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U. S. INDIVIDUAL INCOME TAX RETURN—1958

or Other Taxable Year Beginning \_\_\_\_\_, 1958, Ending \_\_\_\_\_, 195... (PLEASE TYPE OR PRINT)

Name (If this is a joint return of husband and wife, use first names and middle initials of both)

Home address (Number and street or rural route)

(City, town, or post office)

(Postal zone number)

(State)

Your Social Security Number

Occupation

Wife's Social Security Number

Occupation

If Income Was All From Salaries and Wages, Use Pages 1 and 2 Only. See Page 3 of the Instructions.

Exemptions

- 1. Check blocks which apply. (a) Regular \$600 exemption... (b) Additional \$600 exemption if 65 or over... (c) Additional \$600 exemption if blind... 2. List first names of your children who qualify as dependents... 3. Enter number of exemptions claimed for other persons... 4. Enter the total number of exemptions claimed on lines 1, 2, and 3.

5. Enter all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (including any excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses.)

Table with 4 columns: Employer's Name, Where Employed (City and State), (a) Wages, etc., (b) Income Tax Withheld. Includes 'Enter totals here' row.

- 6. Less: Excludable "Sick Pay" in line 5... 7. Balance (line 5 less line 6)... 8. Profit (or loss) from business from separate Schedule C... 9. Profit (or loss) from farming from separate Schedule F... 10. Other income (or loss) from page 3... 11. ADJUSTED GROSS INCOME (sum of lines 7, 8, 9, and 10).

Unmarried or legally separated persons qualifying as "Head of Household," see instructions, page 7, and check here [ ] Widows and widowers with dependent child who are entitled to the special tax computation, see instructions, page 8, and check here [ ]

Tax due or refund

- 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, compute your tax on page 2 and enter here the amount from line 9, page 2). 13. (a) Dividends received credit from line 5 of Schedule J... (b) Retirement income credit from line 12 of Schedule K... 14. Balance (line 12 less line 13)... 15. Enter your self-employment tax from separate Schedule C or F... 16. Sum of lines 14 and 15... 17. (a) Tax withheld (line 5 above). Attach Forms W-2, Copy B. (b) Payments and credits on 1958 Declaration of Estimated Tax... 18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE 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 1959 estimated tax \$...; (b) Refunded \$...

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)

County in which you live.

Is your wife (husband) filing a separate return for 1958? [ ] Yes [ ] No If "Yes," enter her (his) name.

Do you owe any Federal tax for years before 1958? [ ] Yes [ ] No

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Sign here (Taxpayer's signature and date) (If this is a joint return, BOTH HUSBAND AND WIFE MUST SIGN) (Wife's signature and date)

(Signature of preparer other than taxpayer)

(Address)

(Date)

ATTACH COPY B OF FORMS W-2 HERE

Name	Relationship	Months lived in year home. If born or died during year also write "B" or "D"	Did dependent have gross income of \$500 or more?	Amount YOU furnished for dependent's support. If 100% write "All"	Amount furnished by OTHERS including dependent
				\$	\$

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 information described on page 5 of instructions.

**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 attachments.

Contributions	Total paid but not to exceed 20% of line 11, page 1, except as described on page 5 of instructions.		\$
	Total interest		
Interest	Total interest		
Taxes	Total taxes		
Medical and dental expense (If 65 or over, see instructions, page 10)	Submit itemized list. Do not enter any expense compensated by insurance or otherwise		
	1. Cost of medicines and drugs IN EXCESS of 1 percent of line 11, page 1 2. Other medical and dental expenses Total Enter 3 percent of line 11, page 1 Allowable amount (excess of line 3 over line 4). (See instructions, page 10, for limitations.)	\$ \$	
Other Deductions (See page 10 of instructions and attach information 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	\$
2. If deductions are itemized above, enter total of such deductions. If deductions are not itemized and line 1, above, is \$1,000 or more: (a) a married person filing a separate return enter \$500; (b) all others enter 10 percent of line 1, or \$1,000, whichever is smaller.	
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 capital gains on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16.	
7. If you have 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 1041) (b) Tax paid at source on tax-free covenant bond interest and credit for partially tax-exempt interest (c) Total	\$
9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c)	\$

**IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2**

**Schedule A.—INCOME FROM DIVIDENDS** (Income from Savings (Building) and Loan Associations and Credit Unions should be entered as interest in Schedule B)

1. Name of qualifying corporation declaring dividend (See instructions, page 11): (Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)	Amount	
.....	\$ .....	
.....		
.....		
.....		
2. Total .....	\$ .....	
3. Exclusion of \$50 (If both husband and wife received dividends, each is entitled to exclude not more than \$50 of his (her) own dividends) .....		
4. Excess, if any, of line 2 over line 3. Enter here and on line 1, Schedule J .....	\$ .....	
5. Name of nonqualifying corporation declaring dividend:		
.....		
6. Enter total of lines 4 and 5 .....		\$ .....

**Schedule B.—INCOME FROM INTEREST**

Name of payer	Amount	Name of payer	Amount
.....	\$ .....	.....	\$ .....
.....		.....	
.....		.....	
			Enter total here→

**Schedule D Summary.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY**

- 1. From sale or exchange of capital assets (from separate Schedule D) .....
- 2. From sale or exchange of property other than capital assets (from separate Schedule D) .....

**Schedule E.—INCOME FROM PENSIONS AND ANNUITIES** (See instructions, page 12)

**Part I.—General Rule**

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) .....	

**Part II.—Where your cost will be recovered within three years and your employer has contributed part of the cost**

1. Cost of annuity (amounts you paid) ..	\$ .....	4. Amount received this year .....	\$ .....
2. Cost received tax-free in past years ..		5. Taxable portion (excess, if any, of line 4 over line 3) ..	
3. Remainder of cost (line 1 less line 2) ..	\$ .....		

**Schedule G.—INCOME FROM RENTS AND ROYALTIES**

1. Kind and location of property	2. Amount of rent or royalty	3. Depreciation (explain in Sch. I) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)
.....	\$ .....	\$ .....	\$ .....	\$ .....
.....				
.....				
.....				
.....				
1. Totals .....	\$ .....	\$ .....	\$ .....	\$ .....
2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5) .....				

**Schedule H.—OTHER INCOME**

- 1. Partnerships (name and address) .....
- 2. Estates or trusts (name and address) .....
- 3. Other sources (state nature) .....

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

