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U.S. Treasury Department Internal Revenue Service

or Other Taxable Year Beginning 1960, Ending 19

First name and initial Last name

(If this is a joint return of husband and wife, use first names and middle initials of both)

Home address (Number and street or rural route)

(City, town, or post office) (Postal zone number) (State)

Your Social Security Number Occupation Wife's Social Security Number Occupation

- 1. Check blocks which apply. (a) Regular \$600 exemption... (b) Additional \$600 exemption if 65 or over... (c) Additional \$600 exemption if blind... 2. List first names of your children who qualify as dependents... 3. Enter number of exemptions claimed for other persons... 4. Enter the total number of exemptions claimed on lines 1, 2, and 3.

5. Enter all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (including any excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. See instructions, pp. 5-6.)

Table with 4 columns: Employer's Name, Where Employed (City and State), (a) Wages, etc., (b) Federal Income Tax Withheld. Includes a row for 'Enter totals here'.

- 6. Less: Excludable "Sick Pay" in line 5... 7. Balance (line 5 less line 6)... 8. Profit (or loss) from business from separate Schedule C... 9. Profit (or loss) from farming from separate Schedule F... 10. Other income (or loss) from page 3 (Dividends, Interest, Rents, Pensions, etc.)... 11. Adjusted Gross Income (sum of lines 7, 8, 9, and 10).

Check if unmarried "Head of Household" or "Surviving Widow or Widower" with dependent child. (See Instructions pp. 7-8)

12. TAX on income on line 11. (If line 11 is under \$5,000, and you do not itemize deductions, use Tax Table on page 16 of instructions to find your tax and check here. If line 11 is \$5,000 or more, or if you itemize deductions, compute your tax on page 2 and enter here the amount from line 9, page 2.)

- 13. (a) Dividends received credit from line 5 of Schedule J... (b) Retirement income credit from line 12 of Schedule K... 14. Balance (line 12 less line 13)... 15. Enter your self-employment tax from separate Schedule C or F... 16. Sum of lines 14 and 15.

17. (a) Federal tax withheld (line 5, col. (b) above). Attach Forms W-2, Copy B... (b) Payments and credits on 1960 Declaration of Estimated Tax (See page 8, instructions.)

18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE here. Pay in full with this return to "Internal Revenue Service." If less than \$1.00, file return without payment.

19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here. If less than \$1.00, the overpayment will be refunded only upon application.

20. Amount of line 19 to be: (a) Credited on 1961 estimated tax \$...; (b) Refunded \$...

Did you receive an expense allowance or reimbursement, or charge expenses to your employer? Yes No (See page 6, instructions.) If "Yes," did you submit an itemized accounting of expenses to your employer? Yes No

County in which you live. Is your wife (husband) filing a separate return for 1960? Yes No. If "yes," enter her (his) name and do not claim the exemption on this return. Do you owe any Federal tax for years before 1960? Yes No. If "Yes," enter here the Internal Revenue District where the account is outstanding.

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Sign here (Taxpayer's signature and date) (If this is a joint return, BOTH HUSBAND AND WIFE MUST SIGN) (Wife's signature and date)

(Signature of preparer other than taxpayer) (Address) (Date)

ATTACH CHECK OR MONEY ORDER HERE ATTACH COPY B OF FORMS W-2 HERE ATTACH COPY OF FORMS W-2 HERE

| Name | Relationship | Months lived with dependent during year also write "B" or "D" | Did dependent have gross income of \$600 or more? | Amount YOU furnished for dependent's support. If 100% write "All" | Amount furnished by OTHERS including dependent (See instructions.) |
|------|--------------|---|---|---|--|
|      |              |   |   | \$  | \$   |

Enter on line 3, page 1, the number of exemptions claimed above.

→ If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions.

**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

State to whom paid. If necessary, write more than one item on a line or attach additional sheets. Please put your name and address on any attachments.

|   |  |   |             |
|---|--|---|-------------|
| <b>Contributions</b>  | Total paid but not to exceed _____ of line 11, page 1, e _____ described on page 8 of instructions.  |   | \$          |
| <b>Interest</b>   | Total interest   |   |             |
| <b>Taxes</b>  | Real estate taxes _____<br>State and local sales taxes _____   | State income taxes _____<br>Other taxes (specify) _____ | Total taxes |
| <b>Medical and dental expense</b><br>(See instructions for itemized deductions not entered on Form 1040 or 1041, or if expense compensated by insurance or otherwise) | <p>NOTE: If you or your wife are 65 years of age or over, do not use this schedule. See page 10 of instructions.</p> <p>If you or your wife have a dependent 65 or over, use the schedule below.</p> |   |             |
|   | 1. Total cost of medicine and drugs _____  |   | \$          |
|   | 2. 1 percent of line 11, page 1 _____  |   |             |
|   | 3. Excess, if any, of line 1 over line 2 _____   |   |             |
|   | 4. Other medical and dental expenses _____   |   |             |
|   | 5. Total of lines 3 and 4 _____  |   |             |
|   | 6. Enter 3 percent of line 11, page 1 _____  |   | \$          |
|   | 7. Allowable amount (excess of line 5 over line 6; see instructions for maximum limitation) _____  |   |             |
| <b>Other Deductions</b><br>(See page 10 of instructions and attach information required)  | Total  |   |             |
| <b>TOTAL DEDUCTIONS</b> (Enter here and on line 12, page 1 of Tax Computation, below)   |  |   | \$          |

**TAX COMPUTATION—IF YOU DO NOT USE THE TAX TABLE**

|   |              |
|---|--------------|
| 1. Enter Adjusted Gross Income from line 11, page 1   | \$           |
| 2. If deductions are itemized above, enter total of such deductions. If deductions are not itemized and line 1 above, is \$5,000 or more, enter the smaller of 10 percent of line 1 or \$1,000 (\$500 if a married person filing a separate return) |              |
| 3. Balance (line 1 less line 2)   |              |
| 4. Multiply \$600 by total number of exemptions claimed on line 4, page 1   |              |
| 5. Taxable Income (line 3 less line 4)  |              |
| 6. Tax on amount on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16   |              |
| 7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D   |              |
| 8. Tax credits. If you itemize deductions, enter:   |              |
| (a) Credit for income tax payments to a foreign country or U.S. possession (Attach Form 1116)   | \$           |
| (b) Tax paid at source on tax-free covenant bond interest and credit for partially tax-exempt interest  |              |
| (c) Total   | Enter here → |
| 9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8   | \$           |

**IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2**

**Schedule A.—INCOME FROM DIVIDENDS** (Income from Savings (Building) and Loan Associations and Credit Unions should be entered as interest in Schedule E)

|   |          |
|---|----------|
| 1. Name of qualifying corporation declaring dividend (See instructions, page 11):<br>(Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly) | Amount   |
| .....   | \$ ..... |
| .....   | .....    |
| .....   | .....    |
| 2. Total  | \$ ..... |
| 3. Exclusion of \$50 (If both husband and wife received dividends, each is entitled to exclude not more than \$50 of his (her) own dividends)                       | .....    |
| 4. Excess, if any, of line 2 over line 3. Enter here and on line 1, Schedule J  | \$ ..... |
| 5. Name of nonqualifying corporation declaring dividend:  | .....    |
| .....   | .....    |
| 6. Enter total of lines 4 and 5   | \$ ..... |

**Schedule B.—INCOME FROM INTEREST** (This includes interest credited to your account)

| Name of payer | Amount   | Name of payer | Amount            |
|---------------|----------|---------------|-------------------|
| .....         | \$ ..... | .....         | \$ .....          |
| .....         | .....    | .....         | .....             |
| .....         | .....    | .....         | .....             |
|               |          |               | Enter total here→ |

**Schedule D Summary.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY**

- 1. From sale or exchange of capital assets (from separate Schedule D)
- 2. From sale or exchange of property other than capital assets (from separate Schedule D)

**Schedule E.—INCOME FROM PENSIONS AND ANNUITIES** (See instructions, page 12)

**Part I.—General Rule**

|   |          |  |          |
|---|----------|--|----------|
| 1. Investment in contract   | \$ ..... | 4. Amount received this year                       | \$ ..... |
| 2. Expected return  | \$ ..... | 5. Amount excludable (line 4 multiplied by line 3) | .....    |
| 3. Percentage of income to be excluded (line 1 divided by line 2) | ..... %  | 6. Taxable portion (excess of line 4 over line 5)  | .....    |

**Part II.—Where your employer has contributed all or part of the cost and your contribution will be recovered tax-free within three years.**  
If your cost was fully recovered in prior years, enter the total amount received in line 5 omitting lines 1 through 4.

|   |          |  |          |
|---|----------|--|----------|
| 1. Cost of annuity (amounts you paid)     | \$ ..... | 4. Amount received this year                               | \$ ..... |
| 2. Cost received tax-free in past years   | .....    | 5. Taxable portion (excess, if any, of line 4 over line 3) | .....    |
| 3. Remainder of cost (line 1 less line 2) | \$ ..... |  |          |

**Schedule G.—INCOME FROM RENTS AND ROYALTIES**

| 1. Kind and location of property (Identify whether rent or royalty)                         | 2. Amount of rent or royalty | 3. Depreciation (explain in Sch. I) or depletion | 4. Repairs (attach itemized list) | 5. Other expenses (attach itemized list) |
|---|------------------------------|--|-----------------------------------|--|
| .....   | \$ .....                     | \$ .....   | \$ .....                          | \$ .....                                 |
| .....   | .....                        | .....  | .....                             | .....                                    |
| .....   | .....                        | .....  | .....                             | .....                                    |
| 1. Totals   | \$ .....                     | \$ .....   | \$ .....                          | \$ .....                                 |
| 2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5) | .....                        |  |                                   |  |

**Schedule H.—OTHER INCOME OR LOSSES**

- 1. Partnerships (name, address, and nature of income)
- 2. Estates or trusts (name and address)
- 3. Other sources (state nature)

**Total income (or loss) from above sources** (Enter here and on line 10, page 1) \$ .....

Schedule I.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE G

Table with 7 columns: 1. Kind of property, 2. Date acquired, 3. Cost or other basis, 4. Depreciation allowed, 5. Method of computing depreciation, 6. Rate (% or life), 7. Depreciation for this year.

Additional first year depreciation (Attach statement).....

Total.....

Schedule J.—DIVIDENDS RECEIVED CREDIT (See Instructions, page 14)

Table for Schedule J with lines 1-5 and a 'LIMITATION ON CREDIT' section. Line 1: Amount of dividends; Line 2: Tentative credit; Line 3: Tax shown; Line 4: 4 percent of taxable income; Line 5: Dividends received credit.

Schedule K.—RETIREMENT INCOME CREDIT (See instructions, page 14)

This credit does not apply if: 1. If you received pensions or annuities of \$1,200 or more from Social Security or Railroad Retirement; 2. If you are under 65 years of age and had "earned income" of \$2,100 or more; OR 3. If you are 65 or over and under 72, and had "earned income" of \$2,400 or more.

Form section for earned income: If separate return, use column B only. If joint return, use column A for wife and column B for husband. Did you receive earned income in excess of \$600 in each of any 10 calendar years before the taxable year 1960?

Table for Retirement Income Credit with columns A and B. Line 1: Retirement income for taxable year. (a) For taxpayers under 65 years of age; (b) For taxpayers 65 years of age or older.

Table for Limitation on Retirement Income Credit. Line 2: Maximum amount of retirement income for credit computation. Line 3: Deduct: (a) Amounts received in taxable year as pensions or annuities; (b) Earned income received in taxable year.

Table for Limitation on Retirement Income Credit. Line 4: Total of lines 3(a) and 3(b); Line 5: Balance (line 2 minus line 4); Line 6: Line 5 or line 1, whichever is smaller; Line 7: Tentative credit (20 percent of line 6); Line 8: Total tentative credit on this return.

9. Amount of tax shown on line 12, page 1; 10. Less: Dividends received credits from line 5, Schedule J, above; 11. Balance (line 9 less line 10); 12. Retirement income credit. Enter here and on line 13(b), page 1, the amount on line 8 or line 11, whichever is smaller.