



or other taxable year beginning 1968, ending 19.....

Please print or type

First name and initial (If joint return, use first names and middle initials of both) Last name Your social security number Home address (Number and street or rural route) Your occupation City, town or post office, and State ZIP code Spouse's social security number Spouse's occupation Enter below name and address used on your return for 1967 (if same as above, write "Same") If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1967 names and addresses.

Your present employer and address

Your Filing Status—check only one:

- 1a Single
1b Married filing joint return (even if only one had income)
1c Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above and give first name here
1d Unmarried Head of Household
1e Surviving widow(er) with dependent child

Your Exemptions Regular 65 or over Blind
2a Yourself
2b Spouse
3a First names of your dependent children who lived with you
3b Number of other dependents (from page 2, Part I, line 3)
4 Total exemptions claimed

Please attach Copy B of Form W-2 here

Income If joint return include all income of both husband and wife
5 Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation
6 Other income (from page 2, Part II, line 8)
7 Total (add lines 5 and 6)
8 Adjustments to income (from page 2, Part III, line 5)
9 Total income ("adjusted gross income") (subtract line 8 from line 7)
10 Find tax from table OR
11a If you itemize deductions, enter total from page 2, Part IV, line 17
11b Subtract line 11a from line 9. Enter balance on this line
11c Multiply total number of exemptions on line 4, above, by \$600
11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12a.

Your Tax, Credits, and Payments

12a Tax (Check if from: Tax Table [], Tax Rate Schedule [], Sch. D [], or Sch. G [])
12b Tax surcharge. If line 12a is less than \$734, find surcharge from tables on page 10 of instructions. If line 12a is \$734 or more, multiply amount on line 12a by .075 and enter result. (If you claim retirement income credit, use Schedule B (Form 1040) to figure surcharge.)
12c Total (add lines 12a and 12b)
13 Total credits (from page 2, Part V, line 4)
14a Income tax (subtract line 13 from line 12c)
14b Tax from recomputing prior year investment credit (attach statement)
15 Self-employment tax (Schedule C-3 or F-1)
16 Total tax (add lines 14a, 14b, and 15)
17 Total Federal income tax withheld (attach Forms W-2)
18 Excess F.I.C.A. tax withheld (two or more employers—see page 5 of instr.)
19 Nonhighway Federal gasoline tax—Form 4136, Reg. Inv.—Form 2439
20 1968 Estimated tax payments (include 1967 overpayment allowed as a credit)
21 Total (add lines 17, 18, 19, and 20)
22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return.
23 If payments (line 21) are larger than tax (line 16), enter Overpayment
24 Amount of line 23 you wish credited to 1969 Estimated Tax
25 Subtract line 24 from 23. Apply to: U.S. Savings Bonds, with excess refunded or Refund only

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here Your signature Date Signature of preparer other than taxpayer Date Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Address

(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support. If 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				\$	\$
2					
3 Total number of dependents listed above. Enter here and on page 1, line 3b					

Part II Income from sources other than wages, etc.

1a Gross dividends and other distributions on stock (list payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

1b Exclusion (see instructions)

1c Capital gain distributions (see page 5 of instructions)

1d Nontaxable distributions (see page 5 of instructions)

1e Total (add lines 1b, 1c, and 1d)

1f Taxable dividends (line 1a less line 1e— not less than zero)

Interest (list payers and amounts below)

Earnings from savings and loan assoc. and credit unions

Other interest (on bank deposits, bonds, tax refunds, etc.)

2 Total interest income

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

4 Business income or loss (attach Schedule C)

5 Sale or exchange of property (attach Schedule D)

6 Farm income or loss (attach Schedule F)

Miscellaneous income (state nature and source)

7 Total miscellaneous income

8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6

Part III Adjustments to income

1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement)

2 Moving expenses (attach Form 3903)

3 Employee business expense (attach Form 2106 or other statement)

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)

5 TOTAL ADJUSTMENTS (lines 1 through 4). Enter here and on page 1, line 8

Part IV Itemized deductions—Use only if you do not use tax table or standard deduction.

Medical and dental expense (not compensated by insurance or otherwise)—Attach itemized list.

1 One-half of insurance premiums for medical care (but not more than \$150)

2 Total cost of medicine and drugs

3 Enter 1% of line 9, page 1

4 Subtract line 3 from line 2 (not less than zero)

5 Other medical, dental expenses (include balance of insurance premiums for medical care not deductible on line 1)

6 Total (add lines 4 and 5)

7 Enter 3% of line 9, page 1

8 Subtract line 7 from line 6 (not less than zero)

9 Total (add lines 1 and 8)

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

10 Total cash contributions

11 Other than cash (see instructions for required statement). Enter total of such items here

12 Carryover from prior years (see page 7 of instr.)

13 Total contributions (add lines 10, 11, & 12—see instructions for limitation)

Taxes.—Real estate

State and local gasoline

General sales (see page 15 of instructions)

State and local income

Personal property

14 Total taxes

Interest expense.—Home Mortgage

Installment purchases

Other (itemize)

15 Total interest expense

Miscellaneous deductions.—(see page 8 of instructions)

16 Total miscellaneous

17 TOTAL DEDUCTIONS (add lines 9, 13, 14, 15, and 16). Enter here and on page 1, line 11a

Part V Credits

1 Retirement income credit (Schedule B)

2 Investment credit (Form 3468)

3 Foreign tax credit (Form 1116)

4 TOTAL CREDITS (for page 1, line 13)

EXPENSE ACCOUNTS—If you had an expense allowance or charged expenses to your employer, check here and see page 6 of instructions.