

For the year January 1-December 31, 1972, or other taxable year beginning 1972, 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 (Husband's, if joint return) Present home address (Number and street, including apartment number, or rural route) Wife's number, if joint return City, town or post office, State and ZIP code Occupation Yours Wife's

Please attach Copy B of Form W-2 here

Filing Status—check only one: 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here. 4 Unmarried Head of Household 5 Widow(er) with dependent child (Enter year of death of husband (wife) 19) Exemptions: 6 Yourself 7 Wife (husband) 8 First names of your dependent children who lived with you 9 Number of other dependents (from line 32) 10 Total exemptions claimed

Income: 11 Wages, salaries, tips, and other employee compensation. 12a Dividends (see pages 6 and 13 of instr.) \$ 12b Less exclusion \$ Balance 13 Interest income. [If \$200 or less, enter total without listing in Schedule B] 14 Income other than wages, dividends, and interest (from line 45) 15 Total (add lines 11, 12c, 13 and 14) 16 Adjustments to income (such as "sick pay," moving expenses, etc. from line 50) 17 Subtract line 16 from line 15 (adjusted gross income)

Caution: If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credits-Payments." Check this block. If you do not itemize deductions and line 17 is under \$10,000, find tax in Tables and enter on line 18. If you itemize deductions or line 17 is \$10,000 or more, go to line 51 to figure tax.

Write soc. sec. no. on Check or Money Order. Attach here

Tax, Payments and Credits: 18 Tax, check if from: Tax Tables 1-12, Schedule D Tax Rate Schedule X, Y, or Z Schedule G or Form 4726 19 Total credits (from line 61) 20 Income tax (subtract line 19 from line 18) 21 Other taxes (from line 67) 22 Total (add lines 20 and 21) 23 Total Federal income tax withheld (attach Forms W-2 or W-2P to front) 24 1972 Estimated tax payments (include amount allowed as credit from 1971 return) 25 Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return 26 Other payments (from line 71) 27 Total (add lines 23, 24, 25, and 26)

Bal. Due or Refund: 28 If line 22 is larger than line 27, enter BALANCE DUE IRS Pay in full with return. Make check or money order payable to Internal Revenue Service 29 If line 27 is larger than line 22, enter amount OVERPAID 30 Line 29 to be REFUNDED TO YOU 31 Line 29 to be credited on 1973 estimated tax

Foreign Accounts: Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? If "Yes," attach Form 4683. (For definitions, see Form 4683.) Yes No

Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Sign here: 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. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge. Your signature Date Preparer's signature (other than taxpayer) Date Wife's (husband's) signature (if filing jointly, BOTH must sign even if only one had income) Address (and ZIP Code) Preparer's Emp. Ident. or Soc. Sec. No.

| | | | | | | |
|------------------|----------|------------------|---|---|--|---|
| Other Dependents | (a) NAME | (b) Relationship | (c) Months lived in your home. If born or died during year, write B or D. | (d) Did dependent have income of \$750 or more? | (e) Amount YOU furnished for dependent's support. If 100% write ALL. \$ _____ | (f) Amount furnished by OTHERS including dependent. \$ _____ |
| | | | | | | |

32 Total number of dependents listed in column (a). Enter here and on line 9 ▶

| | | | | |
|-----------------|--|------------|---|---|
| Revenue Sharing | 33 Print or type the location of your principal place of residence at end of year (not necessarily the same as your post office address). | | | |
| | (a) State | (b) County | (c) Locality. If you lived inside the boundaries of an incorporated city, town, etc., enter its name; if not, check here <input type="checkbox"/> | (d) Township (see instructions on page 8) |

| | |
|--|------------------------------|
| 34 Enter the number of persons included on line 10 who (1) are filing a return of their own; or, (2) did not live at your principal place of residence at the end of the year ▶ | For IRS use only—Leave blank |
|--|------------------------------|

PART I.—Income other than Wages, Dividends, and Interest

| | | | |
|--|-----------|--|--|
| 35 Business income (or loss) (attach Schedule C) | 35 | | |
| 36 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D) | 36 | | |
| 37 Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Form 4797) | 37 | | |
| 38 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E) | 38 | | |
| 39 Farm income (or loss) (attach Schedule F) | 39 | | |
| 40 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8) | 40 | | |
| 41 50% of capital gain distributions (not reported on Schedule D) | 41 | | |
| 42 State income tax refunds (caution—see instructions on page 8) | 42 | | |
| 43 Alimony | 43 | | |
| 44 Other (state nature and source) | 44 | | |
| 45 Total (add lines 35 through 44). Enter here and on line 14 ▶ | 45 | | |

PART II.—Adjustments to Income

| | | | |
|---|-----------|--|--|
| 46 "Sick pay" if included in income (attach Form 2440 or other required statement) | 46 | | |
| 47 Moving expense (attach Form 3903) | 47 | | |
| 48 Employee business expense (attach Form 2106 or other statement) | 48 | | |
| 49 Payments as a self-employed person to a retirement plan, etc. (see Form 4848) | 49 | | |
| 50 Total adjustments (add lines 46, 47, 48, and 49). Enter here and on line 16 ▶ | 50 | | |

PART III.—Tax Computation (Do not use this part if you use Tax Tables 1–12 to find your tax.)

| | | | |
|---|-----------|--|--|
| 51 Adjusted gross income (from line 17) | 51 | | |
| 52 (a) If you itemize deductions, enter total from Schedule A, line 40 and attach Schedule A } (b) If you do not itemize deductions, enter 15% of line 51, but do NOT enter more than \$2,000. (\$1,000 if line 3 is checked) | 52 | | |
| 53 Subtract line 52 from line 51 | 53 | | |
| 54 Multiply total number of exemptions claimed on line 10, by \$750 | 54 | | |
| 55 Taxable income. Subtract line 54 from line 53 | 55 | | |

(Figure your tax on the amount on line 55 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 18.

PART IV.—Credits

| | | | |
|---|-----------|--|--|
| 56 Retirement income credit (attach Schedule R) | 56 | | |
| 57 Investment credit (attach Form 3468) | 57 | | |
| 58 Foreign tax credit (attach Form 1116) | 58 | | |
| 59 Credit for contributions to candidates for public office—see instructions on page 9 | 59 | | |
| 60 Work Incentive Program credit (attach Form 4874) | 60 | | |
| 61 Total credits (add lines 56, 57, 58, 59, and 60). Enter here and on line 19 ▶ | 61 | | |

PART V.—Other Taxes

| | | | |
|---|-----------|--|--|
| 62 Self-employment tax (attach Schedule SE) | 62 | | |
| 63 Tax from recomputing prior-year investment credit (attach Form 4255) | 63 | | |
| 64 Minimum tax (see instructions on page 10). Check here <input type="checkbox"/> , if Form 4625 is attached | 64 | | |
| 65 Social security tax on tip income not reported to employer (attach Form 4137) | 65 | | |
| 66 Uncollected employee social security tax on tips (from Forms W-2) | 66 | | |
| 67 Total (add lines 62, 63, 64, 65, and 66). Enter here and on line 21 ▶ | 67 | | |

PART VI.—Other Payments

| | | | |
|---|-----------|--|--|
| 68 Excess FICA tax withheld (two or more employers—see instructions on page 10) | 68 | | |
| 69 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136) | 69 | | |
| 70 Credit from a Regulated Investment Company (attach Form 2439) | 70 | | |
| 71 Total (add lines 68, 69, and 70). Enter here and on line 26 ▶ | 71 | | |