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for the year January 1-December 31, 1965 or other taxable year beginning... 1965, ending... 19... US Treasury Department-Internal Revenue Service

First name and initial (If joint return, use first names and middle initials of both) Last name Your social security number (Husband's if joint return) Home address (Number and street or rural route) City, town or post office, and State Postal ZIP code Your occupation & present employer Wife's number, if joint return Enter the name and address used on your return for 1964 (if the same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1964 names and addresses. Wife's occupation & present employer

Filing Status-check one: 1a Single 1b Married filing joint return (even if only one had income) 1c Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number. 1d Unmarried Head of Household 1e Surviving widow(er) with dependent child Exemptions Regular 65 or over Blind 2a Yourself 2b Wife 3a First names of your dependent children who lived with you. 3b Number of other dependents (from page 2 Part I, line 3) 4 Total exemptions claimed

Income 5 Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation 6 Other income (from page 2, Part II, line 9) 7 Total (add lines 5 and 6) 8 Adjustments (from page 2, Part III, line 5) 9 Total income (subtract line 8 from line 7)

Tax Computation 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- 11a If you itemize deductions, enter total from page 2, Part IV. If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of: (1) 10 percent of line 9 or; (2) \$200 (\$100 if married and filing separate return) plus \$100 for each exemption claimed on line 4, above. The deduction computed under (1) or (2) is limited to \$1,000 (\$500 if married and filing separate return). 11b Subtract line 11a from line 9 11c Multiply total number of exemptions on line 4, above, by \$600 11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12.

Tax Credits Payments 12 Tax (from either Tax Table, see line 10, or Tax Rate Schedule, see line 11) 13 Total credits (from page 2, Part V, line 5) 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) 17b 1965 Estimated tax payments (Include 1964 overpayment allowed as a credit) (Office where paid) 17c Total (add lines 17a and 17b) Tax Due or Refund 18 If payments (line 17c) are less than tax (line 16), enter Balance Due. Pay in full with this return 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 Sign here Date Sign here Date Signature of preparer other than taxpayer. Address

Form 1040 1965 Attach Copy B of Form W-2 here Please print or type 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 page 1, line 3b					▶▶▶▶

PART II. Income from all sources other than wages, salaries, etc.

Dividends and Other Distributions

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

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

1a Qualifying dividends (name of payer)	
Total qualifying	
b Subtract \$100. If joint return see instructions	
c Balance (but not less than zero)	
d Nonqualifying dividends (name of payer)	
Total nonqualifying	

2 Total dividends (add lines 1c and 1d) ▶▶▶▶	
3 Interest (name of payer)	
Total interest income ▶▶▶▶	

4 Pensions and annuities, rents and royalties, partnerships, & estates or trusts (Schedule C)	
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 page 1, line 6, ▶▶▶▶	

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 Employee business expense (attach Form 1336 or other statement)	
4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)	
5 Total adjustments (lines 1 through 4). Enter here and on page 1, line 8.	

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 (See note above)	
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 note above)	
5 Subtract line 4 from line 3; see page 8 of instructions for maximum limitation ▶	

Contributions.—Cash—including checks, money orders, etc. (itemize)

1 Total cash contributions	
2 Other than cash (see instructions for required statement). Enter total of such items here	
3 Total contributions (add lines 1 and 2—see instructions for limitations) ▶▶▶▶	

Taxes.—Real estate	\$
State and local gasoline	\$
General sales	\$
State and local income	\$
Personal property	\$
Total taxes ▶▶▶▶	

Interest expense.—Home mortgage	\$
Other (itemize)	
Total interest expense ▶▶▶▶	

Other deductions.—(see page 9 of instructions)	
Total other deductions ▶▶▶▶	
TOTAL DEDUCTIONS (for page 1, line 11a) ▶	

PART V. Credits

1 Retirement income credit (Schedule B)	
2 Investment credit (Form 3468)	
3 Foreign tax credit (Form 1116)	
4 Tax-free covenant bonds credit	
5 Total credits (add lines 1 through 4). Enter here and on page 1, line 13	