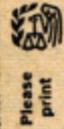


1040A U.S. Individual Income Tax Return

If item 7 is \$10,000 or more, or if total income from interest, dividends, and nonwithheld wages is over \$200, use Form 1040.

1968

U.S. Treasury Department Internal Revenue Service



1 Name (If joint return, use first names and middle initials of both)
TERRY B. KAFKA
 Home address (Number and street or rural route)
3770 SURF AVE
 City, town or post office, State and ZIP code
B'KLYN NY

2 Your social security number
3 Spouse's social security number

4. Check one:
 a. Single;
 b. Married filing joint return (even if only one had income);
 c. Married filing separately—if spouse is also filing a return, enter her (his) social security number in item 3 and give first name here ▶

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.

5 Enter total wages, salaries, tips, etc. Enclose Forms W-2, Copy B. If not shown on enclosed Forms W-2 attach explanation.
 Yours ▶ **812.13**
 Spouse's ▶
6a Interest
 Yours ▶ **23.15**
 Spouse's ▶
6b Dividends: Yours—before exclusion \$ After ▶
 (See instr.) Spouse's—before exclusion \$ After ▶
7 Total income (add items 5, 6a, and 6b) ▶ **835.68**
8 Tax \$ + b. Surcharge \$ c. Total ▶ **-0-**
9 Total Federal income tax withheld (from Forms W-2) ▶ **114.10**
10 If item 8c is larger than item 9, enter Balance due ▶
11 If item 9 is larger than item 8c, enter Refund ▶ **114.10**

If item 7 is \$5,000 or more, compute tax & surcharge & pay item 10 in full with return. If under \$5,000, IRS will compute tax if you omit items 8, 10 & 11 (but complete item 9).

For tax, see instructions: pages 5-7 for regular tables, page 8 ▶ for surcharge, page 4 for \$5,000 or more computation.

Apply refund to: U.S. Savings Bonds, & excess refunded; or Refund only.

LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE.

12 EXEMPTIONS FOR YOURSELF—AND SPOUSE (only if all her (his) income is included in this return, or she (he) had no income)
 Check boxes which apply: Yourself Regular 65 or over Blind Spouse Enter number of boxes checked ▶ **1**

13 First names of your dependent children who lived with you Enter number ▶

14 DEPENDENTS OTHER THAN THOSE CLAIMED IN ITEM 13.	(a) NAME ▶ Enter figure 1 in the last column to right for each name listed (if more space is needed, attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year also 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. See instruction 14
					\$	\$

15. TOTAL EXEMPTIONS FROM ITEMS 12, 13, AND 14 ABOVE ▶ **1**

Your present employer and address **STUDENT**

If you had an expense allowance or charged expenses to your employer, see instructions for "Reimbursed Expenses" and check here if appropriate.

Under penalties of perjury, I declare that to the best of my knowledge and belief this is a true, correct, and complete return.
Sign here ▶ Your signature _____ Date _____
 Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____ Date _____

Tax Computation Schedule (Use only if total income, item 7 of Form 1040A, is \$5,000 or more)

Form W-2 U.S. Treasury Department Internal Revenue Service **WAGE AND TAX STATEMENT** Copy C—For employee's record **1968**
 Keep this copy as part of your tax records.

INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATE OR MUNICIPAL INFORMATION	
Federal income tax withheld	Wages ¹ paid subject to withholding in 1968	Other compensation ² paid in 1968	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages paid in 1968 ⁴	New York State Tax Withheld	New York City Tax Withheld
5.70	122.40	none	5.38	122.40	.30	.20

Type or print EMPLOYEE'S social security number, name and address below
133-12-8738
Miss Terry B. Kafka
3770 Surf Avenue
Brooklyn, New York

S--If Single M--If Married No. of Dependents
S 1

13-1801833
BRIGHTON BEACH BATHS, INC.
SUITE 3900
TIME AND LIFE BUILDING
ROCKEFELLER CENTER
NEW YORK, N.Y. 10020

Type or Print EMPLOYER'S identification number, name and address

¹ Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.
² Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.
³ The social security (F.I.C.A.) rate of 4.4% includes .6% for Hospital Insurance Benefits and 3.8% for old-age, survivors, and disability insurance.
⁴ Includes tips reported by employee.
 Uncollected Employee Tax on Tips - \$
 Form W-2 U.S. Treasury Department App. IRS 2-68