## DTF TAX-FREE INCOME INC Form 3/A May 19, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> POLLARD CARL F			2. Date of Event R Statement (Month/Day/Year)	DTF TAX	3. Issuer Name and Ticker or Trading Symbol DTF TAX-FREE INCOME INC [DTF]				
(Last) 700 CENTR	(First)	(Middle)	05/11/2006		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year) 05/19/2006		
LOUISVILI	(Street)	40208		X Direct		6. Individ Owner Filing(Ch _X_Form w) Person	dual or Joint/Group teck Applicable Line) filed by One Reporting filed by More than One		
(City)	(State)	(Zip)	Tal	ble I - Non-Deriva	tive Securitie	es Beneficiall	y Owned		
1.Title of Secu (Instr. 4)	rity		Ber	Amount of Securities neficially Owned str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ind Ownership (Instr. 5)	irect Beneficial		
Reminder: Rep owned directly	-	ate line for ea	ch class of securitie	s beneficially	SEC 1473 (7-02)				
ï	inform requir currer	ation conta ed to respo ntly valid Ol	oond to the colle lined in this form nd unless the for AB control numb tities Beneficially (	ı are not rm displays a	s, warrants, opti	ions, convertible	e securities)		
1. Title of Deri (Instr 4)	vative Securit	2	te Exercisable and	3. Title and Amount of Securities Underlying		5. n Ownership	6. Nature of Indirect Beneficial Ownership		

**Derivative Security** 

Amount or

Number of

Shares

(Instr. 4)

Title

Expiration

or Exercise

Derivative

Price of

Security

Form of

Derivative

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

(Instr. 5)

(Month/Day/Year)

Exercisable Date

Date

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
POLLARD CARL F 700 CENTRAL AVE LOUISVILLE, KY 40208	ÂX	Â	Â	Â		
Signatures						
Gwen Fleming, Power of Attorney	0					
**Signature of Reporting Person		Date				

## **Explanation of Responses:**

No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.