savings and loan assoc. and credit unions.  10 Total cash contributions	_		<u>- I</u>		]		•	
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Other interest (banks, bonds, tax refunds, etc.)  Other interest (banks, bonds, tax refunds, etc.)  Other interest (banks, bonds, tax refunds, etc.)  It and 12—see instructions for limitation)  Taxes.—Real estate  State and local gasoline  General sales (see page 15 of instructions)  Personal property  It otal interest income  Personal property  It otal taxes  Other (itemize)  Other (itemize)  Other (itemize)  Total miscellaneous income  It is call an early in included in line 5, page 1 (attach Schedule F)  Moving expenses (attach Form 3903)  Employee business expense (attach Form 240 or other required statement)  Part III Adjustments to income  It is call an early in included in line 5, page 1 (attach Schedule F)  Moving expenses (attach Form 3903)  Employee business expense (attach Form 240 or other required statement)  Part III Adjustments to income  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in included in line 5, page 1 (attach Schedule F)  It is call an early in line 1 (attach Schedule F)  It is call an early in line 1 (attach Schedule F)  It is call an early in line 1 (attach Schedule F)  It is call an early in line 5 (attach Schedule F)  It is call an early in line 5 (attach Schedule F)  It is call an early in line 5 (attach Schedule F)  It is call an early in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in line 5 (attach Schedule F)  It is an in lin					10 Total o	ash contribut	ions	
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Other interest (banks, bonds, tax refunds, etc.)  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation)  Taxes.—Real estate  State and local gasoline  General sales (see page 15 of instructions)  State and local income  Personal property  14 Total interest expense.—Home Mortgage  Other (itemize)  Other (itemize)  Total miscellaneous income  15 Total miscellaneous income  16 Total miscellaneous income  17 Total miscellaneous income  18 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7)  Enter here and on page 1, line 6.  Part III Adjustments to income  18 Total contributions (add lines 10, 11, and 12—see instructions)  19 Total interest income  15 Total interest expense.—Home Mortgage  Other (itemize)  Other (itemize)  Miscellaneous deductions.—(see page 9 of instructions)  16 Total miscellaneous income  18 Total contributions (add lines 10, 11, and 12—see instructions)  19 Total interest expense.—Home Mortgage  Other (itemize)  Miscellaneous deductions.—(see page 9 of instructions)  16 Total miscellaneous  Miscellaneous deductions.—(see page 9 of instructions)  16 Total miscellaneous  16 Total miscellaneous  16 Total miscellaneous  17 Total miscellaneous income  18 Total interest expense  19 Total interest expense  10 Total interest expense  10 Total miscellaneous income  10 Total miscellaneo	• • • •				1 .	· .		1
Taxes.—Real estate  State and local gasoline  General sales (see page 15 of instructions)  State and local income  Personal property  State and local income  Personal property  Interest expense  State and local income  Personal property  Interest expense.—Home Mortgage  Other (itemize)  Other (itemize)  Total miscellaneous income (state nature and source)  Total miscellaneous income  Total miscellaneous income  State and local income  Personal property  Interest expense.—Home Mortgage  Other (itemize)  Other (itemize)  Total interest expense  Int	Ot		_		13 Total o	contributions	(add lines 10, 11,	
State and local gasoline.  General sales (see page 15 of instructions).  State and local income.  Personal property  14 Total taxes.  Interest expense.—Home Mortgage.  Other (itemize)  Other (itemize)  Total miscellaneous income (state nature and source)  15 Total interest expense.  Interest expense.—Home Mortgage.  Other (itemize)  Other (itemize)  Total miscellaneous income (state nature and source)  15 Total interest expense.  Miscellaneous deductions.—(see page 9 of instructions)  Total miscellaneous income  Total miscellane				•••••				
2 Total interest income					State	and local gas	soline	
3 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Sch. B).  4 Business income or loss (attach Schedule C).  5 Sale or exchange of property (attach Schedule D).  6 Farm income or loss (attach Schedule F).  Miscellaneous income (state nature and source)  15 Total miscellaneous income  Total miscellaneous income  Miscellaneous deductions.—(see page 9 of instructions)  8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6.  Part III Adjustments to income  1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement)  2 Moving expenses (attach Form 3903).  3 Employee business expense (attach Form 2106 or other statement).  4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).  5 TOTAL ADJUSTMENTS (lines 1 through 4).  1 TOTAL CREDITS (for page 1, line 13).  1 TOTAL CREDITS (for page 1, line 13).			<u></u>				-	
A Business income or loss (attach Schedule C) .  5 Sale or exchange of property (attach Schedule D) .  6 Farm income or loss (attach Schedule F) .  Miscellaneous income (state nature and source)  15 Total miscellaneous income (state nature and source)  15 Total miscellaneous income				<del></del> j	1		me	
### Business income or loss (attach Schedule C) .    Sale or exchange of property (attach Schedule D) .   Farm income or loss (attach Schedule F)				Ì				
Miscellaneous income (state nature and source)  15 Total miscellaneous income	4	Business income or loss (attach Schedule C) .						
Miscellaneous income (state nature and source)  15 Total interest expense	5	Sale or exchange of property (attach Schedule D)			Other (iten	nize)		
7 Total miscellaneous income		<del></del>	<u>'</u>			·		
7 Total miscellaneous income	Mi	scellaneous income (state nature and so	ırce)	·	!	·	***************************************	***
7 Total miscellaneous income				• • • • • • • • • • • • • • • • • • • •		*********		
8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6.  Part III Adjustments to income  1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  2 Moving expenses (attach Form 3903).  3 Employee business expense (attach Form 2106 or other statement).  4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).  5 TOTAL ADJUSTMENTS (lines 1 through 4).					15 Total in	terest expense	<u> ▶</u>	
Enter here and on page 1, line 6	7	Total miscellaneous income	<u> </u>		Miscellane	ous deductions	s.—(see page 9 of ins	structions)
1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  2 Moving expenses (attach Form 3903) .  3 Employee business expense (attach Form 2106 or other statement)  4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)	8	TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7) Enter here and on page 1, line 6	<u>-                                    </u>			•		
1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  2 Moving expenses (attach Form 3903) .  3 Employee business expense (attach Form 2106 or other statement)  4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)	Ī	Part III Adjustments to income						<del></del>
2 Moving expenses (attach Form 3903)		-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	17 TOT	DEDUCTIONS	(add lines 9, 13, 14,	
2106 or other statement)					<u> </u>	<del></del>	ng on page 1, whe lla.	1
tirement plans, etc. (attach Form 2950SE) .  3 Foreign tax credit (Form 1116)			n				redit (Schedule B) .	]
	4	Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)	-		1	•	-	
	5	TOTAL ADJUSTMENTS (lines 1 through 4)			4 TOTAL C	REDITS (for )	page 1, line 13) . 🕨	illowance or charged