General Description Booklet

for

1964 INDIVIDUAL TAX MODEL FILE

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FILE DESCRIPTION

The 1964 Individual Tax Model File is a microdata base that was made to represent various characteristics of the taxpayer population of the Unitied States in 1964. The Brookings Institution slightly modified the IRS's original 1964 Individual Tax Model; i.e. combined gain and loss fields into one + or - element, to create this file. The data is from the individual federal tax returns of 1964. 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 95060 records on two tapes. There are 67 elements in each record: 9 codes and 58 variables. The variables can be positive and negative as noted in the Data Definition. The sample code in element three corresponds to the weight of the record (see page four). Each record is 601 bytes long with 20 records to a tape block. The tapes are written in 1600 BPI, unlabeled EBCDIC, 9 track, and odd parity.

The tapes in order are: SI0633 69280 rec. SI0634 25780 rec.

95060 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

Tax Return Data Definition

Element

- 1. Return number within file (1 95108) [IRET]*
- 2. District (Internal Revenue District in which return was filed) [IDIST]

Code No.	District	Code No.	District
01	Augusta, Main	54	Richmond, Virginia
02	Portsmouth, N.H.	55	Parkersburg, W. Va.
03	Burlington, Vt.	56	Greensboro, N.C.
04	Boston, Mass.	57	Columbia, S. C.
05	Providence, R.I.	58	Atlanta, Georgia
06	Hartford, Conn.	59	Jacksonville, Fla.
11	Brooklyn, N.Y.	61	Louisville, Ky.
13	Manhattan, N.Y.	62	Nashville, Tenn.
14	Albany, N.Y.	63	Birmingham, Ala.
16	Buffalo, N.Y.	64	Jackson, Miss.
22	Newark, N.J.	66	Puerto Rico (OIO) 2/
23	Philadelphia, Pa.	71	Little Rock, Ark.
24	City of Philadelphia, Pa. 1/	72	New Orleans, La.
25	Pittsburgh, Pa.	73	Oklahoma City, Okla.
31	Cincinnati, Ohio	74	Austin, Texas
34	Cleveland, Ohio	75	Dallas, Texas
35	Indianapolis, Ind.	81	Helena, Montana
36	Chicago, Ill.	82	Boise, Idaho
37	Springfield, Ill.	83	Cheyenne, Wyo.
38	Detroit, Mich.	84	Denver, Colo.
39	Milwaukee, Wis.	85	Albuquerque, N. Mex.
41	St. Paul, Minn.	86	Phoenix, Ariz.
42	Des Moines, Iowa	87	Salt Lake City, Utah
43	St. Louis, Mo.	88	Reno, Nev.
45	Fargo, N. Dak.	91	Seattle, Wash.
46	Aberdeen, S. Dak.	92	Anchorage, Alaska
47	Omaha, Nebr.	93	Portland, Oregon
48	Wichita, Kans.	94	San Francisco, Calif.
51	Wilmington, Del.	95	Los Angeles, Calif.
52	Baltimore, Md.	98	OIO (Washington, D.C.).
53	Washington, D.C.	99	Honolulu, Hawaii

^{1/} Returns of residents of the City of Philadelphia. Code 23 returns represent all other returns in the Philadelphia District.

^{2/} OIO = Office of International Operations.

Bracketed symbols are programming symbols corresponding to items.

3. Sample Code [ISAMP]

Code No.	Description	Weight
00	Form 1040A	2,002.97
01	Form 1040, Nonbusiness under \$1,0,000	1,998.80
02	Form 1040, Business under \$10,000	705.67
03	Form 1040, Nonbusiness \$10,000	354.52
	under 50,000	
04	Form 1040, Business \$10,000 under \$30,000	355.95
05	Form 1040, Nonbusiness \$50,000 under \$100,000	29.02
06	Form 1040, Business \$30,000 under \$100,000	28.86
07	Form 1040, Nonbusiness \$100,000 under \$200,000	2.00
08	Form 1040, Business \$100,000 under \$200,000	2.00
09	Form 1040, (1040W) Prior Year Delinquent under \$50,000	823.57
17:	Form 1040, Nonbusiness \$200,000	1.00 _
18	<pre>and over Form 1040, Business \$200,000 and over</pre>	1.00
19	Form 1040, (1040W) Prior Year Delinquent \$50,000 and over	1.00

4. Form of Deduction [IFDED]

Code No.	Description
1	Itemized deduction returns
2	Standard deduction returns (10 percent)
3	Returns with no positive total income, item 32 (IRS)
4	· Standard deduction returns (minimum)

5. Tax Status [ITXST]

Code No.	<u>Description</u>
1	Normal tax and surtax computation (taxable)
2	Alternative tax computation (taxable)
3	No taxable income
4	Normal tax and surtax computation (non-taxable)
5	Alternative tax computation (non-taxable)

The presence or absence of an amount on line 12, page 1 of Form 1040, or line 8, Form 1040A determines whether a return is taxable or nontaxable. Alternative tax returns which are nontaxable occur rarely. They are nontaxable because of a large amount of tax credit, usually foreign taxes paid.

6. Income Averaging and Child Care and Casualty Loss [IACCCL]

Code No.	Description
0	1040A returns (can have none of the above)
	With Income Averaging with:
1	Child Care Only
2	Casualty Loss Only
3	Both Casualty Loss and Child Care
4	Neither
	Without Income Averaging with:
5	Child Care Only
6	Casualty Loss Only
7	Both Casualty Loss and Child Care
8	Neither

There are some returns coded as having child care and/or casualty and theft loss which are not itemized deduction returns. This is an editing error carried over from the basic Statistics of Income file.

7. Marital Status [IMARST]

Code No.	Description
1	Single person (not head of household or surviving spouse)
2	Married filing joint return
3	Married filing separately
. 4	Head of household
5	Surviving widow or widower

8. Select--(coded 0-9) [ISEL]

Codes divide the file into 10 stochastically equal parts for use in determining sampling variability by the replicate method.

9. Subselect (included for IRS use only) [ISUBSL]

DATA ITEMS

Element	Programming Symbol	Description	Correspondi IRS Item
10	RPENS	Pensions, taxable	1
11	RSICK	Sick pay	2
12	RMOVE	Moving expense	3
13	RBUSNS	Employee Business Expense	4
14	RWAGES	Wages and salaries, gross	5
15	RDIVEL	Dividends elig. for excl.	6
16	RDEXC	Dividend exclusion	7
17	RDIVNE	Dividends not elig. for excl.	8
18	RDAGI	Dividends in AGI	9
19	RBSPR	Business net profit (+ or -)	10-11
20	RFMPR	Farm net profit (+ or -)	12-13
21	RPRPR	Partnership net profit (+ or +)	14-15
22	RENT	Rent net income (+ or -)	16-17
23	ROYAL	Royalty net income (+ or -)	18-19
24	RINTR	Interest received	20
25	RCAPL	Capital loss carryover	21
26	RSGAIN	Net short term gain after carryover	
		(+ or -)	22-2 3
. 27	RLGAIN	Net long term gain-100% (+ or -)	24-25
28	RNLOSS	Net loss before limitation	26
29	R CGA GI	Net capital gain in AGI	27
30	RCLAGI	Net capital loss in AGI	28
31	RLMT	1/2 excess L-T gain	29
32	ROTHER	All other sources income (+ or -)	30-31
33	RAGI	Adjusted gross income (AGI) (+ or -)	32 - 33
34	RSEPA	S-E payments adjustment	34
35	R CONT	Contributions	35
36	RMORT	Home mortgage interest	36
37	RINT	Other interest	37
38	RRETX	Real estate taxes	38
39	RGASTX	Gasoline taxes	3 9
40	RSALTX	Sales taxes	40
41	RSTATX	State income taxes	41
42	RPPTAX	Personal property taxes	42
43	ROTHTX	Other taxes	43
44	RGIMD	Group I total med. deduction	44
45	RG2DD	Group II drug deduction	45
46	R G2 TD	Group II total deduction	46
47	RALMD	Allowable med. deduction	47

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	Programming	5	Correspondir
Code	Symbol	Description	IRS Item
48	ROTHDD	Other deductions	48
49	RTOTDD	Total deductions	49
50	RTXEXM	Taxpayer exemptions	50
51	RAGEXM	Age exemptions	51
52	RBLEXM	Blind exemptions	52
53	ROTEXM	All other exemptions	53
54	RTAXIN	Taxable income	54
55	RBALPT	Balance for partial tax	55
56	RTAXBC	Tax before credits	56
57	RRETCR	Retirement credit	57
58	RINVCR	Investment credit	5 8
59	RFTXCR	Foreign tax credit	59
60	ROTHCR	Other credits	60
61	RTAXAC	Tax after credit	61
62	RTAXWH	Tax withheld	62
63	RPAYMT	Payments on 1964 estimated tax	63
64	RSLFET	Self-employment tax	64
65	ROVERP	Overpayments	65
66	RBLDUE	Balance due	66
67	RGGDST	Nontaxable and cap. gn. distributions	67

A description of the source of each of the IRS Items follows. This description is an exact transcription from IRS publication, "1964 Tax Model - Individual Income Tax Returns."

Items

- Pensions and annuities (taxable portion) -- the sum of lines 6A and 5B in Part I of Schedule B, Form 1040.
- Sick pay exclusion line 1, Part III, "Adjustments," Form 1040.
 This figure reflects what the taxpayer reported and, in some cases, may exceed (1) gross salaries and wages, and/or (2) \$5,200 per taxpayer.
- Moving expense deduction line 2, Part III, "Adjustments," Form 1040.

 This figure reflects what the taxpayer claimed. In some cases, no gross salaries and wages were reported.
 - 4. Employee business expense deduction line 3, Part III, "Adjustments," Form 1040. This figure reflects what the taxpayer reported and, in some cases, may exceed gross salaries and wages.
 - 5. Salaries and wages (gross) line 5, Form 1040, or line 5, Form 1040A.
 - 6. Dividends eligible for exclusion line la, Part II, Form 1040.
 - 7. Dividend exclusions line 1b, Part II, Form 1040. Exclusion was limited to \$100 for marital status codes 1, and 3-5; and \$200 for marital status code 2.
 - 8. Dividends not eligible for exclusion line 1d, Part II, Form 1040.
 - 9. Dividends in adjusted gross income line le, Part II, Form 1040. Dividends reported on Form 1040A are included in "All other sources income," item 30.
 - 10. Business net profit line 5, Part II, Form 1040, if positive.
 - 11. Business net loss line 5, Part II, Form 1040, if negative.
 - 12. Farm net profit line 7, Part II, Form 1040, if positive.
 - 13. Farm net loss line 7, Part II, Form 1040, if negative.
 - 14. Partnership net profit line 1, Part III, Schedule B, Form 1040, if positive.
 - 15. Partnership net loss line 1, Part III, Schedule B, Form 1040, if negative.

- Rent net income rent portion of line 2, Part II, Schedule B,
 Form 1040, if positive.
- 17. Rent net loss rent portion of line 2, Part II, Schedule B, Form 1040, if negative.
- 18. Royalty net income royalty portion of line 2, Part II, Schedule B, Form 1040, if positive.
- 19. Royalty net loss royalty portion of line 2, Part II, Schedule B, Form 1040, if negative.
- 20. Interest received line 3, Part II, Form 1040. Interest reported on Form 1040A is included in "All other sources income," item 30.
- 21. Capital loss carryover line 3, Part I, Schedule D, Form 1040.
- 22. Net short-term gain after carryover line 4, Part I, Schedule D, Form 1040, if positive.
- 23. Net short-term loss after carryover line 4, Part I, Schedule D, Form 1040, if negative.
- 24. Net long-term gain (100 percent) line 8, Part I, Schedule D, Form 1040, if positive.
- 25. Net long-term loss (100 percent) line 8, Part I, Schedule D, Form 1040, if negative.
- 26. Net loss before limitation line 9, Part I, Schedule D, Form 1040, if negative.
- 27. Net capital gain in adjusted gross income line 10b, Part I, Schedule D, Form 1040.
- 28. Net capital loss in adjusted gross income line 11, Part I, Schedule D, Form 1040.
 - This figure reflects what the taxpayer used in his computation of adjusted gross income and, in some cases, may exceed \$1,000.
- 29. One-half excess long-term gain computed by taking 50 percent of the excess of long-term gain (item 24) over short-term loss (item 23).

- 30. All other sources income line 8, Part II, Form 1040, plus estates and trusts income or loss (line 2, Part III, Schedule B), if the result is positive. Includes any positive adjustment necessary to balance the sources of income and loss to adjusted gross income. Includes dividends, interest, and wages not subject to withholding reported on Form 1040A.
- 31. All other sources loss line 8, Part II, Form 1040, plus estates and trusts income or loss (line 2, Part III, Schedule B), if the result is negative. Includes any negative adjustment necessary to balance the sources of income and loss to adjusted gross income.
- 32. Adjusted gross income line 9, Form 1040, if positive, or line 7, Form 1040A.
- 33. Deficit line 9, Form 1040, if negative.
- 34. Self-employed pension deduction line 4, Part III, Form 1040.

 This figure represents what the taxpayer claimed and, in some cases, may exceed \$2,500 (the maximum deduction, if both husband and wife were self-employed).
- 35. Contributions deduction Part IV, Form 1040. This figure represents what the taxpayer claimed and, in some cases, may exceed 30 percent of adjusted gross income (item 32). These returns with excess deduction include those with the unlimited charitable contributions deduction.
- 36. Home mortgage interest deduction Part IV, Form 1040.
- 37. Other interest deduction Part IV, Form 1040.

NOTE: Total interest deduction is the sum of items 36 and 37.

- 38. Real estate taxes deduction Part IV, Form 1040.
- 39. Gasoline taxes deduction Part IV, Form 1040.
- 40. General sales taxes deduction Part IV, Form 1040.
- 41. State and local income taxes deduction Part IV, Form 1040.
- 42. Personal property taxes deduction Part IV, Form 1040.
- 43. Other taxes deduction Part IV, Form 1040.

 NOTE: Total taxes deduction is the sum of items 38-43.

- 44. Group I total medical and dental expense deduction line 5, Part IV, Form 1040 or line 3, Form 2948.
- 45. Group II drug deduction line 1, Part IV, Form 1040, or line 6, Form 2948.
- 46. Group II Total medical and dental expense deduction line 5, Part IV, Form 1040, or line 10, Form 2948.
- 47. Allowable medical and dental expense deduction line 5, Part IV, Form 1040. The 'allowable deduction' reflects what the taxpayer reported and, in some cases, may exceed the maximum dollar limitation specified in IRC Section 213 (c) and (g).
- 48. Other deductions Part IV, Form 1040. Includes any positive adjustment necessary to balance the various itemized deductions to the total.
- 49. Total deductions In conjunction with the "Form of deduction" code (column 4) this figure is: line 11a of Form 1040 returns with adjusted gross income \$5,000 or more or the amount computed, based on the tax reported, for all Forms 1040A and for Forms 1040 under \$5,000. The amount of total deductions, on many nontaxable returns, exceeds adjusted gross income reduced by the amount of exemptions. A few "separate returns" (marital status code 3) are coded as itemized deduction returns yet they have no total deductions reported. We assumed in these cases that the "other" spouse itemized and claimed all the deductions.
- 50. Taxpayer exemptions line 2a, Form 1040, or line 12a, Form 1040A. Some joint returns have only one taxpayer exemption (which is due to either (1) Section 931 of IRC, or (2) taxpayer oversight). Some "separate" returns (of a husband or wife) have two taxpayer exemptions, this being where one spouse claims the other's exemption but does not file a joint return.
- 51. Age exemptions line 2b, Form 1040, or line 12b, Form 1040A. The statement about "separate" returns (above) applies here.
- 52. Blind exemptions line 2c, Form 1040, or line 12c, Form 1040A. The statement about "separate" returns (above) applies here.
- 53. All other exemptions line 3a plus 3b, Form 1040, or line 13 plus line 14, Form 1040A.

- 54. Taxable income For itemized deduction returns, line 11d of Form 1040. For Forms 1040 with income \$5,000 or more and with the standard deduction, line 11d. For standard deduction Forms 1040 with income under \$5,000 and for all Forms 1040A, the taxable income was computed based on the appropriate marital status and form of deduction.
- 55. Balance for partial tax Computed for alternative tax computation returns (tax status codes 2 and 5) by subtracting from taxable income the amount of one-half excess long-term gain (item 29). Equivalent to line 3 of "Computation of Alternative Tax," Schedule D.
- 56. Income tax before credits line 12, Form 1040, or line 8, Form 1040A. For Forms 1040, the tax was the result of (1) the regular tax computation (tax status codes 1 and 4), (2) the alternative tax computation (tax status codes 2 and 5), (3) income averaging (income averaging codes 1-4), (4) application of two sets of rates, 1963 and 1964, on fiscal year returns (not identified in this file), or (5) application of rates in effect prior to 1964 on prior year delinquent returns (sample codes 09 and 19). The tax reported by the taxpayer computed under (1) or (2) above was accepted if within a ±5 percent tolerance. If the reported tax was outside the tolerance, the tax was recomputed, and if necessary the tax status and/or marital status codes were changed. The tax reported by the taxpayer computed under (3), (4), of (5) above was generally accepted without change.
- 57. Retirement income credit line 2, Part V, Form 1040.
- 58. Investment credit line 3, Part V, Form 1040.
- 59. Foreign tax credit line 4a, Part V, Form 1040.
- 60. Other tax credits line 1, Part V, Form 1040, plus line 4b, Part V, Form 1040, plus throwback tax credit and credit for partially tax-exempt interest from wherever reported on the return.
- 61. Income tax after credits line 14, Form 1040, or line 8, Form 1040A.
- 62. Tax withheld line 17a, Form 1040, or line 9, Form 1040A.
- 63. Payments on declarations of estimated tax line 17b, Form 1040.
- 64. Self-employment tax line 15, Form 1040.
- 65. Overpayment refund or credit line 19, Form 1040, or line 11, Form 1040A.

66. Balance due at time of filing - line 18, Form 1040, or line 10, Form 1040A.

NOTE: Tax from recomputed prior year investment credit was not included in this file. Therefore, for a small number of returns the balance due or refund will not exactly equal tax after credits plus self-employment tax reduced by taxpayments (items 62 and 63).

67. Nontaxable and capital gain distributions - line B, Part II, Form 1040. There was no way to computer consistency check this figure in the basic Statistics of Income file, so the amount should be used with caution. If there is a significant digit in the first column of this field followed by seven (7) zeros, the amount should be treated as a mispunch and should be wiped out (e.g., \$10,000,000 should have been 00,000,000).

NOTE: IRC = Internal Revenue Code

1964 Forms and Instructions

Ferm 1841	DA	(LESS THAN S	INCOME TAX RI	.)	ا جماعت ا	1964
Piease	L. Name (if a joint return of husban	d and wife, use first names and middle	initiate of both)	2. Your sectof security (limband's if join		Siegle;
Amii -	Nome address (Number and street	K LALIN LORIO)		2. Wile's manufact, If)	alat return	(even if only one had in come); Married Sling separately— If your husband or wife
	City, town or post office, State and	Protei ZIP code				er her first name and social security number.
tmax. (if the :	and address used on your return for same as above, write "Same.") If	If item 7 is \$10,000 or more, or M interest, dividends and nenwithheld wages are over \$200, use Form 1040.	5. Enter total wages, said Forms W-2, Copy B. 1 Forms W-2 attach expl	SOL RIGHT OF APPRICA	Yours	F14
ngae filèd, give	Teason.		6. Seturest and dividends		Yours	
		•	7. Total income (add Ram	ss 5 and 6)		E 54
MATE MAD	ried terrevers: If you are changing f	rom filing separate returns to a joint	8. Enter tax from Tax Tab	ole or from tax computatio	a schedule	<u> </u>
tabura or from : inial or separat	S TOIST LEIDTLE BY MENDELSTE LEARNING ANNUAL	L STUDES BUG BUGGLESSES SLORE AND 1207	9. Total Federal income t			<u> </u>
	\$5 000 as 5000	you must compute your tax.	10. If item 8 is larger than			<u> </u>
However, i	your income was less than	to by omitting items 8, 10,	11. If item 9 is larger tha			<u> </u>
	f von compute your OWS fo.	x, pay balance (item 10) in or.	Apply refund to: 0	.S. Saviegs Bonds, with	excess refund	ed; or 🔲 Refund only

Check boxes which apply (a) Regular \$600 exemption (b) Additional \$600 exemption if 65 or (c) Additional \$600 exemption if blind	over at end of 190- at end of 1964	4		Yourself V		>
1. NUMBER OF YOUR DEPENDENT CHILDRE	N WHO LIVED WITH	YOU				
4. DEPENDENTS OTHER THAN THOSE CLAIF (a) NAME Enter Signre 1 in the last column to right for each name listed (If more space is needed, other schedule)	(b) Relationship	(c) Months Eved in your botte. If born or died during your also write "B" or "D"	(d) Did dependent have income of \$500 or more?	(e) Amount YOU fur- maked for dependent's support. If 100% write "ALL."	(f) Amount furnished by OTHERS including dependent. See instruction 14	
V				\$	3	
						1-
15. Total exemptions from Itoms 1	2, 13, and 14 abo	DY8	• • • • • • • • • • • • • • • • • • • •			<u>→</u>
you had an exposso allowance or charged exposses	to your ampleyer, see let	structions for "Roimb	ersed Expenses" #	ni check bers 📋 🛚 a	pproprisio,	
			, corract, and complete			

First name and initial (If joint return, use first names and middle initials of both)	Last rame	Occupation
			.
Home address (Humbo	r and street or nucei reula)	·	Wife's number, if Joint return
City, town or post offic	a, and State	Puthi Zi	P cade Cocupation
Enter the name an	d address used on your return for 1963 (if the same	as above, write "Same"). If none file	d, give reason.
**			
NOTE.—Married	I taxpayers: If you are changing from filing separat separate returns, enter names and addresses from t	he 1963 joint or separate returns.	See instructions before completing your return.
1a. 🗆 Single	FILING STATUS—check one:		PTIONS
b. 🔲 Married	filing joint return (even if only one had income)	2a. Regular F50	
C. Married filing a retu	I filing separately. If your husband or wife is all in give his or her first name and social security number	b. Age 65 or over <i>F.5.</i> / c. Blind <i>F.S.</i>	Yourself Wife checked
		_	children who lived with you
	ied Head of Household		ıts (from line 3, Part 1, page Ω)
✓ e. Survivin	g widow(er) with dependent child	4. Total exemptions claimed	· · · · · · · · · · · · · · · · · · ·
E W	INCOME—It joint return, laries, tips, etc. If not shown on attached	include all income of both husband and wife	E 14
5. Wages, so	ome (from line 9, Part II, page 2)	rorms vy-2 anden explanation .	• • • •
7. Total (add	d lines 5 and 6)		• • • • •
	its (from line 5, Part III, page 2)		• • • •
9. Total inco	me (subtract line 8 from line 7)		•
:	10. Tax Table—If you do not itemize deductions	JSING EITHER 10 OR 11 and line 9 is less than \$5,000, find you	r tax from tables
	in instructions. Do not use lines 11 a, b, c. 11. Tax Rate Schedule—	or d. Enter tax on line 12.	
	a. If you itemize deductions, enter total from	n Part IV, page 2	
	(1) 10 percent of line 9 or;		
TAX COMPU-	(2) \$200 (\$100 if married and filing claimed on line 4, above.		1 1 :
TATION	The deduction computed under (1) o filing separate return).	1 (2) is illustrated to 31,000 (3500 if it	diffed and
_	1		• • • • •
	c. Multiply total number of exemptions on d. Subtract line 11c from line 11b. (Figure		<u> </u>
	page 10 of instructions. Enter tax on line	12.)	rate screenie on
	TAXCREDITSPA	· -	
	either Tax Table, line 10, or Tax Rate Sche		•
	lits (from line 5, Part V, page 2) x (subtract line 13 from line 12)		E61
	syment tax (Schedule C-3 or F-1)		€ 64
16. Total tax	(add lines 14 and 15). Tyour wife worked for more than one employer, see page 5 of in	truminas	•
17a.Total Fed	eral income tax withheld (attach Forms W-S	2)	E 62
6.1964 Estin	nated tax payments	where paid)	E63
	d lines 17a and 17b).		
	TAX DUE OR REF		> E66
	its (line 17c) are less than tax (line 16), ent its (line 17c) are larger than tax (line 16), e		→ E65
	of line 17 c) are rarger man rax (line 10), e of line 19 you wish credited to 1965 Estima		
21. Subtract li	ne 20 from 19. Apply to: 🗆 U.S. Savings l	Bonds, with excess refunded; or \Box	
Under penalties and belief it is tru	of perjury, I declare that I have examined this return, ie, correct, and complete. If prepared by a person	including accompanying schedules and other than taxpayer, his declaration is b	statements, and to the best of my knowledge ased on all information of which he has any
knowledge. SIGN		• • •	
		IFE MUST SIGN even if only one had income.	

FORM 1040—1964	NIC C1-		las dananda	ate deimed on	line th. page 1	rag	e z
PART L-EXEMPTIC	NS Comple	(c) Mont	hs lived in your	(d) Did dependent	(a) Amount YOU furnished	(f) Amount furnis	shed
(a) NAME (If stere space is needed attach schedule)	(h) Relationship	l barria H	born or died dur-	have income of \$600 or more?	(e) Amount YOU furnished for dependent's support If 100% write "ALL"	by OTHERS include pendent	diag
		\ 			\$	<u> </u>	
1						_	_
3. Total number of dependents listed above.	inter here and o	n line 3b	page 1		 	<u></u>	
PART IL-INCOME FROM ALL S	OURCES O	THER	PART IV.	—ITEMIZED D	EDUCTIONSU	e only if you	do
THAN WAGES, SALARI	ES, ETC.		Adadiani on	not use tax t	able or standard —Attach itemized lis	acauction₃ t. Do not enter	any
Dividends and Other Distributions	_		evpente con	reensated by insure	ince or otherwise. N	OIE: If you or	YOUL
A. Gross amount	·		wife are 65	or over, or it eithe istructions for possi	er has a dependent po ble larger deduction.	Stett op ot over	, 100
B. Nontaxable and capital gain distributions. Give details in times	. <u>E67</u>		1. Enter exc	cess, if any, of me	dicine and drugs	1	
C. Subtract item B from item A. Give details in times L. Subtract item B from item A. Ls through 1d	<u></u>						
Explanation of Item C (Write (H), (W), (J) for stock is	•	i, or pointiff)	2. Other m	edical, dental expe	mses (include hos-		
1a. Qualifying dividends (Name of payer)			1			,	
		1		of line 9, page 1 (
		1	1	line 4 from line 3;	- i	F 47	
			structions	for maximum limi	tation	E47	
			Contributio	ns.—If other than	money, attach re-		
				ment—see instruct		į	
Total	· - //		·				
b. Subtract \$100. If joint return see instruction	5 E/C						
e Balance	· ·						
d. Nonqualifying dividends (Name of payer).							
		İ					
Total	- E17	7					
2. Total (add lines 1c and 1d)		}	Total (see i	nstructions for limite	ations) ————	E35	
3. Interest (Name of payer)			Interest: H	lome mortgage	E36		
3. Miletest (Carle of payer)		İ	Other (Spi	cify)	E 37	į	
						į	
		İ				İ	
	E24	<i>y</i>				1	
Total interest income	<u>></u>	·		Total inte	rest expense		
4. Pensions and annuities, rents and royalti	es,		Tava D	ral estate	E35		
partnerships, and estates or musts (acheanie a	" F 10			local gasoline	E39		
5. Business income (Schedule C)6. Sale or exchange of property (Schedule D)			General sc	-	E40		
7. Farm income (Schedule F)	. Fac	>	State and	local income	<u> </u>		
8. Other sources (state nature)			Personal p	roperty	<u> </u>	į	
			-		Total taxes ->		
	E3	٦	Other dec	ductions (see page	9 of instructions)		
Total other sources	<u>→</u> <u></u> 3	-	_				
9. Add lines 2 through 8. Enter here and	on						
line 6, page 1		_					
PART ML-ADJUSTMENTS					r deductions ->	F48	<u> </u>
1, "Sick pay" if included in line 5, page 1 (Atte Form 2440 or other required statement)	^{pch} <i>E /</i>	<u> </u>	TOTAL	DEDUCTIONS (Fo	rline 11a, page 1)→	F 49	-
2. Moving expenses (attach Form 3903)	E/s	2	- PART Y	/,CREDITS			
3. Employee business expense (attach Form 21	06 - ,-	,	1. Divider	nds received credit	Enter smallest of		
or other statement)	$ E ^{\infty}$	<u> </u>	fine 12	. page 1. less forei	l, (b) tax shown on gn tax credit, or (c)		
4. Payments by self-employed persons to re	F3	4	2% of	taxable income (pee instructions). J	E57	
ment plans, etc. (Attach Form 2950SE) .	ES	 -		nent income credit nent credit (Form 3		E58	
5. Total adjustments (lines 1 through 4). E	nier				1116) <u>E 59</u>	· · · · · · · · · · · · · · · · · · ·	
here and on line 8, page 1				ine covenant bond			
EXPENSE ACCOUNT INFORMATION allowance or charged expenses to your emp	ir you nad a oloyer, check he	es ☐ ca axbeur	~ !		through 4b). Enter		
see page 7 of instructions.	.,.,		here a		p 1		1

SCHEDULE B (Form 1048)

U.S. Treasury Department Internal Revenue Service

Name and address as shown on page 1 of Form 1040

SUPPLEMENTAL SCHEDULE OF INCOME AND RETIREMENT INCOME CREDIT

(Frem pensions and annuities, routs and royalties, partnerships, and estates or trusts)

Attach this schedule to your income tax return, Form 1040

1964

Part L-PENSION AND ANNUITY INCOME AMOUNT or annuity, enter the total amount received on line 6 and omit lines I through 5.) A.—General Rule (If you did not contribute to the cost of the pe 4. Amount received this year 1. Investment in contract-5. Amount excludable (line 4 multi-2. Expected return plied by line 3)..... 3. Percentage of income to be excluded E10 6. Taxable portion (excess of line 4 over line 5).... (line 1 divided by line 2)..... B.—Special Rule—Where year employer has centributed part of the cost and year own contribution will be recovered tax-free within 3 years.
If your cost was fully recovered in prior years, enter the total amount received on line 5 and omit times 1 through 4. 4. Amount received this year 1. Cost of annuity (amounts you paid) 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 II .- RENT AND ROYALTY INCOME 5. Other expenses (attach itemized list) 3. Depreciation (explain in Part IV) or depletion 4. Repairs (attach itemized list) 2. Total amount of rents or royalties 1. Kind and location of property (Identify whether rent or royalty) Rent Revalty 2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5)..... Part III.-INCOME OR LOSSES FROM PARTNERSHIPS AND ESTATES OR TRUSTS 1. Partnerships (name, address, and nature of income)... Eal 2. Estates or trusts (name and address)...... Total of Parts I, II, and III (Enter here and on line 4, Part II, page 2, of Form 1040)..... Part IV.—SCHEDULE FOR DEPRECIATION CLAIMED IN PART II ABOVE—This schedule is designed for taxpayers using the alternative guidelines and administrative procedures described in Revenue Procedure 62–21 as well as for those taxpayers who wish to continue using procedures authorized Where double headings appear use the first heading for the new procedure and the second heading for the older procedure. prior to the revenue procedure. 3. Asset additions in year (amount) 2. Court or other basis at beginning of year — OR — — 4. Asset retirements 6. Method 5. Depreciation allowed or allowable in prior years 2. Depreciation for 1. Group and guideline class in year (amount) (applicable only to Rev. Proc. 62-21) Rate (%) computing depreciation this year Coat or other basis Date acquired Description of property 1. Total additional first-year depreciation (do not include in items below) Total cost or other basis... 2. Total depreciation ... 3. Cost or other basis of fully depreciated assets still in use.....

FACSIMILES OF TAX RETURNS, 1964

chedule B (Form 1040) 1964		ruge z
art V.—RETIREMENT INCOME CREDIT .—Beneral Rule		
separate return, use column B only. If joint return, use column A for wife and column B for husband	A	B
old you receive earned income in excess of \$600 in each of any 10 calendar years before 1964? (Widows	Yes No	☐ Yes ☐ No
or widowers see instructions, page B-3)		
answer above is "Yes" in either column, furnish all information below in that column.		
1. Retirement income for taxable year:		
(a) For taxpayers under 65 years of age:		1
Enter only income received from pensions and annuities under public retirement systems (e.g. Fed., State Govts., etc.) included in line 9, page 1, of Form 1040		
(b) For taxpayers 65 years of age or older:		
Enter total of pensions and annuities, interest, and dividends included in line 9, page 1 of Form 1040, and gross rents included in column 2, Part II of this schedule	<u> </u>	
	1,524 0	0 1,524:00
2. Maximum amount of retirement income for credit computation		1,324
3. Deduct:		
(a) Amounts received as pensions or annuities under the Social Security Act, the Railroad Retirement Acts, and certain other exclusions from gross income		
(b) Earned income received (Does not apply to persons 72 years of age or over): (1) Taxpayers under 62 years of age, enter amount in excess of \$900		
(1) Taxpayers under 02 years or age, errier amount determined as follows:		
(2) Taxpayers 62 or over but under 72, enter amount determined as follows: if \$1,200 or less, enter zero		
if \$1,200 or less, enter zero		
if over \$1,200 but not over \$1,700, enter \(\frac{1}{2} \) of amount over \$1,200; or		
if over \$1,700, enter excess over \$1,450	1	
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. (a) Total (add amounts on line 6, columns A and B)	· · · · · · · · · · · · · · · · · · ·	• •
If line 7/a) is less than \$2.286 and this is a loint return and both husband and wife	e are age 65 or ove	r,
complete the Alternative Computation in B below which may result in a larger credit.		1 :
(b) Amount from line 7 of part B below, if applicable		
9. Amount of tax shown on line 12, page 1 of Form 1040		
11. Subtract line 10 from line 9		
 Subtract line 10 from line 9	or line 8, whichev	
B.—Alternative Computation (after completing lines 1 through 7(a) above)		,
This method available if: a. You are married and filing a joint return; b. Both husband and write are 65 or over, AND c. Either one, or both, received earned income in excess of \$600 in each of any 18 ca)64.
Furnish the information called for below for both husband and wife even if only one answered "Yes" in colu	ımın A er B above.	اد
1. Retirement income of both husband and wife from pensions and annuities, interest, and	a civiaenas include	ea
in line 9, page 1, Form 1040, and gross rents included in column 2, Form 11 or this sch	edule	2,286 0
2. Maximum amount of retirement income for credit computation	 	
3. Deduct:	8-HUSBAND	
(a) Amounts received as pensions or annuities under the Social		
Security Act, the Railroad Retirement Acts, and certain other exclusions from gross income		
(b) Earned income received (Does not apply to persons 72 years		The second second
• • • • • • • • • • • • • • • • • • • •	1	
of age or over): If \$1,200 or less, enter zero	1	
If over \$1,200 but not over \$1,700 enter 1/2 of amount over		
	1	
\$1,200; or If over \$1,700, enter excess over \$1,450		174 2 CA
4. Total of lines 3(a) and 3(b)		
5. Total (add amounts on line 4, columns A and B)		
6. Balance (subtract line 5 from line 2)	is smaller	
7 Finter here and on line 7(b) of port A above, the amount on line 0 or line 1, whiche	16 B BINIES	<u> </u>

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

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

(Compute social security self-employment tax on Schedule C-3 (Form 1040))

1964

Attach ti	his schedule to your income tax :	return, Form 1040	- Po	utnerships, joint venture	s, etc., mu	st file on Forr	n 1065
Name an	d address as shown on page 1, For	n 1040					
	•						
2 Princi	inal hurinane activitie						
(See as)	parate instructions) (Fo	s example: retail—hardwa	re; wholesale	tobacco; services-legal; manu	facturing—fu	rniture; etc.)	
B. Busine	ess name		(C. Employer Identification	n Numbe	•	
	ess location			City or post office)	(S	tate)	
L Indico	te method of accounting: ask	; 🔲 accrual; 🔲 (other.				
1. Gross	s receipts or gross sales \$	Less: Return	s and allow	vances \$	<u></u> \$		
2. Inver	ntory at beginning of year (If differe	ent than last year's clo	sing inven	tory	_		
	ach explanation)						İ
	handise purchased \$	•					
wit	hdrawn from business for personal	use \$					
	of labor (do not include salary pai						
	rial and supplies			I			
	r costs (explain in Schedule C-1)			E	<u>-</u>		
7.	Total of lines 2 through 6						1
	ntory at end of this year				-		
	of goods sold (line 7 less line 8)						
10. Gros	profit (subtract line 9 from line 1						
~		BUSINESS DEDUCTI	-				
	eciation (explain in Schedule C-2) s on business and business property						
	on business property						
	irs (explain in Schedule C-1)						
	ries and wages not included on line						
	ance						
	and professional fees.						
	missions						
	rtization (attach statement)						ļ
•	ement plans, etc. (other than your s			L L			
21. Inter-	est on business indebtedness						
22. Bad	debts arising from sales or services.	• • • • • • • • • • • • • • • • • • • •					
23. Losse	es of business property (attach stater	nent)					
	etion of mines, oil and gas wells, tin						
	r business expenses (explain in Sch	edule C-1)					
26.	Total of lines 11 through 25						ļ
	profit (or loss) (subtract line 26 from				5, s	= 10	
Pa	rt II, page 2, Form 1040			····	<u> </u>	<u> </u>	<u> </u>
Line No.		HEDULE C-1. EXPLANAT					- C
Line No.	Explanation	Amount	Line No.	Explanation		Amount	
	- 	\$. \$	
				***************************************	·	-	
					· · · · · · · · · · · · · · · · · · ·	-	
*						· · · · · · · · · · · · · · · · · · ·	
	•	·	J		•••		
**********	•			***			
	-				· • · · · · · · · · · · · · · · · · · ·		

☐ YES ☐ NO

1. Gro Des	dule is designed for well as for those to appear use the first	CHEDULE C-2. EXPLA	NATION OF DEDIII		ATION OF SIMED OF	N LINE 11		
1. Gro Des	appear an are min	payers who wish to heading for the ne	alternative guid	delines and admir	nstrative procedu	revenue I	ped in Re procedure.	venue Procedure Where double
Total	oup and guideline class	2. Cost or other basis at beginning of year		4. Asset retirements	5. Depreciation allowed or allowable in prior years	6. Method of computing depreciation	7. Class life - — OR — - Rate (%)	8. Depreciation for this year
	scription of property	Cost or other basis	Date acquired	Rev. Proc. 62-21)		Gepreciation		_
	additional first-year	depreciation (do no	of include in item	ns below)	<u> </u>			
		j .		1				1-0000
							1	100000000000000000000000000000000000000
		i i			1	-		·
		•	3	1			[
			1	I				
					- 1			
	Amount of deprecia	بروواه المستحار	here in Schedule	C				· <u> </u>
	F (}	en line 11 mage	1			• • • • • • • •		. I
. palai Cost	or other basis of full	y depreciated asset	s still in use			<u> </u>		
				ORY QUESTIONS				
4. Wo	(c) Valuati If "a" or "c" (If not as the inventory Yes No Cas there any sub	enter the dollar available, esting verified by physe. If "No," attastantial change in a inventories	items. cked, enter the ramount of value and indical count duch explanation in the manner Yes No.	ne percentage write-downs \$ cate that the firing the year? on of how the cer of determinition. If "Yes,	gure is an esti losing invento ng quantities, '' attach explo	mate.) ry was d	etermin	For "a," "b," ed. ons between the
NOTE	opening and clo :: If a direct ans	wer cannot be	given to a que	esnon, anach e	APIGNATION.			
				COUNT INFORM	IATION			
Enter	information wit five highest paid	h regard to yo	urselt and ! determin-	Name		Expense ac		Salaries and Wages
your I	na fiva highest	noid employee	s, expense					XXXXXXXXXXXXXX
باله حدد	int allowances n and wages.	niist be added l	o meir sai-	2				
ing th	and wages.	od for any em	provee for	3				
accou aries	not be submitt	ed to: any en						
ing the account of acc	not be submitted the combined a	mount is less the	in pio,oco,	4				
ing the accourance or for acco	the combined a yourself if you plus line 27, pa	mount is less the r expense accorded to the contract of the co	ount allow- in \$10,000.	4				
ing the accourance whom or for ance	n the combined a r yourself if you plus line 27, pa separate instruc	mount is less the ge l, is less the tions for Schee	ount allow- in \$10,000.	4				
ing the accourance whome or for ance See	the combined a r yourself if you plus line 27, pa separate instruc-	mount is less the response according to the state of the	ount allow- in \$10,000. lule C, for	4				
ing the account or for ance See a definition	the combined a r yourself if you plus line 27, pa separate instruc- ition of "expense you claim a dedu	mount is less the response according to the response according to the response account."	ount allow- in \$10,000. lule C, for	4				
ing the account or for ance See a definition bid y	the combined a r yourself if you plus line 27, pa separate instruc- ition of "expense you claim a dedu poxes within that	mount is less the response according of the session of the session of the response account."	in \$10,000, in \$10,000. lule C, for ses connected	4	ver to any que	estion is '	'YES,'' o	check applicable
ing the account of a control of the	the combined a ryourself if you plus line 27, pa separate instruction of "expense you claim a deductors within that hunting lodge [mount is less the response according of the session of the session of the response account." The working range of the response account.	in \$10,000, ount allow- in \$10,000. lule C, for ses connected	4	ver to any que	estion is '	YES," o	check applicable of a hotel room her dwelling
ing the account or for ance See a definition bid y	the combined a ryourself if you plus line 27, pa separate instruction of "expense you claim a deductors within that hunting lodge [ang camp [], respect [] or other	mount is less that it is less	ount allow- ount allow- oun \$10,000. Italia C, for ses connected th or farm [], pleasure box []? (Other	4	ver to any que	ng, or or tment ["YES," o	check applicable p of a hotel room her dwelling comers, employees
ing the account or for ance See a definition by P. A.	the combined a ryourself if you plus line 27, pa separate instruction of "expense you claim a deductor within that A hunting lodge [ang camp [], respect [], or other where the operat	mount is less that it is less	ount allow- ount allow- oun \$10,000. Italia C, for ses connected th or farm [], pleasure box []? (Other	4	leasing, renticular to any que	estion is ' ng, or o' tment [y you, yo	"YES," ownership], or other custo lies? (O	check applicable p of a hotel room her dwelling omers, employees Other than use b
ing the account or for ance See a definition by the second of the second or for ance See a definition by the second of the secon	the combined a ryourself if you plus line 27, pa separate instruction of "expense you claim a deductor within that A hunting lodge [and camp , respect , or other where the operational business.)	mount is less that it is less	in \$10,000, our allow- in \$10,000. Itale C, for ses connected the or farm [], pleasure box []? (Other Ty was your pro-	4	leasing, renticulte [], apar ch was used benembers of the	estion is ' ng, or or tment [y you, yo eir familioyees v	"YES," ownership], or other custo lies? (O	
ing the account of th	the combined a ryourself if you plus line 27, pa separate instruction of "expense you claim a deductor within that A hunting lodge [ang camp [], respect [], or other where the operat	mount is less that it is less	ses connected the or farm [], pleasure box []? (Other ry was your famil	4	leasing, renticulte [], apar ch was used be nembers of the reself or employed.	estion is ' ng, or or tment [y you, yo eir familioyees v NO of membe	"YES," of white in white of your custon white in white in white of your custon white of your custon white of your custon white of your custon white of your custon white of your custon white of your custon white of your custon white of your custon white white of your custon white wh	check applicable p of a hotel room her dwelling [omers, employees) ther than use b

meetings? YES NO

18--78364-1

SCHEDULE C-3 (Form 1040)

COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX

Attach this schedule to your income tax return, Form 1040. See instructions on page 2.

U.S. Treasury Department Internal Revenue Service

TOTAL DES CONTRACTOR		
Ti bad	f \$4 800 or more which were subject to social security taxes, do not fill in t	his 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.

MAME AND	ADDRESS	(os shown	on page	ı lot	POTES.	1040)

	ME OF SELF-EMPLOYED PERSON (as shown on social security card)	Social Security Number

1.	Net profit (or loss) shown on line 27 Schedule C (Form 1040) (Enter combined amount if more than one business).	
	Add to net profit (or subtract from net loss) losses of business property shown on line 23, Schedule C	
3.	ZS, Schedule C	• • • • • • • • • • • • • • • • • • • •
4.	Net income (or loss) from excluded services or sources included on line 3	
	Specify excluded services or sources	
5.	Net earnings (or loss) from self-employment—	
	(a) From business (line 3 less any amount on line 4)	
	(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. Ente if you have filed or are filing Form 2031	
	(e) From service with a foreign government or international organization	
	(e) From service with a toreign government of international organization of the first service with a toreign government of international organization of the first service with a toreign government of international organization of the first service with a toreign government of international organization of the first service with a toreign government of international organization o	
6	Total net earnings (or loss) from self-employment reported on this 3. The first and if the first of partial file is under \$400, you are not subject to self-employment tax. Do not fill in rest of partial file is under \$400, you are not subject to self-employment tax.	je.)
7	• The largest amount of combined wages and self-employment earnings subject to social security tax is	00
	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	
1	Balance (line 7 less line 8)\$	<u> </u>
10	3. Self-employment income—line 6 or 9, whichever is smaller. Enter here and in item H, below	l I
11	1. Self-employment tax—If line 10 is \$4,800, enter \$259.20; if less, multiply the amount on line 10 by Enter this amount here and on line 15, page 1, Form 1040	5.4% E64

De not detach

16-78364-1

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

U.S. REPORT OF SELF-EMPLOYMENT INCOME

Tierber 1	Revenue Service	For crediting to your social security acc	yunt	
A. Calen Ii less	ndar year 1964 🔲; or other taxable year beginn: s <u>th</u> an 12 months, was short year due to (a) 🛄	ing 1964, ending	PLEASE DO NOT WRITE IN T	HIS SPACE
B. BUSI	NESS ACTIVITIES SUBJECT TO SELF-EMPLOY	MENT TAX (Grocery store, restaurant, etc.)		
C. BUSII	NESS ADDRESS (number and street, city or post	t office, State, Postal ZIP code)		
			ENTER AMOUNT	
PRI	NT OR TYPE NAME OF SELF-EMPLOYED PERS	SON AS SHOWN ON SOCIAL SECURITY CARD	8	
E. PRI	NT OR TYPE HOME ADDRESS (number and st	reet or rural route)	G. FROM LINE 8, IF ANY	5
(C)	ty or post office, State, and postal ZIP code)		ENTER AMOUNT H. FROM LINE 10	
	R. Caler ii less or (c) B. BUSI C. BUSI D. SOC PRI	Calendar year 1964 : or other taxable year beginn It less than 12 months, was short year due to (a) : or (c) : Other. BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOY BUSINESS ADDRESS (number and street, city or post SOCIAL SECURITY ACCOUNT NUMBER PRINT OR TYPE NAME OF SELF-EMPLOYED PERSON NAMED IN ITEM E BELOW PRINT OR TYPE HOME ADDRESS (number and street)	BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Grocery store, restaurant, etc.) BUSINESS ADDRESS (number and street, city or post office, State, Postal ZIP code) C. D. SOCIAL SECURITY ACCOUNT NUMBER 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)	Indicate year covered by this return (even intoly) in Indicate year covered by this return (even intoly) in Indicate year 1964 or other taxable year beginning

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

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

1964

Attach this schedule to your income tax return, Form 1040 Name and address as shown on page 1 of Form 1040 Part I-CAPITAL ASSETS Short-term capital gains and losses—assets held not more than 6 months f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale e. Depreciation allowed (or allowable) since acquisition (attach schedule) a. Kind of property and how acquired necessary, attach statement of descriptive details not shown below) g. Gain or toss (d plus e less f) h. Data acquired (ma., day, yr.) c. Date sold (mo., day, yr.) 2. Enter your share of net short-term gain (or loss) from partnerships and fiductaries 3. Enter unused capital loss carryover from 5 preceding taxable years (attach statement) ... 4. Net short-term gain (or loss) from lines 1, 2, and 3..... Long-term capital gains and losses—assets held more than 6 months 5. Enter gain from line 3, Part II... Total long-term gross sales price... 8. 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..... 9. Combine the amounts shown on lines 4 and 8, and enter the net gain (or loss) here.... 16a. 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. Enter here and on line 1, Part IV..... 11. If-line 3 shows a LOSS—Enter here and on line 1, Part IV the smallest of the following: (a) the amount on line 9; E30 (b) the amount on line 11b, page 1 of Form 1040 computed without regard to capital gains and losses; or (c) \$1,000. Part II—GAIN FROM DISPOSITION OF DEPRECIABLE PROPERTY UNDER SECTIONS 1245 AND 1250—assets held more than 6 months Where double headings appear, use the first heading for section 1245 and the second heading for section 1250. e. Cost or other basis, cost of subsequent improvements (if not purchased, attach expla-nation) and expense of sale a. Kind of property and how acquired (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 f. Depreciation allowed (or allowable) since acquisition (attach schedule) i. Ordinary gain (lesser of 1-2 or h) j. Other gain (h less i) h. Total gain (d less g) g. Adjusted basis (e jess sum of f-1 and f-2) ____ OR ____ f-2. After December 31, 1961 f-1. Prior to January 1, 1962 Prior to January 1, 1964 After December 31, 1963 2. Total ordinary gain. Enter here and on line 2, Part IV

3. Total other gain. Enter here and on line 5, Part I; however, if the gains do not exceed the losses when this amount is combined with other gains and losses from section 1231 property enter the total of column j on line 1, Part III.

	Part III—PRO	PERTY OTH	ER THAN CAP	ITAL ASSETS		
a. Kind of property and how acquired (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	e. Depreciation allowed (or allowable) since acquisition (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. Enter gain from line 3, Part II						
a. Line: gain noin and o, rait 2						
	-					
***************************************	-					
2. Enter your share of non-capital gain		· · · · · · · · · · · · · · · · · · ·	-			
2. Enter your share of non-capital gain	n (or loss) from	pormersnips	ng nauciaries D_→ TV	• • • • • • • • • • • • • • • • • • • •		
3. Net gain (or loss) from lines 1 and 2 Part IV—TOTA	. Enter here o	Ind on line 3,	OM SALE OR	EXCHANGE OF	PROPERTY	
Part IV—IUIA	L GAINS OR	DOSSES IN	OM BREE ON		1	
1. Net gain (or loss) from either line 10	b or 11, Part 1					
2. Total ordinary gain from line 2, Pa	rt II					
3. Net gain (or loss) from line 3, Par	ш	<u>.</u>			1040	
4. Total net gain (or loss), combine lin	es 1, 2, and 3.	Enter here o	ind on line b, pag	e 2, Part II, Form	1 1040	
_	COMP	UTATION O	F ALTERNATIV	E TAX		
It will usually be to your advantage to is a net long-term capital gain only, and a surviving husband or wife, with taxa	o use the alternative you are filing ble income exc	ative tax if the a (a) a separate eeding \$40,00	net long-term capit return with taxab O, or (c) as a hea	al gain exceeds the le income exceeding d of household wi	th taxable income e	sceeding \$32,000
1. Enter the amount from line 11d, pa	ge 1, Form 104	.0				
2. Enter amount from line 10a, Part I	on reverse sid	e		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
3. Subtract line 2 from line 1						
4. Enter tax on amount on line 3 (use	applicable tax	rate schedule	on page 10 of For	m 1040 instructio	ns)	
5. Enter 50% of line 2						
6. Alternative tax (add lines 4 and 5). If smaller	than the tax f	igured on the am	ount on line 11d	, page 1 of Form	
1040, enter this alternative tax on	line 12, page	1, Form 1040 c	and write "Alterna	ative" to left of e	ntry	

INSTRUCTIONS—(References are to the Internal Revenue Code)

GAINS AND LOSSES FROM SALES OR EXCHANGES OF **PROPERTY.**—Report details in appropriate part or parts.

In column (a) of Parts I, II, and III, use the following symbols to indicate how the property was acquired: "A" for purchase on the open market; "B" for exercise of stock option or through employee stock purchase plan; "C" for inheritance or gift; "D" for exchange involving carryover of prior asset basis; and "E" for other.

"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—

sioul 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;

- property used in the trade or business of a character which is subject to the allowance for depreciation provided in section 167;
- real property used in the trade or business of the taxpayer 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;

certain copyrights, literary, musical, or artistic compositions, etc.;

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

Special rules apply to dealers in securities for determining capital

Certain gain or ordinary loss on the sale or exchange of securities. 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 470--18--78306-1 U.S. GOVERNMENT PRINTING SPECE

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 III 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 I year or more.

the cutting of timber or the disposal of timber, coal, or domestic

iron ore, 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.

Gains from section 1245 or 1250 property held more than 6 months (Part II).—(Report any gain from such property held for 6 months or less in Part III.) Except as provided below section 1245 property means depreciable (a) personal property fether than the property included the property (other than livestock) including intangible personal property;
(b) tangible real property (except for buildings and their structural components) it used as an integral part of manufacturing, production, or extraction, or of furnishing transportation, communications, electrical energy, gas, water, or sewage disposal services, or used as a research or storage facility in connection with these activities; and (c) elevators or escalators.

Except as provided below section 1250 property means depreciable real property (other than section 1245 property).

See sections 1245(b) and 1250(d) for exceptions and limitations involving; (a) disposition by gift (b) transfers at death (c) certain tax-free transactions; (d) like kind exchanges involved untary conversions; (e) sales or exchanges to effectuate FCC policies and exchanges to comply with S.E.C. orders; (f) property distributed by the sales of the sa tributed by a partnership to a partner, and (g) disposition or principal residence (section 1250 only).

Column f of Part II.—In computing depreciation allowed or allowable for elevators or escalators, enter in column f-1 deprecia-

(Instructions continued on reverse side of duplicate)

SCHEDULE F (Form 1040)

SCHEDULE OF FARM INCOME AND EXPENSES

(Compute social security self-employment tax on Schodule F-1 (Form 1040))

1964

U.S. Treasury Department Attach this schedule to your income tax return, Form 1040 Internal Revenue Service Name and address as shown on Form 1040. Business name and address Employer identification number Location of farm(s) and number of acres in each farm..... FARM INCOME FOR TAXABLE YEAR—CASE RECEIPTS AND DISBURSEMENTS METHOD FART L. Report receipts from sale of livestock held primarity 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)) OTHER FARM INCOME SALES OF MARKET LIVESTOCK AND PRODUCE RAISED AND HELD PRIMAPILY FOR SALE 3. Amount Kind Quantity Kind Quartity_ Mdse. rec'd for produce.....\$...... Eggs.... Cattle..... Machine work..... Meat products... Breeding fees..... Poultry, dressed. Sheep... Wood and lumber.... Wool, Other forest products..... Honey Poultry..... Patronage dividends, rebates Sirup and sugar or refunds..... Other (specify): Agricultural program payments..... Other (specify): Tobac∞..... Vegetables... Fruits and nuts. Dairy products. Enter here and on line 1 of Part IV below..... Total of columns 1, 2, and 3. SALES OF PURCHASED LIVESTOCK AND OTHER ITEMS PURCHASED FOR RESALE PART IL d. Cost or other basis c. Amount received b. Date acquired Totals (enter amount from column e, on line 2 of Part IV below)... PARM EXPENSES FOR TAXABLE YEAR (see instructions) PART III. (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) Hems items Z. Amount Items 1. Amount Retirement plans, etc. Veterinary, medicine... Labor hired. \$..... (other than your share-See instructions)..... Gasoline, fuel, oil..... Repairs, maintenance... Other (specify): Storage, warehousing... Interest Feed purchased..... Insurance Seed, plants purchased. Fertilizers, lime Rent of form, posture... Machine hire..... Freight, trucking..... Supplies purchased.... Conservation expenses. Breeding feet 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)..... SUMMARY OF INCOME AND DEDUCTIONS-CASE RECEIPTS AND DISBURSEMENTS METHOD PART IV. 4. Farm expenses (from Part III)..... 1. Sale of livestock and produce raised 5. Depreciation (from Part V)..... and other farm income..... 6. Other form deductions (specify): 2. Profit (or loss) on sale of purchased livestock and other purchased items... 7. Total deductions..... Gross profits*..

Schedule F (Form 1040) 1964 PART V. DEPRECIATION (see instructions) (Do not include property you and your family occupy as a dwelling, its furnishings, and other items used for personal perposes. This schedule is designed for taxpayers using the alternative guidelines and administrative procedures described in Revenue Procedure. 62-21 as well as for those taxpayers who wish to continue using procedures authorized prior to the revenue procedure. Where double headings appear use the first heading for the new procedure and the second heading for the older procedure. 2. Cost or other basis at beginning of year Class life OR -3. Asset additions 6. Method of 4. Asset retirements 1. Group and guideline class in year (amount) 5. Depreciation owed or allowable 8. Depreciation for this year in year (amount) (applicable only to Rev. Proc. 62-21) — OR — Computing in prior years Rate (%) or life Date acquired Description of property Depreciation 1. Total additional first-year depreciation (do not include in items below Total cost or other basis. 2. Total depreciation (enter on line 5 of Part IV (cash method) or line 7, Part VII (accrual method)) 3. Cost or other basis of fully depreciated assets still in use PARM INCOME FOR TAXABLE YEAR—ACCRUAL METHOD PART VI. (Do not include sales of livestock held for draft, breeding, or dairy purposes; report such sales on Schedule D (Form 1040), and omit them from "On hand at beginning of year" column) Consumed or Raised Sold during year On hand at end of year On hand at beginning of year Purchased during year iost during year Description
(Kind of livestock, crops, or other products) during year Quantity Quantity Quantity Amount received Quantity inventory value Quantity Amount paid Quantity Investory value Totals (enter here and in Part VII below)..... (Enteron line 1(b)) (Enter on line 1(a)) (Enter on line 4) (Enter on line 3) SUMMARY OF INCOME AND DEDUCTIONS-ACCRUAL METHOD PART VII. 6. Farm expenses(fromPart III)|\$ 1(a). Inventory of livestock, crops, and products at end of year. \$-----7. Depreciation (from Part V)... (b). Sales of livestock, crops, and products during year.... 8. Other farm deductions (c). Other farm income (specify): Total of line 1(c)...... 3. Inventory of livestock, crops, and products at beginning of year 4. Cost of livestock and products purchased during year Total of line 8... 5. Gross profits (subtract the sum of lines 3 and 4 from line 2)*. |\$ 9. Total deductions. 19. Net farm profit (or loss) (subtract line 9 from line 5). Enter here and on line 7, Part II, page 2, Form 1040. - みの 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))

SCHEDULE F-1 (Form 1040) U.S. Treesury Department

COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX ON FARM EARNINGS (For social security) Attach this schedule to your income tax return, Form 1040

1964

B.S. BOYERSHOLT PENTING OFFICE

	Revenue		Ļ	•		- Pede vi			
Each If you use line	n self-ei u had i separ e 5(d) (nployed net earni ate Sche of separc	person must file on ngs from self-emplo dule C-3 to comp ate Schedule C-3	(Form 1040).	See Instru	cuons, page 2, ior	alu lines l and	nd partnerships. 2 (line 3, if applicable byment should be ente	e), and red on
AME A	IND AD	DRESS (as shown on page	1, Form 1040)			_		
				hown on social secu				Social Security Num	
puted	d under	the option	onal method (line of the control of	nst report his net farm 3, below) by a farme is are less than \$1,2 you need not comple	OO. If you	r GROSS profits fr	t tax purposes. \$1,800 or less om farming ar	Net earnings may b s, or (2) whose GROSS e not more than \$1,80	e com- profits 00 and
702 (Con	nputation Under R	egular Me	hod	a land		
((a) Lin	e 8, pag	sechine	eash method), or line				1	
9 74		-alita fra	Corr tarming are:* (rom farming. Add putation Under On a) Not more than \$1	800, enter	two-thirds of the gre	oss profits		_
	(b) Mo	re than	\$1,800 and the ne	ot form profit is less t	than \$1,200 and on the	e 3, Part IV (cash meth	od), or line 5, Par	VII of	ļ
	Sc).	edule F (or	cerual method), plus i	are the total of the gross he distributive share of gr	ross profit from	farm partnerships as a 400 do not fill in	explained on page rest of page.	5 2.	1
If line	2 (or	line 3, i		optional method) n of Social Securit				<u> </u>	
6. Bo	"Cove item G alance elf-emp (a) Ri (b) O	red" war of Sche (line 4 loyment GULAR PTIONA	ges see "F.I.C.A. dule SE below less line 5) income. Enter he METHOD.—The see the se	writy, paid to you do Wages" box on For one and in item H of smaller of line 2 or 6 smaller of line 3 or 64,800, enter \$259.3 ine 15, page 1, Form	m w-2.)	E below your choic	\$ e of EITHER:	5.4%.	
	Enter	this amo	unt here and on i	ne 15, page 1, Form	De net det	ach			
SCH	EDULI	OD.	y benefits, based curately and com m 1940)	U.S. REPORT O	F SELF-E		INCOME	account is used in fig urvivors. Fill in each	
3. 1	Calendar filess tha	year 196 n 12 monti	4or other taxable hs, was short year due	though income was received beginning to (a) Death, or (b)	Change in a	occunting period, or	PLEASE DO	NOT WRITE IN THIS SPA	ICE
c.	FARM A	DDRESS (r	ural route, post office	State and Portal ZIP coo	30)				
D. 1	I I I P.M.	LEBUUT	ACCOUNT SON NAMED	>	100000000000000000000000000000000000000	AL CECHDITY CAPD	OPTIONAL	METHOD	_
	PRINT	OR TYPE	NAME OF SELF-EMPI	OYED PERSON AS SHO	wn on soci	RL SECURIT CARD	P. LINE 2 (LI IF OPTIO)	OUNT FROM INE 3 I USED) \$	_
Z.	PRINT	OR TYP	E HOME ADDRESS (number and street, or ru	ral route)		11	E 5,	_
-	(City	or town, S	tate and postal ZIP or	de)			ENTER AL	TRUOI	

SCHEDULE G (Form 1940) U.S. Tressury Department Internal Revenue Service

INCOME AVERAGING

Attach this schedule to your income tax return, Form 1040

1964

Name (as shown on page 1 of your tax return)

PART	L-TAXABLE	INCOME AND	ADJUSTMENTS		
ITEM	(a) Computation year 1964	(b) 1st preceding base period year 1963	(c) 2d preceding base period year 1962	(d) 3d preceding base period year 1961	(e) 4th preceding base period year 1960
. Taxable income (see instruction 1)			1		
Income earned outside of the United States or within U.S. possessions and excluded under Sections 911 and 931					
Capital gain net income (from line 10a, Schedule D, Form 1040, except 1960 which is line 9, Schedule D)				:	!
Net income from gifts, etc., received this year or any base period year. (If \$3,000 or less in 1964 do not enter in any year.)		in and a single in the	unitimization:	<u> </u>	CHARLES MAN
i. Net income from wagering and other items described in instruction 5					
5. Line 1 plus line 2, less lines 3, 4, and 5					
7. Adjusted taxable income or base period income. Enter amount from line 6, or "Zero" if line 6 is less than zero	:		1		
PART	II.—COMPUTA	TION OF AVER	AGABLE INCO	ME	
 Adjusted taxable income (line 7, column 2, 33½% of the sum of line 7, columns (b), (a) (a) 25% of the sum of line 3, columns (b) zero appears in line 6, Part 1, see inst (b) Amount from line 3, column (a), Part 	c), (d), and (e), Pa), (c), (d), and (e), ruction 3(a) under 1	, Part I. NOTE: If Part II	an amount less than		
(c) If line 3(a) is more than line 3(b), ent- 4. Averagable income (line 1 less lines 2 ar COMPLETE THE REMAINING PARTS C	-d 3(e))				·
•	υ.	O NOI GUALIFI			
		OF INCOME U			
1. Amount from line 2, Part II					
- () () () () () ()				. 	
2. Amount from line 3(a), Part II					
4. Sum of lines 4 and 5, column (a), Part 1, le	ess any income sub	ject to a penalty und	er section 72(m)(5) w	which was included in	
5. Excess of line 3(b) over 3(a), Part 11 6. Total (sum of lines 1 through 5)			· · · · · · · · · · · · · · · · · · ·		· · ·
		COMPUTATION			
1. Tax on the amount on line 6, Part III					
9 Sum of lines 1, 2, and 3, Part III.				•	
3. Tay on amount on line 2					·
4 Sum of lines 1 and 9 Part III			L		
5. Tax on amount on line 4					
(Diff (line 2 less line 5)					
7. The amount on line 6 multiplied by 4					
Total (add lines 1 and 7)		د د د د د د د د د د د د د د د د د د د	tin line 5 Port I		
9. Tax on income subject to the penalty und	der section /X(m);	WHICH WOS INCIDED	. in the computation is	Port V on line 19	
10. Tax (add lines 8 and 9). Enter here are page 1, Form 1040 and write "From Sci	nd, it you are not hedule G'' to left o	using the alternative	r rax computation in		·.

PART V.—COMPUTATION OF ALTERNATIVE TAX	
1. Amount from line 10, Part IV	
1. Amount from line 10, Part IV	
2 (a) Amount from line 9 Part II	
(b) Amount from line 3(c), Port II	
(c) Sum of lines 3(a) and 3(b)	
4. To an amount on line 3(c)	
P. Pottanna fline O lass line 4)	
A A SE 1: A D-a 1//	
7 Sum of lines 1, 2, 3, and 4, Part III	
- A - Y	
Different (line 4 loss line 8)	
48 C	
44 Amount from line 3 column (a). Part I	İ
40 500 -11-44	
and the same than time 19, enter difference—otherwise alternative tax does not apply	
14. Alternative tax (line 1 less line 13). Enter here and on line 12, page 1, Form 1040 and write "From Schedule G"	to left
of entry	<u></u>

Use this space for additional information, such as reconstruction of income computation, itemization of item 5, Part I, etc.

*: 5 .

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U.S. Treasury Department-Internal Revenue Service

MEDICAL AND DENTAL EXPENSE STATEMENT

(Attack this statement to your income tax return or use it as a guide to prepare your own statement. See example on reverse side)

1964

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 and who also have expenses for persons described in Group II below. Taxpayers who have expenses for persons in Group I only or Group II only need not use this form but should see the instructions for Form 1040. The medical and dental expenses of persons in Group I do not have to be reduced by the 1 and 3 percent limitations of the taxpayer's total income (line 9, page 1, Form 1040) as is required for persons in Group II below.

GROUP I a. Taxpayer and wife if EITHER is 65 years of age or older, b. Each 65-year-old (or over) dependent parent of the taxpayer or his wife.	GROUP II a. Taxpayer and wife if BOTH are under 65 years of age. b. Dependent parents, who are under 65 years of age, of taxpayer or wife. c. All other dependents regardless of age.
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 of MEDICAL AND DENTAL EXPENSES FOR	OR PERSONS IN GROUP I
 Medicine and drugs Medical and dental expenses (other than medicin Line 1 plus line 2 	\$ £ 479
MEDICAL AND DENTAL EXPENSES F 4. Medicine and drugs	or persons in group ii \$_E45

1% of line 9, page 1, Form 1040.
 Excess, if any, of line 4 over line 5.
 Medical and dental expenses (other than medicine and drugs).
 Line 6 plus line 7.

9. 3% of line 9, page 1, Form 1040.....

- A. The amount on line 11 may not exceed \$5,000 multiplied by the number of persons claimed as exemptions 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.