

For the year January 1–December 31, 1975, or other taxable year beginning . . . . ., 1975, ending . . . . ., 19 . . . . .

Name (If joint return, give first names and initials of both) Last name Your social security number For Privacy Act Notification, see page 2 of Instructions. Present home address (Number and street, including apartment number, or rural route) Spouse's social security no. For IRS use only City, town or post office, State and ZIP code Occupation Yours Spouse's

Requested by Census Bureau for Revenue Sharing A In what city, town, village, etc., do you live? B Do you live within the legal limits of the city, town, etc.? C In what county and State do you live? D In what township do you live? (See page 4.)

Filing Status 1 Single (check only ONE box) 2 Married filing joint return (even if only one had income) 3 Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here 4 Unmarried Head of Household (See page 5 of Instructions) 5 Qualifying widow(er) with dependent child (Year spouse died 19 ). See page 5 of Instructions. Exemptions 6a Regular Yourself Spouse Enter number of boxes checked b First names of your dependent children who lived with you Enter number c Number of other dependents (from line 27) Enter number d Total (add lines 6a, b, and c) e Age 65 or over Yourself Spouse Enter number of boxes checked Blind Yourself Spouse 7 Total (add lines 6d and e)

8 Presidential Election Campaign Fund Do you wish to designate \$1 of your taxes for this fund? Yes No If joint return, does your spouse wish to designate \$1? Yes No Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see page 3 of Instructions.) 10a Dividends (See pages 7 and 14 of Instructions) \$ 10b Less exclusion \$ Balance 11 Interest income [ If \$400 or less, enter total without listing in Schedule B If over \$400, enter total and list in Part II of Schedule B ] 12 Income other than wages, dividends, and interest (from line 36) 13 Total (add lines 9, 10c, 11, and 12) 14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 42) (If less than \$8,000, see page 8 of Instructions on "Earned Income Credit.") 15 Subtract line 14 from line 13 (Adjusted Gross Income)

- If you do not itemize deductions and line 15 is under \$15,000, find tax in Tables and enter on line 16a.
If you itemize deductions or line 15 is \$15,000 or more, go to line 43 to figure tax.
CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here and see page 7 of Instructions.

16a Tax, check if from: Tax Tables Tax Rate Schedule X, Y, or Z Schedule D Schedule G OR Form 4726 16a b Credit for personal exemptions (multiply line 6d by \$30) c Balance (subtract line 16b from line 16a) 17 Credits (from line 54) 18 Balance (subtract line 17 from line 16c) 19 Other taxes (from line 63) 20 Total (add lines 18 and 19) 21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front) (include amount allowed as credit from 1974 return) 21a b 1975 estimated tax payments c Earned income credit d Amount paid with Form 4868 e Other payments (from line 67) 22 Total (add lines 21a through e)

23 If line 20 is larger than line 22, enter BALANCE DUE IRS (Check here if Form 2210, Form 2210F, or statement is attached. See page 8 of Instructions.) 24 If line 22 is larger than line 20, enter amount OVERPAID 25 Amount of line 24 to be REFUNDED TO YOU 26 Amount of line 24 to be credited on 1976 estimated tax. If all of overpayment (line 24) is to be refunded (line 25), make no entry on line 26.

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 preparer has any knowledge. Sign here Your signature Date Preparer's signature (other than taxpayer) Date Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Address (and ZIP Code)

| 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. |
|------------------|----------|------------------|---|---|--|---|
|                  |          |                  |   |   | \$ _____   | \$ _____  |

27 Total number of dependents listed in column (a). Enter here and on line 6c . . . . . ▶

**Part I Income other than Wages, Dividends, and Interest**

|     |  |     |  |
|-----|--|-----|--|
| 28  | Business income or (loss) (attach Schedule C) . . . . .  | 28  |  |
| 29a | Net gain or (loss) from sale or exchange of capital assets (attach Schedule D) . . . . .   | 29a |  |
| 29b | 50% of capital gain distributions (not reported on Schedule D—see page 9 of Instructions) . . . . .  | 29b |  |
| 30  | Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797) . . . . .   | 30  |  |
| 31a | Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) . . . . .   | 31a |  |
| 31b | Fully taxable pensions and annuities (not reported on Schedule E—see page 9 of Instructions) . . . . .   | 31b |  |
| 32  | Farm income or (loss) (attach Schedule F) . . . . .  | 32  |  |
| 33  | State income tax refunds ( does not apply if refund is for year in which you took the standard deduction—others see page 9 of Instructions ) . . . . . | 33  |  |
| 34  | Alimony received . . . . .   | 34  |  |
| 35  | Other (state nature and source—See page 9 of Instructions) ▶ . . . . .   | 35  |  |
| 36  | <b>Total</b> (add lines 28 through 35). Enter here and on line 12 . . . . . ▶  | 36  |  |

**Part II Adjustments to Income**

|     |  |     |  |
|-----|--|-----|--|
| 37  | "Sick pay." (attach Form 2440 or other required statement) . . . . .                         | 37  |  |
| 38  | Moving expense (attach Form 3903) . . . . .  | 38  |  |
| 39  | Employee business expense (attach Form 2106 or statement) . . . . .                          | 39  |  |
| 40a | Payments to a Keogh (H.R. 10) retirement plan . . . . .                                      | 40a |  |
| 40b | Payments to an individual retirement arrangement from attached Form 5329, Part III . . . . . | 40b |  |
| 41  | Forfeited interest penalty for premature withdrawal—see page 10 of Instructions . . . . .    | 41  |  |
| 42  | <b>Total</b> (add lines 37 through 41). Enter here and on line 14 . . . . . ▶                | 42  |  |

**Part III Tax Computation (Do not use this part if you use the Tax Tables to find your tax.)**

|    |  |    |  |
|----|--|----|--|
| 43 | Adjusted gross income (from line 15) . . . . .   | 43 |  |
| 44 | (a) If you itemize deductions, check here <input type="checkbox"/> and enter total from Schedule A, line 41 and attach Schedule A . . . . .  | 44 |  |
|    | (b) If you do not itemize deductions and line 15 is \$15,000 or more, check here <input type="checkbox"/> and: If box on line 2 or 5 is checked, enter 16% of line 15 but not more than \$2,600; if box on line 1 or 4 is checked, enter \$2,300; if box on line 3 is checked, enter \$1,300 . . . . . |    |  |
| 45 | Subtract line 44 from line 43 . . . . .  | 45 |  |
| 46 | Multiply total number of exemptions claimed on line 7, by \$750 . . . . .  | 46 |  |
| 47 | <b>Taxable income.</b> Subtract line 46 from line 45 . . . . .   | 47 |  |

(Figure your tax on the amount on line 47 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 16a.

|                 |    |  |    |  |
|-----------------|----|--|----|--|
| Part IV Credits | 48 | Retirement income credit (attach Schedule R) . . . . .                                     | 48 |  |
|                 | 49 | Investment credit (attach Form 3468) . . . . .   | 49 |  |
|                 | 50 | Foreign tax credit (attach Form 1116) . . . . .  | 50 |  |
|                 | 51 | Contributions to candidates for public office credit—see page 10 of Instructions . . . . . | 51 |  |
|                 | 52 | Work Incentive (WIN) credit (attach Form 4874) . . . . .                                   | 52 |  |
|                 | 53 | Purchase of new principal residence credit (attach Form 5405) . . . . .                    | 53 |  |
|                 | 54 | <b>Total</b> (add lines 48 through 53). Enter here and on line 17 . . . . . ▶              | 54 |  |

|                    |    |   |    |  |
|--------------------|----|---|----|--|
| Part V Other Taxes | 55 | Tax from recomputing prior-year investment credit (attach Form 4255) . . . . .          | 55 |  |
|                    | 56 | Tax from recomputing prior-year Work Incentive (WIN) credit (attach Schedule) . . . . . | 56 |  |
|                    | 57 | Minimum tax. Check here <input type="checkbox"/> , if Form 4625 is attached . . . . .   | 57 |  |
|                    | 58 | Tax on premature distributions from attached Form 5329, Part V . . . . .                | 58 |  |
|                    | 59 | Self-employment tax (attach Schedule SE) . . . . .                                      | 59 |  |
|                    | 60 | Social security tax on tip income not reported to employer (attach Form 4137) . . . . . | 60 |  |
|                    | 61 | Uncollected employee social security tax on tips (from Forms W-2) . . . . .             | 61 |  |
|                    | 62 | Excess contribution tax from attached Form 5329, Part IV . . . . .                      | 62 |  |
|                    | 63 | <b>Total</b> (add lines 55 through 62). Enter here and on line 19 . . . . . ▶           | 63 |  |

**Part VI Other Payments**

|    |   |    |  |
|----|---|----|--|
| 64 | Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 10 of Instructions) . . . . .    | 64 |  |
| 65 | Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136) . . . . . | 65 |  |
| 66 | Credit from a Regulated Investment Company (attach Form 2439) . . . . .                                       | 66 |  |
| 67 | <b>Total</b> (add lines 64 through 66). Enter here and on line 21e . . . . . ▶                                | 67 |  |