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Form **1040** US Department of the Treasury / Internal Revenue Service

Individual Income Tax Return 1972

For the year January 1–December 31, 1972, or other taxable year beginning _____, 1972, ending _____, 19___

Place label on form you file. Correct name, etc., if necessary. Enter social security number(s) only if incorrect or not shown on label.

Name: BW 488-40-6969 D43 2
HARRY S * & BESS W TRUMAN
Present address: 219 NORTH DELAWARE
City: INDEPENDENCE MO 64050
* Deceased 12-26-72

Your social security number (Husband's, if joint return): COPY
Wife's number, if joint return:
Your occupation:
Wife's occupation:

Please attach Copy B of Form W-2 here

Filing Status—check only one:

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here.
4 ☐ Unmarried Head of Household
5 ☐ Widow(er) with dependent child (Enter year of death of husband (wife) ▶ 19)

Exemptions — Regular / 65 or over / Blind

6 Yourself ☒ ☒ ☐
7 Wife (husband) ☒ ☒ ☐
Enter number of boxes checked ▶ 4
8 First names of your dependent children who lived with you
Enter number ▶
9 Number of other dependents (from line 32) ▶
10 Total exemptions claimed ▶ 4

Income

11	Wages, salaries, tips, and other employee compensation. (Attach Form W-2 to front. If unavailable, attach explanation)	11	57,332 96
12a	Dividends (see pages 6 and 13 of Instr.) $_____ 12b Less exclusion $_____ Balance ▶ (If gross dividends and other distributions are over $200, list in Part I of Schedule B.)	12c	
13	Interest income. [If $200 or less, enter total without listing in Schedule B / If over $200, enter total and list in Part II of Schedule B]	13	28,937 41
14	Income other than wages, dividends, and interest (from line 45)	14	26,172 8
15	Total (add lines 11, 12c, 13 and 14)	15	88,887 65
16	Adjustments to income (such as "sick pay," moving expenses, etc. from line 50)	16	
17	**Subtract line 16 from line 15 (adjusted gross income)**	17	88,887 65

● **Caution:** *If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credits-Payments." Check this block* ☐.

● *If you do not itemize deductions and line 17 is under $10,000, find tax in Tables and enter on line 18.*

● *If you itemize deductions or line 17 is $10,000 or more, go to line 51 to figure tax.*

Tax, Payments and Credits

18	Tax, check if from: ☐ Tax Tables 1–12, ☐ Schedule D; ☒ Tax Rate Schedule X, Y, or Z, ☐ Schedule G or ☐ Form 4726		18	30,870 04
19	Total credits (from line 61)		19	
20	Income tax (subtract line 19 from line 18)		20	30,870 04
21	Other taxes (from line 67)		21	
22	Total (add lines 20 and 21)		22	30,870 04
23	Total Federal income tax withheld (attach Forms W-2 or W-2P to front)	23 · 15,776 81		
24	1972 Estimated tax payments (include amount allowed as credit from 1971 return)	24 · 21,000 00		
25	Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return	25		
26	Other payments (from line 71)	26		
27	Total (add lines 23, 24, 25, and 26)		27	36,776 81

Bal. Due or Refund

28	If line 22 is larger than line 27, enter **BALANCE DUE IRS** — Pay in full with return. Make check or money order payable to Internal Revenue Service ▶	28	
29	If line 27 is larger than line 22, enter amount **OVERPAID** ▶	29	5858 77
30	Line 29 to be **REFUNDED TO YOU** ▶	30	
31	Line 29 to be credited on 1973 estimated tax 31 · 5858 77		

Foreign Accounts

Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? ▶ ☐ Yes ☒ No
If "Yes," attach Form 4683. (For definitions, see Form 4683.)

Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Write soc. sec. no. on Check or Money Order. Attach here

Sign here

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. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Your signature — Date

Wife's (husband's) signature (if filing jointly, BOTH must sign even if only one had income)

Preparer's signature (other than taxpayer) — Date
PEAT, MARWICK, MITCHELL & CO. EIN 13-5507097
CERTIFIED PUBLIC ACCOUNTANTS KANSAS CITY, MO. 64199
Address (and ZIP Code) — Preparer's Emp. Ident. or Soc. Sec. No.

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Other Dependents

(a) NAME	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of $750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
				$	$

32 Total number of dependents listed in column (a). Enter here and on line 9 ▶

Revenue Sharing

33 Print or type the location of your principal place of residence at end of year (not necessarily the same as your post office address).

(a) State	(b) County	(c) Locality. If you lived inside the boundaries of an incorporated city, town, etc., enter its name; if not, check here ▶ ☐	(d) Township (see instructions on page 8)
MO	JACKSON	INDEPENDENCE	BLUE

34 Enter the number of persons included on line 10 who (1) are filing a return of their own; or, (2) did not live at your principal place of residence at the end of the year ▶

For IRS use only—Leave blank

PART I.—Income other than Wages, Dividends, and Interest

35 Business income (or loss) (attach Schedule C)	35	
36 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D)	36	
37 Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	37	
38 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	38	2603 06
39 Farm income (or loss) (attach Schedule F)	39	
40 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	40	
41 50% of capital gain distributions (not reported on Schedule D)	41	
42 State income tax refunds (caution—see instructions on page 8)	42	
43 Alimony	43	
44 Other (state nature and source) Royalties	44	1422
45 Total (add lines 35 through 44). Enter here and on line 14 ▶	45	261728

PART II.—Adjustments to Income

46 "Sick pay" if included in income (attach Form 2440 or other required statement)	46	
47 Moving expense (attach Form 3903)	47	
48 Employee business expense (attach Form 2106 or other statement)	48	
49 Payments as a self-employed person to a retirement plan, etc. (see Form 4848)	49	
50 Total adjustments (add lines 46, 47, 48, and 49). Enter here and on line 16 ▶	50	

PART III.—Tax Computation (Do not use this part if you use Tax Tables 1–12 to find your tax.)

51 Adjusted gross income (from line 17)	51	88,887 65
52 (a) If you itemize deductions, enter total from Schedule A, line 40 and attach Schedule A (b) If you do not itemize deductions, enter 15% of line 51, but do NOT enter more than $2,000. ($1,000 if line 3 is checked)	52	10,160 31
53 Subtract line 52 from line 51	53	78,727 34
54 Multiply total number of exemptions claimed on line 10, by $750	54	3,000 00
55 Taxable income. Subtract line 54 from line 53	55	75,727 34

(Figure your tax on the amount on line 55 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 18.

PART IV.—Credits

56 Retirement income credit (attach Schedule R)	56	
57 Investment credit (attach Form 3468)	57	
58 Foreign tax credit (attach Form 1116)	58	
59 Credit for contributions to candidates for public office—see instructions on page 9	59	
60 Work Incentive Program credit (attach Form 4874)	60	
61 Total credits (add lines 56, 57, 58, 59, and 60). Enter here and on line 19 ▶	61	

PART V.—Other Taxes

62 Self-employment tax (attach Schedule SE)	62	
63 Tax from recomputing prior-year investment credit (attach Form 4255)	63	
64 Minimum tax (see instructions on page 10). Check here ☐, if Form 4625 is attached	64	
65 Social security tax on tip income not reported to employer (attach Form 4137)	65	
66 Uncollected employee social security tax on tips (from Forms W-2)	66	
67 Total (add lines 62, 63, 64, 65, and 66). Enter here and on line 21 ▶	67	

PART VI.—Other Payments

68 Excess FICA tax withheld (two or more employers—see instructions on page 10)	68	
69 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	69	
70 Credit from a Regulated Investment Company (attach Form 2439)	70	
71 Total (add lines 68, 69, and 70). Enter here and on line 26 ▶	71	

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Schedules A&B—Itemized Deductions AND Dividend and Interest Income

(Form 1040)
Department of the Treasury
Internal Revenue Service

► Attach to Form 1040.

1972

Name(s) as shown on Form 1040: HARRY S. AND BESS W. TRUMAN

Your social security number: 488 40 6969

Schedule A—Itemized Deductions (Schedule B on back)

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.

1 One half (but not more than $150) of insurance premiums for medical care. (Be sure to include in line 10 below)	150	00
2 Medicine and drugs		
3 Enter 1% of line 17, Form 1040		
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		
5 Enter balance of insurance premiums for medical care not entered on line 1		
6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc.		
7 Total (add lines 4, 5, and 6)		
8 Enter 3% of line 17, Form 1040		
9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)		
10 Total deductible medical and dental expenses (Add lines 1 and 9. Enter here and on line 33, below.) ►	150	00

Taxes.

11 Real estate		
12 State and local gasoline (see gas tax tables)		
13 General sales (see sales tax tables)		
14 State and local income		
15 Personal property		
16 Other: Schedule Page 4		
17 Total taxes (Add lines 11 through 16. Enter here and on line 34, below.) ►	6330	31

Contributions.—Cash—including checks, money orders, etc. (Itemize—see instructions on page 11 for examples.)

Schedule Page 4		
18 Total cash contributions		
19 Other than cash (see instructions on page 12 for required statement). Enter total for such items here		
20 Carryover from prior years		
21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 35, below.) ►	2095	00

Interest expense.

22 Home mortgage		
23 Installment purchases		
24 Other (Itemize)		
25 Total interest expense (Add lines 22, 23 and 24. Enter here and on line 36, below.) ►		

Casualty or theft loss(es)
See instructions on page 12. NOTE: If you had more than one casualty or theft loss occurrence, OMIT lines 26 through 29 and see page 12 of the instructions for guidance.

26 Loss before adjustments		
27 Insurance reimbursement		
28 $100 limitation	$100	00
29 Add lines 27 and 28		
30 Casualty or theft loss. (Excess of line 26 over line 29. Enter here and on line 37, below.) ►		
31 Child and dependent care expenses from Form 2441. (Enter here and on line 38, below.) ►		

Miscellaneous deductions for alimony, union dues, etc. (see instructions on page 13).

Political Contribution	75	00
Schedule Page 4	1510	00
32 Total miscellaneous deductions (Enter here and on line 39, below.) ►	1585	00

Summary of Itemized Deductions

A

33 Total deductible medical and dental expenses (from line 10)	150	00
34 Total taxes (from line 17)	6330	31
35 Total contributions (from line 21)	2095	00
36 Total interest expense (from line 25)	—	
37 Casualty and theft loss(es) (from line 30)	—	
38 Child and dependent care expenses (from line 31)	—	
39 Total miscellaneous deductions (from line 32)	1585	00
40 TOTAL ITEMIZED DEDUCTIONS. (Add lines 33 through 39. Enter here and on Form 1040, line 52.) ►	10,160	31

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Schedule B—Dividend and Interest Income

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side): HARRY S. AND BESS W. TRUMAN

Your social security number: 488 40 6969

Part I Dividend Income

Note: If gross dividends (including capital gain distributions) and other distributions on stock are $200 or less, do not complete this part. But enter gross dividends less the sum of capital gain distributions and non-taxable distributions, if any, on Form 1040, line 12a (see note below).

1 Gross dividends (including capital gain distributions) and other distributions on stock. (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

2 Total of line 1 . . . . . .

3 Capital gain distributions (see instructions on page 13. Enter here and on Schedule D, line 7). See note below . . . . . .

4 Nontaxable distributions (see instructions on page 13) .

5 Total (add lines 3 and 4) . . . . . .

6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 12a . . . . . .

Part II Interest Income

Note: If interest is $200 or less, do not complete this part. But enter amount of interest received on Form 1040, line 13.

7 Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see instructions on page 13). (List payers and amounts)

Schedule ATTached.
PAGE 1

8 Total interest income. Enter here and on Form 1040, line 13 . . . . . 28,937 41

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Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 41.

B

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Schedules R—Supplemental Income Schedule AND Retirement Income Credit Computation

(Form 1040)
Department of the Treasury
Internal Revenue Service

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)
▶ Attach to Form 1040.

1972

Name(s) as shown on Form 1040: HARRY S. And BESS W. TRUMAN

Your social security number: 488 40 6969

Schedule E—Supplemental Income Schedule (Schedule R on back)

Part I **Pension and Annuity Income.** If fully taxable, do not complete this part. Enter amount on Form 1040, line 40. For each pension or annuity not fully taxable, attach a separate Part I and enter combined total of taxable portions on line 5.

1 Name of payer
2 Did your employer contribute part of the cost? ☐ Yes ☐ No
If "Yes," is your contribution recoverable within 3 years of the annuity starting date? ☐ Yes ☐ No
If "Yes," show: Your contribution $_____, Your contribution recovered in prior years $_____
3 Amount received this year
4 Amount excludable this year
5 Taxable portion (subtract line 4 from line 3)

Part II **Rent and Royalty Income.** Report rents and royalties here. If you need more space, you may use Form 4831.
Note: If you are reporting farm rental income here that is based on crops or livestock produced by a tenant farmer but you did not materially participate in the operation of the farm, see Schedule E Instructions, to determine if you should also file Form 4835.

(a) Kind and location of property If residential, also write "R"	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain below) or depletion (attach computation)	(e) Other expenses (Repairs, etc.—explain below)
1 Totals				

2 Net income (or loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))

Part III **Income or Losses from Partnerships, Estates or Trusts, Small Business Corporations.**
If any of the partnership, estate or trust income reported below is from farming, see Schedule E Instructions, to determine if you should also file Form 4835.

(a) Name and address	(b) Check applicable box: Partnership	Estate or Trust	Small Bus. Corp.	(c) Employer identification number	(d) Income or loss	(e) Additional 1st year depreciation (applicable only to partnerships and estates)	
Schedule - PAGE	2	OIL	Royalties				2600 78
Schedule - PAGE	3	Rental					2 28
1 Totals							

2 Income (or loss) Total of column (d) less total of column (e)

TOTAL OF PARTS I, II, AND III (Enter here and on Form 1040, line 38): 2603 06

Explanation of Column (e), Part II

Item	Amount	Item	Amount	Item	Amount

Schedule for Depreciation Claimed in Part II Above. Note: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after December 31, 1970, or the Guideline Class Life System for assets placed in service before January 1, 1971, you must file Form 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)–11(b)(5)(vi) and 1.167(a)–12, the provisions of Revenue Procedures 62–21 and 65–13 are not applicable for taxable years ending after December 31, 1970. If you need more space, use Form 4562.

Check box if you made an election this taxable year to use ☐ Class Life (ADR) System and/or ☐ Guideline Class Life System.

(a) Group and guideline class or description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation from Form 4832						
3 Depreciation from Form 5006						
4 Other depreciation:						
5 Totals						

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Summary of Depreciation (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years-digits	Units of production	Other (specify)	Total
1 Depreciation from Form 4832						
2 Depreciation from Form 5006						
3 Other						