

for the year January 1-December 31, 1966, or other taxable year beginning 1966, ending 19. U.S. 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) Your occupation City, town or post office, and State ZIP code Wife's number, if joint return Enter the name and address used on your return for 1965 (if the same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1965 names and addresses. Wife's occupation

Your present employer and address Wife's present employer and address, if joint return

Filing Status—check only 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 8) 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)

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— 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. Deduction under (1) or (2) limited to \$1,000 (\$500 if married and filing separately). 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). 14a Income tax (subtract line 13 from line 12). 14b Tax from recomputing prior year investment credit (attach statement). 15 Self-employment tax (Schedule C-3 or F-1). 16 Total tax (add lines 14a, 14b, and 15). 17 Total Federal income tax withheld (attach Forms W-2). 18 1966 Estimated tax payments (include 1965 overpayment allowed as a credit). 19 Excess F.I.C.A. Tax Withheld (two or more employers—see page 5 of inst.). 20 Nonhighway Federal gasoline tax—Form 4136, Reg. Inv.—Form 2439. 21 Total (add lines 17, 18, 19, and 20).

Tax Due or Refund 22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return. 23 If payments (line 21) are larger than tax (line 16), enter Overpayment. 24 Amount of line 23 you wish credited to 1967 Estimated Tax. 25 Subtract line 24 from 23. 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 Date If joint return, BOTH HUSBAND AND WIFE MUST SIGN even if only one had income. Sign here Date Signature of preparer other than taxpayer. Address

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 sources other than wages, etc.

1a Dividends and other distributions on stock (Name of payer—write (H), (W), (J), for stock held by husband, wife, or jointly)

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Total line 1a ▶▶

1b Exclusion (see instructions)

1c Capital gain distributions

1d Nontaxable distributions

1 Total lines 1b, 1c, and 1d

1 Taxable dividends (line 1a less line 1e—less than zero)

2 Interest (name of payer)

2a Earnings from savings and loan assoc., mutual savings banks, credit unions, etc.

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Total line 2a

2b Interest on bank deposits (other than mutual savings)

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Total line 2b

2c Other interest (bonds, etc.)

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Total line 2c

2d Total interest income (lines 2a, 2b, & 2c) ▶▶

3 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (Sch. B)

4 Business income (Schedule C)

5 Sale or exchange of property (Schedule D)

6 Farm income (Schedule F)

7 Miscellaneous income (state nature)

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Total line 7 ▶▶

8 TOTAL (add lines 1f through 7. Enter here on page 1, line 5)

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 06 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 (not compensated by insurance or otherwise)—Attach itemized list. If 65 or over see instructions.

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

7 Subtract line 6 from line 5; see page 8 of instructions for maximum limitation ▶▶

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

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1 Total cash contributions

2 Other than cash—see instructions for required statement. Enter total of such items here

3 Carryover from prior years (see page 8 of inst.)

4 Total contributions (add lines 1, 2, and 3—see instructions for limitation)

Taxes.—Real estate

State and local gasoline

General sales (see page 15 of instructions)

State and local income

Personal property

Total taxes ▶▶

Interest expense.—Home Mortgage

Other (itemize)

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Total interest expense ▶▶

Miscellaneous deductions.—(see page 9 of instructions)

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Total Miscellaneous ▶▶

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