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U.S. Treasury Department Internal Revenue Service

or taxable year beginning 1964, ending 19

First name and initial (If joint return, use first names and middle initials of both)

Last name

Occupation

Home address (Number and street or rural route)

Wife's number, if joint return

City, town or post office, and State

Postal ZIP code

Occupation

Enter the name and address used on your return for 1963 (if the same as above, write "Same"). If none filed, give reason.

NOTE.—Married taxpayers: If you are changing from filing separate returns to a joint return or from a joint return to separate returns, enter names and addresses from the 1963 joint or separate returns.

See instructions before completing your return.

- 1a. Single
b. Married filing joint return (even if only one had income)
c. Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.
d. Unmarried Head of Household
e. Surviving widow(er) with dependent child

FILING STATUS—check one:

EXEMPTIONS

- 2a. Regular
b. Age 65 or over
c. Blind
3a. Number of your dependent children who lived with you
b. Number of other dependents (from line 3, Part I, page 2)
4. Total exemptions claimed

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
6. Other income (from line 9, Part II, page 2)
7. Total (add lines 5 and 6)
8. Adjustments (from line 5, Part III, page 2)
9. Total income (subtract line 8 from line 7)

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—
a. If you itemize deductions, enter total from Part IV, page 2
b. Subtract line 11a from line 9
c. Multiply total number of exemptions on line 4, above, by \$600
d. Subtract line 11c from line 11b. (Figure your tax on this amount by using tax rate schedule on page 10 of instructions. Enter tax on line 12.)

TAX COMPUTATION

TAX—CREDITS—PAYMENTS

- 12. Tax (from either Tax Table, line 10, or Tax Rate Schedule, line 11)
13. Total credits (from line 5, Part V, page 2)
14. Income tax (subtract line 13 from line 12)
15. Self-employment tax (Schedule C-3 or F-1)
16. Total tax (add lines 14 and 15)
17a. Total Federal income tax withheld (attach Forms W-2)
b. 1964 Estimated tax payments
c. Total (add lines 17a and 17b)

TAX DUE OR REFUND

- 18. If payments (line 17c) are less than tax (line 16), enter Balance Due.
19. If payments (line 17c) are larger than tax (line 16), enter Overpayment
20. Amount of line 19 you wish credited to 1965 Estimated Tax
21. Subtract line 20 from 19. Apply to: U.S. Savings Bonds, with excess refunded; or Refund only.

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 Signature of preparer other than taxpayer 16-78263a-1 Address Date

Please Print or Type

Attach Copy B of Form W-2 Here

Attach Check or Money Order Here

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 line 3b, page 1 _____ →

PART II.—INCOME FROM ALL SOURCES OTHER THAN WAGES, SALARIES, ETC.

Dividends and Other Distributions

A. Gross amount	_____
B. Nontaxable and capital gain distributions <small>Give details in lines 1a through 1d</small>	_____
C. Subtract item B from item A.	_____

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

1a. Qualifying dividends (Name of payer) _____	_____
_____	_____
_____	_____
Total . . .	_____
b. Subtract \$100. If joint return see instructions	_____
c. Balance	_____
d. Nonqualifying dividends (Name of payer) _____	_____
_____	_____
Total . . .	_____

2. Total (add lines 1c and 1d) _____ →	_____
3. Interest (Name of payer) _____	_____
_____	_____
Total interest income _____ →	_____

4. Pension, bond annuities, rents and royalties, partnerships, and estates or trusts (Schedule B)	_____
5. Business income (Schedule C)	_____
6. Sale or exchange of property (Schedule D)	_____
7. Farm income (Schedule F)	_____
8. Other sources (state nature) _____	_____
_____	_____
Total other sources _____ →	_____
9. Add lines 2 through 8. Enter here and on line 6, page 1 _____ →	_____

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. Employer's business expense (attach Form 2106 or other statement)	_____
4. Payment by self-employed persons to retirement plan, etc. (Attach Form 2950SE)	_____
5. Total adjustments (lines 1 through 4). Enter here and on line 8, page 1 _____	_____

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	_____
2. Other medical, dental expenses (include hospital insurance premiums)	_____
3. Total (add lines 1 and 2)	_____
4. Enter 3% of line 9, page 1 (see page 8 above)	_____
5. Subtract line 4 from line 3; see page 8 of instructions for maximum limitation	_____

Contributions.—If other than money, attach required statement—see instructions.

Total (see instructions for limitations) _____ →	_____
Interest: Home mortgage _____	_____
Other (Specify) _____	_____
_____	_____
Total interest expense _____ →	_____

Taxes—Real estate	_____
State and local gasoline	_____
General sales	_____
State and local income	_____
Personal property	_____
Total taxes _____ →	_____
Other deductions (see page 9 of instructions)	_____
_____	_____
Total other deductions _____ →	_____

TOTAL DEDUCTIONS (For line 11a, page 1) _____ →	_____
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PART V.—CREDITS

1. Dividends received credit: Enter smallest of (a) 2% of line 1c, Part II, (b) tax shown on line 12, page 1, less foreign tax credit, or (c) 2% of taxable income (see instructions).	_____
2. Retirement income credit (Schedule B)	_____
3. Investment credit (Form 3468)	_____
4a. Foreign tax credit (Form 1116)	_____
b. Tax-free covenant bonds credit	_____
5. Total credits (add lines 1 through 4b). Enter here and on line 13, page 1 _____	_____