EXEMPTIONS FOR PERSONS OTHER THAN YOUR WIFE AND CHILDREN

Name	Relationship	Months lived in your home. If born or died during year also write "B" or "D"	Did dependent have gross income of $600 or more?	Amount YOU furnished for dependent's support. If 100% write "All"	Amount furnished by OTHERS including dependent
				$	$

Enter on line 3, page 1, the number of exemptions claimed above.

➔ If an exemption is based on a multiple-support agreement of a group of persons, attach the declarations described on page 5 of instructions.

ITEMIZED DEDUCTIONS—IF YOU DO NOT USE TAX TABLE OR STANDARD DEDUCTION

If Husband and Wife (Not Legally Separated) File Separate Returns and One Itemizes Deductions, the Other Must Also Itemize

State to whom paid. If necessary write more than one item on a line or attach additional sheets. Please put your name and address on any attachments.

Contributions

Total paid but not to exceed 20% of line 11, page 1, except as described on page 8 of instructions . . . . $

Interest

Total interest

Taxes

Total taxes

Medical and dental expense (If 65 or over, see instructions, page 10)

Submit itemized list. Do not enter any expense compensated by insurance or otherwise

1. Cost of medicines and drugs IN EXCESS of 1 percent of line 11, page 1 . . . . . $
2. Other medical and dental expenses . . . . .
3. Total . . . . . $
4. Enter 3 percent of line 11, page 1 . . . . .
5. Allowable amount (excess of line 3 over line 4). (See instructions, page 10, for limitations.) . . . . .

Other Deductions (See page 10 of instructions and attach information required)

Total

TOTAL DEDUCTIONS (Enter here and on line 2 of Tax Computation, below) . . . . . $

TAX COMPUTATION—IF YOU DO NOT USE THE TAX TABLE

1. Enter Adjusted Gross Income from line 11, page 1 . . . . . $
2. If deductions are itemized above, enter total of such deductions. If deductions are not itemized ***and line 1, above, is $5,000 or more,*** enter the smaller of 10 percent of line 1 or $1,000 ($500 if a married person filing a separate return) . . . . .
3. Balance (line 1 less line 2) . . . . .
4. Multiply $600 by total number of exemptions claimed on line 4, page 1 . . . . .
5. Taxable Income (line 3 less line 4) . . . . .
6. Tax on amount on line 5. Use appropriate tax rate schedule on page 15 of instructions. Do not use Tax Table on page 16 . . . . .
7. If you had capital gains and the alternative tax applies, enter the tax from separate Schedule D . . . . .
8. Tax credits. If you itemized deductions, enter:
   (a) Credit for income tax payments to a foreign country or U S. possession (Attach Form 1116) . . . . . $
   (b) Tax paid at source on tax-free covenant bond interest and credit for partially tax-exempt interest . . . .
   (c) Total . . . . . **Enter here** ➔
9. Enter here and on line 12, page 1, the amount shown on line 6 or 7 less amount claimed on line 8(c) . . $

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