**U.S. INDIVIDUAL INCOME TAX RETURN—1964**

**U.S. Treasury Department**
**Internal Revenue Service**

- **First name and initial** (If joint return, use first names and middle initials of both)
- **Last name**
- **Home address** (Number and street or rural route)
- **City, town or post office, and State**
- **Postal ZIP code**
- **Occupation**

**Enter the name and address used on your return for 1963 (if the same as above, write "Same"). If none filed, give reason.**

**NOTE.—Married taxpayers: If you are changing from filing separate returns to a joint return or from a joint return to separate returns, enter names and addresses from the 1963 joint or separate returns. See instructions before completing your return.**

**FILING STATUS—check one:**
- Single
- Married filing joint return (even if only one had income)
- Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.
- Unmarried Head of Household
- Surviving widow(er) with dependent child

**EXEMPTIONS**
- Regular: Yourself, Wife
- Age 65 or over: Yourself, Wife
- Blind: Yourself, Wife

**INCOME**—If joint return, include all income of both husband and wife

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

**FIGURE TAX BY USING EITHER 10 OR 11**

- **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 11a, b, c or d. Enter tax on line 12.**
- **11. Tax Rate Schedule—**
  - **a. If you itemize deductions, enter total from Part IV, page 2**
  - **b. Subtract line 9 from line 11b**
  - **c. Multiply total number of exemptions on line 4, above, by $600**
  - **d. Subtract line 11c from line 11b. (Figure your tax on this amount by using tax rate schedule on page 10 of instructions. Enter tax on line 12.)**

**TAX—CREDITS—PAYMENTS**

- **12. Tax (from either Tax Table, line 10, or Tax Rate Schedule, line 11)**
- **13. Total credits (from line 5, Part V, page 2)**
- **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)**
  - **(Include 1963 overpayment allowed as a credit)**
  - **(Office where paid)**
- **17b. 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: D U.S. Savings Bonds, with excess refunded; or O 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**

If joint return, BOTH HUSBAND AND WIFE MUST SIGN even if only one had income.

**Date**

**Signature of preparer other than taxpayer**

**Address**

**Note:** Forms are available at a nominal charge from local Internal Revenue Service offices.

**Attach all schedules and statements with this return.**

**Attach copy B of Form W-2 here.**

**Attach Check or Money Order Here**
### PART I.—EXEMPTIONS—Complete only for dependents claimed on line 2b, page 1

#### (a) NAME (If more space is needed attach schedule)
- 1. 
- 2. 
- 3. Total number of dependents listed above. Enter here and on line 3b, page 1.

#### (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

### 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. Give details in lines 1a through Id.

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

1a. Qualifying dividends (Name of payer)
- Total
- b. Subtract $100. If joint return see instructions.
- c. Balance
- d. Nonqualifying dividends (Name of payer)
- Total
- 2. Total (add lines 1c and 1d)
- 3. Interest (Name of payer)

#### Total interest income

- 4. Pension, annuities, rents and royalties, partnerships, and estates or trusts (Schedule B)
- 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 line 5, page 1.

### 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. Employ- “business expense (attach Form 2106 or other document)
4. Payme- self-employed persons to retire- ment p. etc. (Attach Form 5950SE)
5. Total adjustments (lines 1 through 4). Enter here and on line 8, page 1.

### 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 expenses 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
2. Other medical, dental expenses (include hospital insurance premiums)
3. Total (add lines 1 and 2)
4. Enter 3% of line 9, page 1 (less cost above)
5. Subtract line 4 from line 3; see 3 of inst-uctons for maximum limitation

#### Contributions—If other than money, attach required statement—see instructions.

- 6. Contributions (Name of payer)
- Total (see instructions for limitations)
- 7. Interest: Home mortgage
- Other (Specify)

#### Total interest expense

- 8. Taxes—Real estate
- State and local gasoline
- General sales
- State and local income
- Personal property
- Total taxes

#### Other deductions (see page 9 of instructions)
- Total other deductions

#### TOTAL DEDUCTIONS (For line 11a, page 1)

### PART V.—CREDITS

1. Dividends received credit: Enter smallest of 
   (a) 2% of item Part II, 
   (b) tax shown on line 12, page 1 less foreign tax credit, or 
   (c) 2% of taxable income (see instructions).
2. Retirement income credit (Schedule B)
3. Investment credit (Form 3468)
4a. Foreign tax credit (Form 1116)
4b. Tax-free covenant bonds credit
5. Total credits (add lines 1 through 4b). Enter here and on line 13, page 1.