File this return with Collector of Internal Revenue on or before March 15, 1948. Any balance of tax due (item 9, below) must be paid in full with return. See separate instructions for filling out return.

FORM 1040
Treasury Department

U. S. INDIVIDUAL INCOME TAX RETURN

1947

Internal Rev	enue Service	F	OR CALENDAR	YEAR 194	7			341
		or fiscal year beginning	, 1947,	and ending		, 1948	Do not write in	these space
		EMPLOYEES.—Instead of return, if your total incomes statements or of such with the statements of such with the statement of such with the such with the statement of such with the	File Code Serial No.					
		Name (PLEASE PRIT	District (Cashier's	Stamp)				
			ne number)					
	List your own If married and of husband an	Occupation name. your wife (or husband) had no inco d wife, list name of your wife (or hu	me, or if this is a joint return	List names comes of less	of other close relatives (than \$500 who received n int return of husband and	as define nore than	d in Instruction 1) v	ort from you
Vour	1.	Name (please print)	Relationship		*		Relationshi	
Your Exemptions								
	Enter your tot	al wages, salaries, bonuses, commis In 1947, BEFORE PAY-ROLL DEI Print Employer's Name	ssions, and other compensa- DUCTIONS for taxes, dues,	insurance, bo or reimburse	nds, etc. Members of a d expenses, see Instructio	med forc		
	4	Fine Employer 5 Manie	1		1	1		
	i		1			1	1	
Your							-	
Income							-!	
	2 5					-	\$	
		nere the total amount of here the total amount of						
	unless	wholly exempt from taxation)	-					,
	_6. Add ar		\$					
How to Figure Your Tax	tax table on pa about 10 perce taxes, casualty expenditures as usually be to y	OME WAS LESS THAN \$5,000.—\ ge 4. This table, which is provided ent of your total income for charit losses, medical expenses, and misc not losses of these classes amount to our advantage to itemize them and	by law, automatically allows able contributions, interest, ellaneous expenses. If your more than 10 percent, it will compute your tax on page 3.	compute y \$500 or ite HUSBAND Itemizes de	INCOME WAS \$5,000 (pur tax on page 3. You mize your deductions, who AND WIFE.—If husbar ductions, the other must	may eith ichever is nd and w also itemi	ner take a standard to your advantage. ife file separate retui ize deductions.	deduction o
	,	your tax from table on p	•				\$	
Tax Due	8. How m (A) (B)	nuch have you paid on y By withholding from yo By payments on 1947 Do	our 1947 income taxiour wageseclaration of Estimat	ed Tax	\$Enter total h			
or Refund	O If wow	tax (item 7) is larger th	an navments (item 9)	Anter DAL		•	\$	
	1 -	\$						
	Check	(ν) whether you want this overpay	ment: Refunded to you 🔲; or	Credited on you	ır 1948 estimated tax 🔲			
f you filed a r	eturn for a pri	or year, what was the latest y	car? Is yo	ur wife (or h	usband) making a sep low:	arate re	turn for 1947?	
o which Col	lector's office of	was it sent? did you pay (B), above?	Name	of wife (or l	husband)			••••••••
I declare u	inder the penal	ties of perjury that this return (a true, correct, and complete r	including any accompanyis					
(Signature o	f person (other t	han taxpayer or agent) preparing r	eturn) (Date)	***********	(Signature of taxpa	yer)		(Date)

(Name of firm or employer, if any)

(If this is a joint return of husband and wife, it must be signed by both)

Do not use this	page if your income	is wholly from salaries,	, wages,	dividends,	and interes
-----------------	---------------------	--------------------------	----------	------------	-------------

				ICOME FRO						1 1			i
1. Cost of annuity (total amou	nt you paid in	1)_ \$					his year						
2. Amount received tax-free i	n prior years.			5. Exces	s, if any,	of line 4	over line 3						
3. Remainder of your cost (ine 1 less lin	.e		6 Fores	line 5 or	· 2 narcent	of line 1 w	hichev	er is oreate	- 9	:		
2)		\\$			(Attach sepai	ate schedule for	of line 1, wi each additional a	nnulty or p	iension)				
				ROM RENTS	AND RO	YALTIES							
1. Xind of property		2. Amount of reni royalty	t or	3. Depreciation (explain in Sc	or depiction hedule F)		rs (explain in hedule G)	5. Other expenses (Itemize in Schedule G)				* 3	ļ
			T				T						l
**********************								\$					l
***************************************			-										

Net profit (or loss) (co	l. 2 less												
sum of cols. 3, 4, and	5) \$		_	\$		\$		\$		<u> </u>			
Schedule C.—PROF	T (OR LOS	s) FROM B	USIN	ESS OR PRO	FESSION	. (Farmer	rs should obta	in Forn	1040F)				
State (1) nature of business		*****		;	(2) busin	ness name				;			
(3) business address													
Do NOT Include	n this schedule	cost of good	s witht	irawn for perso	nal use or	deductions							
		ected with bus						\$					
1. Total receipts													
COST OF GOODS SC			1			SS DEDU							
(To be used where inventories income-determining facto	are an			11. Salaries	-			1					
income-determining facto (Enter the letters "C" or "C on lines 2 and 8 if inventor	or M" ories are			12. Interest						1 1			
valued at either cost, or market, whichever is lower	cost or			13. Taxes o			-						l
2. Inventory at beginning of				14. Losses (-			1		1			Ì
3. Merchandise bought for				15. Bad del	_								
4. Labor	ı			16. Depreci	ation, obs ain in Sch	olescence a edule F)	ind depletion	1					Ì
5. Material and supplies	1			17. Rent, re									
6. Other costs				(expl									
(explain in Schedule G)			18. Amorti									
7. Total of lines 2 to 6	\$												
8. Less inventory at end of				19. Net ope									
9. Net cost of goods sold (ine 7			19. Net operating loss deduction (attach statement)									
less line 8)	<u> </u>			21. To	al of line	s Q and 20		\$					
10. Gross profit (line 1 less li								•		. 1			
Schedule D.—G.													
1. Net gain (or loss) from sa	le or exchang	ge of capital	assets	(from separa	ite Schedi	ile D)		~~~					-
2. Net gain (or loss) from sa	le or exchang	e of propert	y othe	r than capita	l assets (from separ	ate Schedule	D)					-
Schedule E.—IN								1	CES				
1. Name and address of parts										-			
2. Name and address of esta										-			
3. Other sources (state natu	re)						Amount,			-			
4. Total													- -
Total income fro											\$		<u> </u>
Schedule	F.—EXPLAN	ATION OF	DED	CTION FOR	DEPRE	CIATION	CLAIMED !	N SCI	HEDULES	BAND) C		
1. Kind of property		3. Cost or other	basis	4. Assets fully dep	o 5 De	preciation al-	6. Remaining o	net or	7. Estimated life used in	8. Estin		9. Deprecia	atlon
(if buildings, state material of which constructed)	2. Date acquired	(do not include or other nonde	epre-	clated in use at er	d lowed	(or allowable) prior years	other basis to	be i	accumulat- ing depre-	life fr begins	om	allowable year	
edistrater)	_	clable proper	ty)	01 7024					ciation	of ye		-	
***************************************		\$		\$	\$. \$					\$	-
													-
													-
													
Schedule G.—E.	(PLANATIO	V OF COLU	MNS	4 AND 5 OF	SCHED	JLE B, AI	ND LINES	, 14, /	AND 17 OF	SCHI	EDUL	E C	
1. Column or	Explanation			3. Amount	1. Colum	n or	2.	Explanati	on			3. Amount	
Line No.					Line N	<u> </u>							
		\$			-						\$		-
			-		-								-
					-								-

Do not itemize deductions if—(1) You determine your tax from the tax table on page 4, or
(2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.
If husband and wife living together at end of year file separate returns and one itemizes deductions, the other must file his or her return on Form 1040, and must also itemize deductions.

DEDUCTIONS

Describe deductions and sta	te to whom paid. If more space is needed, list deductions on separate sheet of paper and	attach to this return.	Amount							
		\$								

Contributions										
Contributions		.								
	Allowable Contributions (not in excess of 15 percent of item 6, page 1)		\$							
		\$								
				1						
Interest										
ture.egr		.								
	Total Interest									
		S								
Toyon				1						
Taxes										
	Total Taxes									
		s		1						
Loccae from fire										
other casualty, or		.								
Losses from fire, storm, shipwreck, or other casualty, or theft. Medical and dental expenses Miscellaneous (See Instructions)	Total Allowable Losses (not compensated by insurance or otherwise)									
				1						
Medical and dental										
expenses	Net Expenses (not compensated by insurance or otherwise)									
	Enter 5 percent of item 6, page 1, and subtract from Net Expenses	1 1								
	Allowable Medical and Dental Expenses. See Instruction for limitation.									
		S								
1				1						
(See Instructions)		<u> </u>		1						
	Total Miscellaneous Deductions									
	TOTAL DEDUCTIONS		\$							
	TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE O	N PAGE 4								
1 Enter amount shown	in item 6, page 1. This is your Adjusted Gross Income		s							
	6 (if deductions are itemized above, enter the total of such deductions; if adjusted		Y	1						
	r more and deductions are not itemized, enter the standard deduction of \$500)	-								
	line 1. Enter the difference here. This is your Net Income									
	ns (\$500 for each person whose name is listed in item 1, page 1)		1	1						
	line 3. Enter the difference here									
	instruction sheet to figure your combined tentative normal tax and surtax or									
	tentative tax here. (If line 3, above, includes partially tax-exempt interest, s									
			\$							
7 Forer here 5 percent	of amount entered on line 6, above									
	line 6. Enter the difference here. This is your combined normal tax and surtax			_						
computation is made on separate Schedule D, enter here tax from line 12 of Schedule D)										
40000 and 100000 000000000000000000000000000000	ISED THE \$500 STANDARD DEDUCTION IN LINE 2, DISREGARD LINES 9, 10, AND 11, AND COPY ON L									
9. Entet here any incor	THE SAME FIGURE YOU ENTERED ON LINE &. ne tax payments to a foreign country or U. S. possession (attach Form 1116)	·								
	ne tax paid at source on tax-free covenant bond interest.	i i								
	ines 9 and 10 and enter the total here			-						
	n line 8. Enter the difference here and in item 7, page 1. This is your tax			1						
			And the second s							

If you use this table, tear off this page and file only pages 1 and 2

TAX TABLE

FOR PERSONS WITH INCOMES UNDER \$5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 6, page 1. Then read across to the column headed by the number corresponding to the number of persons listed in item 1, page 1. Enter the tax you find there in item 7, page 1.

	one in item		number (listed in	rankan karaban minangan	ome in item			 page 1. Enter the tax you find there in item 7, page 1. And the number of persons listed in item 1, page 1, is— 						
At least	- But less than	1	2	3 1x ls—	4 or more	At least	But less than	1	2	3	4	5 Your ta	6 xis—	7	•	9 or more
80 550 575 600 625 650 675 700 725 780 775 800 825 850 875 900 925 950 975 1,050 1,075 1,105 1,175 1,125 1,150 1,175 1,250 1,275 1,350 1,375 1,360 1,375 1,375 1,400 1,425 1,450	- But less than 8550 575 600 625 650 675 700 725 750 825 850 875 900 925 950 975 1,000 1,025 1,050 1,075 1,100 1,125 1,150 1,175 1,200 1,225 1,150 1,275 1,300 1,325 1,350 1,375 1,400 1,425 1,450 1,475	\$0 1 5 10 14 18 23 27 31 35 40 44 48 52 57 61 65 70 74 78 82 87 91 104 108 112 1121 121 121 121 121 134 135 142 147 155	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	82,225 2,250 2,275 2,300 2,325 2,350 2,375 2,400 2,425 2,450 2,475 2,550 2,575 2,660 2,625 2,575 2,675 2,775 2,700 2,725 2,725 2,776 2,725 2,776 2,725 2,776 2,725	\$2,250 2,275 2,300 2,325 2,350 2,375 2,400 2,425 2,450 2,475 2,550 2,525 2,550 2,675 2,660 2,675 2,700 2,725 2,750 2,775 2,700 2,825 2,850 2,925	\$288 2992 2996 3005 309 313 322 326 330 335 343 347 352 356 365 369 373 377 382 387 401 405 410 415 445 445 445 445 447 4483	\$193 197 201 205 210 214 218 223 227 231 235 240 244 248 252 257 265 270 274 278 282 287 291 299 304 308 312 317 321 327 336 344 353 361 370 379	\$98 102 106 110 115 119 123 128 132 136 140 145 149 153 157 162 166 170 175 179 183 187 192 196 204 209 213 217 2226 232 241 249 258 268 275 284	\$3 7 11 15 20 24 28 33 37 41 45 50 54 58 62 67 71 75 80 84 88 89 97 101 105 114 118 122 127 131 137 146 154 163 175 180 180 180 180 180 180 180 180 180 180	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$0000000000000000000000000000000000000	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$00000000000000000000000000000000000000	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1,475 1,500 1,525 1,550 1,575 1,650 1,675 1,660 1,675 1,750 1,725 1,750 1,755 1,850 1,875 1,950 1,975 2,025 2,025 2,050 2,075 2,150 2,175 2,200	1,500 1,525 1,550 1,675 1,600 1,625 1,650 1,675 1,700 1,725 1,750 1,775 1,800 1,825 1,875 1,875 1,875 1,950 2,025 2,050 2,075 2,100 2,125 2,150 2,175 2,200 2,225	159 164 168 172 176 181 185 189 194 198 202 206 211 215 223 228 232 236 241 245 249 253 262 271 275 279 283	64 69 73 77 81 86 90 94 99 103 107 111 116 120 124 128 133 137 141 146 150 154 158 163 167 171 176 180 184	0 0 0 0 0 0 0 4 8 12 12 12 12 12 12 12 12 13 13 13 14 14 15 15 15 15 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	000000000000000000000000000000000000000	3,350 3,400 3,450 3,500 3,550 3,600 3,650 3,700 3,750 3,850 4,000 4,050 4,100 4,150 4,200 4,250 4,300 4,350 4,450 4,500 4,550 4,500 4,550 4,700 4,750 4,800 4,750 4,800 4,850 4,900 4,950	3,400 3,450 3,500 3,550 3,600 3,650 3,750 3,800 3,850 3,900 4,000 4,150 4,250 4,350 4,400 4,450 4,500 4,500 4,650 4,750 4,600 4,650 4,750 4,850 4,900 4,950 5,000	492 502 511 521 530 539 549 558 568 577 586 605 615 624 633 643 652 662 671 680 699 709 718 727 746 756 765 774 784 793	388 397 407 416 425 435 444 454 463 472 482 491 510 520 529 538 548 557 576 685 661 6670 679 689	292 301 309 318 325 343 352 361 369 378 387 296 415 424 434 443 453 462 471 481 490 509 518 528 537 547 556 575 584	197 206 214 223 231 240 248 257 266 274 283 291 300 308 317 325 334 342 351 360 368 377 386 395 405 414 423 433 442 452 461 470 480	102 111 119 128 136 145 153 162 171 179 188 196 205 213 222 230 239 247 256 273 282 290 290 307 316 324 333 342 350 359 367 376	7 16 24 33 41 50 58 67 76 84 93 101 110 118 127 135 144 152 161 170 178 187 204 212 221 229 238 247 255 264 272 281	0 0 0 0 0 0 0 0 0 0 0 0 0 6 15 23 32 40 49 57 66 75 83 92 100 117 126 134 143 152 160 169 177 186	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	