

General Description Booklet
for
1962 INDIVIDUAL TAX MODEL FILE

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File Description

The 1962 Individual Tax Model File is a microdata base that was made to represent various characteristics of the taxpayer population of the United States in 1962. The Brookings Institution slightly modified the IRS's original 1962 Individual Tax Model; gain and loss fields have been combined into one + or - element to create this file. The data is from the individual federal tax returns of 1962. The tax model file can be used to simulate the impact of tax law changes as well as provide general statistical tabulations relating to sources of income and taxes paid by individuals.

The file contains 103360 records on two tapes. There are 54 elements in each record: 7 codes and 47 variables. The variables can be positive or negative as necessary. The sample code in element seven corresponds to the weight of the record (the weight is in the description of the sample code). Each record is 484 bytes long with 20 records to a tape block. The tapes are written in unlabeled EBCDIC, 9 track, odd parity, and 1600 BPI.

The tapes in order are:

SI0639	78780	rec.
SI0640	24580	rec.
	<u>103360</u>	total records

The Individual Tax Model File is designed for making national level estimates. The 1980 tax model file can be purchased through the Internal Revenue Service's, Statistics of Income Division. Any questions concerning the cost and acquisition of the current tax model file should be directed to:

Dr. Fritz Scheuren, Director
Statistics of Income Division D:R:S
1111 Constitution Ave., N.W.
Washington, D.C. 20224
(202) 376-0216

Individual Tax Model Files for each of the Tax Years 1960,1962,1964 and 1966 through 1978, and State Tax Model files for Tax Years 1977 and 1979, are available through the National Archives and Records Service. Questions concerning cost, acquisition and delivery of these historical tax model files should be addressed to:

Machine Readable Archives Division
National Archives and Records Service
General Services Administration
Washington, D.C. 20408
(202) 724-1080

1964 INDIVIDUAL TAX MODEL FILE

Element	Position	Length
1 District Code	1 - 2	2
01 = Augusta, ME		
02 = Portsmouth, NH		
03 = Burlington, VT		
04 = Boston, MA		
05 = Providence, RI		
06 = Hartford, CT		
11 = Brooklyn, NY		
13 = Manhattan, NY		
14 = Albany, NY		
15 = Syracuse, NY		
16 = Buffalo, NY		
21 = Camden, NJ		
22 = Newark, NJ		
23 = Philadelphia, PA		
24 = Scranton, PA		
25 = Pittsburgh, PA		
31 = Cincinnati, OH		
34 = Cleveland, OH		
35 = Indianapolis, Ind.		
36 = Chicago, Ill.		
37 = Springfield, Ill.		
38 = Detroit, Mich.		
39 = Milwaukee, Minn.		
41 = St. Paul, Minn.		
42 = Des Moines, Iowa		
43 = St. Louis, MO		
44 = Kansas City, MO		
45 = Fargo, ND		
46 = Aberdeen, SD		
47 = Omaha, NB		
48 = Wichita, KA		
51 = Wilmington, DE		
52 = Baltimore, MD		
53 = Washington, D.C.		
54 = Richmond, VA		
55 = Parkersburg, WV		
56 = Greensboro, NC		
57 = Columbia, SC		
58 = Atlanta, GA		
59 = Jacksonville, FL		
61 = Louisville, KY		
62 = Nashville, TN		

- 63 = Birmingham, Ala.
- 64 = Jackson, Miss.
- 66 = Puerto Rico
- 71 = Little Rock, Ark.
- 72 = New Orleans, LA
- 73 = Oklahoma City, OK
- 74 = Austin, TX
- 75 = Dallas, TX
- 81 = Helena, Mont.
- 82 = Boise, Ida.
- 83 = Cheyenne, Wyo.
- 84 = Denver, CO
- 85 = Albuquerque, NM
- 86 = Phoenix, Ariz.
- 87 = Salt Lake City, UT
- 88 = Reno, NV
- 91 = Seattle, Wash.
- 92 = Anchorage, Alaska
- 93 = Portland, Ore.
- 94 = San Francisco, CA
- 95 = Los Angeles, CA
- 96 = CP:IO
- 99 = Honolulu, HI

2	Schedule Code	3 - 4	2
	1 = Separate returns of husbands and wives, and of single persons not head of household or surviving spouse.		
	2 = Joint returns and returns of sur. spouse.		
	3 = Head of household.		
3	Tax Status	5 - 6	2
	1 = Taxable (normal and surtax).		
	2 = Taxable (alternative).		
	3 = Nontaxable.		
4	Marital Status	7 - 8	2
	1 = Joint returns.		
	2 = Separate returns.		
	3 = Head of household.		
	4 = Surviving spouse.		
	5 = Single returns.		
5	Form of Deduction	9 - 10	2
	1 = Itemized		
	2 = Standard		
6	Select Code (for subsampling)	11 - 12	2
	1 through 9 and 0 (0 equals 10)		

7	Sample Code (for weighting) (Note: Bus. returns have Schedule C and/or Schedule F attached)	13 - 14	2
	Number amounts in \$1000's		
	0 = 1040A returns.		WEIGHT 1978.92
	1 = 1040, Nonbus. returns, AGI < 10		1972.40
	2 = 1040, Bus. returns, AGI < 10		701.19
	3 = 1040, Nonbus. returns, 10 < AGI < 50		234.30
	4 = 1040, Bus. returns, 10 < AGI < 30		233.62
	5 = 1040, Nonbus. returns, 30 < AGI < 100		14.07
	6 = 1040, Bus. returns, 50 < AGI < 100		14.47
	7 = 1040, Nonbus. returns, 100 < AGI < 150		2.00
	1040, Nonbus. returns, 150 < AGI		1.00
	8 = 1040, Bus. returns, 100 < AGI < 150		2.00
	1040, Bus. returns, 150 < AGI		1.00
	12 = 1040, Prior year ret. AGI < 50		855.08
	17 = 1040, Prior year ret. 50 < AGI		1.00
8	Salary and Wage	15 - 24	10
9	Excludable Sick Pay	25 - 34	10
10	Bus. or Farm Net Profit	35 - 44	10
11	Partnership Net Profit	45 - 54	10
12	Sale of Property Net (non cap. gains)	55 - 64	10
13	Pension Income (taxable portion)	65 - 74	10
14	Interest Income	75 - 84	10
15	All Other Income (rent, roy, etc)	85 - 94	10
16	Div. Eligible for Exclusion	95 - 104	10
17	Div. Exclusion	105 - 114	10
18	Div. not Eligible for Exclusion	115 - 124	10
19	Capital Loss Carryover	125 - 134	10
20	Net S-T Cap. Gain after Carryover	135 - 144	10
21	Net L-T Gain	145 - 154	10
22	Net Cap. Loss Before Limitation	155 - 164	10
23	AGI	165 - 174	10

24	Total Contributions	175 - 184	10
25	Total Interest Expense	185 - 194	10
26	Group I Drug Expense	195 - 204	10
27	Group I Drug Deduction	205 - 214	10
28	Group II Drug Expense	215 - 224	10
29	Group II Drug Deduction	225 - 234	10
30	Group I Medical and Dental Expense	235 - 244	10
31	Group I Total Deduction	245 - 254	10
32	Group II Medical and Dental Expense	255 - 264	10
33	Group II Total Deduction	265 - 274	10
34	Allowable Medical and Dental Deduction	275 - 284	10
35	Real Estate Taxes	285 - 294	10
36	State and Local Taxes	295 - 304	10
37	State Income Taxes	305 - 314	10
38	Total Tax Deductions	315 - 324	10
39	Total Deductions Reported	325 - 334	10
40	Taxpayer Exemption	335 - 344	10
41	Age Exemption	345 - 354	10
42	Blind Exemption	355 - 364	10
43	Sons and Daughters Exemption	365 - 374	10
44	Other Dependents Exemptions	375 - 384	10
45	Taxable Income	385 - 394	10
46	Tax Before Credit	395 - 404	10
47	Dividend Credit	405 - 414	10
48	Retirement Income Credit	415 - 424	10

49	All Other Credits	425 - 434	10
50	Tax After Credit	435 - 444	10
51	Self-Employment Tax Paid	445 - 454	10
52	Tax Withheld	455 - 464	10
53	Payment on 1962 Declaration	465 - 474	10
54	Balance Due (or refund)	475 - 484	10

Form 1040A U. S. INDIVIDUAL INCOME TAX RETURN (Less than \$10,000 total income) 1962

Please print →

1. Name (if a joint return of husband and wife, use first names and middle initials of both) _____

2. Your Social Security Number _____

3. Wife's Social Security Number _____

Home address (Number and street or rural route) _____

4. Check one:
 Single; Married filing joint return (even if only one had income);
 Married filing separate return—if wife or husband also filing separately,
 give name _____

City, town, or post office _____ Zone _____ State _____

5. WAGES SHOWN ON FORMS W-2 AND OTHER INCOME _____ FEDERAL INCOME TAX WITHHELD _____ EMPLOYER'S NAME. Where employed. Write (W) before name of each of wife's employers _____

If item 9 is \$10,000 or more, or if item 6 is over \$200, use Form 1042. **E 8**

6. INTEREST, DIVIDENDS, AND OTHER WAGES
 Yours: _____
 Wife's: _____

7. Total Federal income tax withheld **E 52**

8. If you had an expense allowance or charged expenses to your employer, see instruction 8 and check here if appropriate.
 Enclose Forms W-2, Copy B. If your income was \$5,000 or more, you must compute your tax. However, if your income was less than \$5,000, you may have the Internal Revenue Service compute your tax by omitting items 10, 11, and 12. If you compute your own tax, ← pay balance (item 11) in full with return to your District Director.
 ● Check here if you want refund applied to U.S. Savings Bonds.

9. TOTAL INCOME → **E 45**

10. Enter tax from Tax Table or from tax computation schedule → _____

11. If item 10 is larger than item 7, enter balance due → _____

12. If item 7 is larger than item 10, enter refund → _____

U.S. TREASURY DEPARTMENT • INTERNAL REVENUE SERVICE (OVER) LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE.

13. 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 **E 40** Yourself Wife

(b) Additional \$600 exemption if 65 or over at end of 1962 **E 41** Yourself Wife

(c) Additional \$600 exemption if blind at end of 1962 **E 42** Yourself Wife

Enter number of boxes checked →

14. EXEMPTIONS FOR YOUR CHILDREN AND OTHER DEPENDENTS (List below)

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				Enter number of boxes checked →
		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. See instruction 14	
				\$	\$	

E 43
E 45

15. Total exemptions from items 13 and 14 above

SIGN HERE → I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

(Your signature) _____ (Date) _____ (If joint return, wife's signature) _____ (Date) _____

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

TC

FORM 1040

U.S. INDIVIDUAL INCOME TAX RETURN—1962

U.S. Treasury Department Internal Revenue Service

or taxable year beginning 1962, ending 19

Your Social Security Number

Occupation

Wife's Social Security Number

Occupation

Print or Type

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)

(Postal zone number)

(State)

Check: Single; Unmarried "Head of Household"; Surviving widow or widower with dependent child; Married filing joint return (even if only one had income); Married filing separate return—If wife or husband also filing separately, give name.

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

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

Employer's name

Where employed (city and state)

(a) Wages, etc.

(b) Federal income tax withheld

If either you or your wife worked for more than one employer, see page 4 of instructions

- 2. Totals
3. "Sick pay" if included in line 1 (attach required statement)
4. Subtract line 3 from total wages
5a. Dividends (Schedule B)
b. Interest (Schedule B or other list)
c. Rents, royalties, pensions, etc. (Schedule B)
6. Business income (Schedule C)
7. Sale or exchange of property (Schedule D)
8. Farm income (Schedule F)
9. Total (add lines 4 through 8)

E 8
E 9
E 52

FIGURE YOUR TAX BY USING EITHER 10 OR 11

10. Tax Table

If line 9 is less than \$5,000 and you do not itemize deductions— Complete page 2 exemption schedule. Copy total exemptions here Find your tax in table on page 10 of instructions. Do not use lines 11 a, b, c, or d. Enter tax on line 12.

11. Tax Rate Schedule

- a. If you itemize deductions, enter total from page 2. If line 9 is \$5,000 or more and you do not itemize, enter 10% of line 9 but not more than \$1,000 (\$500 if married and filing separate return).
b. Subtract line 11a from line 9
c. Copy total exemptions from page 2 here, multiply by \$600.
d. Subtract line 11c from line 11b. Figure your tax on this amount by using tax rate schedule on page 9 of instructions and enter tax on line 12.

- 12. Tax (from either tax table or tax rate schedule)
13. Self-employment tax (Schedule C-3 or F-1)
14. Total (add lines 12 and 13)

E 51

PAYMENTS AND CREDITS

- 15a. Tax withheld (line 2, col. (b) above). Attach Forms W-2
b. Payments and credits on 1962 Declaration of Estimated Tax
c. Dividends received credit
d. Retirement income credit
e. Investment credit (Form 3468)
f. Other credits (Specify—see page 5 of instructions)
g. Total (add lines a, b, c, d, e, and f)
District Director's office where amount on line 15b was paid

E 52
E 53
E 47
E 48

TAX DUE OR REFUND

- 16. If payments and credits (line 15g) are less than tax (line 14), enter Balance Due here. Pay in full with this return to "Internal Revenue Service." File with your District Director.
17. If payments and credits (line 15g) are larger than tax (line 14), enter Overpayment here.
18. Amount of line 17 you wish credited to 1963 Estimated Tax
19. Subtract line 18 from line 17. Apply this balance to: U.S. Savings Bonds; or Refund

E 54
E 54

Attach Copy B of Forms W-2 Here

Attach Check or Money Order Here

FACSIMILES OF TAX RETURNS, 1962

FORM 1040-1962

SCHEDULE A.—EXEMPTIONS (See page 6 of instructions)

Page 2

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 E40 Yourself Wife
- (b) Additional \$600 exemption if 65 or over at end of 1962 E41 Yourself Wife
- (c) Additional \$600 exemption if blind at end of 1962 E42 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				Amount furnished by OTHERS including dependent
		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	
				\$	\$	

E43
E44

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, address and Social Security number on all attachments

Contributions (If other than money, submit description of property, including cost or other basis, date of acquisition and method of valuation)		Total paid (not to exceed 20% of line 9, page 1, except as described on page 7 of instructions) →	\$ E24
Interest expense		Total interest →	E25
Taxes	Real estate taxes E35	State income taxes E37	
	State and local sales taxes E36	Other taxes (specify) 	
		Total taxes →	E38
Medical and dental expense (Submit itemized list. Do not enter any expense compensated by insurance or otherwise)	<p>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.</p> <p>1. Total cost of medicine and drugs •</p> <p>2. Enter 1% of line 9, page 1 •</p> <p>3. Subtract line 2 from line 1 •</p> <p>4. Other medical, dental expenses (Include hospital insurance premiums) •</p> <p>5. Total (add lines 3 and 4) •</p> <p>6. Enter 3% of line 9, page 1 (see note above) •</p> <p>7. Subtract line 6 from line 5; see page 8 of instructions for maximum limitation •</p>		
Other deductions (See page 8 of instructions)		Total →	
Total deductions (Enter here and on line 11a, page 1) →			\$ E39

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.

Did you file a return last year? Yes No. If name or address on last year's returns was different from this year, enter name and address used last year.

I declare under penalties of perjury 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)

SCHEDULE B (Form 1040) U.S. Treasury Department Internal Revenue Service	SUPPLEMENTAL SCHEDULE OF INCOME AND CREDITS (From all sources other than wages, business, farming, and sale or exchange of property) Attach this schedule to your income tax return, Form 1040	1962
Name and address as shown on page 1 of Form 1040		Your Social Security Number

Part I.—DIVIDEND INCOME (Income from savings (building) and loan associations and credit unions should be entered as interest in Part II)

1. Name of qualifying corporation declaring dividend: (Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)	Amount
2. Total	E16
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)	E17
4. Subtract line 3 from line 2. Enter here and on line 1, Part VII.	
5. Name of nonqualifying corporation declaring dividend:	E18
6. Total (add lines 4 and 5). Enter here and on line 5a, page 1, Form 1040.	

Part II.—INTEREST INCOME (This includes interest credited to your account)

Note: A separate attachment may be used if interest is the only income to be reported on this schedule.

1. Name of payer (more than one entry may be made on a line)	Amount
2. Total—Enter here and on line 5b, page 1, Form 1040.	E14

Part III.—PENSION AND ANNUITY INCOME

A.—General Rule (If you did not contribute to the cost of the pension or annuity, enter the total amount received on line 6 and omit lines 1 through 5.)

1. Investment in contract	4. Amount received this year	Amount
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)	%	E13
6. Taxable portion (excess of line 4 over line 5)		

B.—Special Rule—Where your employer has contributed part of the cost and your own contribution will be recovered tax-free within 3 years. If your cost was fully recovered in prior years, enter the total amount received in line 5 and omit lines 1 through 4.

1. Cost of annuity (amounts you paid)	4. Amount received this year	Amount
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)		

Part IV.—RENT AND ROYALTY INCOME

1. Kind and location of property (Identify whether rent or royalty)	2. Total amount of rents or royalties	3. Depreciation (explain in Part VI) 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)				

Part V.—OTHER INCOME OR LOSSES

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

TOTAL INCOME (or loss) from Parts III, IV, and V (Enter here and on line 5c, page 1, of Form 1040)	Amount

FACSIMILES OF TAX RETURNS, 1962

Schedule B (Form 1040) 1962

Page 2

Part VI.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN PART IV—This schedule is designed for taxpayers using the new guideline lives and administrative procedure described in Revenue Procedure 62-21 as well as for those taxpayers who wish to continue using previously authorized procedures. Where double headings appear use the first heading for the new procedure and the second heading for the older procedure.

Table with 8 columns: 1. Group and guideline class, 2. Cost or other basis at beginning of year, 3. Asset additions in year, 4. Asset retirements in year, 5. Depreciation allowed or allowable, 6. Method of computing depreciation, 7. Class life, 8. Depreciation for this year.

Part VII.—DIVIDENDS RECEIVED CREDIT

Table with 2 columns: Description and Amount. Rows include: 1. Amount of dividends on line 4, Part I, 2. Tentative credit (4% of line 1), 3. Tax shown on line 12, page 1 of Form 1040, less amount, if any, of credit for foreign taxes, 4. 4% of taxable income (see below), 5. Credit.

Part VIII.—RETIREMENT INCOME CREDIT

Table with 2 columns: A and B. Rows include: Did you receive earned income in excess of \$600 in each of any 10 calendar years before the taxable year 1962?, 1. Retirement income for taxable year, 2. Maximum amount of retirement income for credit computation, 3. Deduct, 4. Total of lines 3(a) and 3(b), 5. Balance (line 2 minus line 4), 6. Line 5 or line 1, whichever is smaller, 7. Tentative credit (20% of line 6), 8. Total tentative credit, 9. Amount of tax shown on line 12, page 1 of Form 1040, 10. Less: Total of any amounts shown on lines 15(c) and 15(f), page 1, Form 1040, 11. Subtract line 10 from line 9, 12. Credit.

SCHEDULE C (Form 1040) U. S. Treasury Department Internal Revenue Service	<h1 style="margin: 0;">PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION</h1> <p style="margin: 0;">(Compute social security self-employment tax on Schedule C-3 (Form 1040))</p>	1962
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Attach this schedule to your income tax return, Form 1040 — Partnerships, joint ventures, etc., must file on Form 1065

Name and address as shown on page 1, Form 1040 _____ Your Social Security Number _____

- A.** Principal business activity _____ product _____
(See separate instructions) (For example: retail—grocer, wholesale—tobacco, legal—services, manufacturing—furniture, etc.)
- B.** Business name _____ **C.** Employer Identification Number _____
- D.** Business location _____ (Number and street or rural route) (City or post office) (State)
- E.** Indicate method of accounting: cash; accrual; other.

1. Gross receipts or gross sales \$ _____ Less: Returns and allowances \$ _____		
2. Inventory at beginning of year (If different than last year's closing inventory attach explanation)		
3. Merchandise purchased \$ _____, less cost of any items withdrawn from business for personal use \$ _____		
4. Cost of labor (do not include salary paid to yourself)		
5. Material and supplies		
6. Other costs (explain in Schedule C-1)		
7. Total of lines 2 through 6		
8. Inventory at end of this year		
9. Cost of goods sold (line 7 less line 8)		
10. Gross profit (subtract line 9 from line 1)		

OTHER BUSINESS DEDUCTIONS

11. Depreciation (explain in Schedule C-2)		
12. Taxes on business and business property (explain in Schedule C-1)		
13. Rent on business property		
14. Repairs (explain in Schedule C-1)		
15. Salaries and wages not included on line 4 (exclude any paid to yourself)		
16. Insurance		
17. Legal and professional fees		
18. Commissions		
19. Amortization (attach statement)		
20. Interest on business indebtedness		
21. Bad debts arising from sales or services		
22. Losses of business property (attach statement)		
23. Depletion of mines, oil and gas wells, timber, etc. (attach schedule)		
24. Other business expenses (explain in Schedule C-1)		
25. Total of lines 11 through 24		
26. Net profit (or loss) (subtract line 25 from line 10). Enter here; on line 1, Schedule C-3; and on line 6, page 1, Form 1040		

SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24

Line No.	Explanation	Amount	Line No.	Explanation	Amount
		\$ _____			\$ _____

FACSIMILES OF TAX RETURNS, 1962

Schedule C (Form 1040) 1962

Page 2

SCHEDULE C-2. EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED ON LINE 11

This schedule is designed for taxpayers using the new guideline lives and administrative procedures described in Revenue Procedure 62-21 as well as for those taxpayers who wish to continue using previously authorized procedures. Where double headings appear use the first heading for the new procedure and the second heading for the older procedure.

Table with 8 columns: 1. Group and guideline class OR Description of property; 2. Cost or other basis at beginning of year OR Cost or other basis; 3. Asset additions in year (amount) OR Date acquired; 4. Asset retirements in year (amount) (applicable only to Rev. Proc. 62-21); 5. Depreciation allowed or allowable in prior years; 6. Method of computing depreciation; 7. Class life OR Rate (%) or life; 8. Depreciation for this year.

INVENTORY QUESTIONS

- 1. Was inventory valued at—Cost [] ; lower of cost or market [] ; other [] . If other, attach explanation.
2. Have write-downs been made to inventory? Yes [] No [] . If "Yes," were the write-downs computed on the basis of:
(a) [] Percentage reductions from parts of the inventory
(b) [] Percentage reductions from the total inventory
(c) [] Valuation of individual items.
3. Was the inventory verified by physical count during the year? Yes [] No [] . If "No," attach explanation of how the closing inventory was determined.
4. Was there any substantial change in the manner of determining quantities, costs or valuations between the opening and closing inventories? Yes [] No [] . If "Yes," attach explanation.

NOTE: If a direct answer cannot be given to a question, attach explanation.

EXPENSE ACCOUNT INFORMATION

Enter information with regard to yourself and your five highest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$10,000, or for yourself if your expense account allowance plus line 26, page 1, is less than \$10,000. See separate instructions for Schedule C, for definition of "expense account."

Table with 3 columns: Name, Expense account, Salaries and Wages. Row 1: Owner, [], XXXXXXXXXXXXXXXX. Rows 2-5: [], [], [], [].

Did you claim a deduction for expenses connected with: (If answer to any question is "YES," check applicable boxes within that question.)

- F. A hunting lodge [] , working ranch or farm [] , fishing camp [] , resort property [] , pleasure boat or yacht [] , or other similar facility [] ? (Other than where the operation of the facility was your principal business.) [] YES [] NO
G. Vacations for you or members of your family, or employees or members of their families? (Other than vacation pay reported on Form W-2.) [] YES [] NO
H. The leasing, renting, or ownership of a hotel room or suite [] , apartment [] , or other dwelling [] , which was used by you, your customers, employees, or members of their families? (Other than use by yourself or employees while in business travel status.) [] YES [] NO
I. The attendance of members of your family or your employees' families at conventions or business meetings? [] YES [] NO

SCHEDULE C-3 (Form 1040)	U. S. Treasury Department—Internal Revenue Service COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX (See instructions on page 2)	1962
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- ▶ If you had wages of \$4,800 or more which were subject to social security taxes, do not fill in this page.
- ▶ Complete only one Schedule C-3; if you had more than one business, combine profits (or losses) from all of your businesses on this Schedule.
- ▶ Each self-employed person must file a separate schedule. See instructions, page 2, for joint returns and partnerships.

NAME AND ADDRESS (as shown on page 1 of Form 1040)

NAME OF SELF-EMPLOYED PERSON (as shown on social security card)	Year Social Security Number	
1. Net profit (or loss) shown on line 26 Schedule C (Form 1040) (Enter combined amount if more than one business).....		
2. Add to net profit (or subtract from net loss) losses of business property shown on line 22, Schedule C.....		
3. Total (or difference)		
4. Net income (or loss) from excluded services or sources included on line 3 (see "Exclusions," page 2)..... Specify excluded services or sources		
5. Net earnings (or loss) from self-employment—		
(a) From business (line 3 less any amount on line 4).....		
(b) From partnerships, joint ventures, etc. (other than farming)		
(c) From service as a minister, member of a religious order, or a Christian Science practitioner		
Enter only if you have filed or are filing Form 2031 (see instructions, page 2).		
(d) From farming reported on line 2 (or line 3 if option used), separate Schedule F-1 (Form 1040).....		
(e) From service with a foreign government or international organization.....		
6. Total net earnings (or loss) from self-employment reported on line 5. Enter here and in item F below..... (If line 6 is under \$400, you are not subject to self-employment tax. Do not fill in rest of page.)		
7. The largest amount of combined wages and self-employment earnings subject to social security tax is	\$ 4,800	00
8. Total wages, covered by social security, paid to you during the taxable year. (For "Covered" wages see "F. I. C. A. Wages" box on Form W-2.) Enter here and in item G, below		
9. Balance (line 7 less line 8)	\$	
10. Self-employment income—line 6 or 9, whichever is smaller. Enter here and in item H, below.....		
11. Self-employment tax—If line 10 is \$4,800, enter \$225.60; if less, multiply the amount on line 10 by 4.7%... Enter this amount here and on line 13, page 1, Form 1040		

Do not detach

Important.—The amounts reported on the form below are for your social security account. This account is used in figuring any benefits, based on your earnings, payable to you, your dependents, and your survivors. Fill in each item accurately and completely.

SCHEDULE SE (Form 1040)
U. S. Treasury Department
Internal Revenue Service

U. S. REPORT OF SELF-EMPLOYMENT INCOME

1962

For crediting to your social security account

<p>Indicate year covered by this return (even though income was received only in part of year):</p> <p>A. Calendar year 1962 <input type="checkbox"/> or other taxable year beginning _____, 1962, ending _____ If less than 12 months, was short year due to (a) <input type="checkbox"/> Death, or (b) <input type="checkbox"/> Change in accounting period, or (c) <input type="checkbox"/> Other.</p> <p>B. BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Grocery store, restaurant, etc.)</p> <p>C. BUSINESS ADDRESS (number and street, city or post office, postal zone number, State)</p> <p>D. SOCIAL SECURITY ACCOUNT NUMBER OF PERSON NAMED IN ITEM E BELOW </p> <p>E. PRINT OR TYPE NAME OF SELF-EMPLOYED PERSON AS SHOWN ON SOCIAL SECURITY CARD</p> <p>PRINT OR TYPE HOME ADDRESS (number and street or rural route)</p> <p>(City or post office, postal zone number, State)</p>	<p>PLEASE DO NOT WRITE IN THIS SPACE</p> <hr/> <p>F. ENTER AMOUNT FROM LINE 6</p> <p style="text-align: right;">\$</p> <p>G. ENTER AMOUNT FROM LINE 8, IF ANY</p> <p style="text-align: right;">\$</p> <p>H. ENTER AMOUNT FROM LINE 10</p> <p style="text-align: right;">\$</p>
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SE

FACSIMILES OF TAX RETURNS, 1962

SCHEDULE D
(Form 1040)

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

1962

U.S. Treasury Department—Internal Revenue Service

Attach this schedule to your income tax return, Form 1040

Name and address as shown on page 1 of Form 1040

Year Social Security Number

Part I—CAPITAL ASSETS

Short-term capital gains and losses—assets held not more than 6 months

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price (contract price)	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis, cost of subsequent improvements (if not purchased attach explanation) and expense of sale	g. Gain or loss (d plus e less f)
1. _____						

2. Enter your share of net short-term gain (or loss) from partnerships and fiduciaries						
3. Enter unused capital loss carryover from 5 preceding taxable years (Attach statement)						E 19
4. Net short-term gain (or loss) from lines 1, 2, and 3						E 20

Long-term capital gains and losses—assets held more than 6 months

5. _____						

Total long-term gross sales price..						
6. Enter the full amount of your share of net long-term gain (or loss) from partnerships and fiduciaries						
7. Capital gain dividends						
8. Net long-term gain (or loss) from lines 5, 6, and 7						E 21
9. Combine the amounts shown on lines 4 and 8, and enter the net gain (or loss) here						E 20
10a. If line 9 shows a GAIN—Enter 50% of line 8 or 50% of line 9, whichever is smaller. (Enter zero if there is a loss or no entry on line 8.) (See reverse side for computation of alternative tax)						
b. Subtract line 10a from line 9						
11. If line 9 shows a LOSS—Enter here the smallest of the following: (a) the amount on line 9; (b) taxable income computed without regard to capital gains and losses and the deduction for exemptions; or (c) \$1,000						

Part II—PROPERTY OTHER THAN CAPITAL ASSETS

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price (contract price)	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain or loss (d plus e less f)
12. _____						

13. Enter your share of non-capital gain (or loss) from partnerships and fiduciaries						
14. Net gain (or loss) from lines 12 and 13						E 12

Part III—TOTAL GAINS OR LOSSES FROM SALE OR EXCHANGE OF PROPERTY

15. Net gain (or loss) from either line 10b or 11	
16. Net gain (or loss) from line 14	
17. Total net gain (or loss), combine lines 15 and 16. Enter here and on line 7, page 1 of Form 1040	E 12

COMPUTATION OF ALTERNATIVE TAX

It will usually be to your advantage to use the alternative tax if the net long-term capital gain exceeds the net short-term capital loss, or if there is a net long-term capital gain only, and you are filing (a) a separate return with taxable income exceeding \$18,000, or (b) a joint return, or as a surviving husband or wife, with taxable income exceeding \$36,000, or (c) as a head of household with taxable income exceeding \$24,000.

1. Enter the amount from line 11d, page 1 of Form 1040	
2. Enter amount from line 10a on reverse side	
3. Subtract line 2 from line 1	
4. Enter tax on amount on line 3 (use applicable tax rate schedule on page 9 of Form 1040 instructions)	
5. Enter 50% of line 2	
6. Alternative tax (add lines 4 and 5). If smaller than the tax figured on the amount on line 11d, page 1 of Form 1040, enter this alternative tax on line 12, page 1 of Form 1040	

INSTRUCTIONS—(References are to the Internal Revenue Code)

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY.—Report details in schedule on other side.

"Capital assets" defined.—The term "capital assets" means property held by the taxpayer (whether or not connected with his trade or business) but does NOT include—

- (a) stock in trade or other property of a kind properly includible in his inventory if on hand at the close of the taxable year;
- (b) property held by the taxpayer primarily for sale to customers in the ordinary course of his trade or business;
- (c) property used in the trade or business of a character which is subject to the allowance for depreciation provided in section 167;
- (d) real property used in the trade or business of the taxpayer;
- (e) certain government obligations issued on or after March 1, 1941, at a discount, payable without interest and maturing at a fixed date not exceeding one year from date of issue;
- (f) certain copyrights, literary, musical, or artistic compositions, etc.; or
- (g) accounts and notes receivable acquired in the ordinary course of trade or business for services rendered or from the sale of property referred to in (a) or (b) above.

Special rules apply to dealers in securities for determining capital gain or ordinary loss on the sale or exchange of securities. Certain real property subdivided for sale may be treated as capital assets. Sections 1236 and 1237.

If the total distributions to which an employee is entitled under an employees' pension, bonus, or profit-sharing trust plan, which is exempt from tax under section 501(a), are paid to the employee in one taxable year, on account of the employee's separation from service, the aggregate amount of such distribution, to the extent it exceeds the amounts contributed by the employee, shall be treated as a long-term capital gain. (See section 402(a)).

Gain on sale of depreciable property between husband and wife or between a shareholder and a "controlled corporation" shall be treated as ordinary gain.

Gains and losses from transactions described in section 1231 (see below) shall be treated as gains and losses from the sale or exchange of capital assets held for more than 6 months if the total of these gains exceeds the total of these losses. If the total of these gains does not exceed the total of these losses, such gains and losses shall not be treated as gains and losses from the sale or exchange of capital assets. Thus, in the event of a net gain, all these transactions should be entered in Part I of Schedule D. In the event of a net loss, all these transactions should be entered in Part II of Schedule D, or in other applicable schedules on Form 1040.

Section 1231 deals with gains and losses arising from—

- (a) sale, exchange, or involuntary conversion, of land (including in certain cases unharvested crops sold with the land)

and depreciable property if they are used in the trade or business and held for more than 6 months,

- (b) sale, exchange, or involuntary conversion of livestock held for draft, breeding, or dairy purposes (but not including poultry) and held for 1 year or more,
- (c) the cutting of timber or the disposal of timber or coal to which section 631 applies, and
- (d) the involuntary conversion of capital assets held more than 6 months.

See sections 1231 and 631 for specific conditions applicable.

Basis.—In determining gain or loss in case of property acquired after February 28, 1913, use cost, except as specially provided. The basis of property acquired by gift after December 31, 1920, is the cost or other basis to the donor in the event of gain, but, in the event of loss, it is the lower of either such donor's basis or the fair market value on date of gift. If a gift tax was paid with respect to property received by gift, see section 1015 (d). Generally, the basis of property acquired by inheritance is the fair market value at the date of death. For special cases involving property acquired from a decedent, see section 1014. In the case of sales and exchanges of automobiles and other property not used in your trade or business, or not used for the production of income, the basis for determining gain is the original cost plus the cost of permanent improvements thereto. No losses are recognized for income tax purposes on the sale and exchange of such properties.

Sale of a personal residence—General rule.—You must report any gains from the sale or exchange of your residence or other nonbusiness property, but you may not claim any loss from the sale of a home or other asset which was not held for the purpose of producing income. Your gain is the difference between (1) the sales price and (2) your original cost plus the cost of permanent improvements. If depreciation was allowed or allowable during any period because you rented the house or used part of it for business purposes, the original cost must be reduced by the amount of depreciation which was allowed or allowable.

Special Rule—Deferring gain when buying new residence.—You may defer being taxed on the gain from the sale of your principal residence until the final disposition of the property if all of the following conditions apply:

- (a) You sell or exchange your principal residence at a gain,
- (b) Within 1 year after (or before) the sale, you purchase another residence and use it as your principal residence,
- (c) The cost of the new residence equals or exceeds the adjusted sales price of the old residence.

If, instead of purchasing another residence, you begin construction of a new residence (either 1 year before or within 1 year after the sale of your old residence) and use it as your principal residence not later than 18 months after the sale, the gain on the sale may be deferred until the final disposition of the property if your costs

FACSIMILES OF TAX RETURNS, 1962

SCHEDULE F (Form 1040) U.S. Treasury Department Internal Revenue Service	SCHEDULE OF FARM INCOME AND EXPENSES (Compute social security self-employment tax on Schedule F-1 (Form 1040)) Attach this schedule to your income tax return, Form 1040	1962
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Name and address as shown on Form 1040: _____ Your Social Security Number: _____

Business name and address: _____

Location of farm(s) and number of acres in each farm: _____ Employer identification number: _____

FARM INCOME FOR TAXABLE YEAR—CASH RECEIPTS AND DISBURSEMENTS METHOD

PART I. Report receipts from sale of livestock held primarily for sale in the applicable column below. (Do not include other sales of livestock held for draft, breeding, or dairy purposes; report such sales on Schedule D (Form 1040))

SALES OF MARKET LIVESTOCK AND PRODUCE RAISED AND HELD PRIMARILY FOR SALE					OTHER FARM INCOME		
Kind	Quantity	1. Amount	Kind	Quantity	2. Amount	Items	3. Amount
Cattle.....		\$.....	Eggs.....		\$.....	Mdse. rec'd for produce.....	\$.....
.....			Meat products.....			Machine work.....	
Sheep.....			Poultry, dressed.....			Breeding fees.....	
Swine.....			Wool.....			Wood and lumber.....	
Poultry.....			Honey.....			Other forest products.....	
Bees.....			Sirup and sugar.....			Patronage dividends, rebates or refunds.....	
Grain.....			Other (specify):.....			Agricultural program pay- ments.....	
Hay.....						Other (specify):.....	
Cotton.....							
Tobacco.....							
Vegetables.....							
Fruits and nuts.....							
Dairy products.....							
Total of columns 1, 2, and 3. Enter here and on line 1 of Part IV below.....							\$.....

PART II. SALES OF PURCHASED LIVESTOCK AND OTHER PURCHASED ITEMS

a. Description	b. Date acquired	c. Amount received	d. Cost or other basis	e. Profit (or loss)
.....		\$.....	\$.....	\$.....
.....				
.....				
.....				
Totals (enter amount from column e, on line 2 of Part IV below).....		\$.....	\$.....	\$.....

PART III. FARM EXPENSES FOR TAXABLE YEAR (see instructions)

(Do not include personal or living expenses or expenses not attributable to production of farm income, such as taxes, insurance, repairs, etc., on your dwelling)

Items	1. Amount	Items	2. Amount *	Items	3. Amount
Labor hired.....	\$.....	Veterinary, medicine.....	\$.....	Other (specify):.....	\$.....
Repairs, maintenance.....		Gasoline, fuel, oil.....			
Interest.....		Storage, warehousing.....			
Feed purchased.....		Taxes.....			
Seed, plants purchased.....		Insurance.....			
Fertilizers, lime.....		Utilities.....			
Machine hire.....		Rent of farm, pasture.....			
Supplies purchased.....		Freight, trucking.....			
Breeding fees.....		Conservation expenses.....			
Total of columns 1, 2, and 3. Enter here and on line 4 of Part IV below (cash method) or line 6, Part VII (accrual method).....					

Total of columns 1, 2, and 3. Enter here and on line 4 of Part IV below (cash method) or line 6, Part VII (accrual method)..... \$.....

PART IV. SUMMARY OF INCOME AND DEDUCTIONS—CASH RECEIPTS AND DISBURSEMENTS METHOD

1. Sale of livestock and produce raised and other farm income.....	\$.....	4. Farm expenses (from Part III).....	\$.....
2. Profit (or loss) on sale of purchased livestock and other purchased items.....		5. Depreciation (from Part V).....	
3. Gross profits*.....	\$.....	6. Other farm deductions (specify):.....	
		7. Total deductions.....	\$.....
8. Net farm profit (or loss) (subtract line 7 from line 3). Enter here and on line 8, page 1, Form 1040. Make your computation of self-employment income and the self-employment tax on Schedule F-1.....			\$.....

* Use this amount for optional method of computing net earnings from self-employment. (See line 3, Schedule F-1 (Form 1040))

FACSIMILES OF TAX RETURNS, 1962

SCHEDULE F-1 (Form 1040) U.S. Treasury Department Internal Revenue Service	COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX ON FARM EARNINGS (For social security) (See instructions—page 2)	1962
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- ▶ If you had wages of \$4,800 or more which were subject to social security taxes, do not fill in this page.
- ▶ Each self-employed person must file a separate schedule. See instructions, page 2, for joint returns and partnerships.
- ▶ If you had net earnings from self-employment from both farm and nonfarm sources, fill in only lines 1 and 2 (line 3, if applicable), and use separate Schedule C-3 to compute your self-employment tax. Net farm earnings from self-employment should be entered on line 5(d) of separate Schedule C-3 (Form 1040).

NAME AND ADDRESS (as shown on page 1, Form 1040)

NAME OF SELF-EMPLOYED PERSON (as shown on social security card)	Your Social Security Number
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CHOICE OF METHODS.—A farmer must report his net farm earnings for self-employment tax purposes. Net earnings may be computed under the optional method (line 3, below) by a farmer (1) whose GROSS profits are \$1,800 or less, or (2) whose GROSS profits are more than \$1,800 and NET profits are less than \$1,200. If your GROSS profits from farming are not more than \$1,800 and you elect to use the optional method, you need not complete lines 1 and 2.

Computation Under Regular Method

1. Net farm profit (or loss) from:		
(a) Line 8, page 1, Schedule F (cash method), or line 10, page 2 (accrual method).....	\$	
(b) Farm partnerships.....	\$	
2. Net earnings from self-employment from farming. Add lines 1 (a) and (b).....	\$	

Computation Under Optional Method

3. If gross profits from farming are:*		
(a) Not more than \$1,800, enter two-thirds of the gross profits.....	\$	
(b) More than \$1,800 and the net farm profit is less than \$1,200, enter \$1,200.....	\$	

*NOTE.—Gross profits from farming are the total of the gross profits on line 3, Part IV (cash method), or line 5, Part VII of Schedule F (accrual method), plus the distributive share of gross profit from farm partnerships as explained on page 2.

If line 2 (or line 3, if you choose the optional method) is under \$400, do not fill in rest of page.

Computation of Social Security Self-Employment Tax

4. The largest amount of combined wages and self-employment earnings subject to social security tax is.....	\$	4,800	00	
5. Total wages, covered by social security, paid to you during the taxable year. (For "Covered" wages see "F.I.C.A. Wages" box on Form W-2.) Enter here and in item G of Schedule SE below.....	\$			
6. Balance (line 4 less line 5).....	\$			
7. Self-employment income. Enter here and in item H of Schedule SE below your choice of EITHER:	\$			
(a) REGULAR METHOD.—The smaller of line 2 or 6.....	\$			
(b) OPTIONAL METHOD.—The smaller of line 3 or 6.....	\$			
8. Self-employment tax—if line 7 is \$4,800, enter \$225.60; if less, multiply the amount on line 7 by 4.7%. Enter this amount here and on line 13, page 1, Form 1040.....	\$			

Do not detach

659-16-77100-1

Important.—The amounts reported on the form below are for your social security account. This account is used in figuring any benefits, based on your earnings, payable to you, your dependents, and your survivors. Fill in each item accurately and completely.

SCHEDULE SE (Form 1040) U.S. Treasury Department Internal Revenue Service	U.S. REPORT OF SELF-EMPLOYMENT INCOME For crediting to your social security account	1962
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Indicate year covered by this return (even though income was received only in part of year):
 Calendar year 1962 or other taxable year beginning _____ 1962, ending _____

A. If less than 12 months, was short year due to (a) Death, or (b) Change in accounting period, or (c) Other.

B. FARM ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Raising livestock, custom harvesting, etc.)

C. FARM ADDRESS (rural route, post office, State)

D. SOCIAL SECURITY ACCOUNT NUMBER OF PERSON NAMED IN ITEM E BELOW ➔

E. PRINT OR TYPE NAME OF SELF-EMPLOYED PERSON AS SHOWN ON SOCIAL SECURITY CARD

PRINT OR TYPE HOME ADDRESS (number and street, or rural route)

(City or town, postal zone number, State)

PLEASE DO NOT WRITE IN THIS SPACE

CHECK HERE IF YOU USE OPTIONAL METHOD.....

F. ENTER AMOUNT FROM LINE 2 (LINE 3 IF OPTION USED)..... \$

G. ENTER AMOUNT FROM LINE 5, IF ANY..... \$

H. ENTER AMOUNT FROM LINE 7..... \$

FORM 2948	<p>U.S. Treasury Department—Internal Revenue Service</p> <p>MEDICAL AND DENTAL EXPENSE STATEMENT</p> <p>(Attach this statement to your income tax return or use it as a guide to prepare your own statement. See example on reverse side)</p>	1962
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This statement is for the use of taxpayers who are entitled to a larger deduction for medical and dental expenses paid for the persons listed in Group I below. The medical and dental expenses of persons in Group I do not have to be reduced by 3 percent of the taxpayer's total income (line 9, page 1, Form 1040) as is required for persons listed in Group II below. All persons are subject to the reduction of their medicine and drug expenses by 1 percent of the taxpayer's total income.

GROUP I

GROUP II

- | | |
|---|---|
| <p>a. Taxpayer and wife if EITHER is 65 years of age or older,</p> <p>b. Each 65-year-old (or over) dependent parent of the taxpayer or his wife.</p> | <p>a. Taxpayer and wife if BOTH are under 65 years of age,</p> <p>b. Dependent parents, who are under 65 years of age, of taxpayer or wife,</p> <p>c. All other dependents regardless of age.</p> |
|---|---|

If all the persons for whom medical and dental expenses were paid are in Group II, use the simpler medical and dental expense schedule on page 2 of Form 1040.

Note: Do not deduct any expenses for which you received reimbursement from insurance or other sources.

Name of taxpayer claiming the deduction

Name(s) of dependent parent(s) 65 years of age or over, if any

MEDICINE AND DRUGS

(Enter other medical and dental expenses in lines 7 and 10)

- | | |
|---|---------------|
| 1. Amount taxpayer paid for medicine and drugs for persons in Group I (see list above) | \$ <u>E26</u> |
| 2. Amount taxpayer paid for medicine and drugs for persons in Group II (see list above) | \$ <u>E28</u> |
| 3. Line 1 plus line 2 | <u>E54</u> |
| 4. 1% of line 9, page 1, Form 1040 | <u>E31</u> |
| 5. Excess, if any, of line 3 over line 4 | \$ <u>E23</u> |

MEDICAL AND DENTAL EXPENSES FOR PERSONS IN GROUP I

6. Portion of medicine and drugs for persons in Group I:
- (a) If line 1 or 5 is zero, enter zero;
- (b) If line 2 is zero, enter amount on line 5; or
- (c) In all other cases, multiply the amount on line 1 by the amount on line 5, divide the answer by the amount on line 3, and enter the result
7. Amount taxpayer paid for medical and dental expenses (other than medicine and drugs) for persons in Group I
8. Medical and dental expenses for persons in Group I. (Line 6 plus line 7)
- \$ E30

MEDICAL AND DENTAL EXPENSES FOR PERSONS IN GROUP II

9. Portion of medicine and drugs for persons in Group II. Amount on line 5 less the amount on line 6
10. Amount taxpayer paid for medical and dental expenses (other than medicine and drugs) for persons in Group II
11. Line 9 plus line 10
12. 3% of line 9, page 1, Form 1040
13. Medical and dental expenses for persons in Group II. Excess, if any, of line 11 over line 12
- E33

TOTAL DEDUCTION FOR MEDICAL AND DENTAL EXPENSES

14. Line 8 plus line 13. Enter here and on line 7 of the medical and dental expense schedule on page 2 of Form 1040 (See "Maximum Limitations" below)
- \$

MAXIMUM LIMITATIONS

- A. The amount on line 14 may not exceed \$5,000 multiplied by the number of persons for whom exemptions were claimed on the individual income tax return. (If taxpayer or wife is 65 or over and in addition is disabled, see "B.") The deduction is further limited by the following amounts:
- (1) \$10,000 if the taxpayer is single and not a head of household or a widow or widower entitled to the special tax rates,
 - (2) \$10,000 if the taxpayer is married but files a separate return,
 - (3) \$20,000 if the taxpayer files a joint return, is a head of household, or is a widow or widower entitled to the special tax rates.
- B. If the taxpayer (or his wife) is 65 years of age or over and in addition is disabled, he may qualify for an increased maximum limitation. For this purpose disabled means that any individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. For further information, consult your nearest Internal Revenue Service office.