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1040 US Department of the Treasury Internal Revenue Service
For the year January 1-December 31, 1970, or other taxable year beginning 1970, ending

5721210522100

1970

Name and last name of individual: **Richard M. and Patricia H. Nixon**
Last name: **Nixon**

Present home address (street and apt. or rural route):
The White House
City, town or post office, State and ZIP code:
Washington D. C. 20500

Filing Status—check only one:
 Single
 Married filing jointly
 Married filing separately and spouse is also filing
 Surviving widower with dependent child
 Married filing separately and spouse is not filing

Exemptions:
 7 Yourself
 8 Spouse
 9 First through sixth dependent children who lived with you: **PATRICIA**
 10 Number of other dependents (from line 34): **1**
 11 Total exemptions claimed: **3**

12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) **260,000.00**

13a Dividends (attach Form 1099-DIV) **180.00** 13b From exclusion **300.00**

14 Interest (Enter total here (also list in Part II of Schedule B, if total is over \$100)) **10,106.16**

15 Income other than wages, dividends, and interest (from line 40) **26,926.00**

16 Total (add lines 12, 13c, 14 and 15) **362,942.16**

17 Adjustments to income (such as "kick pay," moving expense, etc. from line 45) _____

18 Adjusted gross income (subtract line 17 from line 16) **362,942.16**

19 Tax (Check if from Tax Tables 1-15 . Use Rate Schedule 1, 2 or 3 Schedule D or Schedule C) **0**

20 Tax surcharge (See Tax Surcharge Tables A, B and C in instructions. (If you claim retirement income credit, use Schedule B to figure surcharge)) **0**

21 Total (add lines 19 and 20) **0**

22 Total credits (from line 55) _____

23 Income tax (subtract line 22 from line 21) **0**

24 Other taxes (from line 63) **792.71**

25 Total (add lines 23 and 24) **792.71**

26 Total federal income tax withheld (attach Forms 1099) **734,074.4**

27 1970 estimated tax payments (include 1969 overpayment) **100.00**

28 Other payments (from line 65) _____

29 Total (add lines 26, 27, and 28) **734,174.4**

30 If line 25 is larger than line 29, enter BALANCE DUE. Pay in full with return. _____

31 If line 29 is larger than line 25, enter OVERPAYMENT **72,714.43**

32 If line 31 is larger than line 29, enter amount of 1971 estimated tax to be credited on 1971 estimated tax **100.00** (b) Refunded **72,614.43**

Sign here: **Arthur M. Nixon**
 Arthur M. Nixon, C. P. A.
 3000 Wisconsin Blvd.
 Fort Belvoir, Wash. 20336

53-600249P
 U.S. Executive Office
 Treasury Dept. - Bureau of Accounts
 1575 8 Pennsylvania Avenue, N. W.
 Washington, D. C. 20226
 This is your EMPLOYER'S Federal identification number, street, and address above.

WAGE AND TAX STATEMENT—1970
 (For use in States or Cities withholding equivalent funds)

Employer's State identification number _____ Copy 3—to be filed with employer's FEDERAL tax return

FEDERAL INCOME TAX INFORMATION		SOCIAL SECURITY INFORMATION		STATUS	
Taxable income for Federal income tax purposes in 1970	Other income reported in 1970	FICA amount (as withheld)	Total FICA amount paid in 1970	1. Single	2. Married
\$73,407.26	\$250,000.00				

EMPLOYEE'S social security number _____

Name of Firm: _____
 Name of City: _____
 State: _____
 ZIP Code: _____

Richard Nixon
 The White House
 Washington, D. C. 20500

Type or print EMPLOYEE'S name and address (including ZIP code) above.

Uncollected Employee Tax on Type _____ \$ _____

Form 1040 (1970)
 Foreign Accounts (Form 1040-FC) (Appropriate box)
 Attach Copy B of Form W-2 here if you are claiming the foreign tax credit for taxes paid or accrued on income that you have received from a foreign country (except in a U.S. military or naval activity operated by a U.S. financial institution) (See instructions on Form 1040-FC.)

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

11 (a) Name	(b) Relationship to you	(c) Date of birth	(d) Date of death	(e) Amount of exemption	(f) Amount of exemption	(g) Amount of exemption

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

35 Business income (or loss) (attach Schedule C)	35	
36 Sale or exchange of property (attach Schedule D)	36	
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	37	6181 90
38 Tax-exempt income (attach Schedule F)	38	
39 Miscellaneous income (state nature and source)	39	
40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 10	40	2877 90

PART III—Adjustments to Income

41 "Sick pay" if included in line 32 (attach Form 2440 or other required statement)	41	
42 Moving expense (attach Form 7903)	42	
43 Employee business expense (attach Form 2106 or other statement)	43	
44 Payments as a self-employed person to a profit-sharing plan, etc. (attach Form 2950SE)	44	
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17	45	2692 00

PART IV—Tax Computation

46 Adjusted gross income (from line 18)	46	26294 16
47 (a) If you itemize deductions, enter total from Schedule A, line 22	47	30781 92
(b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter \$1,000 (\$500 if married and filing separately)	48	44239 36
49 Multiply total number of exemptions claimed on line 11, by \$625	49	
50 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule A, B, or C unless the alternative tax on income averaging is applicable.) Enter tax on line 51.	50	— 0 —
51 Tax. Enter here and on line 19	51	— 0 —

PART V—Credits

52 Retirement income credit (attach Form 8815)	52	
53 Investment credit (attach Form 3160)	53	
54 Foreign tax credit (attach Form 1116)	54	
55 Total credit (add lines 52, 53, and 54). Enter here and on line 27	55	

PART VI—Other Taxes

56 Self-employment tax (attach Form 941)	56	
57 Tax from net capital gains (attach Form 924)	57	
58 Other taxes. See instructions on page 7 of this book. (If you have other taxes, attach Form 941-OT.)	58	77 21
59 Total other taxes (add lines 56, 57, and 58). Enter here and on line 28.	59	
60 Total tax (add lines 50, 55, and 59). Enter here and on line 29.	60	
61 Total tax (add lines 50, 55, and 59). Enter here and on line 29.	61	77 21

PART VII—Other Payments

62 Excess Social Security tax (attach Form 5041)	62	
63 Other payments. See instructions on page 7 of this book. (If you have other payments, attach Form 941-OP.)	63	
64 Total other payments (add lines 62 and 63). Enter here and on line 30.	64	
65 Total tax (add lines 60, 63, and 64). Enter here and on line 31.	65	

Schedules A+B—Itemized Deductions AND Dividend and Interest Income
 (Form 1040)

1970

Attachment to the return of the individual taxpayer. Attach to Form 1040.
 Name(s) as shown on Form 1040: **Richard M. and Patricia R. Nixon**
 Four digit Social Security Number: _____

Schedule A—Itemized Deductions

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.	Contributions—Cash—including checks, money orders, etc. (Itemize—see instructions on page 8 for examples)
1 One-half (but not more than \$150) of insurance premiums for medical care	11 Total cash contributions
2 Medicine and drugs	12 Other than cash (see instructions on page 8 for required statements). Enter total for such items here
3 Enter 1% of line 18, Form 1040	13 Carryover from prior years (see instructions on page 8)
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)	14 Total contributions (Add lines 11, 12, and 13. Enter here and on line 19, below. See instructions on page 8 for limitation)
5 Itemize other medical and dental expenses (include hearing aids, dentures, eyeglasses, transportation, balance of insurance premiums for medical care not entered on line 1, etc.)	15 Total interest expense (Enter here and on line 20, below)
6 Total (add lines 4 and 5)	Miscellaneous deductions for child care, taxes—Real estate, State and local gasoline (see gas tax tables), General sales (see sales tax tables), State and local income, Personal property
7 Enter 3% of line 18, Form 1040	16 Total miscellaneous deductions (Enter here and on line 21, below)
8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero)	
9 Total deductible medical and dental expenses (Add lines 1 and 8. Enter here and on line 17, below)	
10 Total taxes (Enter here and on line 29, below)	

Summary of Itemized Deductions

17 Total deductible medical and dental expenses (from line 9)	160 00
18 Total taxes (from line 10)	27797 29
19 Total contributions (from line 14)	131471 28
20 Total interest expense (from line 15)	109063 19
21 Total miscellaneous deductions (from line 16)	38708 66
22 TOTAL ITEMIZED DEDUCTIONS (Add lines 17 through 21. Enter here and on Form 1040, line 47)	307121 92

SCHEDULE D (Form 1040)

Sales or Exchanges of Property

1970

Richard W. and Patricia R. Nixon

Part I Capital Assets—Short term capital gains and losses—assets held not more than 6 months

D

Table with columns for Description, Date Acquired, Date Disposed, and Gain or Loss. Includes entries for REAL ESTATE LAND.

Part II Summary of Schedule D Gains and Losses

4825

Computation of Minimum Tax

1970

Richard W. and Patricia R. Nixon

Part I Items of Tax Preference

- 1. Items of Tax Preference: (a) Excess investment interest, (b) Accelerated depreciation on real property, (c) Accelerated depreciation on personal property, (d) Amortization of certified pollution control facilities, (e) Amortization of railroad rolling stock, (f) Stock options, (g) Reserves for losses on bad debts of financial institutions, (h) Depletion, (i) Capital gains.

Table with columns for Description and Amount. Shows calculations for tax preference items, resulting in a total of 7928.17.

- 2. Total items of tax preference (add lines 1(a) through 1(i))
3. Exclusion: Enter \$30,000 if married filing separately or certain married individuals living apart; enter \$15,000
4. Subtract line 3 from line 2
9. Amount from Form 1040, line 23
6. Amount from Form 1040, line 57
7. Add lines 5 and 6
8. Subtract line 7 from line 6
9. Multiply amount on line 8 by 10 and enter result
10. Enter amount of 1970 net operating loss which is a carryover to 1971, if any
11. Multiply amount on line 10 by 10 and enter result
12. Minimum Tax: Subtract line 11 from line 9 (if less than zero, enter zero)
13. Enter minimum tax deferred from prior year until this year
14. Total minimum tax: Add lines 12 and 13
15. Amount from Schedule R, Part I, line 9
16. Amount from Schedule M, Part I, line 10 or from Part II, line 19, which ever is applicable
17. Subtract line 15 from line 14
18. Enter amount from line 17 or line 16, whichever is smaller
19. Subtract line 18 from line 14. Enter here and on Form 1040, line 54

Name and address Richard M. and Patricia R. Nixon

Schedule A

DEPRECIATION

No.	Description of Property	Date acquired	Cost or other basis	Percent depreciation	Method used	Estimated life (Yrs.) or rate (%)	Remaining life (Yrs.)	Depreciation allowable (Use Form 7103)
1	SAN CLEMENTE PROPERTY	7-15-65	36,000	100%	10% DB	25 YEARS		2,103
2	200 BAY LANE							
3	49 EXCESS DEPRECIATION		10,000					10,000
4	ADJUSTMENTS							10,111
5	FURNITURE	7-15-69	13,400	100%	10% DB	8 YEARS		3,700
6		1970	4,760	100%	10% DB	8 YEARS		1,130
7	FLORIDA RESIDENCE	1-1-69	33,000	100%	10% DB	30		3,000
8	200 BAY LANE	1969-70	37,900	100%	10% DB	30		1,172
9	IMPROVEMENTS							1,360
10	WHITE HOME OFFICE							2,222
11	REPAIRS							1,373
12	INSURANCE							1,373
13	HOUSEHOLD MAINTENANCE							1,373
14	HOUSEHOLD HELP							1,373
15	UTILITIES							1,373
16	REPAIRS							1,373
17	INSURANCE							1,373
18	HOUSEHOLD MAINTENANCE							1,373
19	HOUSEHOLD HELP							1,373
20	UTILITIES							1,373
21	REPAIRS							1,373
22	INSURANCE							1,373
23	HOUSEHOLD MAINTENANCE							1,373
24	HOUSEHOLD HELP							1,373
25	UTILITIES							1,373
26	REPAIRS							1,373
27	INSURANCE							1,373
28	HOUSEHOLD MAINTENANCE							1,373
29	HOUSEHOLD HELP							1,373
30	UTILITIES							1,373
31	REPAIRS							1,373
32	INSURANCE							1,373
33	HOUSEHOLD MAINTENANCE							1,373
34	HOUSEHOLD HELP							1,373
35	UTILITIES							1,373
36	REPAIRS							1,373
37	INSURANCE							1,373
38	HOUSEHOLD MAINTENANCE							1,373
39	HOUSEHOLD HELP							1,373
40	UTILITIES							1,373
41	REPAIRS							1,373
42	INSURANCE							1,373
43	HOUSEHOLD MAINTENANCE							1,373
44	HOUSEHOLD HELP							1,373
45	UTILITIES							1,373
46	REPAIRS							1,373
47	INSURANCE							1,373
48	HOUSEHOLD MAINTENANCE							1,373
49	HOUSEHOLD HELP							1,373
50	UTILITIES							1,373
51	REPAIRS							1,373
52	INSURANCE							1,373
53	HOUSEHOLD MAINTENANCE							1,373
54	HOUSEHOLD HELP							1,373
55	UTILITIES							1,373
56	REPAIRS							1,373
57	INSURANCE							1,373
58	HOUSEHOLD MAINTENANCE							1,373
59	HOUSEHOLD HELP							1,373
60	UTILITIES							1,373
61	REPAIRS							1,373
62	INSURANCE							1,373
63	HOUSEHOLD MAINTENANCE							1,373
64	HOUSEHOLD HELP							1,373
65	UTILITIES							1,373
66	REPAIRS							1,373
67	INSURANCE							1,373
68	HOUSEHOLD MAINTENANCE							1,373
69	HOUSEHOLD HELP							1,373
70	UTILITIES							1,373
71	REPAIRS							1,373
72	INSURANCE							1,373
73	HOUSEHOLD MAINTENANCE							1,373
74	HOUSEHOLD HELP							1,373
75	UTILITIES							1,373
76	REPAIRS							1,373
77	INSURANCE							1,373
78	HOUSEHOLD MAINTENANCE							1,373
79	HOUSEHOLD HELP							1,373
80	UTILITIES							1,373
81	REPAIRS							1,373
82	INSURANCE							1,373
83	HOUSEHOLD MAINTENANCE							1,373
84	HOUSEHOLD HELP							1,373
85	UTILITIES							1,373
86	REPAIRS							1,373
87	INSURANCE							1,373
88	HOUSEHOLD MAINTENANCE							1,373
89	HOUSEHOLD HELP							1,373
90	UTILITIES							1,373
91	REPAIRS							1,373
92	INSURANCE							1,373
93	HOUSEHOLD MAINTENANCE							1,373
94	HOUSEHOLD HELP							1,373
95	UTILITIES							1,373
96	REPAIRS							1,373
97	INSURANCE							1,373
98	HOUSEHOLD MAINTENANCE							1,373
99	HOUSEHOLD HELP							1,373
100	UTILITIES							1,373

Total

SCHEDULE OF EXHIBIT A-1

Name Richard M. and Patricia R. Nixon Social Security or Identification No. Form Schedule Year 1970

Expenses incurred in connection with the use of residences for official government functions.	San Clemente 25%	Florida 500 Bay Lane 100%
DEPRECIATION - SCHEDULE 4A	34,194.9	44,880
UTILITIES	13,000.8	13,000.8
REPAIRS	10,300.0	
INSURANCE	12,500.0	34,880
HOUSEHOLD MAINTENANCE	11,000.0	
HOUSEHOLD HELP	8,880.0	
TOTAL	89,875.7	92,760.8

SCHEDULE OF
EXHIBIT - 1

Name Richard M. and Patricia R. Nixon

Social Security or Identification No. _____

Address _____

Form _____ Schedule _____ Line _____

Year 1970

1970 Cash Charitable Contributions

WASHINGTON NATIONAL SYMPHONY	10000		
BARBIT COMMUNITY HOSPITAL	100000		
AMERICAN LEGION AUXILIARY	1000		
UCLA ALUMNI ASSN	10000		
MOUNT PLEASANT CEMETERY ASSN	10000		
BILLY GRAHAM EVANGELISTIC ASSN	10000		
EISENHOWER MEDICAL CENTER	12000		
EAST WILMINGTON YMCA	15000		
TV MEMORIAL FUND	10000		
AMERICAN HEART ASSN	10000		
DUKE UNIVERSITY LOYALTY FUND	10000		
D.C. TB + RESPIRATORY ASSN	10000		
TOTAL CASH CONTRIBUTIONS - 1970	751000		

SCHEDULE OF
EXHIBIT C

Name Richard M. and Patricia R. Nixon

Social Security or Identification No. _____

Address _____

Form _____ Schedule _____ Line _____

Year 1970

EXHIBIT B - Charitable Contributions

TOTAL CASH CONTRIBUTIONS - EXHIBIT C - 1	751000		
CONTRIBUTION CARRYOVER FROM 1969	48210150		
TOTAL	48961150		
<u>CONTRIBUTION LIMITATION</u>			
CONTRIBUTIONS SUBJECT TO 50% LIMITATION (CODE SECTION 170 AS AMENDED BY TRA '67)	48961150		
50% OF ADJUSTED GROSS INCOME	13147138	13147138	
NONDEDUCTIBLE CONTRIBUTIONS	2671402		
DEDUCTIBLE CONTRIBUTIONS - TO EXHIBIT B	13147138		

Name and address Richard M. and Patricia R. Nixon
 Schedule 3

Year 1970

RENTS AND ROYALTIES

Description of property	Income	Expenses	Net Income-Loss
WHITTIER SINGLE DWELLING	650.00		
Income	650.00		
EXPENSES:			
Commissions			
Depreciation (Schedule 4)		218.60	
Depreciation			
Garbage disposal		19.00	
Insurance		37.12	
Interest			
Repairs			
Salaries		2038.92	
Taxes		119.74	
Utilities			
Other			
Total expenses		6837.98	
Net Income-Loss			6187.90
Total Net Income-Loss (This schedule)			6187.90

Name and address Richard M. and Patricia R. Nixon
 Schedule 4

DEPRECIATION

No.	Description of Property	Date acquired	Cost or other basis	Previous depreciation	Method used	Estimated useful life (in years)	Responsible life (in years)	Year 1970	
								Depreciation for the year	Accumulated depreciation
1	SINGLE DWELLING	1-69	2186.09	818.60	SL	10 YEARS		218.60	
2									
3									
4									
5									
6									
7									
8									
9	CONVERTED TO RENTAL								
10	30 YEAR OLD								
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
Total									218.60