

1040 **US** Department of the Treasury Internal Revenue Service
 For the year January 1-December 31, 1970, or other taxable year beginning 1970, ending

5721210522100

1970

Name and last name of joint return filer: **Richard M. and Patricia H. Nixon**
 Last name: **Nixon**

Present home address (street and apt. or mail room):
The White House
 C. E. Lee Bldg. and office, Suite 500 2nd floor

Washington, D. C. 20500

Filing Status—check only one:
 Single; Married filing jointly (See instructions)
 Married filing separately and spouse is also filing (If the dec. checked give spouse's social security number in space above and enter Brit same here)
 Unmarried Head of Household
 Surviving widower with dependent child
 Married filing separately and spouse is not filing

Exemptions: Regular 75% or over / Blind / Other
 7 Yourself [] []
 8 Spouse (if not on a return) [] []
 9 First through sixth of your dependent children who lived with you **PATRICIA** [] []
 10 Number of other dependents (from line 34) **1**
 11 Total exemptions claimed **3**

12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) **260,000.00**

13a Dividends (less 10% tax) **180.00** 13b From exclusion **300.00** **180.00**

14 Interest. Enter total here (also list in Part II of Schedule B, if total is over \$100) **10,106.16**

15 Income other than wages, dividends, and interest (from line 40) **26,926.00**

16 Total (add lines 12, 13c, 14 and 15) **362,942.16**

17 Adjustments to income (such as "kick pay," moving expense, etc. from line 45) _____

18 Adjusted gross income (subtract line 17 from line 16) **362,942.16**

19 Tax (Check if from Tax Tables 1-15 . In Rule Schedule 1, 2 or 3 Schedule D or Schedule C) **0.00**

20 Tax surcharge. See Tax Surcharge Tables A, B and C in instructions. (If you claim retirement income credit, use Schedule B to figure surcharge) **0.00**

21 Total (add lines 19 and 20) **0.00**

22 Total credits (from line 55) _____

23 Income tax (subtract line 22 from line 21) **0.00**

24 Other taxes (from line 63) **792.71**

25 Total (add lines 23 and 24) **792.71**

26 Total federal income tax withheld (attach Forms 1042-S) **734,074.43**

27 1970 estimated tax payments (include 1969 overpayment) **100.00**

28 Other payments (from line 65) _____

29 Total (add lines 26, 27, and 28) **734,174.43**

30 If line 25 is larger than line 29, enter BALANCE DUE. Pay in full with return. _____

31 If line 29 is larger than line 25, enter OVERPAYMENT **72,714.43**

32 If line 31 is larger than line 29, enter CREDITED ON 1971 estimated tax **100.00** (b) Refunded **72,614.43**

Sign here: **Arthur M. Nixon**
Patricia H. Nixon
 Arthur M. Nixon, C. P. A.
 3000 Wisconsin Blvd.
 Los Angeles, Cal. 90026

53-600249P
 U.S. Executive Office
 Treasury Dept. - Bureau of Accounts
 1575 8 Pennsylvania Avenue, N. W.
 Washington, D. C. 20226
 This is your EMPLOYER'S Federal identification number, street, and address above.

WAGE AND TAX STATEMENT—1970
 (For use in States or Cities withholding equivalent funds)

Employer's State identification number _____ Copy 3—to be filed with employer's FEDERAL tax return

FEDERAL INCOME TAX INFORMATION		SOCIAL SECURITY INFORMATION		STATUS	
Taxable income for Federal	Other gross income for withholding in 1970*	FICA amount (as withheld)	Total FICA amount paid in 1970*	1. Single	2. Married
\$73,407.26	\$250,000.00				

EMPLOYEE'S social security number _____

Name of Firm: _____
 State of Firm: _____
 City: _____

Name of Firm: **Richard Nixon**
 State of Firm: _____
 City: **Washington, D. C.**

Uncollected Employee Tax on Type _____ \$ _____

Type or print EMPLOYEE'S name and address (including ZIP code) above.

FORM W-2 Department of the Treasury, Internal Revenue Service

Form 1040 (1970)
 Foreign Accounts (Form 1040-FC) (Appropriate box)
 Attach Copy B of Form W-2 here if you are reporting the taxable year's wages and interest in a foreign country (except in a U.S. military facility operated by a U.S. financial institution) If "Yes," attach Form 4683 (For definitions see Form 6042.)

PART I—Additional Exemptions (Complete only for other dependents claimed on line 10)

11 (a) Name	(b) Relationship to Taxpayer	(c) Date of Birth	(d) Date of Death	(e) Amount of Exemption

PART II—Income other than Wages, Dividends, and Interest

35 Business income (or loss) (attach Schedule C)	35
36 Sale or exchange of property (attach Schedule D)	36
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	37 6181 90
38 Tax-exempt income (attach Schedule F)	38
39 Miscellaneous income (state nature and source)	39
40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 25	40 2877 90

PART III—Adjustments to Income

41 "Sick pay" if included in line 32 (attach Form 2440 or other required statement)	41
42 Moving expense (attach Form 7903)	42
43 Employee business expense (attach Form 2106 or other statement)	43
44 Payments as a self-employed person to a profit-sharing plan, etc. (attach Form 2950SE)	44
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 37	45

PART IV—Tax Computation

46 Adjusted gross income (from line 38)	46 26294 16
47 (a) If you itemize deductions, enter total from Schedule A, line 22	47
(b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter \$1,000 (\$500 if married and filing separately)	47 30781 92
48 Subtract line 47 from line 46	48 44239 36
49 Multiply total number of exemptions claimed on line 11, by \$625	49
50 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule A, B, or C unless the alternative tax on income averaging is applicable.) Enter tax on line 51	50 — 0 —
51 Tax. Enter here and on line 19	51 — 0 —

PART V—Credits

52 Retirement income credit (attach Form 8815)	52
53 Investment credit (attach Form 3160)	53
54 Foreign tax credit (attach Form 1116)	54
55 Total credit (add lines 52, 53, and 54). Enter here and on line 27	55

PART VI—Other Taxes

56 Self-employment tax (attach Form 943)	56
57 Tax from net capital gains (attach Form 924)	57
58 Other taxes. See instructions on page 7 for line 58. (If you have other taxes, attach Form 943)	58 77 21
59 Total other taxes (add lines 56, 57, and 58). Enter here and on line 28	59
60 Total tax (add lines 50 and 59). Enter here and on line 29	60
61 Total tax (add lines 50 and 59). Enter here and on line 29	61
62 Total tax (add lines 50 and 59). Enter here and on line 29	62
63 Total tax (add lines 50 and 59). Enter here and on line 29	63
64 Total tax (add lines 50 and 59). Enter here and on line 29	64
65 Total tax (add lines 50 and 59). Enter here and on line 29	65

Schedules A+B—Itemized Deductions AND Dividend and Interest Income
 (Form 1040)

1970

Name(s) as shown on Form 1040: **Richard M. and Patricia R. Nixon**
 Schedule A—Itemized Deductions

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.	Contributions—Cash—including checks, money orders, etc. (Itemize—see instructions on page 8 for examples)
1 One-half (but not more than \$150) of insurance premiums for medical care	11 Total cash contributions
2 Medicine and drugs	12 Other than cash (see instructions on page 8 for required statements). Enter total for such items here
3 Enter 1% of line 18, Form 1040	13 Carryover from prior years (see instructions on page 8)
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)	14 Total contributions (Add lines 11, 12, and 13. Enter here and on line 19, below. See instructions on page 8 for limitation)
5 Itemize other medical and dental expenses (include hearing aids, dentures, eyeglasses, transportation, balance of insurance premiums for medical care not entered on line 1, etc.)	15 Total interest expense (Enter here and on line 20, below)
6 Total (add lines 4 and 5)	Miscellaneous deductions for child care, taxes—Real estate, State and local gasoline (see gas tax tables), General sales (see sales tax tables), State and local income, Personal property
7 Enter 3% of line 18, Form 1040	16 Total miscellaneous deductions (Itemize here and on line 21, below)
8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero)	
9 Total deductible medical and dental expenses (Add lines 1 and 8. Enter here and on line 17, below)	
10 Total taxes (Enter here and on line 21, below)	

Summary of Itemized Deductions

17 Total deductible medical and dental expenses (from line 9)	160 00
18 Total taxes (from line 10)	27797 79
19 Total contributions (from line 14)	131471 28
20 Total interest expense (from line 15)	109063 19
21 Total miscellaneous deductions (from line 16)	38708 66
22 TOTAL ITEMIZED DEDUCTIONS (Add lines 17 through 21. Enter here and on Form 1040, line 67)	307121 92

SCHEDULE D (Form 1040)

Sales or Exchanges of Property

1970

Richard W. and Patricia R. Nixon

Part I Capital Assets—Short term capital gains and losses—assets held not more than 6 months

D

1. No. of sales, exchanges, or dispositions	2. Description of property	3. Date acquired	4. Date sold or exchanged	5. Sales price or other consideration received	6. Basis or other cost or other amount	7. Gain or loss
	REAL ESTATE LAND	A 7-15-69	11-7-70	1148746.40	0	1148746.40
	REAL ESTATE LAND	A 10-8-69	11-6-70	100000.00	0	100000.00

Part II Summary of Schedule D Gains and Losses

17 Net gain or loss from lines 15(b) or 16(a) Part I

18 Net gain or loss from line 22 Part I

19 Total net gain or loss (combine lines 17 and 18. Enter net gain or loss)

4825

Computation of Minimum Tax

1970

Richard W. and Patricia R. Nixon

- 1 Items of Tax Preference: (a) Excess investment interest; (b) Accelerated depreciation on real property; (c) Accelerated depreciation on personal property; (d) Amortization of certified pollution control facilities; (e) Amortization of railroad rolling stock; (f) Stock options; (g) Reserves for losses on bad debts; (h) Depletion; (i) Capital gains.

36576	19
1341	88
37988	17
30000	00
7988	17
0	
0	
0	
7988	17
7988	81
0	
7988	81
0	
7988	81
0	
7988	81
0	
7988	81

- 2 Total items of tax preference (add lines 1(a) through 1(i))
- 3 Exclusion: Enter \$30,000 if married filing separately or certain married individuals living apart; enter \$15,000
- 4 Subtract line 3 from line 2
- 5 Amount from Form 1040, line 23
- 6 Amount from Form 1040, line 57
- 7 Add lines 5 and 6
- 8 Subtract line 7 from line 4
- 9 Multiply amount on line 8 by 10 and enter result
- 10 Enter amount of 1970 net operating loss which is a carryover to 1971, if any
- 11 Multiply amount on line 10 by 10 and enter result
- 12 Minimum Tax: Subtract line 11 from line 9 (if less than zero, enter zero)
- 13 Enter minimum tax deferred from prior year until this year
- 14 Total minimum tax: Add lines 12 and 13. If you had no retirement income (see Schedule R, Part I, lines 5(a) and 5(b)), enter line 13 through 18. Enter amount from line 14 above on line 19 below
- 15 Amount from Schedule R, Part I, line 9
- 16 Amount from Schedule M, Part I, line 10 or from Part II, line 19, which ever is applicable
- 17 Subtract line 15 from line 14
- 18 Enter amount from line 17 or line 16, whichever is smaller
- 19 Subtract line 18 from line 14. Enter here and on Form 1040, line 54

Name and address Richard M. and Patricia R. Nixon

Schedule A

DEPRECIATION

No.	Description of Property	Date acquired	Cost or other basis	Percent depreciation	Method used	Estimated life (Yrs.) or (Mths.)	Remaining life (Yrs.)	Depreciation allowable this year
1	SAN CLEMENTE PROPERTY	7-15-65	36,000	100%	10% DB	25 YEARS		2,103
2	200 BAY LANE							
3	49 EXCESS DEPRECIATION		10,000					1,000
4	ADJUSTMENTS							10,000
5	FURNITURE	7-15-69	13,400	100%	10% DB	8 YEARS		3,350
6		1970	4,160	100%	10% DB	8 YEARS		513
7	FLORIDA RESIDENCE	1-1-69	33,000	100%	10% DB	30		1,100
8	200 BAY LANE	1969-70	37,900	100%	10% DB	30		1,366
9	IMPROVEMENTS							
10	WHITE HOME OFFICE							
11	REPAIRS							
12	INSURANCE							
13	HOUSEHOLD MAINTENANCE							
14	HOUSEHOLD HELP							
15								
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23								
24								
25								
26								
27								
28								
Total								

SCHEDULE OF EXHIBIT A-1

Name Richard M. and Patricia R. Nixon Social Security or Identification No. Form Schedule Line Year 1970

Expenses incurred in connection with the use of residences for official government functions.	San Clemente 25%	Florida 500 Bay Lane 100%
DEPRECIATION - SCHEDULE 4A	34,194.9	44,880
UTILITIES	13,102.8	13,102.8
REPAIRS	1,034.5	
INSURANCE	1,217.6	3,428.8
HOUSEHOLD MAINTENANCE	2,446.2	
HOUSEHOLD HELP	398.00	
TOTAL	52,394.0	61,811.6

SCHEDULE OF
EXHIBIT - 1

Name Richard M. and Patricia R. Nixon

Social Security or Identification No. _____

Address _____

Form _____ Schedule _____ Line _____

Year 1970

1970 Cash Charitable Contributions

WASHINGTON NATIONAL SYMPHONY	10000		
BARBIT COMMUNITY HOSPITAL	100000		
AMERICAN LEGION AUXILIARY	1000		
UCLA ALUMNI ASSN	10000		
MOUNT PLEASANT CEMETERY ASSN	10000		
BILLY GRAHAM EVANGELISTIC ASSN	10000		
EISENHOWER MEDICAL CENTER	12000		
EAST WILTING YMCA	15000		
TV MEMORIAL FUND	10000		
AMERICAN HEART ASSN	10000		
DUKE UNIVERSITY LOYALTY FUND	10000		
D.C. TB + RESPIRATORY ASSN	10000		
TOTAL CASH CONTRIBUTIONS - 1970	751000		

SCHEDULE OF
EXHIBIT C

Name Richard M. and Patricia R. Nixon

Social Security or Identification No. _____

Address _____

Form _____ Schedule _____ Line _____

Year 1970

EXHIBIT B - Charitable Contributions

TOTAL CASH CONTRIBUTIONS - EXHIBIT C - 1	751000		
CONTRIBUTION CARRYOVER FROM 1969	48210150		
TOTAL	48961150		
<u>CONTRIBUTION LIMITATION</u>			
CONTRIBUTIONS SUBJECT TO 50% LIMITATION (CODE SECTION 170 AS AMENDED BY TRA 7017)	48961150		
50% OF ADJUSTED GROSS INCOME	13147138	13147138	
NONDEDUCTIBLE CONTRIBUTIONS	2671397		
DEDUCTIBLE CONTRIBUTIONS - TO EXHIBIT B	13147138		

