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Papers of Bess W. Truman

Form 1040 U.S. Individual Income Tax Return 1965

for the year January 1–December 31, 1965 or other taxable year beginning ....., 1965, ending ....., 19..... US Treasury Department—Internal Revenue Service

▼ Attach Copy B of Form W-2 here ▲

First name and initial (If joint return, use first names and middle initials of both): Harry S. and Bess W.

Last name: Truman

Your social security number (Husband's if joint return): 488 | 40 | 6969

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

Your occupation & present employer:

City, town or post office, and State: Independence, Missouri

Postal ZIP code:

Wife's number, if joint return:

Enter the name and address used on your return for 1964 (if the same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1964 names and addresses.

Wife's occupation & present employer:

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Filing Status—check one:

1a ☐ Single

1b ☐ Married filing joint return (even if only one had income)

1c ☐ Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.

1d ☐ Unmarried Head of Household

1e ☐ Surviving widow(er) with dependent child

Exemptions

	Regular	65 or over	Blind
2a Yourself	☒	☒	☐
2b Wife	☒	☒	☐

Enter number of exemptions checked ▶▶▶ 4

3a First names of your dependent children who lived with you.

Enter number ▶▶▶

3b Number of other dependents (from page 2 Part I, line 3)

4 Total exemptions claimed ▶▶▶ 4

▼ Please print or type ▲

Income If joint return, include all income of both husband and wife	5	Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation	35,859 04
	6	Other income (from page 2, Part II, line 9)	32,729 43
	7	Total (add lines 5 and 6)	68,588 47
	8	Adjustments (from page 2, Part III, line 5)	
	9	Total income (subtract line 8 from line 7)	68,588 47
Tax Computation		Figure tax by using either 10 or 11	
	10	**Tax Table**—If you do not itemize deductions and line 9 is less than $5,000, find your tax from tables in instructions. Do not use lines 11 a, b, c, or d. **Enter tax on line 12.**	
	11	**Tax Rate Schedule**—	
	11a	If you itemize deductions, enter total from page 2, Part IV. If you do not itemize deductions, and line 9 is $5,000 or more enter the larger of: (1) 10 percent of line 9 or; (2) $200 ($100 if married and filing separate return) plus $100 for each exemption claimed on line 4, above. The deduction computed under (1) or (2) is limited to $1,000 ($500 if married and filing separate return).	25,419 97
	11b	Subtract line 11a from line 9	43,168 50
	11c	Multiply total number of exemptions on line 4, above, by $600	2400 00
	11d	Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) **Enter tax on line 12.**	40,768 50
Tax Credits Payments	12	Tax (from either Tax Table, see line 10, or Tax Rate Schedule, see line 11)	12,508 88
	13	Total credits (from page 2, Part V, line 5)	
	14	Income tax (subtract line 13 from line 12)	12,508 88
	15	Self-employment tax (Schedule C-3 or F-1)	72 67
	16	Total tax (add lines 14 and 15)	12,581 55
If either you or your wife worked for more than one employer see page 5 of instructions	17a	Total Federal income tax withheld (attach Forms W-2) ▶ 3509 46	
	17b	1965 Estimated tax payments St Louis ▶ 15,938 57 (Include 1964 overpayment allowed as a credit) (Office where paid)	
	17c	Total (add lines 17a and 17b)	19,448 03
Tax Due or Refund	18	If payments (line 17c) are less than tax (line 16), enter **Balance Due. Pay in full with this return** ▶	
	19	If payments (line 17c) are larger than tax (line 16) enter **Overpayment** ▶▶▶	6866 48
	20	Amount of line 19 you wish credited to 1966 Estimated Tax	6866 48
	21	Subtract line 20 from 19. Apply to: ☐ **U.S. Savings Bonds, with excess refunded** or ☐ **Refund only**	

▼ Attach Check or Money Order 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here ▶ If joint return, BOTH HUSBAND AND WIFE MUST SIGN even if only one had income. Date .....

Sign here Kurt E. Loper Signature of preparer other than taxpayer. Date APR 11 1966

PEAT, MARWICK, MITCHELL & CO.
CERTIFIED PUBLIC ACCOUNTANTS
Address 2020 COMMERCE TOWER
KANSAS CITY, MO. 64199

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PART I. Exemptions / Complete only for dependents claimed on line 3b, page 1

(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of $600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				$	$
2					

3 Total number of dependents listed above. Enter here and on page 1, line 3b ▶▶▶▶

PART II. Income from all sources other than wages, salaries, etc.

Dividends and Other Distributions

A Gross amount

B Nontaxable and capital gain distributions

C Subtract item B from item A — Give details in lines 1a through 1d

Explanation of C (Write (H), (W), (J), for stock held by husband, wife, or jointly)

1a Qualifying dividends (name of payer)

Total qualifying

1b Subtract $100. If joint return see instructions

1c Balance (but not less than zero)

1d Nonqualifying dividends (name of payer)

Total nonqualifying

2 Total dividends (add lines 1c and 1d) ▶▶▶▶

3 Interest (name of payer)

SCHEDULE ATTACHED

Total interest income ▶▶▶▶ 9661 34

4 Pensions and annuities, rents and royalties, partnerships, & estates or trusts (Schedule B) 1538 38

5 Business income (Schedule C) ▶ 1345 70

6 Sale or exchange of property (Schedule D) 20,184 01

7 Farm income (Schedule F) ▶

8 Other sources (state nature)

Total other sources ▶▶▶▶

9 Add lines 2 through 8. Enter here and on page 1 line 6 ▶▶▶▶ 32,729 43

PART III. Adjustments

1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement)

2 Moving expenses (attach Form 3903)

3 Employee business expense (attach Form 2106 or other statement)

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)

5 **Total adjustments** (lines 1 through 4). Enter here and on page 1, line 8

EXPENSE ACCOUNT INFORMATION—If you had an expense allowance or charged expenses to your employer, check here ☐ and see page 7 of instructions.

PART IV. Itemized deductions—Use only if you do not use tax table or standard deduction.

Medical and dental expense.—Attach 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 Enter excess, if any, of medicine and drugs over 1% of line 9, page 1 (See note above)

2 Other medical, dental expenses (include hospital insurance premiums)

SCHEDULE ATTACHED

3 Total (add lines 1 and 2)

4 Enter 3% of line 9, page 1 (See note above)

5 Subtract line 4 from line 3; see page 8 of instructions for maximum limitation ▶ 1495 88

Contributions.—Cash—including checks, money orders, etc. (itemize)

SCHEDULE ATTACHED

1 Total cash contributions

2 Other than cash (see instructions for required statement). Enter total of such items here

3 Total contributions (add lines 1 and 2—see instructions for limitations) ▶▶▶▶ 20,576 54

Taxes.—Real estate $

State and local gasoline $

General sales $

SCHEDULE ATTACHED

State and local income $

Personal property $

Total taxes ▶▶▶▶ 1464 55

Interest expense.—Home mortgage $

Other (itemize)

Total interest expense ▶▶▶▶

Other deductions.—(see page 9 of instructions)

SCHEDULE ATTACHED

Total other deductions ▶▶▶▶ 1883 00

TOTAL DEDUCTIONS (for page 1, line 11a) ▶ 25,419 97

PART V. Credits

1 Retirement income credit (Schedule B)

2 Investment credit (Form 3468)

3 Foreign tax credit (Form 1116)

4 Tax-free covenant bonds credit

5 **Total credits** (add lines 1 through 4). Enter here and on page 1, line 13

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

SUPPLEMENTAL SCHEDULE OF INCOME AND RETIREMENT INCOME CREDIT

(From pensions and annuities, rents and royalties, partnerships, and estates or trusts)

Attach this schedule to your income tax return, Form 1040

1965

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

Part I.—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.)

				AMOUNT
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.—Special Rule—Where your employer has contributed part of the cost and your own contribution will be recovered tax-free within 3 years. If your cost was fully recovered in prior years, enter the total amount received on 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 II.—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 IV) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)	AMOUNT
		SCHEDULE ATTACHED			122 46
		SCHEDULE ATTACHED			1415 92
1. Totals					

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

Part III.—INCOME OR LOSSES FROM PARTNERSHIPS AND ESTATES OR TRUSTS

1. Partnerships (name, address, and nature of income)

2. Estates or trusts (name and address)

Total of Parts I, II, and III (Enter here and on page 2, Part II, line 4, Form 1040) — 1538 38

Part IV.—SCHEDULE FOR DEPRECIATION CLAIMED IN PART II ABOVE—This schedule is designed for taxpayers using the alternative guidelines and administrative procedures described in Revenue Procedure 62–21 as well as for those taxpayers who wish to continue using procedures authorized prior to the revenue procedure. Where double headings appear use the first heading for the new procedure and the second heading for the older procedure.

1. *Group and guideline class* — OR — Description of property	2. Cost or other basis *at beginning of year* — OR — Cost or other basis	3. Asset additions *in year (amount)* — OR — Date acquired	4. Asset retirements *in year (amount)* (applicable only to Rev. Proc. 62–21)	5. Depreciation allowed or allowable in prior years	6. Method *of* computing depreciation	7. Class life — OR — Rate (%) or life	8. Depreciation for this year
1. Total additional first-year depreciation (do not include in items below) →							
Total cost or other basis							
2. Total depreciation							

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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

1965

Name and address as shown on page 1 of Form 1040

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

Part I—CAPITAL ASSETS

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

a. Kind of property and how acquired (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	e. Depreciation allowed (or allowable) since acquisition (attach schedule)	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain or loss (d plus e less f)
1.						

2. Enter your share of net short-term gain (or loss) from partnerships and fiduciaries .....
3. Enter unused short-term capital loss carryover from 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. Enter gain from Part II, line 3 ..... 40,368.02

SCHEDULE ATTACHED

Total long-term gross sales price ..

6. Enter the full amount of your share of net long-term gain (or loss) from partnerships and fiduciaries .....
7. Enter unused long-term capital loss carryover from preceding taxable years (attach statement) .....
8. Capital gain dividends .....
9. Net long-term gain (or loss) from lines 5, 6, 7, and 8 ..... • 40,368.02
10. Combine the amounts shown on lines 4 and 9, and enter the net gain (or loss) here 40,368.02
11. **If line 10 shows a GAIN—Enter 50% of line 9 or 50% of line 10, whichever is smaller.** (Enter zero if there is a loss or no entry on line 9.) **(See reverse side for computation of alternative tax)** 20,184.01
12. Subtract line 11 from line 10. Enter here and in Part IV, line 1, on reverse side 20,184.01
13. **If line 10 shows a LOSS**—Enter here and in Part IV, line 1, the **smallest** of the following: (a) the amount on line 10; (b) the amount on page 1, line 11b, Form 1040, computed without regard to capital gains and losses; or (c) $1,000 .. •

Part II—GAIN FROM DISPOSITION OF DEPRECIABLE PROPERTY UNDER SECTIONS 1245 AND 1250—assets held more than 6 months

Where double headings appear, use the first heading for section 1245 and the second heading for section 1250.

a. Kind of property and how acquired (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	e. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale
1.				

f. Depreciation allowed (or allowable) since acquisition (attach schedule)		g. Adjusted basis (e less sum of f-1 and f-2)	h. Total gain (d less g)	i. Ordinary gain (lesser of f-2 or h) —OR— (see instructions)	j. Other gain (h less i)
f-1. Prior to January 1, 1962 —OR— Prior to January 1, 1964	f-2. After December 31, 1961 —OR— After December 31, 1963				

2. Total ordinary gain. Enter here and in Part IV, line 2, on reverse side ..... •
3. Total other gain. Enter here and in Part I, line 5; however, if the gains do not exceed the losses when this amount is combined with other gains and losses from section 1231 property enter the total of column j in Part III, line 1 ..

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

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

(Compute social security self-employment tax on Schedule C-3 (Form 1040))

1965

Attach this schedule to your income tax return, Form 1040 — Partnerships, joint ventures, etc., must file on Form 1065

Name and address as shown on page 1, Form 1040

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

A. Principal business activity Writer-Lecturer; product
(See separate instructions) (For example: retail—hardware; wholesale—tobacco; services—legal; manufacturing—furniture; etc.)

B. Business name **C. Employer Identification Number**

D. Business location
(Number and street or rural route) (City or post office) (State)

E. Indicate method of accounting: (1) ☐ cash; (2) ☐ accrual; (3) ☐ other.

1. Gross receipts or gross sales $ Less: Returns and allowances $		$
2. Inventory at beginning of year (If different than last year's closing inventory attach explanation)		
3. Merchandise purchased $, less cost of 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-1)		
7. Total of lines 2 through 6		
8. Inventory at end of this year		
9. Cost of goods sold (line 7 less line 8)		
10. Gross profit (subtract line 9 from line 1)		
OTHER BUSINESS DEDUCTIONS		
11. Depreciation (explain in Schedule C-2)		
12. Taxes on business and business property (explain in Schedule C-1)		
13. Rent on business property		
14. Repairs (explain in Schedule C-1)		
15. Salaries and wages not included on line 4 (exclude any paid to yourself)		
16. Insurance		
17. Legal and professional fees		
18. Commissions		
19. Amortization (attach statement)		
20. Retirement plans, etc. (other than your share—see separate instructions)		
21. Interest on business indebtedness		
22. Bad debts arising from sales or services		
23. Losses of business property (attach statement)		
24. Depletion of mines, oil and gas wells, timber, etc. (attach schedule)		
25. Other business expenses (explain in Schedule C-1)		
26. Total of lines 11 through 25		
27. Net profit (or loss) (subtract line 26 from line 10). Enter here; in Schedule C-3, line 1; and on page 2, Part II, line 5, Form 1040		1345 70

SCHEDULE ATTACHED

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SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 25

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

C

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SCHEDULE C-3 (Form 1040)
U.S. Treasury Department
Internal Revenue Service

COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX
Attach this schedule to your income tax return, Form 1040.
See instructions on page 2.

1965

NOTE.—Fiscal year taxpayers see "Important New Features" on page 2 of Form 1040 Instructions.
- **If you had wages of $4,800 or more which were subject to social security taxes, do not fill in this page.**
- **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.**

NAME AND ADDRESS (as shown on page 1 of Form 1040)
Harry S. and Bess W. Truman, 219 N. Delaware, Independence, Missouri

NAME OF SELF-EMPLOYED PERSON (as shown on social security card): Harry S. Truman
Social Security Number: 488 40 6969

1. Net profit (or loss) shown in Schedule C (Form 1040), line 27 **(Enter combined amount if more than one business)**	1345	70		
2. Add to net profit (or subtract from net loss) losses of business property shown in Schedule C, line 23				
3. Total (or difference)			1345	70
4. Net income (or loss) from excluded services or sources included on line 3				
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				
(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 in item F below **(If line 6 is under $400, you are not subject to self-employment tax. Do not fill in rest of page.)**			1345	70
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 in item G, below	2000	00		
9. Balance (line 7 less line 8)	$ 2800	00		
10. Self-employment income—line 6 or 9, whichever is smaller. Enter here and in item H, below			1345	70
11. Self-employment tax—If line 10 is $4,800, enter $259.20; if less, multiply the amount on line 10 by 5.4%. Enter this amount here and on page 1, line 15, Form 1040			72	67

Do not detach

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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.**

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

1965

A. Indicate year covered by this return (even though income was received only in part of year):
Calendar year 1965 [X]; or other taxable year beginning _____, 1965, ending _____.
If less than 12 months, was short year due to (a) [ ] Death, or (b) [ ] Change in accounting period, or (c) [ ] Other.

B. BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Grocery store, restaurant, etc.)
Writer-Lecturer

C. BUSINESS ADDRESS (number and street, city or post office, State, Postal ZIP code)
Harry S. Truman Library, Independence, Mo.

D. SOCIAL SECURITY ACCOUNT NUMBER OF PERSON NAMED IN ITEM E BELOW: 488 | 40 | 6969

E. 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, State, and Postal ZIP code)
Independence, Missouri

PLEASE DO NOT WRITE IN THIS SPACE

F. ENTER AMOUNT FROM LINE 6 $ 1345 70

G. ENTER AMOUNT FROM LINE 8, IF ANY $ 2000 00

H. ENTER AMOUNT FROM LINE 10 $ 1345 70

SE

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