

Form 1040

US Department of the Treasury / Internal Revenue Service Individual Income Tax Return



1970

For the year January 1-December 31, 1970, or other taxable year beginning 1970, ending 19

Please use this form. Correct name, etc., if necessary. Enter social security number(s) at right only if incorrect or not shown on label.

BW 488-40-6969 D043
 HARRY S & BESS W TRUMAN
 219 NORTH DELAWARE INDEPENDENCE MO 64050 ..

Your social security number
 Spouse's social security number

Occu- Yours
 pation Spouse's

Filing Status—check only one:
 1 Single; 2 Married filing jointly (even if only one had income)
 3 Married filing separately and spouse is also filing. If this item checked give spouse's social security number in space above and enter first name here
 4 Unmarried Head of Household
 5 Surviving widow(er) with dependent child
 6 Married filing separately and spouse is not filing

Exemptions Regular / 65 or over / Blind Enter number of boxes checked
 7 Yourself 4
 8 Spouse (applies only if item 2 or 6 is checked)
 9 First names of your dependent children who lived with you
 10 Number of other dependents (from line 34)
 11 Total exemptions claimed 4

Please attach Copy B of Form W-2 to back

12	Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation)	12	27,313 31
13a	Dividends (see pages 5 and 9 of instr.) \$-----	13b	Less exclusion \$-----
14	Interest. Enter total here (also list in Part II of Schedule B, if total is over \$100)	14	19,835 85
15	Income other than wages, dividends, and interest (from line 40)	15	2341 64
16	Total (add lines 12, 13c, 14 and 15)	16	
17	Adjustments to income (such as "sick pay," moving expense, etc. from line 45)	17	
18	Adjusted gross income (subtract line 17 from line 16)	18	49,490 80

See page 2 of instructions for rules under which the IRS will figure your tax and surcharge.
 If you do not itemize deductions and line 18 is under \$10,000, find tax in Tables. Enter tax on line 19.
 If you itemize deductions or line 18 is \$10,000 or more, go to line 46 to figure tax.

19	Tax (Check if from: Tax Tables 1-15 <input type="checkbox"/> , Tax Rate Schedule X, Y, or Z <input checked="" type="checkbox"/> , Schedule D <input type="checkbox"/> , or Schedule G <input 111="" 655="" 835"="" 955="" data-label="Table" type="checkbox/>)</td> <td>19</td> <td>12,706 96</td> </tr> <tr> <td>20</td> <td>Tax surcharge. See Tax Surcharge Tables A, B and C in instructions. (If you claim retirement income credit, use Schedule R to figure surcharge.)</td> <td>20</td> <td>317 67</td> </tr> <tr> <td>21</td> <td>Total (add lines 19 and 20)</td> <td>21</td> <td>13,024 63</td> </tr> </table> </div> <div data-bbox="/> <p>Please attach Check or Money Order here</p> <table border="1"> <tr> <td>22</td> <td>Total credits (from line 55)</td> <td>22</td> <td>-</td> </tr> <tr> <td>23</td> <td>Income tax (subtract line 22 from line 21)</td> <td>23</td> <td>13,024 63</td> </tr> <tr> <td>24</td> <td>Other taxes (from line 61)</td> <td>24</td> <td>-</td> </tr> <tr> <td>25</td> <td>Total (add lines 23 and 24)</td> <td>25</td> <td>13,024 63</td> </tr> <tr> <td>26</td> <td>Total Federal income tax withheld (attach Forms W-2 to back)</td> <td>26</td> <td>4400 86</td> </tr> <tr> <td>27</td> <td>1970 Estimated tax payments (include 1969 overpayment allowed as a credit)</td> <td>27</td> <td>14000 00</td> </tr> <tr> <td>28</td> <td>Other payments (from line 65)</td> <td>28</td> <td></td> </tr> <tr> <td>29</td> <td>Total (add lines 26, 27, and 28)</td> <td>29</td> <td>18,400 86</td> </tr> </table> <p>Make check or money order payable to Internal Revenue Service.</p>	22	Total credits (from line 55)	22	-	23	Income tax (subtract line 22 from line 21)	23	13,024 63	24	Other taxes (from line 61)	24	-	25	Total (add lines 23 and 24)	25	13,024 63	26	Total Federal income tax withheld (attach Forms W-2 to back)	26	4400 86	27	1970 Estimated tax payments (include 1969 overpayment allowed as a credit)	27	14000 00	28	Other payments (from line 65)	28		29	Total (add lines 26, 27, and 28)	29	18,400 86
22	Total credits (from line 55)	22	-																														
23	Income tax (subtract line 22 from line 21)	23	13,024 63																														
24	Other taxes (from line 61)	24	-																														
25	Total (add lines 23 and 24)	25	13,024 63																														
26	Total Federal income tax withheld (attach Forms W-2 to back)	26	4400 86																														
27	1970 Estimated tax payments (include 1969 overpayment allowed as a credit)	27	14000 00																														
28	Other payments (from line 65)	28																															
29	Total (add lines 26, 27, and 28)	29	18,400 86																														

Bal. Due or Refund

30 If line 25 is larger than line 29, enter **BALANCE DUE**. Pay in full with return

31 If line 29 is larger than line 25, enter **OVERPAYMENT**

32 Line 31 to be: (a) Credited on 1971 estimated tax \$ 5376.23 ; (b) Refunded \$

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
 Your signature _____ Date _____
 Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____

Signature of preparer other than taxpayer, based on all information of which he has any knowledge
 Peat, Marwick, Mitchell & Co., Kansas City, Missouri
 Address _____ Date FEB 26 1971

Foreign Accounts
(check appropriate box)

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.)

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)

33 (a) NAME	(b) Relation-ship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did depend-ent have income of \$625 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS includ-ing dependent.
				\$ _____	\$ _____

34 Total number of dependents listed above. Enter here and on line 10 ▶

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

35 Business income (or loss) (attach Schedule C)	35		
36 Sale or exchange of property (attach Schedule D)	36	676	23
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	37	1663	28
38 Farm income (or loss) (attach Schedule F)	38		
39 Miscellaneous income (state nature and source) <u>Royalties</u>	39	2	13
40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 15 ▶	40	2341	64

PART III.—Adjustments to Income

41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41		
42 Moving expense (attach Form 3903)	42		
43 Employee business expense (attach Form 2106 or other statement)	43		
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44		
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17 ▶	45		

PART IV.—Tax Computation

46 Adjusted gross income (from line 18)	46	49,490	80
47 (a) If you itemize deductions, enter total from Schedule A, line 22 (b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter \$1,000 (\$500 if married and filing separately)	47	5809	63
48 Subtract line 47 from line 46	48	43,681	17
49 Multiply total number of exemptions claimed on line 11, by \$625.	49	2500	00
50 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51	50	4,181	17
51 Tax. Enter here and on line 19 ▶	51	12,706	96

PART V.—Credits

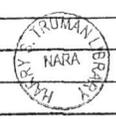
52 Retirement income credit (attach Schedule R)	52		
53 Investment credit (attach Form 3468)	53		
54 Foreign tax credit (attach Form 1116)	54		
55 Total credits (add lines 52, 53, and 54). Enter here and on line 22 ▶	55		

PART VI.—Other Taxes

56 Self-employment tax (attach Schedule SE)	56		
57 Tax from recomputing prior-year investment credit (attach Form 4255)	57		
58 Minimum tax. See instructions on page 7. Check here <input type="checkbox"/> , if Form 4625 is attached	58		
59 Social security tax on unreported tip income (attach Form 4137)	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60		
61 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24 ▶	61		

PART VII.—Other Payments

62 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7)	62		
63 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136)	63		
64 Regulated Investment Company Credit (attach Form 2439)	64		
65 Total (add lines 62, 63, and 64). Enter here and on line 28 ▶	65		



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

1970

(Form 1040)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

Name(s) as shown on Form 1040

HARRY S. AND BESS W. TRUMAN

Your Social Security Number

4884016969

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.		Contributions.—Cash—including checks, money orders, etc. (Itemize—see instructions on page 8 for examples)	
1 One half (but not more than \$150) of insurance premiums for medical care . . .	132 39		
2 Medicine and drugs	814 79		
3 Enter 1% of line 18, Form 1040	494 91		
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . . .	319 88		
5 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, balance of insurance premiums for medical care not entered on line 1, etc.			
Dr. B. S. Romie	100 00		
Lovely Optical Co.	71 07		
Vesting Nurse Assoc	12 75		
1/2 insurance	132 39		
		11 Total cash contributions	
		12 Other than cash (see instructions on page 8 for required statement). Enter total for such items here	
		13 Carryover from prior years (see instructions on page 8)	
		14 Total contributions (Add lines 11, 12, and 13. Enter here and on line 19, below. See instructions on page 8 for limitation)	1923 00
		Interest expense—Home mortgage . . .	
		Installment purchases	
		Other (Itemize)	
6 Total (add lines 4 and 5)	636 09		
7 Enter 3% of line 18, Form 1040	1484 72		
8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero) . . .	-0-		
9 Total deductible medical and dental expenses (Add lines 1 and 8. Enter here and on line 17, below.)	132 39	15 Total interest expense (Enter here and on line 20, below.)	
Taxes.—Real estate		Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. (see instructions on page 8).	
State and local gasoline (see gas tax tables)			
General sales (see sales tax tables) . . .			
State and local income			
Personal property			
Schedule Attached			
10 Total taxes (Enter here and on line 18, below.)	2674 24	16 Total miscellaneous deductions (Enter here and on line 21, below.)	1080 00



Summary of Itemized Deductions

17 Total deductible medical and dental expenses (from line 9)	132 39
18 Total taxes (from line 10)	2674 24
19 Total contributions (from line 14)	1923 00
20 Total interest expense (from line 15)	
21 Total miscellaneous deductions (from line 16)	1080 00
22 TOTAL ITEMIZED DEDUCTIONS. (Add lines 17 through 21. Enter here and on Form 1040, line 47)	5809 63

Schedules E&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.

1970

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)

Fill out and attach a separate Part I for each pension or annuity. Enter combined total of taxable portions on line 5.
Part I Pension and Annuity Income. • If pension or annuity is fully taxable for 1970, complete only lines 1, 2 and 5. • If not fully taxable, complete all lines.

- Name of payer
- If your employer contributed part of the cost, is your contribution recoverable (or has your contribution been recovered) tax-free within 3 years? Yes No.
If "Yes," show: Your contribution \$ _____, Your contribution recovered in prior years \$ _____
- Amount received this year
- Amount excludable
- Taxable portion (subtract line 4 from line 3)

Part II Rent and Royalty Income (If you received rents from the operation of a farm but you did not materially participate in its operation, report rents in column (b). Note: If in crop shares, report in year reduced to money or its equivalent. See instructions for Part II on page 12.)

(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)
<i>Schedule attached - oil royalties</i>				
<i>Schedule attached - rental houses</i>				
1 Totals				
2 Net income (or loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))				

155231
11097

Part III Income or Losses from Partnerships, Estates or Trusts, and Small Business Corporations

(a) Name and address	(b) Check applicable box			(c) Employer identification number	(d) Income or loss
	Partnership	Estate or Trust	Small Bus. Corp.		



1 Income (or loss) Total of column (d)

TOTAL OF PARTS I, II, AND III (Enter here and on Form 1040, line 37.)

166328

Explanation of Column (e), Part II

Item	Amount	Item	Amount	Item	Amount

Schedule for Depreciation Claimed in Part II Above. Taxpayers using Revenue Procedures 62-21 and 65-13: Make no entry in column (b), enter the cost or other basis of assets held at end of year in column (c), and enter the accumulated depreciation at end of year in column (d). If you need more space, use Form 4562.

(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 Totals						

Summary of Depreciation

	Straight line	Declining balance	Sum of the years-digits	Units of production	Additional first-year (section 179)	Other (specify)	Total
1 Under Rev. Procs. 62-21 and 65-13							
2 Other.							

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

Sales or Exchanges of Property

Attach to Form 1040.

1970

Name(s) as shown on Form 1040

HARRY L. AND BESS W. TRUMAN

Social Security Number

488 40 6969

Capital Assets—Short-term capital gains and losses—assets held not more than 6 months

Table with 9 columns: a. Kind of property, b. Description, c. How acquired, d. Date acquired, e. Date sold, f. Gross sales price, g. Depreciation allowed, h. Cost or other basis, i. Gain (or loss). Includes summary rows 2-5.

Long-term capital gains and losses—assets held more than 6 months

Table with 9 columns: a. Kind of property, b. Description, c. How acquired, d. Date acquired, e. Date sold, f. Gross sales price, g. Depreciation allowed, h. Cost or other basis, i. Gain (or loss). Includes summary rows 7-16.

Summary of Schedule D Gains and Losses

Summary rows 17-19: 17 Net gain (or loss) from line 15(b) or 16(f), Part I; 18 Net gain (or loss) from line 22, Part III; 19 Total net gain (or loss), combine lines 17 and 18.



Form **4625**
Department of the Treasury
Internal Revenue Service

Computation of Minimum Tax

▶ Attach to Form 1040

For the year January 1–December 31, 1970, or other taxable year

1970

beginning 1970, ending, 19.....

Name(s) as shown on Form 1040

Harry S. and Bess W. Truman

Your Social Security Number

488 40 6969

1 Items of Tax Preference. File this form if the total items of tax preference (line 2) is more than \$15,000 even though there is no minimum tax due. If short period return, see instructions for line 3.

- (a) Excess investment interest
- (b) Accelerated depreciation on real property:
 - (1) Low-income rental housing under sec. 167(k)
 - (2) Other real property
- (c) Accelerated depreciation on personal property subject to a net lease
- (d) Amortization of certified pollution control facilities
- (e) Amortization of railroad rolling stock
- (f) Stock options
- (g) Reserves for losses on bad debts of financial institutions
- (h) Depletion
- (i) Capital gains

1315 72

676 24

1991 96

30000 00

- 0 -

2 Total items of tax preference (add lines 1(a) through 1(i))

3 Exclusion. Enter \$30,000. If married filing separately or "certain married individuals living apart," enter \$15,000

4 Subtract line 3 from line 2

5 Amount from Form 1040, line 23

6 Amount from Form 1040, line 57

7 Add lines 5 and 6

8 Subtract line 7 from line 4

9 Multiply amount on line 8 by .10 and enter result

10 Enter amount of 1970 net operating loss which is a carryover to 1971, if any

11 Multiply amount on line 10 by .10 and enter result

12 Minimum Tax. Subtract line 11 from line 9 (if less than zero, enter zero)

13 Enter minimum tax deferred from prior year until this year

14 Total minimum tax. Add lines 12 and 13
If you had no retirement income (see Schedule R, Part I, lines 5(a) and 5(b)), omit lines 15 through 18. Enter amount from line 14 above on line 19 below.

15 Amount from Schedule R, Part I, line 8

16 Amount from Schedule R, Part I, line 10 or from Part II, line 19, whichever is applicable

17 Subtract line 16 from line 15

18 Enter amount from line 17 or line 14, whichever is smaller

19 Subtract line 18 from line 14. Enter here and on Form 1040, line 58