

# U.S. INDIVIDUAL INCOME TAX RETURN—1960

or Other Taxable Year Beginning \_\_\_\_\_, 1960, Ending \_\_\_\_\_, 19\_\_\_\_  
**First name and initial** \_\_\_\_\_ **Last name** \_\_\_\_\_

(If this is a joint return of husband and wife, use first names and middle initials of both)

Home address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Number and street or rural route)  
 \_\_\_\_\_  
 \_\_\_\_\_ (City, town, or post office) \_\_\_\_\_ (Postal zone number) \_\_\_\_\_ (State)

● ATTACH CHECK OR MONEY ORDER HERE ●

**PLEASE  
PRINT  
OR  
TYPE**

● ATTACH COPY B OF FORMS W-2 HERE ●

**Your Social Security Number** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Wife's Social Security Number** \_\_\_\_\_ **Occupation** \_\_\_\_\_

- Exemptions**
- Check blocks which apply.
 

Check for wife only if all of her income is included in this return, or if she had no income.	(a) Regular \$600 exemption . . . . .	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	Enter number of exemptions claimed →
	(b) Additional \$600 exemption if 65 or over at end of taxable year. . . . .	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
	(c) Additional \$600 exemption if blind at end of taxable year. . . . .	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
  - List first names of your children who qualify as dependents; give address if different from yours. \_\_\_\_\_  
 Enter number of children listed → \_\_\_\_\_
  - Enter number of exemptions claimed for other persons listed at top of page 2. \_\_\_\_\_
  - Enter the total number of exemptions claimed on lines 1, 2, and 3. \_\_\_\_\_

**Income**

Employer's Name	Where Employed (City and State)	(a) Wages, etc.	(b) Federal Income Tax Withheld
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>Enter totals here</b> →		\$ _____	\$ _____

- Enter all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (including any excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. See instructions, pp. 5-6.)
- Less: Excludable "Sick Pay" in line 5 (See instructions, page 7. Attach required statement.) . . . . .
- Balance (line 5 less line 6) . . . . . \$ \_\_\_\_\_
- Profit (or loss) from business from separate Schedule C . . . . . ♦ \_\_\_\_\_
- Profit (or loss) from farming from separate Schedule F . . . . . ♦ \_\_\_\_\_
- Other income (or loss) from page 3 (**Dividends, Interest, Rents, Pensions, etc.**) . . . . .
- Adjusted Gross Income (sum of lines 7, 8, 9, and 10) . . . . . ▲ \$ \_\_\_\_\_

- Check if unmarried "Head of Household" , or "Surviving Widow or Widower" with dependent child . (See Instructions pp. 7-8)
- TAX on income on line 11. (If line 11 is under \$5,000, and you do not itemize deductions, use Tax Table on page 16 of instructions to find your tax and check here . If line 11 is \$5,000 or more, or if you itemize deductions, compute your tax on page 2 and enter here the amount from line 9, page 2). \$ \_\_\_\_\_
  - If income was all from wages, omit lines 13 through 16:
 

If income was all from wages, omit lines 13 through 16	13. (a) Dividends received credit from line 5 of Schedule J . . . . .	\$ _____
	(b) Retirement income credit from line 12 of Schedule K . . . . .	\$ _____
	14. Balance (line 12 less line 13) . . . . .	\$ _____
15. Enter your self-employment tax from separate Schedule C or F . . . . .	\$ _____	
16. Sum of lines 14 and 15 . . . . .	\$ _____	
  - (a) Federal tax withheld (line 5, col. (b) above). Attach Forms W-2, Copy B. . . . . \$ \_\_\_\_\_  
 (b) Payments and credits on 1960 Declaration of Estimated Tax (See page 8, instructions.) ● \$ \_\_\_\_\_  
 District Director's office where paid \_\_\_\_\_
  - If your tax (line 12 or 16) is larger than your payments (line 17), enter the **BALANCE DUE** here → \$ \_\_\_\_\_  
**Pay in full with this return to "Internal Revenue Service." If less than \$1.00, file return without payment.**
  - If your payments (line 17) are larger than your tax (line 12 or 16), enter the **OVERPAYMENT** here → \$ \_\_\_\_\_  
**If less than \$1.00, the overpayment will be refunded only upon application.**
  - Amount of line 19 to be: (a) Credited on 1961 estimated tax \$ \_\_\_\_\_; (b) Refunded \$ \_\_\_\_\_

Did you receive an expense allowance or reimbursement, or charge expenses to your employer?  Yes  No (See page 6, instructions.)  
 If "Yes," did you submit an itemized accounting of expenses to your employer?  Yes  No

County in which you live. \_\_\_\_\_ Is your wife (husband) filing a separate return for 1960?  
 Yes  No. If "yes," enter her (his) name and do not claim the exemption on this return. \_\_\_\_\_  
 Do you own any Federal tax for years before 1960?  Yes  No. If "Yes," enter here the Internal Revenue District where the account is outstanding. \_\_\_\_\_

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Sign here \_\_\_\_\_  
 (Taxpayer's signature and date) (If this is a joint return, BOTH HUSBAND AND WIFE MUST SIGN) (Wife's signature and date)

(Signature of preparer other than taxpayer) (Address) (Date)

Name	Relationship	Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have gross income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "All"	Amount furnished by OTHERS including dependent (See instructions, p. 4)
				\$	\$

Enter on line 3, page 1, the number of exemptions claimed above.

→ If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions.

**ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION**

If Husband and Wife (Not Legally Separated) File Separate Returns and one Itemizes Deductions, the Other Must Also Itemize

State to whom paid. If necessary, write more than one item on a line or attach additional sheets. Please put your name and address on any attachments.

<b>Contributions</b>			
	Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions. . . .		\$
<b>Interest</b>			
	Total interest		
<b>Taxes</b>	Real estate taxes.....	State income taxes.....	
	State and local sales taxes.....	Other taxes (specify).....	
	Total taxes		
<b>Medical and dental expense</b>	<b>NOTE: If you or your wife are 65 years of age or over, or if you or your wife have a dependent parent 65 or over, do not use this schedule. See page 9 of the instructions for larger deduction. Others use schedule below.</b>		
(Submit itemized list. Do not enter any expense compensated by insurance or otherwise)	1. Total cost of medicine and drugs.....	\$	
	2. 1 percent of line 11, page 1.....		
	3. Excess, if any, of line 1 over line 2.....		
	4. Other medical and dental expenses.....		
	5. Total of lines 3 and 4.....		
	6. Enter 3 percent of line 11, page 1.....	\$	
	7. Allowable amount (excess of line 5 over line 6; see page 10 for maximum limitation).....		
<b>Other Deductions</b>			
(See page 10 of instructions and attach information required)			
	Total		
<b>TOTAL DEDUCTIONS</b> (Enter here and on line 2 of Tax Computation, below).....			\$

**TAX COMPUTATION—IF YOU DO NOT USE THE TAX TABLE**

1. Enter Adjusted Gross Income from line 11, page 1.....	\$
2. If deductions are itemized above, enter total of such deductions. If deductions are not itemized and line 1, above, is \$5,000 or more, enter the smaller of 10 percent of line 1 or \$1,000 (\$500 if a married person filing a separate return).....	
3. Balance (line 1 less line 2).....	
4. Multiply \$600 by total number of exemptions claimed on line 4, page 1.....	
5. Taxable Income (line 3 less line 4).....	
6. Tax on amount on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16.....	
7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D.....	
8. Tax credits. If you itemized deductions, enter:	
(a) Credit for income tax payments to a foreign country or U.S. possession (Attach Form 1116).....	\$
(b) Tax paid at source on tax-free covenant bond interest and credit for partially tax-exempt interest.....	
(c) Total.....	Enter here →
9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c)...	\$

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

Schedule A.—INCOME FROM DIVIDENDS (Income from Savings (Building) and Loan Associations and Credit Unions should be entered as interest in Schedule B)

1. Name of qualifying corporation declaring dividend (See instructions, page 11): (Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)	Amount
.....	\$ .....
.....	.....
.....	.....
.....	.....
2. Total .....	\$ .....
3. Exclusion of \$50 (If both husband and wife received dividends, each is entitled to exclude not more than \$50 of his (her) own dividends) .....	.....
4. Excess, if any, of line 2 over line 3. Enter here and on line 1, Schedule J .....	\$ .....
5. Name of nonqualifying corporation declaring dividend:	.....
.....	.....
6. Enter total of lines 4 and 5 .....	\$ .....

Schedule B.—INCOME FROM INTEREST (This includes interest credited to your account)

Name of payer	Amount	Name of payer	Amount
.....	\$ .....	.....	\$ .....
.....	.....	.....	.....
.....	.....	.....	.....
Enter total here →			

Schedule D Summary.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

1. From sale or exchange of capital assets (from separate Schedule D) .....
2. From sale or exchange of property other than capital assets (from separate Schedule D) .....

Schedule E.—INCOME FROM PENSIONS AND ANNUITIES (See instructions, page 12)

Part I.—General Rule

1. Investment in contract .....	\$ .....	4. Amount received this year .....	\$ .....
2. Expected return .....	\$ .....	5. Amount excludable (line 4 multiplied by line 3) .....	.....
3. Percentage of income to be excluded (line 1 divided by line 2) .....	%	6. Taxable portion (excess of line 4 over line 5) .....	.....

Part II.—Where your employer has contributed all or part of the cost and your contribution will be recovered tax-free within three years. If your cost was fully recovered in prior years, enter the total amount received in line 5 omitting lines 1 through 4.

1. Cost of annuity (amounts you paid) ..	\$ .....	4. Amount received this year .....	\$ .....
2. Cost received tax-free in past years ..	.....	5. Taxable portion (excess, if any, of line 4 over line 3) ..	.....
3. Remainder of cost (line 1 less line 2) ..	\$ .....		

Schedule G.—INCOME FROM RENTS AND ROYALTIES

1. Kind and location of property (Identify whether rent or royalty)	2. Amount of rent or royalty	3. Depreciation (explain in Sch. I) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)
.....	\$ .....	\$ .....	\$ .....	\$ .....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
1. Totals .....	\$ .....	\$ .....	\$ .....	\$ .....
2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5) .....	.....			

Schedule H.—OTHER INCOME OR LOSSES

1. Partnerships (name, address, and nature of income) .....	
.....	
2. Estates or trusts (name and address) .....	
.....	
3. Other sources (state nature) .....	
.....	
Total income (or loss) from above sources (Enter here and on line 10, page 1) .....	\$ .....

Schedule I.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE G

Table with 7 columns: 1. Kind of property, 2. Date acquired, 3. Cost or other basis, 4. Depreciation allowed, 5. Method of computing depreciation, 6. Rate (% or life), 7. Depreciation for this year. Includes 'Additional first year depreciation' and 'Total' rows.

Schedule J.—DIVIDENDS RECEIVED CREDIT (See Instructions, page 14)

Table for Dividends Received Credit with rows for: 1. Amount of dividends, 2. Tentative credit, 3. Tax shown, 4. 4 percent of taxable income, 5. Dividends received credit. Includes 'LIMITATION ON CREDIT' section.

Schedule K.—RETIREMENT INCOME CREDIT (See Instructions, page 14)

Table for Retirement Income Credit with sections for: This credit does not apply, Retirement income for taxable year (A and B columns), LIMITATION ON RETIREMENT INCOME, and Retirement income credit. Includes various sub-rows for tax calculations.