

U.S. INDIVIDUAL INCOME TAX RETURN—1963

or taxable year beginning _____, 1963, ending _____, 19____

First name and initial _____

Last name _____

If 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, and State _____

Postal ZIP code _____

Your social security number

Occupation _____

Wife's number if joint return

Occupation _____

Did you file a return for 1962? ☐ Yes ☐ No. If name or address was different than shown above, enter name and address used.

Check one: ☐ Single ☐ Married filing joint return (even if only one had income) ☐ Unmarried Head of Household ☐ Surviving widow(er) with dependent child ☐ Married filing separately *Give name of wife or husband only if also filing separately*

If joint return, include all income of both husband and wife—**INCOME**—If either you or your wife worked for more than one employer, see page 4 of instructions.

1. Wages, salaries, tips, etc., and excess of allowances over business expenses:

Employer's name _____

Where employed (city and state) _____

(a) Federal income tax
withheld

(b) Wages, etc.

\$ _____

\$ _____

2. Totals

3. "Sick pay" if included in line 1 (attach required statement)

4. Subtract line 3 from line 2

Print or Type

* W-2 Here •

1. Exemptions for yourself—and wife (only if all her income is included in this return, or she had no income)

Check boxes which apply.

(a) Regular \$600 exemption

(b) Additional \$600 exemption if 65 or over at end of 1963

(c) Additional \$600 exemption if blind at end of 1963

☐ Yourself

☐ Wife

☐ Yourself

☐ Wife

☐ Yourself

☐ Wife

Enter number of boxes checked

→

2. Exemptions for your children and other dependents (list below)

• If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 6 of instructions.

| NAME Enter figure 1 in the last column to right for each name listed (Give address if different from yours) | Relationship | ANSWER ONLY FOR DEPENDENTS OTHER THAN YOUR CHILDREN | | | |
|---|--------------|--|---|---|--|
| | | Months lived in your home. If born or died during year also write "B" or "D" | Did dependent have income of \$600 or more? | Amount YOU furnished for dependent's support. If 100% write "ALL" | Amount furnished by OTHERS including dependent |
| | | | | \$ | \$ |
| | | | | | |
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| | | | | | |

3. Total exemptions (lines 1 and 2 above). (Enter here and on line 10 or 11c, page 1) →

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

If necessary, write more than one item on a line or attach additional sheets. Put name and address on all attachments.

| | | |
|--|---|-----------------------|
| Contributions If other than money, attach required statement—see instructions | | |
| | Total (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) → | \$ |
| Interest expense | Home mortgage | |
| | Other interest expense (specify) | |
| | Total interest → | |
| Taxes | Real estate taxes | State income taxes |
| | State and local sales taxes | Other taxes (specify) |
| | Total taxes → | |
| 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. 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 (see note above) | \$ |
| | 7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation | |
| Other deductions See page 8 of instructions | | |
| | Total other deductions → | |
| Total itemized deductions (Enter here and on line 11a, page 1) → | | \$ |

EXPENSE ACCOUNT INFORMATION

Did you receive an expense allowance or reimbursement, or charge expenses to your employer? ☐ Yes ☐ No

If "Yes," did you submit itemized accounting of all such expenses to your employer? ☐ Yes ☐ No

See page 4, instructions.

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

Taxpayer's signature and date

If joint return, BOTH HUSBAND AND WIFE MUST SIGN

Wife's signature and date

Sign here

Signature of preparer other than taxpayer

Address

Date