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Form 1040

1040

US

Department of the Treasury / Internal Revenue Service

Individual Income Tax Return

1970

For the year January 1-December 31, 1970, or other taxable year beginning , 1970, ending , 19

Please print or type

First name and initial (If joint return, use first names and middle initials of both) Last name Your social security number Present home address (Number and street or rural route) Spouse's social security number City, town or post office, State and ZIP code Occupation Yours Spouse's

Filing Status—check only one:

- 1 Single; 2 Married filing jointly (even if only one had income) 3 Married filing separately and spouse is also filing. If this item checked give spouse's social security number in space above and enter first name here 4 Unmarried Head of Household 5 Surviving widow(er) with dependent child 6 Married filing separately and spouse is not filing

Exemptions

- 7 Yourself Regular / 65 or over / Blind Enter number of boxes checked 8 Spouse (applies only if item 2 or 6 is checked) 9 First names of your dependent children who lived with you Enter number 10 Number of other dependents (from line 34) 11 Total exemptions claimed

Please attach Copy B of Form W-2 to back

Income table with rows 12-18: 12 Wages, salaries, tips, etc. 13a Dividends 13b Less exclusion 14 Interest 15 Income other than wages, dividends, and interest 16 Total 17 Adjustments to income 18 Adjusted gross income

Please attach Check or Money Order here

Tax and Surcharge table with rows 19-21: 19 Tax 20 Tax surcharge 21 Total

Payments and Credits table with rows 22-29: 22 Total credits 23 Income tax 24 Other taxes 25 Total 26 Total Federal income tax withheld 27 1970 Estimated tax payments 28 Other payments 29 Total

Bal. Due or Refund table with rows 30-32: 30 If line 25 is larger than line 29, enter BALANCE DUE. 31 If line 29 is larger than line 25, enter OVERPAYMENT. 32 Line 31 to be: (a) Credited on 1971 estimated tax; (b) Refunded

Sign 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. Your signature Date Signature of preparer other than taxpayer, based on all information of which he has any knowledge. Date Address 16-81168-1

Foreign Accounts (check appropriate box)

Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? If "Yes," attach Form 4683. (For definitions, see Form 4683.)

Yes No

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)

Table with 6 columns: (a) NAME, (b) Relationship, (c) Months lived in your home, (d) Did dependent have income of \$625 or more?, (e) Amount YOU furnished for dependent's support, (f) Amount furnished by OTHERS including dependent.

34 Total number of dependents listed above. Enter here and on line 10.

PART II.—Income other than Wages, Dividends, and Interest

Table with 2 columns: Description of income (35-39) and Line number (35-40).

PART III.—Adjustments to Income

Table with 2 columns: Description of adjustment (41-45) and Line number (41-45).

PART IV.—Tax Computation

Table with 2 columns: Description of tax computation (46-51) and Line number (46-51).

PART V.—Credits

Table with 2 columns: Description of credit (52-55) and Line number (52-55).

PART VI.—Other Taxes

Table with 2 columns: Description of other taxes (56-61) and Line number (56-61).

PART VII.—Other Payments

Table with 2 columns: Description of other payments (62-65) and Line number (62-65).