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U. S. Treasury Department Internal Revenue Service

or Other Taxable Year Beginning 1959, Ending 19 (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

ATTACH CHECK OR MONEY ORDER HERE

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.

ATTACH COPY B OF FORMS W-2 HERE

Income

Table with 4 columns: Employer's Name, Where Employed (City and State), (a) Wages, etc., (b) Income Tax Withheld. Rows include line 5 (Total wages), line 6 (Less: Excludable "Sick Pay"), line 7 (Balance), line 8 (Profit from business), line 9 (Profit from farming), line 10 (Other income), line 11 (Adjusted Gross Income).

ATTACH COPY B OF FORMS W-2 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... 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)... (b) Payments and credits on 1959 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 instructions) If "Yes," did you submit an itemized accounting of expenses to your employer? Yes No (See page 6 instructions)

County in which you live. Is your wife (husband) filing a separate return for 1959? Yes No. If "yes," enter her (his) name and do not claim the exemption on this return. If you owe any Federal tax for years before 1959, enter here the Internal Revenue District where the account is outstanding.

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)

Name	Relationship	Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have gross income of \$600 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 the declarations 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 8 of instructions.			\$
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		\$	
	3. Total		\$	
	4. Enter 3 percent of line 11, page 1			
	5. 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 \$5,000 or more, enter the smaller of 10 percent of line 1 or \$1,000 (\$500 if a married person 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) 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 I.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE G

1. Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year

Schedule J.—DIVIDENDS RECEIVED CREDIT (See instructions, page 14)

1. Amount of dividends on line 4, Schedule A	\$
2. Tentative credit (4 percent of line 1)	
LIMITATION ON CREDIT	
3. Tax shown on line 12, page 1, plus amount, if any, shown on line 8(b), page 2	
4. 4 percent of taxable income	
Taxable Income Means <ul style="list-style-type: none"> (a) If tax is computed on page 2, the amount shown on line 5, page 2. (b) If Tax Table is used, the amount shown on line 11, page 1, less 10 percent thereof, and less the deduction for exemptions (\$600 multiplied by the number of exemptions claimed on line 4, page 1). 	
5. Dividends received credit. Enter here and on line 13(a), page 1, the smallest of the amounts on line 2, 3, or 4, above	\$

Schedule K.—RETIREMENT INCOME CREDIT (See instructions, page 14)

This credit does not apply	1. If you received pensions or annuities of \$1,200 or more from Social Security or Railroad Retirement; 2. If you are under 65 years of age and had "earned income" of \$2,100 or more; OR 3. If you are 65 or over and under 72, and had "earned income" of \$2,400 or more.				
If separate return, use column B only. If joint return, use column A for wife and column B for husband →					
Did you receive earned income in excess of \$600 in each of any 10 calendar years before the taxable year 1959? Widow or widowers see instructions, page 14.	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">A</th> <th style="width: 50%; text-align: center;">B</th> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A	B	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A	B				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If answer above is "Yes" in either column, furnish all information below in that column.					
1. Retirement income for taxable year: <ul style="list-style-type: none"> (a) For taxpayers under 65 years of age: Enter only income received from pensions and annuities under public retirement systems and included in line 11, page 1, of this return. (b) For taxpayers 65 years of age or older: Enter total of pensions and annuities, interest, and dividends included in line 11, page 1, and gross rents included in column 2, Schedule G, page 3, of this return. 	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: right;">\$</td> <td style="width: 50%; text-align: right;">\$</td> </tr> </table>	\$	\$		
\$	\$				
LIMITATION ON RETIREMENT INCOME					
2. Maximum amount of retirement income for credit computation	\$ 1,200 00 \$ 1,200 00				
3. Deduct:					
(a) Amounts received in taxable year as pensions or annuities under the Social Security Act, the Railroad Retirement Acts, and certain other exclusions from gross income.					
(b) Earned income received in taxable year: (This line does not apply to persons 72 years of age or over)					
(1) Taxpayers under 65 years of age, enter amount in excess of \$900.					
(2) Taxpayers 65 or over and under 72, enter amount in excess of \$1,200.					
4. Total of lines 3(a) and 3(b)					
5. Balance (line 2 minus line 4)					
6. Line 5 or line 1, whichever is smaller					
7. Tentative credit (20 percent of line 6)					
8. Total tentative credit on this return (total of amounts on line 7, columns A and B)					
LIMITATION ON RETIREMENT INCOME CREDIT					
9. Amount of tax shown on line 12, page 1					
10. Less: Dividends received credit from line 5, Schedule J, above					
11. Balance (line 9 less line 10)					
12. Retirement income credit. Enter here and on line 13(b), page 1, the amount on line 8 or line 11, whichever is smaller	\$				