	FORM 1040 U.S. INDIVIDUAL INCOME TAX RETURN—1963							
	U.S. Treasury Department	1963, ending		Your	social sec	urity nu	mber	
	First name and initial	Last name						
or Type				Occupat	ion			
	If joint return of husband and wife, use first names and middle initials of both							
	Home address	Number and street or rural route		Wife's	number i	if joint :	return	
Print or	Number and street of fural route			Occupat	ion			
Å.	City town	City, town or post office, and State Postal ZIP code			1011			
	Did you file a return for 1962? Yes No. If name or address was different than shown above, enter name			ne and	address u			
						icu.		
	Check Co. 1			[c		<u> </u>		
		rn (even if only one had income) Unmarrie ately <i>Give name of wife or husband only i</i> j		3	Surviving	widow(e	er) with	
				· · · · ·				
	If joint return, include all income of both husband and wife—INCOME—If either you or your wife worked for more than one employer, see page 1. Wages, salaries, tips, etc., and excess of allowances over business expenses: (a) Federal income				me tax			
	Employer's name Where employed (city and state)			(b) Wages, etc			: <b>.</b> 	
			\$		\$			
•								
Here							_	
Не								
12	3. "Sick pay" if included in line 1 (attach required statement)							
Forms W-2								
r'n				1				
	b.Interest (Schedule B or list of payers and amounts)							
s of								
⊼ ∑	6a.Business income (Schedule C)							
200	b.Sale or exchange of property (Schedule D)							
Å	c.Farm income (Schedule F).							
Attach Copy		ons to retirement plans, etc. (attach Form S						
À							-	
•	10. Tax Table <b>C FIGURE YOU</b>	R TAX BY USING EITHER 10 OR 11	11. Tax Rate Scl	hedule				
	If line 9 is less than \$5,000 and you	a. If you itemize deductions, enter total from If line 9 is \$5,000 or more and you do no	m page 2					
	do not itemize deductions;	of itemize, enter 10% of ed and filing separate re	turn).					
	Complete page 2 exemption schedule.	b. Subtract line 11a from line 9						
	Copy total exemptions here	c. Copy total exemptions from page 2 here _	, multiply by \$600					
	Find your tax in table on page 10 of instructions. Do not use lines 11a, b,	d. Subtract line 11c from line 11b (Figure v	Subtract line 11c from line 11b. (Figure your tax on this amount b					
	c, or d. Enter tax on line 12.	c, or d. Enter tax on line 12. tax rate schedule on page 9 of instructions and enter tax						
		TAX-CREDITS-PAYMENTS						
	12. Tax (from either tax table or tax rate schedule)							
0	b.Retirement income credit							
ere	c.Investment credit (Form 3468) .							
Ĭ	d.Other credits (Specify—see page							
<b>Order Here</b>	e.Total (add lines 13a, b, c, and d	. •						
Money Or	14. Balance (subtract line 13e from lin	e 12)						
	15. Tax from recomputing prior year investment credit (attach statement)							
Moi	16. Total (add lines 14 and 15)	· · · · · · · · · · · · · · · · · · ·	• • • • • • •					
ŗ	17. Self-employment tax (Schedule C	-3 or F-1)	• • • • • • • •	. •				
	18. Total tax (add lines 16 and 17)							
2he	19a.Tax withheld (line 2, column (a) above)							
Attach Check	b.1963 Estimated tax payments and credits							
tac	c.Total (add lines 19a and b)		· · · · · · ·					
At	20 If payments (line 190) are loss the	TAX DUE OR REFUND in tax (line 18), enter Balance Due. Pay in this re	full with					
•		than tax (line 18), enter Overpayment .					-	
		lited to 1964 Estimated Tax						
		to: U.S. Savings Bonds, with excess refu						

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<sup>\*</sup> LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE

bitsets (b) Additional 5500 exemption if 5 to over or end of 1963	FORM 1040-1963		E AEXEMP							Pc	ige 2
bitses (b) Additional 5800 exemption if 5 to over et end of 1963	1. Exemptions	for yourself—and wife (only	if all her income i	s included in this re	eturn, or she had	no income)					
bitch       (b) Additional 5000 exemption if biol or and or 1963	Check (a) Regular \$600 exemption						fe				
2. Exemptions for your children and other dependent (list below)      If examption is hadd on a multiple-support systement of a your of a nerve, draw the declaration described on page 6 of instructions.      Average in the last activation of the dependent in the section of a your of a nerve, draw the declaration of the declaration of a your of a nerve of the declaration of the declaration of a your of a nerve of the declaration of the declaration of a your of a nerve of the declaration of a your of a nerve of the declaration of the decla							fe }				
If one exemption is based on a multiple support agreement of a group of person, and the declaration decoded on page 5 (inituations)     Some								fe )	>	>	
Enter fage 1 in the site studem to right (dive address in address to compare the state of th	2. Exemptions • If an exemption	for your children and other is based on a multiple-support as	dependents (lis	st below) p of persons, attach	n the declarations	described or	n page (	ó of in	structions.		
Constrained and the syname       and thinks are the second to be to be second to be second to be second to b		NAME		ANSWER O	NLY FOR DEPENDEN	TS OTHER THA	N YOUR	CHILDR	EN	7	
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)	Ť	or each name listed	Relationship	home. If born or		for dependen port. If 100 "ALL"	t's sup- % write	OTHEF	RS including	у	
3. Total exemptions (lines 1 and 2 above). (Enter here and an line 10 or 11c, page 1).	<u></u>					\$		\$			
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)										. →	
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)						-				_ →	
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)											
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)										- →	
3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)       →         ITENJZED DEDUCTIONS—If you do not use tar table or standard deduction If thead and wite four legative sentated if sentance selectance.         If necessory, write more than one ifem on a line or attack additional sheets. Put name and address on all attachments.         Contributions If other than money, virtech- ment—colspan="2">If necessory, write more than one ifem on a line or attack additional sheets. Put name and address on all attachments.         Contributions If other than money, virtech- ment—colspan="2">If the exceed 20%, of line 9, page 1, except as described on page 7 of instructions) → S         Home mortgage       Other interest expense       Iterest expense         Home mortgage.       Other interest expense (specify)       S         Its Do not refer       Iterest expense       Iterest expense         Medical and dental expense on the interest expense company is and local sales taxes       State income taxes       Iterest expense         NOTE: If you or your wile are 65 or over, or if either has a dependent parent 65 or over, see page 8 of Instructions (or possible larger deduction.       S         1. Total core of medicine and drugs       Iterest expense       S         2. Enter 1% of line 9, page 1 (see note above)       S       Iterest expense         3. Subtract line 2 from line 1.       Subtract line 5 from line 5; see page 8 of instructions for maximum limitation         Other medica										-   →	
ITEMIZED DEDUCTIONS—If you do not use tax table or standard adduction         Intension one teem on a line or attach additional sheets. Put name and address on all attachments.         Contributions         If necessary, write more than one teem on a line or attach additional sheets. Put name and address on all attachments.         Contributions         If a point one teem on a line or attach additional sheets. Put name and address on all attachments.         Contributions         If a point one teem on a line or attach additional sheets. Put name and address on all attachments.         Contributions         If a point one teem on a line or attach additional sheets. Put name and address on all attachments.         If a point one teem on a line or attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name and address on all attachments.         Interview of attach additional sheets. Put name address on all attachments.         I			/ <b>Г</b> .	- '						- <b> →</b>	
If buschand and wijk (not legity separated) like separate returns and ose leminas detections, the other must also limitize If necessary, write more than one ifem on a line or ratcch additional sheets. Put name and address on all attachments.         Contributions If other than money, attach required state- ment—see instructions       Image: State- Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)       \$         Home mortgage Other interest expense       Iotal (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)       \$         Interest expense       Real estate taxes       State and local sales taxes       Other interest expense (specify)         Medical and dental expense       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.       \$         Medical and dental expense       1. Total cost of medicine and drugs	3. Iotal exempti							• •	• •		
Contributions       If other than money, ottach meent—see instructions       If other than meent meent—see instructions       If other than meent—see instructions       If other than meent—see instructions       If other than meent me	If r	If husband and wife (not legal	v separated) file separat	te returns and one item	izes deductions, the o	other must also i	temize	achme	nts.		
Contributions       If other than money, ottach meent—see instructions       If other than meent meent—see instructions       If other than meent—see instructions       If other than meent—see instructions       If other than meent me							<b></b> -	-			:
If other than mean-set attach required state- ment-set instructions       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → \$         Interest expense       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → \$         Interest expense       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → \$         Interest expense       Total interest = xpense (specify)         Interest expense       Total interest → \$         Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       1. Total cost of medicine and drugs         1. Total cost of medicine and drugs       •         2. Enter 1% of line 9, page 1       •         3. Subtract line 2 from line 1       •         3. Subtract line 2 from line 1       •         4. Other medical, dental expenses (Include hospital insurance premiums) •       \$         5. Inter 1% of line 9, page 1 (see note cobove)       \$         6. Enter 1% of line 5, see page 8 of instructions for maximum limitation       •         0. Total itemized deductions (Enter here and on line 11a, page 1)       > \$         0. Total itemized deductions (Enter here and on line 11a, page 1)       > \$         0. Mol wurde reenables of perjury. I declare that I have examined this return, i	Contributions							-			
Interest expense   Interest expense     Taxes     Taxes     Real estate taxes   State and local sales taxes     Other taxes     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   Attach itemized is: Do not enter or other there eard on line 1	If other than							-			
ment—see instructions       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → Home mortgage Other interest expense       \$         Interest expense       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → Home mortgage Other interest expense (specify)       \$         Taxes       Real estate taxes       State income taxes State and local sales taxes       Other taxes (specify)         Medical and dental expense Attach itemized iss. 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.       \$         4. Total cost of medicine and drugs       •       •         2. Enter 1% of line 9, page 1       •       •         3. Subtract line 2 from line 1       •       •         4. Other medical, dental expenses (Include hospital insurance premiums)•       •       •         5. Total (add lines 3 and 4)       •       •       •         0. Enter 3% of line 9, page 1 (see note above)       •       \$       •         0. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       •       •       •         0. Other deductions       •       •       •       •       •       •         0. Under penalities of perjury.1 declare that 1 have examined this								-			
Interest expense       Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions)       \$         Home montgage       Other interest expense (specify)       \$         Interest expense       Total interest expense (specify)       \$         Taxes       Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)       Total taxes         Medical and dental expense       1. Total cost of medicine and drugs       Total taxes         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, dental expenses (Include hospital insurance premiums)•       •       •         5. Total (add lines 3 and 4)       •       •       •         •       Total other edductions       •       •       •         5. Total (add lines 3 and 4)       •       •       •       •       •         •       •       •       •       •       •       •       •       •         •       •       •       •       •       •       •       •       •       •       •       •       •       •       •	ment-see							_			
Home mortgage       Other interest expense         Other interest expense       Total interest expense         Taxes       Real estate taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       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.       •         3. Subtract line 2 from line 1.       •         5. Total (add lines 3 and 4)       •         6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         8       Total itemized deductions (Enter here and on line 11a, page 1)         9       Total itemized accounting of all such expenses to your employer?         9       Yes, "No ] instructions         10 dy ou receive an expense allowance or	instructions							-			
Interest expense       Other interest expense (specify)         Interest expense       Total interest =		Total (not to exceed 20	% of line 9, page 1	, except as describ	ed on page 7 of	instructions)	>	- \$			
Interest expense       Total interest         Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       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.       •         5. Total (add lines 3 and 4).       •         6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions         See page 8 of instructions         Total itemized deductions         Instructions         Total itemized deductions         Instructions         Total itemized deductions         Instructions         Total itemized deductions (Enter here and on line 11a, page 1)         Instructions         Instructions         Instructions         Information         Instructions         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         Information         Information		Home mortgage									
Interest expense       Total interest         Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       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, dental expenses (Include hospital insurance premiums)•         5. Total (add lines 3 and 4)       •         6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions       \$         Total itemized deductions (Enter here and on line 11a, page 1)       >         Total itemized deductions (Enter here and on line 11a, page 1)       >         Instructions       If "Yes," did you submit itemized accounting of all such expenses to your employer?       Yes how issued and 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 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 and belief it is true, correct, and complete.											
Taxes       Total interest         Medical and dental expense list. Do not enter any expense compensated by instructions       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, dental expenses (Include hospital insurance premiums)•       \$         5. Total (add lines 3 and 4)       •         6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       \$         0. Total itemized deductions       Total other deductions         5. Total (add unes 5; see page 8 of instructions for maximum limitation       \$         0. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       •         Instructions       Total other deductions       \$         Instructions       Total itemized accounting of all such expenses to your employer?       Yes   No ] issuedies and instructions         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. </td <td>Interest expense</td> <td colspan="6">e</td> <td>-</td> <td></td> <td></td> <td></td>	Interest expense	e						-			
Taxes       Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       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.         Attach itemized list. Do not enter any expense compensated by insurance or otherwise       1. Total cost of medicine 2 from line 1         Other redeductions       5. Total (add lines 3 and 4)         Other deductions       5.         See page 8 of instructions       5. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions       Total itemized deductions (Enter here and on line 11a, page 1)         EXERSE EXECUTION INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         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.											
Taxes       Real estate taxes       State income taxes         State and local sales taxes       Other taxes (specify)         Medical and dental expense       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.         Attach itemized list. Do not enter any expense compensated by insurance or otherwise       1. Total cost of medicine 2 from line 1         Other redeductions       5. Total (add lines 3 and 4)         Other deductions       5.         See page 8 of instructions       5. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions       Total itemized deductions (Enter here and on line 11a, page 1)         EXERSE EXECUTION INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         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.		Total interest ——						-			
Taxes       State and local sales taxes       Other taxes (specify)         Medical and dental expense       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 taxes         Attach itemized list. Do not enter any expense compensated by insurate or otherwise       2. Enter 1% of line 9, page 1.       \$         J. Total cost of medical, dental expenses (Include hospital insurance premiums)•       5. Total (add lines 3 and 4).       \$         Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       \$       \$         Other deductions       \$       \$       \$         Total itemized deductions       Total itemized deductions (Enter here and on line 11a, page 1)       \$       \$         Other deductions       Total itemized accounting of all such expenses to your employer?       Yes       No         If "Yes," did you submit itemized accounting of all such expenses to your employer?       Yes       No       See page 4, instructions is based on all information of which he has any 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 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 and belief it is true, correct, and complete.		Real estate taxes		State incom				_			
Idxes       Total taxes         Medical and dental expense       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	<b>-</b>										
Medical and dental expense Attach itemized list. Do not enter any expense 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, dental expenses (Include hospital insurance premiums)•         5. Total (add lines 3 and 4)       .         6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions         See page 8 of instructions         Total itemized deductions (Enter here and on line 11a, page 1)         EXPENSE INFORMATION         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         If "Yes," did you submit itemized accounting of all such expenses to your employer?         Under penalties of perjury, I declare that 1 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.	laxes										
Medical and dental expense Attach itemized list. Do not enter any expense compensated by insurance or otherwise       1. Total cost of medicine and drugs       •         Attach itemized list. Do not enter any expense compensated by insurance or otherwise       3. Subtract line 2 from line 1       •         4. Other medical, dental expenses (Include hospital insurance premiums)•       •       •         5. Total (add lines 3 and 4)       •       •         6. Enter 3% of line 9, page 1 (see note above)       •       •         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       •         Other deductions       •       •         Total itemized deductions (Enter here and on line 11a, page 1)       •       •         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?       Yes       No         If "Yes," did you submit itemized accounting of all such expenses to your employer?       Yes       No       See page 4, instructions.         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.					•	Total taxes	>	<u> </u>			
dental expense Attach itemized list. Do not enter any expense compensated by insurance or otherwise       1. lotal cost of medicine and drugs		NOTE: If you or your wife are 65 or over, see page	e 65 or over, or if ei 8 of Instructions for	ither has a depend r possible larger de	dent parent duction.		1	_			
Attach itemized list. Do not enter any expense compensated by insurance or otherwise       2. Enter 1% of line 9, page 1								_			
list. Do not enter any expense compensated by insurance or otherwise       3. Subtract line 2 from line 1       4. Other medical, dental expenses (Include hospital insurance premiums)•         1. Subtract line 3 and 4)       5. Total (add lines 3 and 4)       5. Total (add lines 3 and 4)         0. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions         See page 8 of instructions         Total itemized deductions (Enter here and on line 11a, page 1)         See page 8 of INFORMATION         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         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.	•							_			
compensated by insurance or otherwise       5. Total (add lines 3 and 4)       5. Total (add lines 3 and 4)         5. Total (add lines 3 and 4)       6. Enter 3% of line 9, page 1 (see note above)       \$         7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation       \$         Other deductions       •       •         See page 8 of instructions       •       •         Total itemized deductions (Enter here and on line 11a, page 1)       •         EXPENSE ACCOUNT INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?       Yes       No       See page 4, instructions.         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.	list. Do not enter										
insurance or otherwise       5. Total (add lines 3 and 4)								-			
7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation         Other deductions         See page 8 of instructions         Total other deductions         Total itemized deductions (Enter here and on line 11a, page 1)         INFORMATION         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         If "Yes," did you submit itemized accounting of all such expenses to your employer?         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.	insurance or	5. Iotal (add lines 3 and 4)									
Other deductions         See page 8 of instructions         Total other deductions         Total itemized deductions (Enter here and on line 11a, page 1)         INFORMATION         Did you receive an expense allowance or reimbursement, or charge expenses to your employer?         If "Yes," did you submit itemized accounting of all such expenses to your employer?         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.	omerwise							-			
See page 8 of instructions       Total other deductions         Total itemized deductions (Enter here and on line 11a, page 1)			b; see page o	or instructions r	or maximum 1	Innunon	· · ·				
Instructions       Total other deductions         Total itemized deductions (Enter here and on line 11a, page 1)       \$         EXPENSE ACCOUNT INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?       Yes       No         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.											
Total itemized deductions (Enter here and on line 11a, page 1)         EXPENSE ACCOUNT INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?       Yes       No       See page 4, instructions.         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.											
EXPENSE ACCOUNT INFORMATION       Did you receive an expense allowance or reimbursement, or charge expenses to your employer?       Yes       No       See page 4, instructions.         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.		Total itomized deduct	ions (Entor horo	and on line 11	-	deductions		\$			
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.	ACCOUNT	Did you receive an expense al	lowance or reimbur	rsement, or charge	expenses to yo	ur employer	2 . [	Yes		See p instru	page 4,
Sign here	Under penalties of	periury I declare that I have evar	nined this return in	rluding accompany	ing schedules and	statements, a	ind to the	e best o	of my know	wledg	e and
Taxpayer's signature and date If joint return, BOTH HUSBAND AND WIFE MUST SIGN Wife's signature and date	Sign here	Taxpayer's signature and date	lf joint return,	BOTH HUSBAND AND	WIFE MUST SIGN		Wife's s	gnature	and date		
Sign here	Sign here	Signature of preparer other than tax	payer		Addre	ss				Date	