

U.S. Treasury Department Internal Revenue Service

or taxable year beginning \_\_\_\_\_, 1963, ending \_\_\_\_\_, 19\_\_\_\_\_

Your social security number

Occupation

Wife's number if joint return

Occupation

First name and initial

Last name

If 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, and State

Postal ZIP code

Did you file a return for 1962? [ ] Yes [ ] No. If name or address was different than shown above, enter name and address used.

Check one: [ Single ] [ Married filing joint return (even if only one had income) ] [ Unmarried Head of Household ] [ Surviving widow(er) with dependent child ] [ Married filing separately ] Give name of wife or husband only if also filing separately

If joint return, include all income of both husband and wife—INCOME—If either you or your wife worked for more than one employer, see page 4 of instructions.

1. Wages, salaries, tips, etc., and excess of allowances over business expenses:

Employer's name

Where employed (city and state)

(a) Federal income tax withheld

(b) Wages, etc.

\$

\$

2. Totals

3. "Sick pay" if included in line 1 (attach required statement)

4. Subtract line 3 from line 2

5a. Dividends (Schedule B)

b. Interest (Schedule B or list of payers and amounts)

c. Rents, royalties, pensions, etc. (Schedule B)

6a. Business income (Schedule C)

b. Sale or exchange of property (Schedule D)

c. Farm income (Schedule F)

7. Total (add lines 4 through 6c)

8. Payments by self-employed persons to retirement plans, etc. (attach Form 2950 SE)

9. Total income (subtract line 8 from line 7)

10. Tax Table

FIGURE YOUR TAX BY USING EITHER 10 OR 11

11. Tax Rate Schedule

If line 9 is less than \$5,000 and you do not itemize deductions; Complete page 2 exemption schedule.

a. If you itemize deductions, enter total from page 2. If line 9 is \$5,000 or more and you do not itemize, enter 10% of line 9 but not more than \$1,000 (\$500 if married and filing separate return).

b. Subtract line 11a from line 9.

c. Copy total exemptions from page 2 here, multiply by \$600

Copy total exemptions here Find your tax in table on page 10 of instructions. Do not use lines 11a, b, c, or d. Enter tax on line 12.

d. Subtract line 11c from line 11b. (Figure your tax on this amount by using tax rate schedule on page 9 of instructions and enter tax on line 12.)

TAX—CREDITS—PAYMENTS

12. Tax (from either tax table or tax rate schedule)

13a. Dividends received credit

b. Retirement income credit

c. Investment credit (Form 3468)

d. Other credits (Specify—see page 5 of instructions)

e. Total (add lines 13a, b, c, and d)

14. Balance (subtract line 13e from line 12)

15. Tax from recomputing prior year investment credit (attach statement)

16. Total (add lines 14 and 15)

17. Self-employment tax (Schedule C-3 or F-1)

18. Total tax (add lines 16 and 17)

19a. Tax withheld (line 2, column (a) above)

b. 1963 Estimated tax payments and credits

(Office where paid)

c. Total (add lines 19a and b)

TAX DUE OR REFUND

20. If payments (line 19c) are less than tax (line 18), enter Balance Due. Pay in full with this return.

21. If payments (line 19c) are larger than tax (line 18), enter Overpayment

22. Amount of line 21 you wish credited to 1964 Estimated Tax

23. Subtract line 22 from 21. Apply to: [ ] U.S. Savings Bonds, with excess refunded; or [ ] Refund only

Print or Type

Attach Copy B of Forms W-2 Here

Attach Check or Money Order Here

1. Exemptions for yourself—and wife (only if all her income is included in this return, or she had no income)

Check boxes which apply. (a) Regular \$600 exemption . . . . .  Yourself  Wife
(b) Additional \$600 exemption if 65 or over at end of 1963 . . . . .  Yourself  Wife
(c) Additional \$600 exemption if blind at end of 1963 . . . . .  Yourself  Wife
Enter number of boxes checked

2. Exemptions for your children and other dependents (list below)

• If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 6 of instructions.

Table with columns: NAME, Relationship, Months lived in your home, Did dependent have income of \$600 or more?, Amount YOU furnished for dependent's support, Amount furnished by OTHERS including dependent.

3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)

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. If necessary, write more than one item on a line or attach additional sheets. Put name and address on all attachments.

Contributions
If other than money, attach required statement—see instructions
Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)

Interest expense
Home mortgage
Other interest expense (specify)
Total interest

Taxes
Real estate taxes
State and local sales taxes
State income taxes
Other taxes (specify)
Total taxes

Medical and dental expense
NOTE: If you or your wife are 65 or over, or if either has a dependent parent 65 or over, see page 8 of Instructions for possible larger deduction.
1. Total cost of medicine and drugs
2. Enter 1% of line 9, page 1
3. Subtract line 2 from line 1
4. Other medical, dental expenses (Include hospital insurance premiums)
5. Total (add lines 3 and 4)
6. Enter 3% of line 9, page 1 (see note above)
7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation

Other deductions
See page 8 of instructions
Total other deductions

Total itemized deductions (Enter here and on line 11a, page 1)

EXPENSE ACCOUNT INFORMATION

Did you receive an expense allowance or reimbursement, or charge expenses to your employer?
If "Yes," did you submit itemized accounting of all such expenses to your employer?

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 belief it is true, correct, and complete.

Sign here Taxpayer's signature and date If joint return, BOTH HUSBAND AND WIFE MUST SIGN Wife's signature and date

Sign here Signature of preparer other than taxpayer Address Date