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FORM **1040**
U. S. Treasury Department
Internal Revenue Service

U. S. INDIVIDUAL INCOME TAX RETURN—1957

or Other Taxable Year Beginning _____, 1957, Ending _____, 195__
(PLEASE TYPE OR PRINT)

Name: Harry S. and Bess W. Truman
(If this is a joint return of husband and wife, use first names of both)

Home address: 219 North Delaware Street
(Number and street or rural route)

Independence — Jackson — Missouri
(City, town, or post office) — (Postal zone number) — (State)

Your Social Security Number	Occupation	Wife's Social Security Number	Occupation
488 40 6969	Writer-Lecturer		

If Income Was All From Salaries and Wages, Use Pages 1 and 2 Only. See Page 3 of the Instructions.

Exemptions

1. Check blocks which apply. Check for wife if she had no income or her income is included in this return.
   (a) Regular $600 exemption ☒ Yourself ☒ Wife
   (b) Additional $600 exemption if 65 or over at end of taxable year. ☒ Yourself ☒ Wife
   (c) Additional $600 exemption if blind at end of taxable year ☐ Yourself ☐ Wife
   Enter number of exemptions checked → 4
2. List first names of your children who qualify as dependents; give address if different from yours. Enter number of children listed →
3. Enter number of exemptions claimed for other persons listed at top of page 2
4. Enter the total number of exemptions claimed on lines 1, 2, and 3 — 4

Income

5. Enter all wages, salaries, bonuses, commissions, tips, and other compensation received in 1957, before payroll deductions.

Employer's Name	Where Employed (City and State)	(a) Wages, etc.	(b) Income Tax Withheld
SCHEDULE ATTACHED		$ 1,508 88	$ 29 64
Enter totals here →		$ 1,508 88	$ 29 64

6. Less: (a) Travel, reimbursed expenses, etc. (See instructions, page 6. Attach required statements.) $
   (b) Excludable "Sick Pay" in line 5
7. Balance (line 5 less line 6) — $ 1,508 88
8. Profit (or loss) from business from separate Schedule C — 95,778 95
9. Profit (or loss) from farming from separate Schedule F. SCHEDULE ATTACHED — 669 89
10. Other income (or loss) from page 3 (dividends, interest, rents, pensions, etc.) — 22,268 98
11. ADJUSTED GROSS INCOME (sum of lines 7, 8, 9, and 10) — $ 120,226 70

If social security tax (FICA) withheld from your wages exceeded $94.50, see instructions, page 5.

Unmarried or legally separated persons qualifying as "Head of Household," see instructions, page 7, and check here ☐

Widows and widowers who are entitled to the special tax computation, see instructions, page 7, and check here ☐

Tax due or refund

12. 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). — $ 57,944 22

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) — $ 57,944 22
15. Enter your self-employment tax from separate Schedule C or F — 141 75
16. Sum of lines 14 and 15 — $ 58,085 97

17. (a) Tax withheld (line 5 above). Attach Forms W-2 (Copy B) — $ 29 64
    (b) Payments and credits on 1957 Declaration of Estimated Tax (See page 8, instructions.) — 39,600 00 — $ 39,629 64
    District Director's office where paid Kansas City, Missouri
18. If your tax (line 12 or 16) is larger than your payments (line 17), **enter the balance due here** → $ 18,456 33
    Pay in full with this return to "Internal Revenue Service." If less than $1.00, file return without payment.
19. 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. See instructions, page 8.
20. Amount of line 19 to be: (a) Credited on 1958 estimated tax $_____; (b) Refunded $_____

County in which you live: Jackson

Is your wife (husband) making a separate return for 1957? ☐ Yes ☒ No If "Yes," enter her (his) name.

Do you owe any Federal tax for years before 1957? ☐ Yes ☒ No

TAXPAYER—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.

Sign here _____ (Your signature) _____ (Date) _____ (If this is a joint return, wife's signature) _____ (Date)

→ To assure split-income benefits, husband and wife must include all their income and, even though only one has income, BOTH MUST SIGN.

PREPARER (other than taxpayer)—I declare under the penalties of perjury that I prepared this return for the person(s) named herein; and that this return (including any accompanying schedules and statements) is, to the best of my knowledge and belief, a true, correct, and complete return based on all the information relating to the matters required to be reported in this return of which I have any knowledge.

Sign here Robert R. Myers (Individual or Firm Signature) PEAT, MARWICK, MITCHELL & CO 1325 Commerce Building Kansas City, Mo (Date)

● ATTACH COPY B OF FORMS W-2 HERE ●

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Form 1040—1957 **EXEMPTIONS FOR PERSONS OTHER THAN YOUR WIFE AND CHILDREN**

Name	Relationship	Number of months dependent 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 spent for dependent's support. If 100% write "All"	Amount spent by OTHERS including dependent from own funds
				$	$

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 information 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.

Contributions	SCHEDULE ATTACHED		
	Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions	$ 2,629	00
Interest	Total interest		
Taxes	SCHEDULE ATTACHED		
	Total taxes	2,334	64
Medical and dental expense (If 65 or over, see instructions, page 9)	Submit itemized list. Do not enter any expense compensated by insurance or otherwise.		
	1. Cost of medicines and drugs, in excess of 1 percent of line 11, page 1	$	
	2. Other medical and dental expenses		
	3. Total	$	
	4. Enter 3 percent of line 11, page 1 SCHEDULE ATTACHED		
	5. Allowable amount (excess of line 3 over line 4). (See instructions, page 10, for limitations.)	260	27
Other Deductions (Including child care and casualty losses)	Enter child care expenses paid but not to exceed $600. Enter casualty losses which are not compensated by insurance or otherwise. See page 10 of instructions and attach information required.		
	Total		
	TOTAL DEDUCTIONS (Enter here and on line 2 of Tax Computation, below)	$ 5,223	91

TAX COMPUTATION—IF YOU DO NOT USE THE TAX TABLE

1. Enter Adjusted Gross Income from line 11, page 1	$ 120,226	70
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:*** (a) a married person filing separately enter $500; (b) all others enter 10 percent of line 1, or $1,000, whichever is smaller	5,223	91
3. Balance (line 1 less line 2)	115,002	79
4. Multiply $600 by total number of exemptions claimed on line 4, page 1	2,400	00
5. TAXABLE INCOME (line 3 less line 4)	112,602	79
6. Tax on amount on line 5. Use appropriate Tax Rate Schedule on page 11 of instructions	63,092	09
7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D	57,944	22
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 — Enter total ➔		
9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8	$ 57,944	22

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SCHEDULE C (Form 1040)

U. S. Treasury Department—Internal Revenue Service

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(For Computation of Self-Employment Tax, see Page 3)

1957

Attach this schedule to your Income Tax Return, Form 1040 — Partnerships, Joint Ventures, Etc. Must File On Form 1065

For Calendar Year 1957, or other taxable year beginning , 1957, and ending , 195

Name and Address as shown on page 1, Form 1040

Harry S. Truman - 219 North Delaware Street, Independence, Missouri

A. Principal business activity: Writer - Lecturer - Farmer
(See instructions, page 2) (Retail trade, wholesale trade, lawyer, etc.) (Principal product or service)

B. Business name: Harry S. Truman

C. Business address: Harry S. Truman Library Independence, Missouri
(Number and street or rural route) (City or post office) (State)

● **IMPORTANT**—If you had more than one business, a separate page 1 of Schedule C must be completed for each business.

1. Total receipts $_____, less allowances, rebates, and returns $_____		$_____	
2. Inventory at beginning of year	$_____		
3. Merchandise purchased $_____, less any items withdrawn from business for personal use $_____			
4. Cost of labor (do not include salary paid to yourself)			
5. Material and supplies			
6. Other costs **(explain in Schedule C–2)**			
7. Total of lines 2 through 6	$_____		
8. Inventory at end of year			
9. Cost of goods sold (line 7 less line 8)			
10. Gross profit (line 1 less line 9)		$_____	
OTHER BUSINESS DEDUCTIONS			
11. Salaries and wages not included on line 4 (do not include any paid to yourself)	$_____		
12. Rent on business property			
13. Interest on business indebtedness			
14. Taxes on business and business property			
15. Losses of business property **(attach statement)**			
16. Bad debts arising from sales or services			
17. Depreciation **(explain in Schedule C–1)**			
18. Repairs **(explain in Schedule C–2)**			
19. Depletion of mines, oil and gas wells, timber, etc. **(attach schedule)**			
20. Amortization **(attach statement)**			
21. Other business expenses **(explain in Schedule C–2)**			
22. Total of lines 11 through 21	SCHEDULE ATTACHED		
23. Net profit (or loss) (line 10 less line 22). Enter here; on line 24, page 3; and on line 8, page 1, Form 1040		$	95,778 95

Schedule C–1. EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED ON LINE 17

1. Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
		$	$			$

Schedule C–2. EXPLANATION OF LINES 6, 18, AND 21

Line No.	Explanation	Amount	Line No.	Explanation	Amount
		$			$

C

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COMPUTATION OF SELF-EMPLOYMENT TAX
(For social security)
(See Instructions—Page 4)

▶ **Each self-employed person must file a separate schedule. See instructions, page 4, for joint returns and partnerships.**
▶ **If you had wages of $4,200 or more which were subject to the deduction for social security, do not fill in this page.**
▶ **If you have more than one business, a separate page 1, Schedule C, must be completed for each business. However, only one page 3 is to be completed and filed showing the combined net profit or loss from such businesses.**

NAME OF SELF-EMPLOYED PERSON (as shown on social security card)

Harry S. Truman

STATE EACH BUSINESS ACTIVITY SUBJECT TO SELF-EMPLOYMENT TAX (for example: Restaurant, Building Contractor, but not Partner or Owner)

Writer - Lecturer - Farmer

Line				
24. Net profit (or loss) shown on line 23, page 1 **(Enter combined amount if more than one business)**	$ 95,778	95		
25. Add to net profit (or subtract from net loss) losses of business property shown on line 15, page 1				
26. Total (or difference)			$ 95,778	95
27. Net income (or loss) from excluded services or sources included on line 26				
Specify excluded services or sources				
28. Net earnings (or loss) from self-employment—				
(a) From business (line 26 less any amount on line 27)			$	
(b) From partnerships, joint ventures, etc. (other than farming)				
(c) From service as a minister, member of a religious order, or a Christian Science practitioner. Enter only if you elect Social Security coverage by filing Form 2031 (See instructions, page 4).				
(d) From farming reported on line 12 or 13, separate Schedule F (Form 1040)				
29. Total net earnings (or loss) from self-employment reported on line 28			$ 95,778	95
(If line 29 is under $400, you are not subject to self-employment tax. Do not fill in rest of page.)				
30. Maximum amount subject to self-employment tax	$ 4,200	00		
31. Less: Total wages, subject to deduction for social security, paid to you during the taxable year. (For wages reported on Form W-2, see "F. I. C. A. Wages" box.)				
32. Balance (line 30 less line 31)	$ 4,200	00		
33. Self-employment income—line 29 or 32, whichever is smaller			$ 4,200	00
34. Self-employment tax—take 3⅜% of the amount on line 33. (You can do this by multiplying the amount on line 33 by .03375.) Enter this amount here and on line 15, page 1, Form 1040			$ 141	75

IMPORTANT—FILL IN ITEMS BELOW COMPLETELY BUT DO NOT DETACH

SCHEDULE SE (Form 1040)
U. S. Treasury Department
Internal Revenue Service

U. S. REPORT OF SELF-EMPLOYMENT INCOME
For Crediting to Your Social Security Account

1957

1. Indicate year covered by this return (even though income was received only in part of year):
☒ Calendar year 1957 ☐ Other taxable year beginning _____, 1957, ending _____.
If less than 12 months, was short year due to (a) ☐ Death, or (b) ☐ Change in accounting period, or (c) ☐ Other.

2. BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Grocery Store, Restaurant, etc.)
Writer - Lecturer - Farmer

3. BUSINESS ADDRESS (Number and Street, City or Town, Postal Zone Number, State)
Harry S. Truman Library - Independence, Missouri

4. SOCIAL SECURITY ACCOUNT NUMBER OF PERSON NAMED IN ITEM 5 BELOW ▶ **488 40 6969**

5. PRINT OR TYPE NAME OF SELF-EMPLOYED PERSON AS SHOWN ON SOCIAL SECURITY CARD
Harry S. Truman
PRINT OR TYPE HOME ADDRESS (Number and Street or Rural Route)
219 N. Delaware Street
(City or Post Office, Postal Zone Number, State)
Independence, Missouri

PLEASE DO NOT WRITE IN THIS SPACE

6. ENTER TOTAL EARNINGS FROM SELF-EMPLOYMENT SHOWN ON LINE 29 ABOVE... $ **95,778** | **95**

7. ENTER WAGES, IF ANY, SHOWN ON LINE 31 ABOVE..... $ **None**

8. ENTER AMOUNT SHOWN ON LINE 33 ABOVE ..... $ **4,200** | **00**

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SCHEDULE D (Form 1040)

U. S. Treasury Department—Internal Revenue Service

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

Attach this schedule to your Income Tax Return, Form 1040

1957

For Calendar Year 1957, or other taxable year beginning , 1957, and ending , 195

Name and Address as shown on page 1 of Form 1040

Harry S. and Bess W. Truman - 219 N. Delaware Street, Independence, Missouri

(I) CAPITAL ASSETS

Short-Term Capital Gains and Losses—Assets Held Not More Than 6 Months

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price (contract price)	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis and cost of subsequent improvements (if not purchased, attach explanation)	g. Expense of sale	h. Gain or loss (column d plus column e less sum of columns f and g)
1.			$	$	$	$	$

2. Enter your share of net short-term gain (or loss) from partnerships and fiduciaries

3. Enter unused capital loss carryover from 5 preceding taxable years (**Attach statement**)

4. Net short-term gain (or loss) from lines 1, 2, and 3 $

Long-Term Capital Gains and Losses—Assets Held More Than 6 Months

5.			$	$	$	$	$
SCHEDULE ATTACHED							43,361.77

6. Enter the full amount of your share of net long-term gain (or loss) from partnerships and fiduciaries

7. Net long-term gain (or loss) from lines 5 and 6 $ 43,361.77

8. Combine the amounts shown on lines 4 and 7, and enter the net gain (or loss) here $ 43,361.77

9. **If line 8 shows a GAIN**—Enter 50 percent of line 7 or 50 percent of line 8, whichever is smaller. **(Enter zero if there is a loss or no entry on line 7)** 21,680.89

10. Deduct line 9 from line 8. Enter balance here and on line 1, Schedule D Summary on page 3 of Form 1040 $ 21,680.88

11. **If line 8 shows a LOSS**—Enter here and on line 1, Schedule D Summary, Form 1040, the **smallest** of the following: (a) the amount on line 8; (b) taxable income computed without regard to capital gains and losses and the deduction for exemptions; or (c) $1,000 $

COMPUTATION OF ALTERNATIVE TAX.—Use only if the net long-term capital gain exceeds the net short-term capital loss, or if there is a net long-term capital gain only, and you are filing (a) a separate return with taxable income exceeding $18,000, or (b) a joint return, or as a surviving husband or wife, with taxable income exceeding $36,000, or (c) as a head of household with taxable income exceeding $24,000.

12. Enter the amount from line 5, page 2, of Form 1040 $112,602.79

13. Enter amount from line 9 21,680.88

14. Balance (line 12 less line 13) $ 90,921.91

15. Enter tax on amount on line 14 (Use applicable Tax Rate Schedule on page 11 of Form 1040 Instructions) $ 47,103.78

16. Enter 50 percent of line 13 10,840.44

17. Alternative tax (line 15 plus line 16). If smaller than amount on line 6, page 2, Form 1040, enter this alternative tax on line 7, page 2, Form 1040 $ 57,944.22

(II) PROPERTY OTHER THAN CAPITAL ASSETS

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price (contract price)	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis and cost of subsequent improvements (if not purchased, attach explanation)	g. Expense of sale	h. Gain or loss (column d plus column e less sum of columns f and g)
1.			$	$	$	$	$

2. Enter your share of gain (or loss) from partnerships and fiduciaries

3. Net gain (or loss) from lines 1 and 2. Enter here and on line 2, Schedule D Summary on page 3 of Form 1040 $

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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)

	Amount	
1. Name of qualifying corporation declaring dividend (See instructions, page 12): (Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)	$	
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

Name of payer	Amount	Name of payer	Amount	
	$	SCHEDULE ATTACHED	$	6,998 59
			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)	21,680 88
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 13)

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 cost will be recovered within three years and your employer has contributed part of the cost

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

Schedule G.—INCOME FROM RENTS AND ROYALTIES

1. Kind and location of property	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

1. Partnerships (name and address)	
2. Estates or trusts (name and address)	
3. Other sources (state nature) SCHEDULE ATTACHED	(6,410 49)
Total income (or loss) from above sources (Enter here and on line 10, page 1)	$ 22,268 98

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

1. Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
		$	$			$

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

Schedule J.—DIVIDENDS RECEIVED CREDIT (See instructions, page 15)

1. Amount of dividends on line 4, Schedule A	$	
2. Tentative credit (4 percent of line 1)		
LIMITATION ON CREDIT		
3. Tax shown on line 12, page 1, plus amount, if any, shown on line 8(b), page 2		
4. 4 percent of taxable income		
Taxable Income Means (a) If tax is computed on page 2, the amount shown on line 5, page 2. (b) If capital gains alternative tax applies, the amount shown on line 14, separate Schedule D. (c) If Tax Table is used, the amount shown on line 11, page 1, less 10 percent thereof, and less the deduction for exemptions ($600 multiplied by the number of exemptions claimed on line 4, page 1).		
5. Dividends received credit. Enter here and on line 13(a), page 1, the smallest of the amounts on line 2, 3, or 4, above	$	

Schedule K.—RETIREMENT INCOME CREDIT (See instructions, page 15)

This credit does not apply:
1. **If you received pensions or annuities of $1,200 or more from Social Security or Railroad Retirement,**
2. **If you are under 65 years of age and had "earned income" of $2,100 or more, OR**
3. **If you are 65 or over and under 72, and had "earned income" of $2,400 or more.**

	A		B	
If separate return, use column B only. If joint return, use column A for wife and column B for husband →				
Did you receive earned income in excess of $600 in each of any 10 calendar years before the taxable year 1957? Widow or widowers see instructions, page 15	☐ Yes ☐ No		☒ Yes ☐ No	
If answer above is "Yes" in either column, furnish all information below in that column.				
1. Retirement income for taxable year which is included in line 11, page 1, of this return:				
(a) **For taxpayers under 65 years of age:** Enter only income received from pensions and annuities under public retirement systems, including retirement pay from Armed Forces	$		$	
(b) **For taxpayers 65 years of age or older:** Enter total of pensions and annuities, including retirement pay from Armed Forces, interest, gross rents, and dividends			6,093	18
LIMITATION ON RETIREMENT INCOME				
2. Maximum amount of retirement income for credit computation	$ 1,200	00	$ 1,200	00
3. Deduct:				
(a) Amounts received in taxable year as pensions or annuities under the Social Security Act, the Railroad Retirement Acts, and certain other exclusions from gross income			2,767	60
(b) Earned income received in taxable year: (This line does not apply to persons 72 years of age or over)				
(1) Taxpayers under 65 years of age, enter amount in excess of $900				
(2) Taxpayers 65 or over and under 72, enter amount in excess of $1,200				
4. Total of lines 3(a) and 3(b)			2,767	60
5. Balance (line 2 minus line 4)			None	
6. Line 5 or line 1, whichever is smaller			None	
7. Tentative credit (20 percent of line 6)				
8. Total tentative credit on this return (total of amounts on line 7, columns A and B)				
LIMITATION ON RETIREMENT INCOME CREDIT				
9. Amount of tax shown on line 12, page 1				
10. Less: Dividends received credit from line 5, Schedule J, above				
11. Balance (line 9 less line 10)				
12. Retirement income credit. Enter here and on line 13(b), page 1, the amount on line 8 or line 11, whichever is smaller	$			

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