

For the year January 1-December 31, 1972, or other taxable year beginning, 1972, ending, 19

Personal information section including: First name and initial, Last name, Your social security number, Present home address, City, town or post office, State and ZIP code, Occupation, Yours, Wife's.

Filing Status and Exemptions section. Filing Status options: 1 Single, 2 Married filing joint return, 3 Married filing separately, 4 Unmarried Head of Household, 5 Widow(er) with dependent child. Exemptions: 6 Yourself, 7 Wife (husband), 8 First names of your dependent children, 9 Number of other dependents, 10 Total exemptions claimed.

Income section. Line 11: Wages, salaries, tips, and other employee compensation. Line 12a: Dividends. Line 12b: Less exclusion. Line 12c: Balance. Line 13: Interest income. Line 14: Income other than wages, dividends, and interest. Line 15: Total. Line 16: Adjustments to income. Line 17: Subtract line 16 from line 15.

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.

Tax, Payments and Credits section. Line 18: Tax. Line 19: Total credits. Line 20: Income tax. Line 21: Other taxes. Line 22: Total. Line 23: Total Federal income tax withheld. Line 24: 1972 Estimated tax payments. Line 25: Amount paid with Form 4868. Line 26: Other payments. Line 27: Total.

Bal. Due or Refund section. Line 28: If line 22 is larger than line 27, enter BALANCE DUE IRS. Line 29: If line 27 is larger than line 22, enter amount OVERPAID. Line 30: Line 29 to be REFUNDED TO YOU. Line 31: Line 29 to be credited on 1973 estimated tax.

Foreign Accounts section. Question: 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)?

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

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.

Sign here section. Your signature, Date, Preparer's signature (other than taxpayer), Date, Wife's (husband's) signature (if filing jointly), 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 }	52	
(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) }		
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	