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Chire, Lawe, or post diffica) (Pleast access number) (State) Your Sectal Security Number Occupation (O) Regular SGO0 exemption if 65 or over at end of taxable year. Yourself Wite's Social Security Number Occupation 1 Check for wile only if all of her income is included in this to: the constructed in this to: the constructed income of the constructed income of exemptions claimed for other persons listed at top of page 2. Sector number of exemptions claimed for other persons listed at top of page 2. Sector number of exemptions claimed for other persons listed at top of page 2. Sector number of exemptions claimed on the compensation before payroll deductions (include excess of exemptions claimed allowance paid by you employer over your odinary and necessary business exames. Sem hintscaling excess of exemption page 3 (D) you employer over your odinary and necessary business exames. Sem hintscaling excess of exemption page 3 (D) you employer over your odinary and necessary business exames. (O) Washed Wite's exampted (O) Washed excess of exemption page 3 (D) you employer over your odinary and necessary business exames. Sem hintscaling exampted in this to the interval of the page 2. Sector the page 2. 6 Less: Excludable "Sick Pay" in line 5 (see instructed taximent). (D) Washed (CA) with we get exceed exampted in this to the page 2. (D) Washed (D) Washed exampted in the page 3. 7 Balance (line 5 less line 6). (S) Constructed taximal int		rnal Revenue Service PLEASE PRINT	First name and initial (If this is a joint return of husba Home	Last name		-
Tour Social Security Number Occupation Wite's Social Security Number Occupation 0 Check blocks which apply, Check for wise only fell of the turn, or if is he had no income is included in this re- turn, or if is he had no income (c) Additional \$600 exemption if blind at end of taxable year. Yourself Wise's Social Security Number 2 Lifts in anome of your children who address if different from your. (c) Additional \$600 exemption if blind at end of taxable year. Yourself Wise's Social Security Number 3 Enter number of exemptions claimed for other persons listed at top of page 2. (c) Additional \$600 exemption if blind at end of taxable year. (c) Wayse, starting the instance of the other persons listed at top of page 2. 5 Enter the total number of exemptions claimed for other persons listed at top of page 2. (c) Wayse, starting the instance paid by your employer over your ordinary and necessary bosines expenses. Similarulation excess of expense account or similar allowance paid by your employer over your ordinary and necessary bosines expenses. Similarulation excess of expense account or similar allowance paid by your employer over your ordinary and necessary bosines expenses. 6 Less: Excludable "Sick Pay" in line 5 (See instruction, page 7. Attach returnet attament). S (ff(CA) within the social secure you or represent the starting the s	L Z Z Z			(Number and street of fural route)		
 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. 5. Enter all wages, salaries, bonuese, commissions, tips, and other compensation before payroll deductions (include excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. See instructions to the persons listed at State) (a) Wages, etc. (b) Reduct there all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (include excess of expense). See instructions, page 7. Attach required statement). 7. Balance (line 5 less line 6). 8. Profit (or loss) from braines from separate Schedule C. 9. Profit (or loss) from forming from separate Schedule F. 10. Other income (or loss) from page 3 (Dividends, Interest, Rents, Pensions, etc.). 11. Adjusted Gross Income (sum of lines 7, 8, 9, and 10). 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, toxing way and there are the enduent from line 9, page 2). 13. (a) Dividends received aredit from line 5 of Schedule J. 14. Balance (line 12 cos 16) solore are into more of 15. Enter your self-employment tax from separate Schedule J. 15. Enter your self-employment tax from separate Schedule J. 16. Sum of lines 14 and 15. 17. (a) Federal tax withheld (line 5, col. (b) above). Attach froms W-2, Copy B. 18. If your tax (line 12 or 16) is larger than your ax (line 12 of Schedule J. 19. By entry of lines 14 and 15. 10. Sum of lines 14 and 15. 11. Adjusted receive an expense deduction your payments (line 17), enter the extrament. 13. If your tax (line 12 or 16) is larger than yo	5 Your	Social Security Num				- <u> </u>
5. Enter all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (include excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. She listifuction is the salarity of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. She listifuction (b) Federal tax is the salarity of the solarity of the solarit	ATTACH CHECK Exemptions	Check for wife income is inclu turn, or if she H 2. List first names qualify as depu address if dif 3. Enter number	only if all of her (b) Additional \$600 e ided in this re- (c) Additional \$600 e of your children who endents; give ferent from yours. r of exemptions claimed for other p	exemption if 65 or over at end of to exemption if blind at end of taxable persons listed at top of page 2	ixable year. 🗌 Yourse e year 🗌 Yourse	elf Wife exemptions elf Wife Stocked Enter number of children listed
Big 1 Summarized State Summarized State Summarized State Constructions Summarized State Summarized State Summarized State Constructions Summarized State Summarized State Summarized State Constructions Summarized State Summarized State Summarized State Construction Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State Summarized State <td></td> <td>5. Enter all wa excess of exper</td> <td>ges, salaries, bonuses, commission nse account or similar allowance paid by</td> <td>rs, tips, and other compensai your employer over your ordinary c</td> <td>tion before payroll ind necessary business o</td> <td>deductions (including any expenses. See instructions, pp. 5–6.)</td>		5. Enter all wa excess of exper	ges, salaries, bonuses, commission nse account or similar allowance paid by	rs, tips, and other compensai your employer over your ordinary c	tion before payroll ind necessary business o	deductions (including any expenses. See instructions, pp. 5–6.)
Bigging Enter totals here \$					\$	\$
 Was all from wages, omit lines 13 through 16 14. Balance (line 12 less line 13)				Enter totals here	▶ \$	<u>\$</u>
 Was all free wages, omit lines 13 through 16 14. Balance (line 12 less line 13)		7. Balance (line 8. Profit (or loss 9. Profit (or loss 10. Other incom	e 5 less line 6) s) from business from separate Sche s) from farming from separate Sche te (or loss) from page 3 (Dividends,	dule C dule F Interest, Rents, Pensions, etc	• • •	wages exceeded \$144 because you or your wife had more than one em- ployer, see instructions,
 Was all free wages, omit lines 13 through 16 14. Balance (line 12 less line 13)	<u> </u>	12. TAX on inc Table on pag	ome on line 11. (If line 11 is unde ge 16 of instructions to find your tax e deductions, compute your tax on p	er \$5,000, and you do not iten and check here □. If line 1 page 2 and enter here the amo	nize deductions, use 1 is \$5,000 or more unt from line 9, page	Tax e, or = 2). \$
District Director's office where paid 18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE here 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 19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here 20. Amount of line 19 to be: (a) Credited on 1961 estimated tax \$; (b) Refunded \$; Did you receive an expense allowance or reimbursement, or charge expenses to your employer?. Yes," did you submit an itemized accounting of expenses to your employer?		If income was all from wages, omit lines 13	(b) Retirement income credit 14. Balance (line 12 less line 13)	from line 12 of Schedule K)	·· [····· \$
District Director's office where paid 18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE here 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 19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here 20. Amount of line 19 to be: (a) Credited on 1961 estimated tax \$; (b) Refunded \$; Did you receive an expense allowance or reimbursement, or charge expenses to your employer?. Yes," did you submit an itemized accounting of expenses to your employer?		17 (r) Endoralt	16. Sum of lines 14 and 15	Attach Forms W-2. Copy E		
19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here→ It less than \$1.00, the overpayment will be refunded only upon application. \$		Distric	-+ Director's office where paid			> \$
Did you receive an expense allowance or reimbursement, or charge expenses to your employer?. 🗌 Yes 🗌 No (See page 6,) If "Yes," did you submit an itemized accounting of expenses to your employer? 🛛 Yes 🗌 No (instructions.)		19. If your payn If less than \$1	∍≫ \$			
	lf ''Ye	ou receive an expens s," did you submit ar	se allowance or reimbursement, or cha n itemized accounting of expenses to y	rge expenses to your employer?. our employer?	☐ Yes ☐ No (See pa ☐ Yes ☐ No (^{instruc}	age 6,)
not claim the exemption on this return. the Internal Revenue District where the ac- count is outstanding.	c.2000.000		not claim the exemption on this refor	n. the Internal count is outsto	Revenue District where funding.	w me and to the best of my knowl
I declare under the pendities of perjury that this reform (including any accompanying schedules and statements) has been and by a person other than the taxpayer, his declaration is based on all the in relating to the maîters required to be reported in the return of which he has any knowledge. Sign hete	edge a relating Sign	nd belief is a true, cor g to the matters required	rect, and complete return. If the return is to be reported in the return of which he has a	preparea by a person omer man me my knowledge.		

Form 1040-1960 EXEMPTIONS FOR PERSONS OTHER THAN YOUR WIFE AND CHILDREN

Name Relationship Months lived in your didependent have gross moone of the dependent support for dependent of dependent support for depen	Page 2
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 the declarations described on page 5 of instructions. ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION If Husband and Wite (Not Legalty 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 attac Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions Interest Total interest	luding nt
If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions. ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION It 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 attact Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions. Summer and paid interest	
If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions. ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION It Husband and Wite (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 attact Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions. Summer and paid interest	
If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions. ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION It 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 attact Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions. Summer and paid interest	
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 attac Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions Interest	
Contributions Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions Interest Total interest	
Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions \$	nments.
Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions \$	
Interest	
Total interest	
Real estate taxes State income taxes	
State and local sales taxes Other taxes (specify)	
Total taxes	
NOTE: If you or your wife are 65 years of age or over, or if you or your wife have a dependent parent 65 or over, do not use this schedule. See page 9 of the instructions for larger deduction. Others use schedule below. Medical and dental expense 1. Total cost of medicine and drugs. (Submit itemized list. Do not enter any expense range expense range expense to any expense to any expense 2. 1 percent of line 1 over line 2. 4. Other medical and dental expenses. 4. Other medical and dental expenses.	
Insurance or 5. Total of lines 3 and 4	
6. Enter 3 percent of line 11, page 1	
7. Allowable amount (excess of line 5 over line 6; see page 10 for maximum limitation)	
Other Deductions (See page 10 of instructions and	
attach informa- tion required) Total	
TOTAL DEDUCTIONS (Enter here and on line 2 of Tax Computation, below)	
TAX COMPUTATION-IF YOU DO NOT USE THE TAX TABLE	1
 Enter Adjusted Gross Income from line 11, page 1	
filing a separate return)	
3. Balance (line 1 less line 2)	
 4. Multiply \$600 by total number of exemptions claimed on line 4, page 1 5. Taxable Income (line 3 less line 4) 	
6. Tax on amount on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16	
7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D	
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	
(c) TotalEnter here> 9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c)\$	

		ومعار بمالا مريك المعرجا كالمرتب فيتبعث فيتجاز فالمتحر الفكار المعادية فتنتقلهم		والمترج والمتحدث فالمصرب والمراكب ومنابعه والمتحد والمتحد والمتحد والمتحد	NCOME WAS ALL FROM SALA stude A.—INCOME FROM DIVIDEN
	Amount				Name of qualifying corporation de
	\$			nd, wife, or jointly)	Indicate by (H), (W), (J) whether stock is held by hus
	\$	-			 lotal
		led to exclude	dends, each is entit	wife received divi	Exclusion of \$50 (If both husband and
				vidends)	not more than \$50 of his (her) own a
	5	J	n line 1, Schedule L	Enter here and a	Excess, if any, of line 2 over line 3.
			I: 	ecianing aividenc	Name of nonqualifying corporation (
<u>··</u> \$					Enter total of lines 4 and 5
	Amount		terest credited to you Name of	(This includes in Amount	Mule B.—INCOME FROM INTERES
	\$				
	Enter total here->			·	
	ТҮ	S OF PROPERT	S OR EXCHANGE	SES FROM SALI	state D Summary GAINS AND LOS
•••	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • •	Schedule D)	ts (from separate	From sale or exchange of capital ass
	· · · · · · · · · · · · · · · · · · ·				from sale or exchange of property o
		page 12)	S (See Instructions	AND ANNUIII	osule E.—INCOME FROM PENSION
		this year	. Amount received	\$ 4	nvestment in contract
	blied	•	. Amount excluda		Expected return
	 over line 5)		by line 3)	% 6	Percentage of income to be excluded
				فرهم بالمجربة بتأكر والأم مسير الثانية الشنائلة والمراثية المتخط مختلما والمراج	(line 1 divided by line 2) 11.—Where your employer has contributed all or
_			omitting lines 1 through 4.	amount received in line 5	ir cast was fully recovered in prior years, enter the tota
		this year	. Amount received	\$ 4	Cost of annuity (amounts you paid)
)	line 4 over line 3).	excess if any of li	. Taxable portion (\$ 5	Cost received tax-free in past years Remainder of cost (line 1 less line 2).
				ND ROYALTIES	
	5. Other expenses	4. Repairs (attach	3. Depreciation (explain	2. Amount of rent	1. Kind and location of property
st)	(attach itemized list)	itemized list)	in Sch. 1) or depletion	or royalty	(Identify whether rent or royalty)
	\$	\$	\$	\$	

Sshedule H.—OTHER INCOME OR LOSSES

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

2. Estates or trusts (name and address)

3. Other sources (state nature)

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

Total income (or loss) from above sources (Enter here and on line 10, page 1)......\$

Form 1040-1960

Page 4

Schedule I.—EXPLANATION OF DEDU	JUNION FUR D					
 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

Additional first year depreciation (At	-				i	
<u>Total</u>				<u></u>		
Schedule J.—DIVIDENDS RECEIVED	CREDIT (See Ins	tructions, page 14)				
1. Amount of dividends on line 4, Sc	hedule A				· · · · · <u>s</u>	
2. Tentative credit (4 percent of line	1)					
		ION ON CREDIT				
3. Tax shown on line 12, page 1, plu			(b), page 2	•••••	•••••	
4. 4 percent of taxable income			• • • • • • • • • • • • • • • • • •	••••	•••••[
Taxable (a) If tax is computed						
Income (b) If Tax Table is us Means deduction for exer	sed, the amount simptions (\$600 mult	hown on line 11, pa iplied by the number	ge 1, less 10 percent the of exemptions claimed c	reof, and less ti on line 4, page 1	he).	
5. Dividends received credit. Enter						
3, or 4, obove					5	
Schedule KRETIREMENT INCOME	CREDIT (See in	structions, page 14)			
This credit (1. If you received pensi 2. If you are under 65 yr does not apply (3. If you are 65 or ever	ons or annuities of pars of ago and had and under 72, and i	51,209 or more from "extraed income" of had "served income	Social Security or Rallr \$2,100 or more; CR " of \$2,4 69 or mor e.	oad Retire ment	ij	2/12/2019 - 9-12.2019
If separate return, use column B only. If joint				A		В
Did you receive earned income in excess of \$						Yes □No
1960? Widow or widowers see instruc If answer above is "Yes" in either column, fu	•••					
1. Retirement income for taxable year		n below in mar colu	mn.			
(a) For taxpayers under 65 yea	-					
Enter only income received f systems and included in line	rom pensions a			¢	¢	
(b) For taxpayers 65 years of a				J		
Enter total of pensions and ar		and dividends in	cluded in line 11			
page 1, and gross rents include	ded in column 2	, Schedule G, pa	ge 3, of this return			
	ON RETIREMEN			\$ 1.200	00 \$	1,200 0
2. Maximum amount of retirement in	come for credit	computation		3 1,200	<u> </u>	1,200 00
3. Deduct:		1		1		
(a) Amounts received in taxable Act, the Railroad Retirement						
(b) Eamed income received in ta (This line does not apply to persons)	xable year:		nom gross meomer .			
(This line does not apply to persons) (1) Taxpayers under 65 years	72 years of age or ov s of gge, enter o	or) mount in excess (of \$900			
(2) Taxpayers 65 or over and	d under 72, ente	ar amount in exces	s of \$1,200			
4. Total of lines 3(a) and 3(ь)					
5. Balance (line 2 minus line 4)						
6. Line 5 or line 1, whichever is sma	ıller					l
7. Tentative credit (20 percent of line	∍ 6)					
8. Total tentative credit on this return	(total of amou	nts on line 7, colu	mns A and B)			
	ATION ON RETI	REMENT INCOME	: CREDIT			
9. Amount of tax shown on line 12, 10. Less: Dividends received credits fr				•••••	• • • • •	******
10. Less: Dividends received credits fr 11. Balance (line 9 less line 10)	om line 3, 3cheo	ule J, above · · ·				
12. Retirement income credit. Enter h	ere and on line	13(b), page 1 the	amount on line 8 or	line 11. which	hever	
is smaller					\$	