

U.S. Treasury Department
Internal Revenue Service

or taxable year beginning _____, 1962, ending _____, 19_____

Your Social Security Number

Occupation

First name and initial

Last name

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

Wife's Social Security Number

Home address

(Number and street or rural route)

Occupation

(City, town, or post office)

(Postal zone number)

(State)

Check one: Single; Unmarried "Head of Household"; Surviving widow or widower with dependent child; Married filing joint return (even if only one had income); Married filing separate return—If wife or husband also filing separately, give name.

INCOME—(If joint return, include all income of both husband and wife)

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

Employer's name

Where employed (city and state)

(a) Wages, etc.

(b) Federal income tax withheld

\$

\$

If either you or your wife worked for more than one employer, see page 4 of instructions

2. Totals

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

4. Subtract line 3 from total wages

5a. Dividends (Schedule B)

b. Interest (Schedule B or other list)

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

6. Business income (Schedule C)

7. Sale or exchange of property (Schedule D)

8. Farm income (Schedule F)

9. Total (add lines 4 through 8)

FIGURE YOUR TAX BY USING EITHER 10 OR 11

10. Tax Table

If line 9 is less than \$5,000 and you do not itemize deductions—

Complete page 2 exemption schedule.

Copy total exemptions here

Find your tax in table on page 10 of instructions.

Do not use lines 11 a, b, c, or d.

Enter tax on line 12.

11. Tax Rate 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

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.

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

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

14. Total (add lines 12 and 13)

PAYMENTS AND CREDITS

15a. Tax withheld (line 2, col. (b) above). Attach Forms W-2

b. Payments and credits on 1962 Declaration of Estimated Tax

c. Dividends received credit

d. Retirement income credit

e. Investment credit (Form 3468)

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

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

District Director's office where amount on line 15b was paid

TAX DUE OR REFUND

16. If payments and credits (line 15g) are less than tax (line 14), enter Balance Due here

Pay in full with this return to "Internal Revenue Service." File with your District Director.

17. If payments and credits (line 15g) are larger than tax (line 14), enter Overpayment here

18. Amount of line 17 you wish credited to 1963 Estimated Tax

19. Subtract line 18 from line 17. Apply this balance to: U.S. Savings Bonds; or Refund

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	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	Enter number of boxes checked →
	(b) Additional \$600 exemption if 65 or over at end of 1962	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
	(c) Additional \$600 exemption if blind at end of 1962	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	

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.

NAME Enter figure 1 in the column to right for each dependent (Give address if different from yours)	Relationship	ANSWER ONLY FOR DEPENDENTS OTHER THAN YOUR CHILDREN			
		Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "ALL"	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, address and Social Security number on all attachments.

Contributions
(If other than money, submit description of property, including cost or other basis, date of acquisition and method of valuation)

Total paid (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → \$

Interest expense

Total interest →

Taxes

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

Total taxes →

Medical and dental expense
(Submit itemized list. Do not enter any expense compensated by insurance or otherwise)

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 →

Total 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? Yes No

If "Yes," did you submit itemized accounting of all such expenses to your employer? Yes No

See page 4, instructions.

Did you file a return last year? Yes No. If name or address on last year's returns was different from this year, enter name and address last year.

I declare under penalties of perjury 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

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) (Date)