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FORM 1040
U.S. Treasury Department
Internal Revenue Service

U.S. INDIVIDUAL INCOME TAX RETURN—1961

or taxable year beginning ....., 1961, ending ....., 19....

Your Social Security Number: 488 | 40 | 6969

PLEASE PRINT OR TYPE

First name and initial: Harry S. and Bess W.
Last name: Truman
(If joint return of husband and wife, use first names and middle initials of both)
Home address: 219 North Delaware Street
(Number and street or rural route)
Independence — Missouri
(City, town, or post office) (Postal zone number) (State)

Occupation: Writer - Lecturer
Wife's Social Security Number:
Occupation:

Check One: ☐ Single; ☐ Unmarried "Head of Household"; ☐ Surviving widow or widower with dependent child; ☒ Married filing joint return; ☐ Married filing separate return—Name of wife (husband) .....

● Attach Check or Money Order Here ●

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

	(a) Wages, etc.	(b) Federal income tax withheld
1. Wages, salaries, tips, etc., and excess of allowances over business expenses. Employer's name / Where employed (city and state): Schedule Attached	$ 36,599 36	$ 5,825 96
If either you or your wife worked for more than one employer, see page 4 of instructions		
2. Totals here →	36,599 36	5,825 96
3. "Sick pay" if included in line 1 (attach required statement)		
4. Subtract line 3 from total wages		36,599 36
5. Dividends, interest, rents, royalties, pensions, etc. (Schedule B—if required by instructions page 5)		13,360 63
6. Business income (Schedule C)		16,635 33
7. Sale or exchange of property (Schedule D)		7,951 38
8. Farm income (Schedule F)		
9. Total (add lines 4 through 8)		74,546 70

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—
Copy total exemptions from page 2 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).	6,674 92
b. Subtract line 11a from line 9	67,871 78
c. Copy total exemptions from page 2 here 4, multiply by $600	2,400 00
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.	65,471 78

12. Tax (from either tax table or tax rate schedule)	28,878 34
13. Self-employment tax (Schedule C–3 or F–1)	
14. Total (add lines 12 and 13)	28,878 34

● Attach Copy B of Forms W-2 Here ●

PAYMENTS AND CREDITS

15. a. Tax withheld (line 2, col. (b) above). Attach Forms W–2	5,825 96	
b. Payments and credits on 1961 Declaration of Estimated Tax	20,404 65	
c. Dividends received credit		
d. Retirement income credit		
e. Other credits (Specify—see page 5 of instructions)		
f. Total (add lines a, b, c, d and e)		26,230 61
District Director's office where amount on line 15b was paid		

TAX DUE OR REFUND

16. If payments and credits (line 15f) are less than tax (line 14), enter Balance Due here → **Pay in full with this return to "Internal Revenue Service."**	2,647 73
17. If payments and credits (line 15f) are larger than tax (line 14), enter Overpayment here →	
18. Line 17 to be: (a) Credited on 1962 estimated tax $.....; (b) Refunded $.....	

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 Clinton R. Carrier (Signature of preparer other than taxpayer) (Address) (Date)

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SCHEDULE A.—EXEMPTIONS (See page 6 of instructions)

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

Check blocks which apply.

(a) Regular $600 exemption ..... [x] Yourself [x] Wife
(b) Additional $600 exemption if 65 or over at end of 1961 ..... [x] Yourself [x] Wife
(c) Additional $600 exemption if blind at end of 1961 ..... [ ] Yourself [ ] Wife

Enter number of exemptions checked → 4

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 last column to right for each name listed (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. (Enter here and on line 10 or 11c, page 1) 4

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

Show 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 (If other than money, submit description of property and method of valuation)	Schedule Attached		
	Total paid (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)	$ 1,884	30
Interest	U. S. Government		
	Total interest	144	68
Taxes	Real estate taxes ..... State income taxes ..... State and local sales taxes ..... Other taxes (specify) ..... Schedule Attached		
	Total taxes	4,233	74
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 and dental expenses (Including hospital insurance premiums)		
	5. Total (add lines 3 and 4) ..... Schedule Attached		
	6. Enter 3% of line 9, page 1 ..... $		
	7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation	412	20
Other deductions (See page 8 of instructions and attach required information)	Total		
	TOTAL DEDUCTIONS (Enter here and on line 11a, page 1)	$ 6,674	92

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 expenses to your employer? ..... [ ] Yes [ ] No

See page 4, instructions.

U.S. GOVERNMENT PRINTING OFFICE: 1961 O—600590

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

SUPPLEMENTAL SCHEDULE OF INCOME AND CREDITS

(From all sources other than wages, business, farming, and sale or exchange of property)

Attach this Schedule to your Individual Income Tax Return, Form 1040

1961

Name and address as shown on page 1 of Form 1040. Harry S. and Bess W. Truman, 219 N. Delaware, Independence, Mo.

Part I.—DIVIDEND INCOME (Income from savings (building) and loan associations and credit unions should be entered as interest in Part II)

	Amount	
1. Name of qualifying corporation declaring dividend: (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. Subtract line 3 from line 2. Enter here and on line 1, Part VII		
5. Name of nonqualifying corporation declaring dividend:		
6. Total (add lines 4 and 5)		

Part II.—INTEREST INCOME (This includes interest credited to your account)

Name of payer	Amount	Name of payer	Amount	
Schedule Attached				
			Total →	9,412 86

Part III.—PENSION AND ANNUITY INCOME

A.—**General Rule** (If you did not contribute to the cost of the pension or annuity, enter the total amount received on line 6 and omit lines 1 through 5.)

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)	

B.—Where your employer has contributed part of the cost and your contribution will be recovered tax-free within 3 years. If your cost was fully recovered in prior years, enter the total amount received in line 5 and omit lines 1 through 4.

1. Cost of annuity (amounts you paid)		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)	

Part IV.—RENT AND ROYALTY INCOME

1. Kind and location of property (Identify whether rent or royalty)	2. Total amount of rents or royalties	3. Depreciation (explain in Part VI) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)
Schedule Attached				
1. Totals				

2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5) (913 40)

Part V.—OTHER INCOME OR LOSSES

1. Partnerships (name, address, and nature of income)	
2. Estates or trusts (name and address)	
3. Other sources (state nature) Oil Operations	4,861 17
TOTAL INCOME (OR LOSS) FROM ABOVE SOURCES (Enter here and on line 5, page 1, of Form 1040)	13,360 63

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Part VI.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN PART IV

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 (exclude land)	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year

8. Total . . . . . .

Amount of additional first-year depreciation included above . . . . . .

Part VII.—DIVIDENDS RECEIVED CREDIT

1. Amount of dividends on line 4, Part I . . . . . .
2. Tentative credit (4% of line 1) . . . . . .

LIMITATION ON CREDIT

3. Tax shown on line 12, page 1 of Form 1040, less amount, if any, of credit for foreign taxes . . . . . .
4. 4% of taxable income (see below) . . . . . .

Taxable Income Means
- (a) If tax is computed, the amount shown on line 11d, page 1 of Form 1040.
- (b) If Tax Table is used, the amount shown on line 9, page 1 of Form 1040, less 10% thereof, and less the deduction for exemptions ($600 multiplied by the number of exemptions claimed on line 3, Schedule A, page 2 of Form 1040).

5. Dividends received credit. Enter here and on line 15(c), page 1 of Form 1040, the smallest of the amounts on line 2, 3, or 4, above . . . . . .

Part VIII.—RETIREMENT INCOME CREDIT

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.

If separate return, use column B only. If joint return, use column A for wife and column B for husband ⟶

	A		B	
Did you receive earned income in excess of $600 in each of any 10 calendar years before the taxable year 1961? (Widows or widowers see instructions, page B–4)	☐ 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:				
(a) For taxpayers under 65 years of age: Enter only income received from pensions and annuities under public retirement systems and included in line 9, page 1, of Form 1040				
(b) For taxpayers 65 years of age or older: Enter total of pensions and annuities, interest, and dividends included in line 9, page 1 of Form 1040, and gross rents included in column 2, Part IV of this schedule				
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 . .				
(b) Earned income received in taxable year (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)				
5. Balance (line 2 minus line 4)				
6. Line 5 or line 1, whichever is smaller				
7. Tentative credit (20% of line 6)				

8. Total tentative credit (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 of Form 1040 . . . . . .
10. Less: Dividends received credit from line 5, Part VII above . . . . . .
11. Subtract line 10 from line 9 . . . . . .
12. Retirement income credit. Enter here and on line 15(d), page 1 of Form 1040, the amount on line 8 or line 11, whichever is smaller . . . . . .

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SCHEDULE C-3 (Form 1040)	U.S. Treasury Department—Internal Revenue Service **COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX** **(See instructions on page 2)**	1961

▶ **If you had wages of $4,800 or more which were subject to the deduction for social security, do not fill in this Schedule.**

▶ **Complete only one Schedule C-3; if you had more than one business, combine profits (or losses) from all of your businesses on this Schedule.**

▶ **Each self-employed person must file a separate schedule. See instructions, page 2, for joint returns and partnerships.**

NAME AND ADDRESS (as shown on page 1 of Form 1040)

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

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

Harry S. Truman

1. Net profit (or loss) shown on line 26 Schedule C (Form 1040) **(Enter combined amount if more than one business)**	16,635	33		
2. Add to net profit (or subtract from net loss) losses of business property shown on line 15, Schedule C				
3. Total (or difference)			16,635	33
4. Net income (or loss) from excluded services or sources included on line 3 (see "Exclusions," page 2)				
Specify excluded services or sources				
5. Net earnings (or loss) from self-employment—				
(a) From business (line 3 less any amount on line 4)				
(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 have filed or are filing Form 2031 (see instructions, page 2).				
(d) From farming reported on line 2 (or line 3 if option used), separate Schedule F-1 (Form 1040)				
(e) From service with a foreign government or international organization				
6. Total net earnings (or loss) from self-employment reported on line 5. Enter here and on line 6 below **(If line 6 is under $400, you are not subject to self-employment tax. Do not fill in rest of page.)**			16,635	33
7. The largest amount of combined wages and self-employment earnings subject to social security tax is	$ 4,800	00		
8. Total wages, covered by social security, paid to you during the taxable year. (For "Covered" wages see "F. I. C. A. Wages" box on Form W-2.) Enter here and on line 7, below	10,000	00		
9. Balance (line 7 less line 8)	$ -0-			
10. Self-employment income—line 6 or 9, whichever is smaller. Enter here and on line 8, below			-0-	
11. Self-employment tax—If line 10 is $4,800, enter $216.00; if less, multiply the amount on line 10 by 4½%. Enter this amount here and on line 13, page 1, Form 1040			-0-	

Important.—The amounts reported on the form below are for your social security account. This account is used in figuring any benefits, based on your earnings, payable to you, your dependents, and your survivors. Fill in each item **accurately** and **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

1961

1. Indicate year covered by this return (even though income was received only in part of year): Calendar year 1961 ☒; or other taxable year beginning _____, 1961, 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

3. BUSINESS ADDRESS (number and street, city or post office, 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 North Delaware

(City or post office, postal zone number, State)
Independence, Missouri

PLEASE DO NOT WRITE IN THIS SPACE

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6. ENTER TOTAL EARNINGS FROM SELF-EMPLOYMENT SHOWN ON LINE 6 ABOVE	16,635	33
7. ENTER WAGES, IF ANY, SHOWN ON LINE 8 ABOVE	10,000	00
8. ENTER AMOUNT SHOWN ON LINE 10 ABOVE	None	

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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	1961

Name and address as shown on page 1 of Form 1040
Harry S. and Bess W. Truman - 219 North Delaware, Independence, Missouri

Part 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 (d plus e less f plus 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					

6. Enter the full amount of your share of net long-term gain (or loss) from partnerships and fiduciaries
7. Capital gain dividends
8. Net long-term gain (or loss) from lines 5, 6, and 7 — 15,902.75
9. Combine the amounts shown on lines 4 and 8, and enter the net gain (or loss) here — 15,902.75

10a. If line 9 shows a GAIN—Enter 50% of line 8 or 50% of line 9, whichever is smaller. (Enter zero if there is a loss or no entry on line 8.) **(See reverse side for computation of alternative tax)** — 7,951.37

b. Subtract line 10a from line 9 — 7,951.38

11. If line 9 shows a LOSS—Enter here the **smallest** of the following: (a) the amount on line 9; (b) taxable income computed without regard to capital gains and losses and the deduction for exemptions; or (c) $1,000

Part 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 (d plus e less f plus g)
12.							

13. Enter your share of non-capital gain (or loss) from partnerships and fiduciaries
14. Net gain (or loss) from lines 12 and 13

Part III—TOTAL GAINS OR LOSSES FROM SALE OR EXCHANGE OF PROPERTY

15. Net gain (or loss) from either line 10b or 11 — 7,951.38
16. Net gain (or loss) from line 14
17. Total net gain (or loss), combine lines 15 and 16. Enter here and on line 7, page 1 of Form 1040 — 7,951.38

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