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U.S. Treasury Department Internal Revenue Service

or taxable year beginning 1963, ending 19

Your social security number

First name and initial

Last name

Occupation

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 if joint return

Occupation

City, town or post office, and State Postal ZIP code

Did you file a return for 1962? Yes No If name or address was different than shown above, enter name and address used.

Check one: Single Married filing joint return (even if only one had income) Unmarried Head of Household Surviving widow(er) with dependent child Married filing separately Give name of wife or husband only if also filing separately

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 4 of instructions.

Table with 4 columns: Employer's name, Where employed (city and state), (a) Federal income tax withheld, (b) Wages, etc.

Main calculation table with rows for: 2. Totals, 3. Sick pay, 4. Subtract line 3 from line 2, 5a. Dividends, b. Interest, c. Rents, 6a. Business income, b. Sale or exchange of property, c. Farm income, 7. Total, 8. Payments by self-employed persons, 9. Total income, 10. Tax Table, 11. Tax Rate Schedule.

TAX—CREDITS—PAYMENTS

Table for tax credits and payments with rows: 12. Tax, 13a. Dividends received credit, b. Retirement income credit, c. Investment credit, d. Other credits, e. Total, 14. Balance, 15. Tax from recomputing prior year investment credit, 16. Total, 17. Self-employment tax, 18. Total tax, 19a. Tax withheld, b. 1963 Estimated tax payments and credits, c. Total.

TAX DUE OR REFUND

Table for tax due or refund with rows: 20. If payments (line 19c) are less than tax (line 18), enter Balance Due, 21. If payments (line 19c) are larger than tax (line 18), enter Overpayment, 22. Amount of line 21 you wish credited to 1964 Estimated Tax, 23. Subtract line 22 from 21.

* LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE

Print or Type Attach Copy B of Forms W-2 Here Attach Check or Money Order Here

1. Exemptions for yourself—and wife (only if all her income is included in this return, or she had no income)

Check boxes which apply.	(a) Regular \$600 exemption	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	Enter number of boxes checked →
	(b) Additional \$600 exemption if 65 or over at end of 1963	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	
	(c) Additional \$600 exemption if blind at end of 1963	<input type="checkbox"/> Yourself	<input type="checkbox"/> Wife	

2. Exemptions for your children and other dependents (list below)

• If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 6 of instructions.

NAME Enter figure 1 in the last column to right for each name listed (Give address if different from yours)	Relationship	ANSWER ONLY FOR DEPENDENTS OTHER THAN YOUR CHILDREN			
		Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have income of \$600 or more?	Amount YOU furnished for dependent's support. If 100% write "ALL"	Amount furnished by OTHERS including dependent
				\$	\$

3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1)

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. If necessary, write more than one item on a line or attach additional sheets. Put name and address on all attachments.

Contributions If other than money, attach required statement—see instructions			Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → \$												
Interest expense	Home mortgage		Total interest →												
	Other interest expense (specify)														
Taxes	Real estate taxes	State income taxes	Total taxes →												
	State and local sales taxes	Other taxes (specify)													
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.		<table border="1"> <tr><td>\$</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>\$</td><td> </td></tr> </table>	\$										\$	
	\$														
	\$														
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 other deductions →												
Total itemized deductions (Enter here and on line 11a, page 1)			→ \$												

EXPENSE ACCOUNTING INFORMATION: Did you receive an expense allowance or reimbursement, or charge expenses to your employer? Yes No } See page 4, instructions.
 If "Yes," did you submit itemized accounting of all such 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.

Sign here _____ Taxpayer's signature and date If joint return, BOTH HUSBAND AND WIFE MUST SIGN Wife's signature and date

Sign here _____ Signature of preparer other than taxpayer Address Date