Date:

10/1/201

Agency Information

AGENCY: HSCA

RECORD NUMBER: 180-10073-10093

RECORD SERIES:

NUMBERED FILES

AGENCY FILE NUMBER:

Document Information

ORIGINATOR:

RUBY, SAMUEL

FROM:

RUBY, SAMUEL

004876

TO:

TITLE:

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW 58261 Date: 09-01-2022

DATE: 01/24/1978

PAGES:

118

SUBJECTS:

RUBY, SAM

RUBY, JACK, BACKGROUND, ASSOCIATES AND RELATIVES

DOCUMENT TYPE:

OTHER TEXTUAL

CLASSIFICATION:

Unclassified

RESTRICTIONS:

3

CURRENT STATUS:

Redact

DATE OF LAST REVIEW:

10/25/1995

OPENING CRITERIA:

COMMENTS:

W/cover letter. Box #:102.

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW B8326 Date: 2025

# "Diff Files" for NARA 2025 Documents Release JFK Assassination Records

Generated using diff-pdf and OpenCV. Thanks to the Mary Ferrell Foundation and The Black Vault for their archiving work.

> maryferrell.org theblackvault.com github.com/vslavik/diff-pdf opencv.org

This file highlights differences between the 2025 release, and previous releases.

Red: Newly revealed in 2025.

Blue: Present in earlier releases, but not in 2025.

Black Unchanged between versions.

For Original Documents visit: archives.gov/research/jfk/release-2025

#### Notes:

Black text on a blue background inidcates content that was previously redacted using black ink.

I did my best to be accurate in revealing what is new, but please confirm with the original sources where accuracy is essential.

Created by: x.com/hlywdufo

JFKdiffs.com

004876

Mr. Donald a Pundy Jo I have had nevor's made of musta teturns and am enclosing the copies Low the years 1967 to 1976. Land my wife have looke the vations places where normally keep our important papers deturns for the heaves 1962 to 1966 We have moved foat times since we lest Pallas in 1966. It is possible that we disposed of them in to brocess of moving from one place to another Welbooks anticebated one further are for them. iffould those beam other you are in need of them deeding leverte of your investigation

Form 5329
Department of the Treasury
Internal Revenue Service

# Return for Individual Retirement Savings Arrangement (Under Sections 408 or 409 of the Internal Revenue Code) Attach to Form 1040.

1976

Only This Side of Form is Open to Public Inspection

If you have established a retirement savings arrangement you must complete Part I and Part II and attach this form to your individual income tax return, Form 1040. In addition: (1) if you claim a deduction on your Form 1040 for contributions to your retirement savings arrangement, complete Part III; (2) if you have made contributions in excess of your allowable limitation for this year or prior years, complete Part IV; (3) if you are not yet age 59½ when you receive a distribution from your retirement savings arrangement which is not due to a disability, a rollover contribution to another plan or retirement savings arrangement, or the transfer of an amount to a former spouse under a divorce decree, you must complete Part V; (4) if you are 70½ or older on the last day of the year, see instructions to determine if you are required to complete Part VI.

		<del>///////</del>
Snow JEL D DIA	by	
Address (Number and street)	· <del>- y</del>	6193
16250 BIRCHER	Sym	3 11.
City or town, State and ZIP code		
GRANADA HILLS	CA	
If you are not required to file a Form 1040 check here		of the state of th
Individual and Retirement Savings Informa	tion	The state of the s
1 Type of individual retirement savings arrangement:		The said
(a) Individual retirement account		in the second
(b) Individual retirement annuity	17.6	
(c) Individual retirement bonds		W. Market Stranger
2 Were you during any part of the year an active participant in a plan, including a qualified Keogh (HR 10) plan, or were you con account or under a government retirement plan other than the (Volunteer firemen and military reservists see specific instruction if "Yes," you are not allowed a deduction for your 1976 contribution.	vered under a section 403(b) annuity ne Social Security or Railroad Retir ons for line 2)	or custodial ement Acts?
Under penalties of perjury, I declare that I have examined this return, knowledge and belief it is true, correct, and complete. If prepared by a of which the preparer has any knowledge.	including accompanying schedules and	statements and to the hest of my
	ic	
Your signature	4.	Date
	· ·	
	95-294144	7
Preparer's signature (other than taxpayer)	Preparer's Identification num	ber Date
13717 VANOWEN STVA	N Muys CA	11405
Preparer's address'and ZIP code		1 11

Form 5329

1976

This space for IRS use on

-		<u> </u>		-inning	uo e o		1976 andi				
ro			lanuary 1-December 31, 1976, or other taxable year be	ginning			, 1976 endi	ng I	-i		, 19
∥ a		Name (	If joint return, give first names and initials of both)		12.	Last nam	ie				rity number
	`  _		SAMUEL + PH VILLIS		1 1/0	CV			322	12	174
i		Present	home address (Number and street, including apartmet		er, or rural route)		icy Act Noti		Spouse's	social	security no.
	:  _		16250 BIRCHERS	$\perp$		see page	5 of Instr	uctions.	349	18	I FU
13		City, to	wn or post office, State and ZIP code	. 5	***	Occu-	Yours 🔊		S/E		
L	·	12 18 14 14 14 A	GRAMADA ITILLS	> (	44	pation	Spouse's	▶	S/E	-	
	1	1	Single (Check only ONE b	ox)	6a Regular	Your	self Sp	ouse En	ter numbe xes checke	r of	<b>1</b>
		2	warried filing joint return (even if only one had inco	me)	<b>b</b> First nar	mes of	vour den				
2		3	Married filing separately. If spouse is also filing	riva	اختيين المصينا		91		Cimarcii	****	
Statue		., <del>-</del>	spouse's social security number in designated space at	ove	5		om H	-	Enter		2
0		1.	and enter full name here ▶	1	c Number			7.4	numbe		
Filing		4 🗇	Unmarried Head of Household. See page 7 of instruct	ions	d Total (ad						
"	١.		to see if		e Age 65 or					Enter number	
1.	1	5 🗆	you qualify Qualifying widow(er) with dependent child (Y		Blind .				Spouse	number of boxes	.
		٠ ـــا	spouse died ▶ 19 ). See page 7 of Instruction	- 1	f TOTAL (a		6d and e	?/ å □	opodoc	checked	
_	7 (	Other o	dependents: (b) Relationship	,	onths lived in your		dependent				dent's support
	•	:	(a) Name	home.	If born or died	have incor	ne of \$750		If 100%	1	HERS includ-
			(4)	auring	year, write B or D.	or more?	.	write ALL		ing dep	endent.
_								\$		\$	
_	1	D. D.	Idential Plant - A		,		. 1777			<u> </u>	
	١ '		idential Election  Do you wish to designate \$1 or paign Fund If joint return does your sport	f your t	exes for this fund?		Yes ///	No	Note: If	you che	ck the "Yes" t increase your
*.	_		- in joint return, does your spor	ise wish	to designate \$1?	<u></u>	Yes 🥢	No	tax or r	educe you	r refund.
ē		9	Wages, salaries, tips, and other employee compensation	able, s	ee page 6 of Instruction	vail- ons.)		. 9		0 -	
here		10a	Dividends (See pages 9 and)	b less	exclusion		, Balance	□ 10	)c	0-	
W-2			(If \$400 or less enter total wi	over 3	400. list in Part	Lot Sch	edule B.)	·			
3		** '	Interest income. If over \$400, enter total and I	ist in Pa	art II of Schedule B	$\{\}$ · ·		1	1 5	19	
Ë	æ	12	Income other than wages, dividends, and interest	est (fro	m line 37) .			. 12	2 2	54	6
ē	псоте	13	Total (add lines 9, 10c, 11 and 12)					13	3	774	7.
of Forms	=	14	Adjustments to income (such as moving expens					14	1 -	6 -	<del>/</del> _
œ			Subtract line 14 from line 13					15	a 7	74	7
Copy			Disability income exclusion (sick pay) (attach					15	b	0-	
ပ			Adjusted gross income. Subtract line 15b from					,  -			
埞			(If less than \$8,000, see page 2 of Instructions	on "E	arned Income Ci	redit.")		. 15	。  - 7	74	i
attach			M Tax Table     Tax		Schedule X, Y or		Schedule				
Please		10	Tax, check if from:	rm 255		_'	Form 47		,	$\Leftrightarrow$	-
ea		17a	Multiply \$35.00 by the number of exemptions on line 6d		17a   <i>1</i>	YO'	Ente	() (	If box on	ine 3 is	checked
-			Enter 2% of line 47 but not more than \$180 (\$90 if box			-	large of a		ee page 10	or Upsi	ructions)
	Credits	18	Balance. Subtract line 17c from line 16 and ent			co than	or b	18		0	
.	క్ర		Credits (from line 54)	er dilie	rence (but not le	ss than	zero) .	19			—   — ·
<u> </u>	ॿ	20	Balance. Subtract line 19 from line 18 and ent	or diffe	rence (but not k	nce than	7070	20	_	<b>Q</b>	
۱.,			Other taxes (from line 62)	er dille	rence (but not it	ess than	zero) .	21		5	
	죝		Total (add lines 20 and 21)			• • •		22		5	- n
2	<b>Payments</b>		Total Federal income tax withheld. or W-2P to	W-2,	23a			. 7////		111111111111111111111111111111111111111	
욕	Tax, F		1976 estimated tax payments . as credit from 197	allad	: :		A 0		Pay amou		
l g	۳ļ		Earned income credit. of Instructions)	o return)	23c	- O	<u>u                                    </u>		full with th social secu		
ŏ			Amount paid with Form 4868		23d				check or m make paya		
è			•		23e		-	/////	Revenue S	ervice.	winnellii
Jō.			Other payments (from line 66)	• • •	1236						
2	=					• •	· · · · · · · · · · · · · · · · · · ·			DU	
훘	Refund		If line 22 is larger than line 24, enter <b>BALANC</b> (Check here ▶ ☐, if Form 2210 or Form 2210F is at					> 25			
鱼	굘					tructions.)				27	2
င္	5		If line 24 is larger than line 22, enter amount	OVERP	AID			>   26	_	2.1=	1
ac	릙		Amount of line 26 to be REFUNDED TO YOU					27	<u> </u>	2-2	2
at .	<u>- </u>	28	Amount of line 26 to be credited on 1977 estimated ta er penalties of perjury, I declare that I have examined this retur	x <u>I&gt;  </u>	28 / / (		/////				
3Se		true, c	priect, and complete. Declaration of preparer (other than taxpaye	r) is base	d on all information of	of which pr	tatements, an eparer has an	u to the b y knowled:	est of my kn ge.	owledge a	na belief it is
Please attach Check or Money Order here	e	[4.19]									`
-	Sign here	> -			ID						
<u>,.                                    </u>	S:	V 100	ır signature		Date Prepare	r's signatu	re (and emplo	yer's nam	e, if any)		Date
	:	>_			$        -$	5 -	7719	49			
- 1	1	✓ Specific Speci	puse's signature (if filing jointly, BOTH must sign even if only	one had	income)   Identify	ing number	(see instruc	tions) (		Address (a	and ZIP code)

	040 (1976)		
Paul	Income other than Wages, Dividends and Interest	1 00 1	20116
29	Business income or (loss) (attach Schedule C)	29	( 0 7 ( 0 )
30a	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a	1000
b	50% of capital gain distributions (not reported on Schedule D-see page 10 of Instructions).	30b	
31	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	31	
320	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) .	32a	
320 h	Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of Instructions)	32b	
	Formation on (local) (attach Schedule F)	33	
33	State income tax refunds ( does not apply if refund is for year in which you took the standard deduction—others see page 10 of instructions )	34	
		35	
35	Alimony received		
36	Other (state nature and source—see page 11 of Instructions)	36	
	Total (add lines 29 through 36). Enter here and on line 12	37	2546
37	Total (add lines 29 tillough 50). Enter here and on line 12		
<b>J</b> Cin	Adjustments to Income	38	
38	Moving expense (attach Form 3903)	39	
39	Employee business expense (attach Form 2106)	40a	
· 40a	Payments to an individual retirement arrangement from attached Form 5329, Part III		
b	Payments to a Keogh (H.R. 10) retirement plan	40b	
41	Forfeited interest penalty for premature withdrawal (see page 12 of Instructions)	41	
42	Total (add lines 38 through 41). Enter here and on line 14	42	<u> </u>
Par	Tax Computation		
43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a	1	
	dependent on your parent's return, check here P and see page 9 of instructions	43	7741_
442	If you itemize deductions, check here ▶, and enter total from Schedule A, line 40, and attach Schedule A		
a	Standard deduction—If you do not itemize deductions, check here ▶ ☐, and:		
٠, ۳	If you checked 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800	44	5686
	Tryon on 160/ of line 42, but not more than \$2,400	1111111	
	the box on 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$1,400		است. د
•	3. enter the greater of \$1,000 Ok 10% of the 43-but not more than \$2,100	45	2055
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	1	
ř.	1	46	ا فرنسلان الله
46	Multiply total number of exemptions claimed on line 6f by \$750	46	3000
47	Multiply total number of exemptions claimed on line 6f by \$750	47	3000
47 o If Ii	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem	47	Income Earned Abroad, fine
47 • If Ii	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 12 Tax Table. Enter tax on line 16 and check appropriate box.	47	
47 o If Ii	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exempter tax in Tax Table. Enter tax on line 16 and check appropriate box.	47	alternative tax from Schedul
47 o If Ii	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem	47	alternative tax from Schedul
47 • If Ii you • If I	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exempter tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1	47 nption of cable, the	alternative tax from Schedul
• If Ii you • If I @ D,	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 17 Credits	47	alternative tax from Schedul
47 o If Ii you o If I o D, 1220 48	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 1 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1 Credits  Credit for the elderly (attach Schedules R & RP)	47 nption of cable, the	alternative tax from Schedul
47 o If Ii you o If I AD, 1221 48 49	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 1 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1.  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)	47 nption of table, the 16 and	alternative tax from Schedul
• If Ii you o If I o D. The state of the sta	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 1 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if application income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)	47 nption of table, the 16 and 48 49	alternative tax from Schedul
47 o If Ii you o If I D, 120 48 49 50 51	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 17 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)	47 Inption of table, the 16 and 48 49 50	alternative tax from Schedul
• If Ii you o If Ii 20, 16 I 20, 16 I 48 49 50 51 52	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)	47 nption of cable, the 16 and 48 49 50 51	alternative tax from Schedul
47 o If Ii you o If I a D, 120 48 49 50 51	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 17 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)	47 nption of table, the 16 and 48 49 50 51 52	e alternative tax from Schedul check appropriate box.
47 o If Ii you o If I D, 48 49 50 51 52 53	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 1 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)	47 nption of table, the 16 and 18 48 49 50 51 52 53	e alternative tax from Schedul check appropriate box.
47 o If Ii you o If I a D, 48 49 50 51 52 53	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption 1 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)	47 nption of table, the 16 and 48 49 50 51 52	e alternative tax from Schedul check appropriate box.
47 o If Ii you o If I D, 48 49 50 51 52 53	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19	47 nption of cable, the 16 and 48 49 50 51 52 53	e alternative tax from Schedul check appropriate box.
* If Ii you o If Ii you do Ii you	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 contributions to candidates for Battach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19	47 nption of cable, the 16 and 48 49 50 51 52 53 54	e alternative tax from Schedul check appropriate box.
47 o If Ii you o If I D. 120 48 49 50 51 52 53 54	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 17 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). And attach Form 4625	47 nption of table, the 16 and 18 49 50 51 52 53 54	e alternative tax from Schedul check appropriate box.
• If Ii you o If I o o o If I o o o o o o o o o o o	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exempt tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16 credit for the elderly (attach Schedules R & RP)  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior year investment credit (attach Form 4255)  Minimum tax. Check here   In and attach Form 4625  Tax on premature distributions from attached Form 5329, Part V	47 nption of table, the 16 and 18 49 50 51 52 53 54 56 57	e alternative tax from Schedul check appropriate box.
47 you e If I D. 20 48 49 50 51 52 53 54	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem in tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines did lines did lines from year investment credit (attach Form 4255)  Minimum tax. Check here   In and attach Form 5329, Part V  Self-employment tax (attach Schedule SE)	47 nption of cable, the 16 and 48 49 50 51 52 53 54 55 56 57 58	e alternative tax from Schedul check appropriate box.
47 9 If Ii 9 If Ii 10 D, 48 49 50 51 52 53 54 170 55 56 57	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem  ir tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic  income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Solitation of the decempant of the properties of	47 nption of table, the 16 and 18 49 50 51 52 53 54 56 57	e alternative tax from Schedul check appropriate box.
47 9 If Ii you 16 II 10 D, 48 49 50 51 52 53 54 172 55 56 57 58 59	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem  ir tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic  income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Solitation of the decempant of the properties of	47 nption of cable, the 16 and 48 49 50 51 52 53 54 55 56 57 58	e alternative tax from Schedul check appropriate box.
* If Ii you o If Ii you o If Ii you o If Ii o	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemple 17 tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 17 Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4625)  Minimum tax. Check here  , and attach Form 5329, Part V  Self-employment tax (attach Schedule SE)  Social security tax on tip income not reported to employer (attach Form 4137)  Uncollected employee social security tax on tips (from Forms W-2)	47 nption of cable, the 16 and 50 51 52 53 54 55 56 57 58 59	e alternative tax from Schedul check appropriate box.
47 9 If Ii you 16 II 10 D, 48 49 50 51 52 53 54 172 55 56 57 58 59	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem  ir tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic  income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Solitation of the decempant of the properties of	47 nption of cable, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60	e alternative tax from Schedul check appropriate box.
47 9 If Ii 900 16 II 10 D, 12 D 48 49 50 51 52 53 54 12 D 55 56 57 58 59 60 61	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem  ir tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255)  Minimum tax. Check here   Tax on premature distributions from attached Form 5329, Part V  Self-employment tax (attach Schedule SE)  Social security tax on tip income not reported to employer (attach Form 4137)  Uncollected employee social security tax on tips (from Forms W-2)  Excess contribution tax from attached Form 5329, Part IV	47 nption of cable, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Schedul check appropriate box.
47 9 If Ii 20 If Ii 20 If Ii 48 49 50 51 52 53 54 170 55 56 57 58 59 60 61	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)  ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exen in tax in Tax Table. Enter tax on line 16 and check appropriate box.  ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Credits  Credits  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255)  Minimum tax. Check here \times \int_{\text{\	47 nption of table, the left and left a	e alternative tax from Schedul check appropriate box.
47 9 If Ii 20 If Ii 20 If Ii 48 49 50 51 52 53 54 170 55 56 57 58 59 60 61	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero) ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem in tax in Tax Table. Enter tax on line 16 and check appropriate box. ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applic income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 1  Total (add lines 48 through 53). Enter here and on line 19  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255)  Minimum tax. Check here \( \rightarrow \scale= \rightarrow \), and attach Form 4625  Tax on premature distributions from attached Form 5329, Part V  Self-employment tax (attach Schedule SE)  Social security tax on tip income not reported to employer (attach Form 4137)  Uncollected employee social security tax on tips (from Forms W-2)  Excess contribution tax from attached Form 5329, Part IV  Total (add lines 55 through 61). Enter here and on line 21	47 nption of cable, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Schedul check appropriate box.
47 you o If I o D, 16 1 10 2 16 1 10 2 16 1 17 2 18 49 50 51 52 53 54 17 2 55 56 57 58 59 60 61 62 17 2	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero) ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exen in tax in Tax Table. Enter tax on line 16 and check appropriate box. ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 Credit for the elderly (attach Schedules R & RP)  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255)  Minimum tax. Check here   In and attach Form 5329, Part V  Self-employment tax (attach Schedule SE)  Social security tax on tip income not reported to employer (attach Form 4137)  Uncollected employee social security tax on tips (from Forms W-2)  Excess contribution tax from attached Form 5329, Part IV  Total (add lines 55 through 61). Enter here and on line 21  Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	47 nption of cable, the 16 and 51 52 53 54 55 56 57 58 59 60 61 62 63	e alternative tax from Schedul check appropriate box.
47 you o If I o D, 16 1 10 2 16 1 10 2 16 1 17 2 18 49 50 51 52 53 54 17 2 55 56 57 58 59 60 61 62 17 2	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero) ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exen in tax in Tax Table. Enter tax on line 16 and check appropriate box. ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441) Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116) Contributions to candidates for public office credit (see page 12 of Instructions) Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255) Minimum tax. Check here \times \infty, and attach Form 4625  Tax on premature distributions from attached Form 5329, Part V  Self-employment tax (attach Schedule SE) Social security tax on tip income not reported to employer (attach Form 4137) Uncollected employee social security tax on tips (from Forms W-2) Excess contribution tax from attached Form 5329, Part IV  Total (add lines 55 through 61). Enter here and on line 21  Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions) Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	47 nption of cable, the 16 and 48 49 50 51 52 53 54  55 56 57 58 59 60 61 62	e alternative tax from Schedul check appropriate box.
47 you o If I o D, 16 1 0 D, 17 1 18 49 50 51 52 53 54 17 1 55 56 57 58 59 60 61 62 17 63	Multiply total number of exemptions claimed on line 6f by \$750  Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero) ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exen in tax in Tax Table. Enter tax on line 16 and check appropriate box. ine 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applications averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 10 Credit for the elderly (attach Schedules R & RP)  Credit for the elderly (attach Schedules R & RP)  Credit for child care expenses (attach Form 2441)  Investment credit (attach Form 3468)  Foreign tax credit (attach Form 1116)  Contributions to candidates for public office credit (see page 12 of Instructions)  Work Incentive (WIN) Credit (attach Form 4874)  Total (add lines 48 through 53). Enter here and on line 19  Tax from recomputing prior-year investment credit (attach Form 4255)  Minimum tax. Check here   In and attach Form 5329, Part V  Self-employment tax (attach Schedule SE)  Social security tax on tip income not reported to employer (attach Form 4137)  Uncollected employee social security tax on tips (from Forms W-2)  Excess contribution tax from attached Form 5329, Part IV  Total (add lines 55 through 61). Enter here and on line 21  Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	47 nption of cable, the 16 and 51 52 53 54 55 56 57 58 59 60 61 62 63	e alternative tax from Schedul check appropriate box.

# -Itemized Deductions AND Dividend and Interest Income (Form 1040) Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

Name(s) as shown on Form 1040

Your social security number

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensated by insurance	ce   Contributions (See page 15 of Instructions for examples.)
or otherwise) (See page 13 of Instructions.)	21 a Cash contributions for which you have
1 One half (but not more than \$150) of in- surance premiums for medical care. (Be	receipts, cancelled checks or other
surance premiums for inedical cale. (Se sure to include in line 10 below)	written evidence
2 Medicine and drugs	b Other cash contributions. List donees
3 Enter 1% of line 15c, Form 1040	and amounts. ▷
4 Subtract line 3 from line 2. Enter differ-	
ence (if less than zero, enter zero)	
5 Enter balance of insurance premiums for	
medical care not entered on line 1	
6 Enter other medical and dental expenses:	
a Doctors, dentists, nurses, etc.	22 Other than cash (see page 15 of instructions for required statement)
b Hospitals	23 Carryover from prior years
c Other (itemize—include hearing aids,	24 Total contributions (add lines 21a through
dentures, eyeglasses, transportation,	23). Enter here and on line 37 >   / CO
etc.) ▶	Casualty or Theft Loss(es) (See page 15 of Instructions.)
	Note: If you had more than one loss, omit lines 25 through 28
	and see page 15 of Instructions for guidance.
	25 Loss before insurance reimbursement .
	26 Insurance reimbursement
SUIT	27 Subtract line 26 from line 25. Enter dif-
>C1	ference (if less than zero, enter zero) .
7 Total (add lines 4 through 6c)	28 Enter \$100 or amount on line 27, which-
8 Enter 3% of line 15c, Form 1040	ever is smaller
9 Subtract line 8 from line 7 (if less than	29 Casualty or theft loss (subtract line 28
zero, enter zero)	from line 27). Enter here and on line 38 . ▶    Miscellaneous Deductions (See page 15 of Instructions.)
10 Total (add lines 1 and 9). Enter here and 1941	
on line 34	30 Alimony paid
Taxes (See page 13 of Instructions.)	31 Union dues
11 State and local income	32 0000
12 Real estate	
13 State and local gasoline (see gas tax tables)	
14 General sales (see sales tax tables) .	
15 Personal property	
16 Other (itemize) ▷	
who with a	
17 Total (add lines 11 through 16). Enter 1/7	33 Total (add lines 30 through 32). Enter
here and on line 35	here and on line 39
Interest Expense (See page 14 of Instructions.)	Summary of Itemized Deductions
18 Home mortgage	34 Total medical and dental—line 10 V9 4
19 Other (itemize) >	
	33 lotal taxes into 17
·	So Total Interest Into 25
	SS casaary or trible issue(ss)
	33 Total Iniscending and
	40 Total deductions (add lines 34 through 39). Enter here and on Form 1040, line
20 Total (add lines 18 and 19). Enter here	44
and on line 36	L. H. C.

Name(s) as shown on Form 1040 (Do not enter name S JP RUD	ne and social security	number if shown on other side)	Your social security number 322 12 799 7
Note: If gross dividends (including capital gain other distributions on stock are \$400 or less, do	distributions) and not complete this	Note: If interest is \$400 or less, do enter amount of interest received on	not complete this part. But Form 1040, line 11.
part. But enter gross dividends less the sum of tributions and non-taxable distributions, if an line 10a (see note below).  1 Gross dividends (including capital gain distributions)	y, on Form 1040,	7 Interest includes earnings from sav mutual savings banks, cooperative as well as interest on bank deposi Interest also includes original issu	e banks, and credit unions its, bonds, tax refunds, etc.
distributions on stock. (List payers and am (W), (J), for stock held by husband, wife, o	ounts-write (H).	other evidences of indebtedness (s (List payers and amounts)	ee page 16 of Instructions).
		NOTE ON WOODLE	1 4959
		BISTRO	
·		UAL	17
		0.77	
		TRANSWORLD	
			191
		MORLO	
		0001-0	
			( )
2 Total of line 1			
3 Capital gain distributions (see page 16 of		· · · · · · · · · · · · · · · · · · ·	
Instructions. Enter here and on Schedule D, line 7). See note below			
4 Nontaxable distribu- tions (see page 16 of			
Instructions)			
5 Total (add lines 3 and 4)			
6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 10a		8 Total interest income. Enter here a	
Note: If you received capital gain distributions	and do not need Sc edule. Instead, ente		ses or to compute
line 30b.	Trusts		
1 Did you, at any time during the taxable year		st in or signature or other authority over	r a bank,
securities, or other financial account in a for			
U.S. financial institution)?  If "Yes," attach Form 4683 (For definitions, s	see Form 4683 )		· · · Yes
2 Were you the grantor of, or transferor to, a being during the current taxable year, whether	a foreign trust duri er or not you have a		
If "Yes," attach Form 4683 (For definitions, s		TING OFFICE: 1976—O-218-054	218-054-1

# SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service

Profit or (Loss) From Business or Profession
(Sole Proprietorship)
Partnerships, Joint Ventures, etc., Must File Form 1065.

➤ Attach to Form 1040. See Instructions for Schedule C (Form 1040).

1976

N	ame of proprietor		322 15	mber	20
_	July Kuby		/ - KA		F F
Α	Principal business activity (see Schedule C Instructions) > SERUICE ; product >	200	te K BATTE	~ 4 1	-
В	Business name ➤ WOODLEY 1-315TRO COFFEE 5HOL C Employer identif	ication	number ▷.4.5	കരം	* 4.39 6
D	Business address (number and street) \$ 160 55 VENTURA BLUD				(G)
	City, State and ZIP code ► Encino CH 91316				
E	Indicate method of accounting: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other ►		·····	Yes	No
F	Were you required to file Form W-3 or Form 1096 for 1978 (see Schedule C Instructions)?			>	777777
	If "Yes," where filed ▶			\ <i>\\\\\</i>	1/////////////////////////////////////
Ġ	Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1976?			X	
н	Method of inventory valuation ▶	any sul	bstantial change in		1
	the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes," a	ttach e	xplanation)		<u> </u>
`	1 Gross receipts or sales \$ Less: returns and allowances \$ Balance ▶	1			
ē		.2	v		
ncome	3 Gross profit	. 3			
	4 Other income (attach schedule)	4			
	5 Total income (add lines 3 and 4)	5		·	<u> </u>
_	6 Depreciation (explain in Schedule C-3)				
	7 Taxes on business and business property (explain in Schedule C-2)	7			
	8 Rent on business property	8			
	9 Repairs (explain in Schedule C-2)	.9			1
	10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)	10			l
	11 Insurance	11		,	
	12 Legal and professional fees	12			
	13 Commissions	13			
	14 Amortization (attach statement)	14			1
	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)				
	(b) Émployee benefit programs (see Schedule C Instructions)	(b)			1
٠.,		16			
Deditotions	17 Bad debts arising from sales or services	17			
Ē	18 Depletion	18	- 1	,	
Ę	19 Other business expenses (specify):				1.7
څ	(a)				
	(b)				Ι.
	(c)				
	(d)	///////////	***	• .*	
	(e)				1
	(f)				
	(g)				
٠.	(g)(h)			•	
	(i)				
	(i)				
		19(k)		. ,	
	20 Total deductions (add lines 6 through 19(k))	20			-
-	1 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 29. ALSO		10001	1	
	enter on Schedule SE, line 5(a)	21	354	0	
s	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for	Line	2)		
_	1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	1		
	2 Purchases \$ Less: cost of items withdrawn for personal use \$ Balance ▶	2			
	3 Cost of labor (do not include salary paid to yourself)	3		,	1
	4 Materials and supplies	4			
	5 Other costs (attach schedule)	5			
	6 Total of lines 1 through 5	6			-
		7			1
	7 Less: Inventory at end of year	8	-		
D	Did you claim a deduction for expenses of an office in your home?		· · · · · · · · · · · · · · · · · · ·	res .	No
_					and the same of

#### SCHEDULE C-2.—Explanation of Lines 7 and 9

Line No.	· Explanation	on	Amount	Line No.		Explanation		Amoun	it
-			\$					\$	
							:		
								:	
	4								
									·
	^								
						÷			
CHED	ULE C-3.—Depreciat	ion (See Schedu	le C Instructions	for Line	6)				
		more space, use Forn							
			1	d. De	epreciation	e. Method of	f. Life	g. Depreciation	on for
	a. Description of property	b. Date acquired	c. Cost or other basis	allowed in b	or allowable	computing depreciation	or rate	this yea	г
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u>'                                      </u>			<del>'</del>		1
	additional first-year dep	preciation (do not	include in items be	low)——		ī	<del></del>		
Othe	r depreciation:			l .					- 1
								1900	\ <u></u>
			.,,						
		·							
	6		1		·				]
			,						
								18.5	
								, , ,	
									. 1
					:1				
				1				106	,
					1				
				1					
		!		┧					_
	ls			J : .	$\cdots$ :				
Less	amount of depreciation	claimed in Sche	dule C-1, page 1					115/-	-
Balar	nce—Enter here and on	page 1, line 6	<del></del>	· · · ·	· · · · · ·	<u> </u>	<u>· · · ·                                </u>	100	
CHED	ULE C-4.—Expense	Account Inform	ation (See Schedu	ile C Ins	structions fo	or Schedule C-	-4)	Are yes	
	***		N	ame ,	· · · · · · ·	Expense ac	count	Salaries and	Wages
nter inf	ormation with regard to you paid employees. In determini	rself and your five				1			///////////////////////////////////////
ngnest p paid em	ployees, expense account al	lowances must be	Owner					and an	an and
added to	their salaries and wages. Ho	wever, the informa-	1					[	
ion need	d not be submitted for any e	employee for whom	2						
ne comb	pined amount is less than \$2 ur expense account allowance	:5,000, or for your- e plus line 21∶ nage							
L. is less	than \$25,000.	, plas line ZI, page							
•	claim a deduction for expen	ses connected with	I _						
Jiu yuu	ciaitii a acaaction tot expen	ort, ranch, etc.)?	. 🗆 Yes 🗆 No						

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses (Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

1976

Social security number Name(s) as shown on Form 1040 -Assets Held Not More Than 6 Months Short-term Capital Gains and Lossese. Cost or other basis, as adjusted (see instruction F) and expense of sale b. Date f. Gain or (loss) (d less e) a. Kind of property and description (Example, 100 shares of "Z" Co.) d. Gross sales price (Mo., day, yr.) (Mo., day, yr.) Enter your share of net short-term gain or (loss) from partnerships and fiduciaries 3 Enter net gain or (loss), combine lines 1 and 2 . . . . . . 4 Short-term capital loss carryover attributable to years beginning after 1969 (see Instruction I) Net short-term gain or (loss), combine lines 3 and 4 Long-term Capital Gains and Losses-Assets Held More Than 6 Months Capital gain distributions . . . . . . 8 Enter gain, if applicable, from Form 4797, line 4(a)(1) (see Instruction A) 9 Enter your share of net long-term gain or (loss) from partnerships and fiduciaries 10 Enter your share of net long-term gain from small business corporations (Subchapter S) 11 12 Long-term capital loss carryover attributable to years beginning after 1969 (see Instruction I) Net long-term gain or (loss), combine lines 11 and 12 Summary of Parts I and II (If You Have Capital Loss Carryovers From Years Beginning Before 197 Complete This Part. See Form 4798, Parts III, IV and V.) 14 Combine lines 5 and 13, and enter the net gain or (loss) here . If line 14 shows a gaina Enter 50% of line 13 or 50% of line 14, whichever is smaller (see Part IV for computation of alternative tax). Enter zero if there is a loss or no entry on line 13 15a 15b b Subtract line 15a from line 14. Enter here and on Form 1040, line 30a . If line 14 shows a lossa Enter one of the following amounts: If line 5 is zero or a net gain, enter 50% of line 14; If line 13 is zero or a net gain, enter line 14; or, (iii) If line 5 and line 13 are net losses, enter amount on line 5 added to 50% of amount on 16a line 13 . b Enter here and enter as a (loss) on Form 1040, line 30a, the smallest of: The amount on line 16a; EE 4798 \$1,000 (\$500 if married and filing a separate return); or, (iii) Taxable income, as adjusted (see Instruction J) 218-056-1

7	Enter amount from Form 1040, line 47	_17	· .
,	Enter amount from line 15a (or Form 4798, Part !V, line 8(a))	18	
	Subtract line 18 from line 17 (if line 18 exceeds line 17, do not complete the rest of this part. The Alternative Tax will not benefit you)	19	
	Note: If line 18 does not exceed \$25,000 (\$12,500 if married filing separately), omit lines 20 through 23 and enter zero on line 24.		
)	Enter \$25,000 (\$12,500 if married filing separately)	_20_	
	Add lines 19 and 20	_21	
2	Tax on amount on line 17*		
,	Tax on amount on line 21*		
	Subtract line 23 from line 22	24	
5	Tax on amount on line 19*	_25_	
5	Enter 50% of line 18 but not more than \$12,500 (\$6,250 if married filing separately)	26	•
	Alternative Tax—add lines 24, 25, and 26. If smaller than the tax figured on the amount on Form 1040, line 47, enter this alternative tax on Form 1040, line 16. Also check the Schedule D box on Form 1040, line 16.	27	

Note: Enter your capital loss carryovers from 1976 to 1977:	Pre-1970	Post-1969
Note: Liner your capital loss carryorers from 2570 to 2577	· 18	O-
Short-term (from Form 4798, Part II or Part V)		10.14
Long-term (from Form 4798, Part II or Part V)	7958	48 Y

#### SCHEDULE SE (Form 1040)

### Computation of Social Security Self-Employment Tax

▶ Each self-employed person must file a Schedule SE.
 ▶ Attach to Form 1040.
 ▶ See Instructions for Schedule SE (Form 1040).

1976

Internal Revenue Service Service Service See Instructions for Schedule SE (Form 1040).

If you had wages, including tips, of \$15,300 or more that were subject to social security or railroad retirement taxes, do not fill in this schedule (unless you are eligible for the Earned Income Credit). See Instructions.

If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE. Important,—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) Social security number of self-employed person > Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) If you have only farm income complete Parts I and III.
If you have only nonfarm income complete Parts II and III. If you have both farm and nonfarm income complete Parts I, II, and III. Computation of Net Earnings from FARM Self-Employment You may elect to compute your net farm earnings using the OPTIONAL METHOD, line 3, instead of using the Regular Method, line 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD. REGULAR METHOD a Schedule F, line 54 (cash method), or line 72 (accrual method) 1b 1 Net profit or (loss) from: **b** Farm partnerships . . . . 2 2 Net earnings from farm self-employment (add lines 1a and b) . . . FARM OPTIONAL METHOD a Not more than \$2,400, enter two thirds of the gross profits . 3 If gross profits 3 from farming 1 are: b More than \$2,400 and the net farm profit is less than \$1,600, Enter \$1,600 Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 70 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K–1 (Form 1065), line 14) as explained in instructions for Schedule SE. 4 Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method Computation of Net Earnings from NONFARM Self-Employment a Schedule C, line 21. (Enter combined amount if more than one business.) b Partnerships, joint ventures, etc. (other than farming) . c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here ► ☐ and enter zero on this REGULAR METHOD 5 Net profit or (loss) from: 5c 5d d Service with a foreign government or international organization . e Other structions for line 36.) Specify ▶ 6 6 Total (add lines 5a through e) . . . . 7 Enter adjustments if any (attach statement) . 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7). If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12b, Part III. Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profits," and you had actual net earnings from self-employment of \$400 or more for at least 2 of the 3 following years: 1973, 1974, and 1975. The nonfarm optional method can only be used for 5 taxable years. NONFARM OPTIONAL METHOD 9 a Maximum amount reportable, under both optional methods combined (farm and nonfarm) . \$1,600 9a b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero) . 9b 9с 10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller. 10 11 Enter here and on line 12b, the amount on line 9c or line 10, whichever is smaller. <sup>2</sup> Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3, plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1065), line 14) as explained in instructions for Schedule SE. Also, include gross profits from services reported on line 5c, d, and e, as adjusted by line 7. 11 Computation of Social Security Self-Employment Tax 12 Net earnings or (loss): a From farming (from line 4) 12a 12b 3546 **b** From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method). 13 Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400. you are not subject to self-employment tax. Do not fill in rest of schedule.) . 13 14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1976 is . . . \$15,300 15a 15 a Total "FICA" wages and "RRTA" compensation . b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA. 15c c Total of lines 15a and b . 16 16 Balance (subtract line 15c from line 14). 17 17 Self-employment income—line 13 or 16, whichever is smaller. 18 Self-employment tax. (If line 17 is \$15,300.00, enter \$1,208.70; if less, multiply the amount on line 17 by .079.) Enter here and on Form 1040, line 58.

Internal Revenue Service

### Capital Loss Carryover

(Computations of Capital Loss Carryovers and Summary of Capital Gains and Losses if Pre-1970 Capital Losses are Carried to 1976.)

> Attach to Form 1040. Name(s) as shown on Form 1040 Social Security Number Note: Complete Only Page 1 of This Form to Compute Your Capital Loss Carryover if Your 1975 Schedule D (Form 1040), lines 4(a) and 12(a), DO NOT SHOW A LOSS. Post-1969 Capital Loss Carryovers to 1976 (Complete this part if the amount on your 1975 Schedule D (Form 1040), line 16(a), is larger than the loss deducted on your 1975 Form 1040, line 29a.) Section A .- Short-term Capital Loss Carryover 1 Enter loss shown on your 1975 Schedule D (Form 1040), line 5; if none, enter zero and ignore 1 2 Enter gain shown on your 1975 Schedule D (Form 1040), line 13. If that line is blank or shows 2 3 3 Reduce any loss on line 1 to the extent of any gain on line 2 . . . 4 4 Enter amount shown on your 1975 Form 1040, line 29a . . . . . . 5 5 Enter smaller of line 3 or 4 . . . . . . . . 6 6 Excess of amount on line 3 over amount on line 5 Note: The amount on line 6 is your short-term capital loss carryover from 1975 to 1976 that is attributable to years beginning after 1969. Enter this amount on your 1976 Schedule D (Form 1040), line 4. Section B .- Long-term Capital Loss Carryover 7 Line 4 less line 5 (Note: If you ignored lines 2 through 6, enter amount from your 1975 Form 1040, line 29a) . 8 Enter loss from your 1975 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines 8 9 Enter gain shown on your 1975 Schedule D (Form 1040), line 5. If that line is blank or shows 9 10 11 Multiply amount on line 7 by 2 . . . . . . . . 11 12 12 Excess of amount on line 10 over amount on line 11. Note: The amount on line 12 is your long-term capital loss carryover from 1975 to 1976 that is attributable to years beginning after 1969. Enter this amount on your 1976 Schedule D (Form 1040), line 12. Post-1969 Capital Loss Carryovers from 1976 to 1977 (Complete this part if the amount on your 1976 Schedule D (Form 1040), line 16a, is larger than the loss deducted on your 1976 Form 1040, line 30a.) Section A.—Short-term Capital Loss Carryover 1 Enter loss shown on your 1976 Schedule D (Form 1040), line 5; if none, enter zero and ignore lines 2 Enter gain shown on your 1976 Schedule D (Form 1040), line 13: If that line is blank or shows a 3 Reduce any loss on line 1 to the extent of any gain on line 2. 3 4 Enter amount shown on your 1976 Form 1040, line 30a . . . 4 5 Enter smaller of line 3 or 4 . . . . . . . . . 6 Excess of amount on line 3 over amount on line 5. Note: The amount on line 6 is your short-term capital loss carryover from 1976 to 1977 that is attributable to years beginning after 1969. Enter this amount in the space provided on page 2 of your 1976 Schedule D (Form 1040). Section B.—Long-term Capital Loss Carryover 7 Line 4 less line 5 (Note: If you ignored lines 2 through 6, enter amount from your 1976 Form 1040, line 30a) . 8 Enter loss from your 1976 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines 8 9 Enter gain shown on your 1976 Schedule D (Form 1040), line 5. If that line is blank or shows a 9 10 10 Reduce any loss on line 8 to the extent of any gain on line 9. 11 12 Excess of amount on line 10 over amount on line 11 . . . . Note: The amount on line 12 is your long-term capital loss carryover from 1976 to 1977 that is attributable to years beginning after 1969. Enter this amount in the space provided on page 2 of your 1976 Schedule D (Form 1040).

1969 losses.

#### Do Not Complete the Rest of This Form if You Do Not Have a Pre-1970 Capital Loss Carryover to 1976 (See Instruction A).

# Instructions A. Who Should File.— If your 1975 Schedule, D (Form 1040), lines 4(a) and 12(a) show a loss: (1) use Part III, below, to determine your capital loss carryover to 1976; (2) complete your 1976 Schedule D (Form 1040), lines 1 through 13 to report/capital gains and losses for the current year and any post-1969 capital loss carryovers; and (3) complete Part IV to figure your net capital gain or (loss) for 1976 and the capital loss limitation if necessary. Use Part V to figure capital loss carryover from 1976 to 1977 for pre-1970 losses or a combination of pre-1970 and post-1969 losses.

B. Part IV, Line 19 or 33.—If there is a gain and a loss on the lines mentioned in the instructions for Part IV, line 19 or 33, enter the gain reduced by the amount of the loss. If the loss exceeds the gain enter a zero. If there is a gain and no loss, just enter the gain.

- C. Part IV, Line 22 or 36.—If there is a loss and a gain on the lines mentioned in the instructions for Part IV, line 22 or 36, enter the loss reduced by the amount of the gain. If the gain exceeds the loss enter a zero. If there is a loss and no gain, just enter the loss.
- D. Married Taxpayers Filing Separate Returns.—If you are married and filing a separate return the limitation for Part IV, lines 9(b)(i) and 27(b) is \$500, increased by amounts attributable to pre-1970 short-term capital loss components, but the combined total may not exceed \$1,000. If there is a loss in Part IV, line 2, complete Part IV, Section E. If there is a loss in Part IV, line 5, complete Part IV, Section D, lines 14 through 22 (assuming all the lines in Section D were not otherwise required to be completed) ignoring the note under line 14.
- E. Additional Information.—For information about capital assets, investment interest expense deduction adjustment, alternative tax, etc., see the instructions for Schedule D (Form 1040).

Pre-1970 and Post-1969 Capital Loss Carryovers to 1976 (Complete this part if the amount on your 1975 Schedule D (Form 1040), line 16(a) or line 33, is larger than the loss deducted on your 1975 Form 1040, line 29a 1

		10111 1040, fille 23a.)			
	1	Enter loss shown on your 1975 Schedule D (Form 1040), line 5; if none, enter zero and ignore		1	1
		lines 2 through 20—then go to line 21	1	1791	L.
,	2	Enter gain shown on your 1975 Schedule D (Form 1040), line 13. If that line is blank or shows a loss enter a zero .	_2	~O	
	3	Reduce loss on line 1 to the extent of any gain on line 2	3	1741	7
		Note: If line 4(a) on your 1975 Schedule D (Form 1040) is blank, IGNORE lines 4 through 11, enter a zero on line 12—then go to line 13.			
	4	Combine lines 3 and 11 on your 1975 Schedule D (Form 1040).		*	ļ
		Enter the gain; if zero or a loss, enter a zero.  Note: If line 4 is zero IGNORE lines 5 through 11, enter on line 12 the loss from your 1975 Schedule D (Form 1040), line 4(a)—then go to line 13.			
å	5,	Enter any gain from your 1975 Schedule D (Form 1040), line 3 . 5	İ	1	
1	6	Enter smaller of line 4 or 5			
		Enter excess of gain on line 4 over line 6			
		Enter loss from your 1975 Schedule D (Form 1040), line 12(a);			1
		otherwise, enter a zero			
	9	Reduce any gain on line 7 to the extent of any loss on line 8 9			
		Enter loss from your 1975 Schedule D (Form 1040), line 4(a); other-			
		wise enter a zero		1 11	
1	1	Add the gains on lines 6 and 9			,
		Reduce the loss on line 10 to the extent of any gain on line 11	12	0	- i
. 1	3	Pre-1970 short-term capital loss (Enter smaller of line 3 or 12)	13	11301	<del></del>
1	4	Short-term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13).	14		<del>,</del> -
		Enter any loss from line 13, above		1	<del></del> ,
		Enter loss deducted on your 1975 Form 1040, line 29a 16		1.2	
		Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not	ĺ		1
		exceed line 16, enter zero). Enter here and in Part IV, line 2	17	1 741	•
1		Enter any loss from line 14, above			
1	9	Enter excess of line 16 over line 15—if line 16 does not exceed line			
		15, enter zero		. :	
2		Post 1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not		· -	<b>7</b>
		exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1940), line 4	20		- /
2	1	(Form 1040) enter any loss from your 1975 Schedule D		5,1	
_		1040), line 30; otherwise, enter zero		-	
2	2	Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero. (Note: If you ignored lines 2 through 20 above, enter			
		amount from your 1975 Form 1040, line 29a)			
2	3	Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not		(0217	
		exceed line 22, enter zero). Enter here and in Part IV, line 5	23_	061/	
		If you were required to complete Part IV of your 1975 Schedule D (Form 1040), enter any loss from your 1975 Schedule D (Form 1040), line 31. However, if Part IV was not required, enter any loss from your 1975 Schedule D (Form 1040), line 13			
2	5	Enter excess of line 22 over line 21			٠.
		does not exceed line 21, enter zero.)			ι.
				/	<b>1</b>
2	6	Post-1969 long-term loss carryover to 1976 (excess of line 24 over line 25—if line 24 does not exceed line 25, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 12	.	1000	1

Rand IV	Capital	Gains	and	Losses
---------	---------	-------	-----	--------

The state of the s	Section A Channel And A	
1 Amount for	Section A.—Short-term Capital Gains and Losses	1, 3
2 Amount from 1976 Schedule D (For		1)
3 Net short term gain or (loss), combi	ine lines 1 and 2	1-1
		/
MONEY TO THE TOTAL THE TOTAL TO AL TO THE TO	Section B.—Long-term Capital Gains and Losses	
4 Amount from 1976 Schedule D (Form	m 1040), line 13.	1/1
6 Net long term gain or (loss), combin	5 (82-1	7/
gam or (loss), combin	te lines 4 and 5. 4 (82-7)	7-
	Section C.—Summary of Sections A and B	
7 Combine lines 3 and 6 and enter the r	net gain or (loss) here	<u>.</u> :
(a) Enter 509/ of line 6		dia .
IV. for computation of all	ne 7, whichever is smaller (see Schedule D (Form 1040), Part	
(b) Subtract line 8(a) from the 7.5	tax). Enter zero if there is a loss or no entry on line 6	
9 If line 7 shows a loss—	nter here and on Form 1040, line 30a (b)	
If losses are shown on BOTH line	es 5 and 6, omit lines 9(a) and (b) and go to Section D.	
Otherwise,	and 6, offilt lines 9(a) and (b) and go to Section D.	• 1
(a) Enter one of the following amour		.   .
(ii) If line 6 is zero or a net gain (iii) If line 3 and line 6 are per	t, enter 50% of line 7;	S. 1 40
on line 6	t losses; enter amount on line 3 added to 50% of amount	
(b) Enter here and enter as a (loss)	on Form 1040, line 30a, the smallest of:	1 2
(i) The amount on line 9(a);	on Form 1040, line 30a, the smallest of:	
* Selection Control to the Control to the Control of the Control o	filing separate returns see Instruction D); or	
1040))	instruction 5 in instructions for Schedule D (Form	
di Capital Loss I	Limitation—Where Losses Are Shown on Both Lines 5 AND 6 of Part IV	
10 5		
Little loss from line 3; if line 3 is zero or	a gain, enter a zero	27
11 Enter loss from line 3; if line 3 is zero or	r a gain, enter a zero	<u> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6	7 a gain, enter a zero	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 if line	ra gain, enter a zero	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 is 13 Reduce loss on line 11 to the extent of the 14 Combine amounts on 1976 Schedule D	is zero or a loss, enter a zero	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6  12 Enter gain, if any, from line 3; if line 3 is 13 Reduce loss on line 11 to the extent of the 14 Combine amounts on 1976 Schedule District and if gain, enter gain; if zero or a loss, each of the 15 chedule District and if gain, enter gain; if zero or a loss, each of the 15 chedule District and it gain, enter gain; if zero or a loss, each of the 15 chedule District and th	is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero	
11 Enter loss from line 3; if line 3 is zero or 12 Enter gain, if any, from line 3; if line 3 if 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D and if gain, enter gain; if zero or a loss, e	is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero 10 11 12 13	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D and if gain, enter gain; if zero or a loss, e Note: If the entry on line 14 is zero, ON enter on line 22 the loss shown on	ra gain, enter a zero.  is zero or a loss, enter a zero the gain, if any, on line 12. (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and a line 5.	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D i and if gain, enter gain; if zero or a loss, e Note: If the entry on line 14 is zero, ON enter on line 22 the loss shown on 15 Enter gain, if any, from 1976 Schedule I	ra gain, enter a zero.  is zero or a loss, enter a zero.  the gain, if any, on line 12.  (Form 1040), lines 3 and 11 enter a zero.  If lines 15 through 21 and in line 5.	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D 16 and if gain, enter gain; if zero or a loss, e 17 Note: If the entry on line 14 is zero, ON 18 enter on line 22 the loss shown on 19 Enter gain, if any, from 1976 Schedule 1 16 Enter smaller of amount on line 14 or line	10	
11 Enter loss from line 3; if line 3 is zero or 12 Enter loss from line 6 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D 16 Enter gain, enter gain; if zero or a loss, enter on line 22 the loss shown on 15 Enter gain, if any, from 1976 Schedule I 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amounts.	10	
11 Enter loss from line 3; if line 3 is zero or 12 Enter gain, if any from line 3; if line 3 is 13 Reduce loss on line 11 to the extent of the standard line amounts on 1976 Schedule Display and if gain, enter gain; if zero or a loss, enter on line 14 is zero, ON enter on line 22 the loss shown on 15 Enter gain, if any, from 1976 Schedule 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amount 18 Enter loss from line 2; if line 3 is black.	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 12. Enter gain, if any, from line 3; if line 3 is 13. Reduce loss on line 11 to the extent of the second line 12 to the extent of the last combine amounts on 1976 Schedule Description of the last combine amounts on 1976 Schedule Description of the last combine amounts on line 14 is zero, One line 22 the loss shown on line 22 the loss shown on line 15. Enter gain, if any, from 1976 Schedule 16. Enter smaller of amount on line 14 over amounts line loss from line 2; if line 2 is blank, line Reduce gain, if any, on line 17 to the extent line line 19. Reduce gain, if any, on line 17 to the extent line line 19.	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 12. Enter gain, if any, from line 3; if line 3 is 13. Reduce loss on line 11 to the extent of the second line 12 to the extent of the line 14. Combine amounts on 1976 Schedule Description of the line 14 is zero, ON line 14 is zero, ON line 14 is zero, ON line 15. Enter gain, if any, from 1976 Schedule 16. Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount line 14 over amount line 15. Enter loss from line 2; if line 2 is blank, line 19. Reduce gain, if any, on line 17 to the extent linstruction B)	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 12. Enter gain, if any from line 3; if line 3 is 13. Reduce loss on line 11 to the extent of the second line 12 to the extent of the line 14. Combine amounts on 1976 Schedule December on line 14 is zero, ON and line 14 is zero, ON enter on line 22 the loss shown on line 15. Enter gain, if any, from 1976 Schedule 16. Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount line line 2; if line 2 is blank, line 19. Reduce gain, if any, on line 17 to the extent linstruction 8) 20. Enter loss from line 5.	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 13. Reduce loss on line 11 to the extent of the standard line 3; if line 3 is line 3. Reduce loss on line 11 to the extent of the standard line 14. Combine amounts on 1976 Schedule Description of the line 14 is zero, ON line 14 is zero, ON line 14 is zero, ON line 15. Enter gain, if any, from 1976 Schedule 15. Enter gain, if any, from 1976 Schedule 16. Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount line 18. Enter loss from line 2; if line 2 is blank, 19. Reduce gain, if any, on line 17 to the extent linstruction 8) 20. Enter loss from line 5.	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 12. Enter gain, if any, from line 3; if line 3 is 13. Reduce loss on line 11 to the extent of the second line 12 to the extent of the line 14. Combine amounts on 1976 Schedule Description of the line 14 is zero, Owner or or line 14 is zero, Owner or or line 14 is zero, Owner or or line 15. Enter gain, if any, from 1976 Schedule 16. Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount 18. Enter loss from line 2; if line 2 is blank, 19. Reduce gain, if any, on line 17 to the extent linestruction 8) 20. Enter loss from line 5. 21 Add the gain(s) on line(s) 16 and 19. 22. Reduce the loss on line 20 to the extent of line 22. Reduce the loss on line 20 to the extent of line 23. Reduce the loss on line 20 to the extent of line 24. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the extent of line 15. Reduce the loss on line 20 to the loss on line 15. Reduce the loss on line 15. Reduce 15.	10	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 12. Enter gain, if any, from line 3; if line 3 is 13. Reduce loss on line 11 to the extent of the second line 12 to the extent of the last of the loss of line 14. Combine amounts on 1976 Schedule Description of line 14 is zero, Owner, if the entry on line 14 is zero, Owner, if the entry on line 14 is zero, Owner, if the entry on line 14 is zero, Owner, if the entry on line 14 is zero, Owner, if the entry on line 14 or line 15. Enter gain, if any, from 1976 Schedule 17. Enter excess of gain on line 14 over amount 18. Enter loss from line 2; if line 2 is blank, 19. Reduce gain, if any, on line 17 to the extent of line loss from line 5. 21. Add the gain(s) on line(s) 16 and 19. 22. Reduce the loss on line 20 to the extent of 23. Enter smaller of amount on line 23 or line 23.	ra gain, enter a zero  is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and in line 5.  D (Form 1040), line 11 e 15 unt on line 16 , enter a zero of loss, if any, on line 18 (sees of loss, if any, on line 18 (sees of loss, if any, on line 21 (see Instructions (SEE))  I 10  11  12  13  14  15  16  17  18  19  20  21	
11 Enter loss from line 3; if line 3 is zero or 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D 14 Combine amounts on 1976 Schedule D 15 Enter gain, enter gain; if zero or a loss, e 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amount 18 Enter loss from line 2; if line 2 is blank, 19 Reduce gain, if any, on line 17 to the extent of 18 Enter loss from line 5 20 Enter loss from line 5 21 Add the gain(s) on line(s) 16 and 19 22 Reduce the loss on line 20 to the extent of 23 Enter smaller of amount on line 22 or line 24 Subtract amount on line 23 from the loss 24 Subtract amount on line 23 from the loss	ra gain, enter a zero.  is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 te 15 unt on line 16 , enter a zero of loss, if any, on line 18 (sees of loss, if any, on line 18 (sees of loss, if any, on line 21 (see Instruction CIII) e 13 (if line 22 is zero, enter a zero)  22 23	
11 Enter loss from line 3; if line 3 is zero or 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D i 15 And if gain, enter gain; if zero or a loss, e 15 Enter gain, if any, from 1976 Schedule I 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amount 18 Enter loss from line 2; if line 2 is blank, 19 Reduce gain, if any, on line 17 to the extent of 18 Enter loss from line 5 20 Enter loss from line 5 21 Add the gain(s) on line(s) 16 and 19 22 Reduce the loss on line 20 to the extent of 23 Enter smaller of amount on line 22 or line 24 Subtract amount on line 23 from the loss 25 Enter 50% of the amount on line 24	ra gain, enter a zero.  is zero or a loss, enter a zero the gain, if any, on line 12.  (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 e 15 unt on line 16 , enter a zero of loss, if any, on line 18 (sees of loss, if any, on line 18 (sees of loss, if any, on line 21 (see Instruction CIS) e 13 (if line 22 is zero, enter a zero) c on line 13	
11 Enter loss from line 3; if line 3 is zero or 12 Enter gain, if any, from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D i 15 And if gain, enter gain; if zero or a loss, e 16 Enter gain, if any, from 1976 Schedule I 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amount 18 Enter loss from line 2; if line 2 is blank, 19 Reduce gain, if any, on line 17 to the extent of 18 Enter loss from line 5 20 Enter loss from line 5 21 Add the gain(s) on line(s) 16 and 19 22 Reduce the loss on line 20 to the extent of 23 Enter smaller of amount on line 22 or line 24 Subtract amount on line 23 from the loss 25 Enter 50% of the amount on line 24 26 Add lines 10, 23, and 25	ra gain, enter a zero.  is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 te 15 unt on line 16 , enter a zero of loss, if any, on line 18 (see of left)  if the gain, if any, on line 21 (see Instructions CIII) e 13 (If line 22 is zero, enter a zero) c on line 13	
11 Enter loss from line 3; if line 3 is zero or 11 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 i 13 Reduce loss on line 11 to the extent of t 14 Combine amounts on 1976 Schedule D and if gain, enter gain; if zero or a loss, enter on line 14 is zero, ON enter on line 22 the loss shown on line 22 the loss shown on enter on line 22 the loss shown on line 15. Enter gain, if any, from 1976 Schedule II for Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount line loss from line 2; if line 2 is blank, line Reduce gain, if any, on line 17 to the extent instruction B) 20 Enter loss from line 5 21 Add the gain(s) on line(s) 16 and 19 22 Reduce the loss on line 20 to the extent of line 23. Enter smaller of amount on line 23 from the loss 25. Enter 50% of the amount on line 24. Add lines 10, 23, and 25. Enter here and enter as a (loss) on Form.	ra gain, enter a zero.  is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 te 15 unt on line 16 , enter a zero of loss, if any, on line 18 (see of left)  if the gain, if any, on line 21 (see Instructions CIII) e 13 (If line 22 is zero, enter a zero) c on line 13	
11 Enter loss from line 3; if line 3 is zero or 11 Enter loss from line 6  12 Enter gain, if any from line 3; if line 3 is 2. Reduce loss on line 11 to the extent of the standard line 1. Reduce loss on line 11 to the extent of the standard line 1. Reduce loss on line 11 to the extent of the standard line 1. Reduce loss on line 1. Reduce loss shown on 1. Reduce gain, if any, from 1. Reduce loss shown on 1. Reduce gain, if any, from 1. Reduce gain, if any, from 1. Reduce gain, if any, on line 2. Reduce the loss on line 2. Reduce the loss on line 2. Reduce the loss on line 2. Reduce gain, of the amount on line 2. Reduce the loss on line 2. Reduce gain, of the amount on line 2. Reduce gain, of the gain gain gain gain gain gain gain gain	is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 ee 15 unt on line 16 , enter a zero of loss, if any, on line 18 (see of loss, if any, on line 18 (see of loss, if any, on line 21 (see Instructions 22) e 13 (if line 22 is zero, enter a zero) c on line 13  24 25 26 26 27 28 29 20 20 20 21 21 22 23 24 25 26 26	
11. Enter loss from line 3; if line 3 is zero or 12. Enter loss from line 6 13. Reduce loss on line 11 to the extent of the standard line amounts on 1976 Schedule Display and if gain, enter gain; if zero or a loss, enter on line 14 is zero, ON enter on line 22 the loss shown on 15. Enter gain, if any, from 1976 Schedule II. 15. Enter gain, if any, from 1976 Schedule II. 16. Enter smaller of amount on line 14 or line 17. Enter excess of gain on line 14 over amount line 2 is blank, 19. Reduce gain, if any, on line 17 to the extent instruction B. 20. Enter loss from line 5. 21. Add the gain(s) on line(s) 16 and 19. 22. Reduce the loss on line 20 to the extent of 23. Enter smaller of amount on line 22 or line 24. Subtract amount on line 23 from the loss 25. Enter 50% of the amount on line 24. Enter here and enter as a (loss) on Form. (a) Amount on line 26. (b) \$1,000 (Married taxanavers filing assets.	is zero or a loss, enter a zero the gain, if any, on line 12. (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and in line 5.  D (Form 1040), line 11 e 15 unt on line 16 17 18 of loss, if any, on line 18 (see 19 20 21  if the gain, if any, on line 21 (see Instructions 22 e 13 (if line 22 is zero, enter a zero) c on line 13  1040, line 30a, the smallest of:	
11 Enter loss from line 3; if line 3 is zero or 11 Enter loss from line 6 12 Enter gain, if any, from line 3; if line 3 is 13 Reduce loss on line 11 to the extent of the standard line 14 Combine amounts on 1976 Schedule Display and if gain, enter gain; if zero or a loss, enter on line 14 is zero, ON enter on line 22 the loss shown on the 15 Enter gain, if any, from 1976 Schedule In 16 Enter smaller of amount on line 14 or line 17 Enter excess of gain on line 14 over amount line 18 Enter loss from line 2; if line 2 is blank, 19 Reduce gain, if any, on line 17 to the extent linstruction B) 20 Enter loss from line 5 21 Add the gain(s) on line(s) 16 and 19 22 Reduce the loss on line 20 to the extent of line 23 Enter smaller of amount on line 24 or line 24 Subtract amount on line 23 from the loss 25 Enter 50% of the amount on line 24 26 Add lines 10, 23, and 25 27 Enter here and enter as a (loss) on Form.  (a) Amount on line 26.  (b) \$1,000 (Married taxanyour filing as a loss) in the loss in the loss and line 26.	is zero or a loss, enter a zero the gain, if any, on line 12 (Form 1040), lines 3 and 11 enter a zero  MIT lines 15 through 21 and or line 5.  D (Form 1040), line 11 ee 15 unt on line 16 , enter a zero of loss, if any, on line 18 (see of loss, if any, on line 18 (see of loss, if any, on line 21 (see Instructions 22) e 13 (if line 22 is zero, enter a zero) c on line 13  24 25 26 26 27 28 29 20 20 20 21 21 22 23 24 25 26 26	

	100	2.7
NA	ME	4

5+P Ruby

CALENDAR YEAR 19- 76

## DEDUCTION SCHEDULE

		DEDUCTION		STATE	FEDERAL
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	JIAIL	- I DELIAL
2 MEDICINE/DRUGS			21a CASH CONTRIBUTIONS 21b PARTNERSHIP SHARE	ļ	1
3 LESS 1% A.G.I. (Line 18 - 1040)			GIRL/BOY SCOUTS	<del>                                     </del>	+
4 NET MED/DRUGS	<del></del>	1405	HEART FUND/CANCER FUND	<del> \</del>	100
5 H & A INS. (½ + EXCESS)		1703	RED CROSS/UNITED FUND		143
6a DR. ↓					
DR.		<b></b>	XMAS & EASTER SEALS MISC. ORGANIZED CHARITIES	<del>/</del>	
DR.		_	POLITICAL CONTRIBUTIONS	<b></b>	1
DR.		548	CHURCHES	1	
DR.		1276	CHORCHES		1
		<del>- </del>	<u> </u>		1
DR.			<del>                                     </del>		<del></del>
DR.		-	22 OTHER THAN CASH	ļ	
		<del></del>	23 CARRY OVER FROM PRIOR YRS	<del> </del>	
Sh.u.coni		1	24 TOTAL CONTRIBUTIONS	·	700
6b HOSPITAL		1-7	CASUALTY OR THEFT (LOSS)		
PROSTHETIC APPLIANCES HEARING AID		<del></del>	25 LOSS BEFORE ADJUSTMENT	1	
HEARING AID			26 INSURANCE REIMBURSEMENT	<del> </del>	
			27		
6c AMBULANCE			28 (\$100 LIMITATION PER CAS.)	<del>                                     </del>	
LABORATORIES		70.	29 TOT. CAS. OR THEFT LOSS	8	9
TRAVEL FOR MED. / 6000		1 0	MISCELLANEOUS DEDUCTION		
MEDICARE INC		<del>                                     </del>	30 ALIMONY	Ī	1
MEDICARE INS.		<del>/                                     </del>	31 UNION/PROFESSIONAL DUES		
GLASSES		2023	32 INCOME TAX PREPARATION	<b>-</b>	
7 MEDICAL EXPENSES		1065	UNIFORMS/PROTEC. CLOTHING	l	
LESS REIMBURSED BY INS.		232	SMALL TOOLS AND SUPPLIES		
8 LESS 3% ADJ. GROSS INC.			LAUNDRY AND CLEANING		
9		1791	AUTO USE/DAMAGE		
I+:½ (TO \$150) OF H & A INS.	1941	1941	INVEST.COUNSEL & PUBS.(Sched	<del> </del>	
	1991	1 17 7 1	EMPLOYMENT AGENCY FEES	<del> </del>	
TAXES		Ta	SAFE DEPOSIT BOX	l	1
1 STATE & LOCAL INCOME			TEL. REQ. IN BUSINESS	<del> </del>	
2 REAL ESTATE		924	POLITICAL CONTRIBUTIONS		
3 STATE & LOCAL GASOLINE		139	POLITICAL CONTRIBOTIONS	<del> </del>	
4 GENERAL SALES TAX		127		<del>                                     </del>	
5a PERSONAL PROPERTY	-	22	:	<del>                                     </del>	1
15h PERSONAL PROPERTY AUTO		5			1
6 SALES TAX AUTO		1	33 TOTAL MISC. DED.	00	45
		<del>                                     </del>	DE TOTAL MISS. CLD.		
	<del></del>	+			
		<del> </del>	SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
7 TOTAL TAXES	1128	1138	34 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		
NTEREST (TO WHOM PAID)	uda		35 TOTAL TAXES (From Line 17)	<b>†</b>	
8 MORTGAGE		2482	36 TOTAL INTEREST (Line 20)		
16 WOR IGAGE		6706	37 TOTAL CONTR. (Line 24)		1
		<del> </del>	38 CAS. & THEFT LOSS(ES) (Line 29)	<del>                                     </del>	1 ::
19 INSTALLMENT LOANS		35	39 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 33)	1	<del>- </del>
THO I ALLIVEN I LOANS		-ادد-	DEDUCTIONS (FROM LINE 33)	<u> </u>	
		+		<del>                                     </del>	1
		+	40 TOTAL ITEMIZED DEDUCTIONS	5686	3686
			TO ENTER ON FORM 1040 LINE 44	1 5080	1-08-0
			REMARKS		
		<del></del>		-	
	<b>;</b>	1	1		
20 TOTAL INTEREST	2517	2517			

NAME SOP RUBY 1.D. NO.	322-12-7997 CALENDAR	YEAR 19 7	6
SOC. SEC. NO.	FISCA	L YEAR END!	ING_
- <del> </del>		19	
SCHEDULE OF PROFIT (OR LOSS ) FROM BU	ISINESS OF PROFESSION		
	STRESS ON FROFESSTON		
PRINCIPAL BUSINESS ACTIVITY BUSINESS NAME	EMPLOYERS NO.		
BUSINESS ADDRESS	CHI CO) CHO HO!		
* TOTAL RECEIPTS		115947	
TO INVENTORY AT BEGINNING OF YEAR	<b>2</b>	1 3 7 7 7	<del>.</del>
G. MERCHANDISE PURCHASED	8836	1	
LÄBOR 1	- 00	1	
	-	1	
The state of the s		1	
14-		1	
TOTAL	8856		
INVENTORY AT END OF YEAR	2400	1 8456	
GROSS PROFIT		9491	
GROSS INCOME	•	9491	
OTHER BUSINESS DEDUCTION			
ADVERTISING "AUTO AND TRUCK EXPENSE	900		,
BAD DEBTS	900,		
CASH SHORT			
COMMISSIONS			
DELTIVERY			
DEPRECIATION ( SCHEDULE ATTACHED )	106		
DUES AND SUBSCRIPTIONS		1	ò
ENTERTAINMENT AND PROMOTIONAL			•
INSURANCE	637		
INTEREST	419	1	
JANITOR SERVICE			
LAUNDRY		]	
·· LEGAL AND ACCOUNTING	50		
, MAINTENANCE			
OFFICE SUPPLIES AND EXPENSE			
RENT	1608		
REPAIRS	13		٠.
SALARIES AND WAGES			
. SALARIES OFFICERS			,
SUPPLIES	15.5 /		
TAXES AND LICENSES	28 9		
TAXES - PAYROLL	1/3	1	
TELEPHONE	169		-1.
TRAVEL			-
		1	
		- auc	
,NET PROFIT OR ( LOSS ) - FEDERAL RETURN		3 173	<del>- :</del>
NEL PROFILE OR ( LOSS ) - FEDERAL RETURN		2276	
NET PROFIT OR LOSS ) - STATE RETURN ( SEE DEPREC. SCHEDU	LE FOR DIFF. )		

PROFESSIONAL STATIONERS INC. FORM 104
LOS ANGELES, CALIF.
NW 88326 Docld:32245535 Page 18

SCHEDULE

SCHEDULE OF DEPRECIATION / MODELIZATION  SCHEDULE OF DEPRECIATION / MODELIZATION  FOR ALL P  E/D VII  BALL P  E/D VIII  BALL P  AL 200   200	TOTAL DEPRECIATION THIS YEAR	CIATION	DEPR	TOTA	)							.				
SCHEDULE OF DEPRECIATION / AMORTIZE  COST OR  COST OR  SEC. 208  DEPRECIATION / AMORTIZE  OUT OTHER ANSIS  DEPRECIATION / AMORTIZE  PRIOR  DEPRECIATION / AMORTIZE  DEPRECIATION / AMORTIZE  DEPRECIATION / AMORTIZE  PRIOR   ,	THIS Year.	urchased	Items P	tion on	Deprecia	itional	20% Adc	Add								
SCHEDULE OF DEPRECIATION / AMORTIZE  SCHEDULE OF DEPRECIATION / AMORTIZE  COST OR  SEC. 208  DEPRECIABLE OEP  AND 1112  BLOOD  CONTROLL  BLOOD  COST OR  SEC. 208  DEPRECIABLE OEP  ANSIS  PHO  ANSIS  DEPRECIABLE OEP  ANSIS  PHO  ANSIS				-									TOTALS			
SCHEDULE OF DEPRECIATION / AMORTIZE  COST OR  COST OR  COST OR  SPEC 20%  DEPRECIATION / AMORTIZE  PRIO  TO O D WICL  BLOO  132.00  132.00  100  100  100  100  100  100  100						_								: 		
SCHEDULE OF DEPRECIATION / AMORTIZE  COST OR  CO				-	-		_									
SCHEDULE OF DEPRECIATION / AMORTIZA  NO OF PROPERTY  ACQUIRED  ACQ				$\vdash$	<u> </u>	-										
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  DATE  COST OR  SPEC 208  DEPRECIATION / AMORTIZA  DEPRECIATION / AMORTIZ				-	$\vdash$											
SCHEDULE OF DEPRECIATION / AMORTIZE  DATE COST OR SPEC 208  DEPRECIABLE DEP ACQUIRED WO YR OTHER BASIS  DEPRECIABLE DEP BASIS PRIO DEPRECIATION / AMORTIZE DEPRECIABLE DEP BASIS PRIO DEPRECIATION / AMORTIZE DEPRECIATION / AMORTIZE DEPRECIABLE DEP BASIS PRIO DEPRECIATION / AMORTIZE DEPRECIATION / AMORTIZE DEPRECIATION / AMORTIZE DEPRECIABLE DEP BASIS PRIO DEPRECIABLE DEP				$\vdash$	-	-									,	
SCHEDULE OF DEPRECIATION / AMORTIZA  DATE ACQUIRED ACQUIRED OTHER BASIS OEF AASIS OF				-						-						
SCHEDULE OF DEPRECIATION / AMORTIZZ  COST OR SPEC 20%  ACQUIRED OF PROPERTY  ACQUIRED OF DEPRECIATION / AMORTIZZ  DEPRECIATION / AMORTIZZ  ACQUIRED OF DEPRECIATI				-	-											
SCHEDULE OF DEPRECIATION / AMORTIZZ  COST OR SPEC 20%  OUTHER BASIS  COST OR SPEC 20%  DEPRECIATION / AMORTIZZ  OUTHER BASIS  OU				-	+					-						
SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED  ACQUIRED  ACQUIRED  OF PROPERTY  ACQUIRED			-	_											Terry	
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED OF ACQUIRED O		2 0.2 2		-	-					<del>                                     </del>			. ,			
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  DATE ACQUIRED WO YR OTHER BASIS  DEP BASIS PRIO DATE 13200  13200  140  150  150  150  150  150  150  1				-	-	-										
SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED NO VR OTHER BASIS  DEP BASIS PRIO  10 0 0 WILL  13 200				-		-				-						
SCHEDULE OF DEPRECIATION / AMORTIZA  DATE COST OR SPEC 20% ACQUIRED WO YR OTHER BASIS DEP BASIS PRIO  CO O O WILL 3200					-											
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED OF PROPERTY  ACQUIRED OF PRIOR  ACQUIRED OF P					-											
SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED MO YR OTHER BASIS  DEP BASIS  PRIO  13200  13200					-	i sala .										
SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED OF PROPERTY  ACQUIRED OF			·			ŀ										
SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED MO YR OTHER BASIS  DEP BASIS PRIOR  13200	- 2							·	1,1							•
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  ACQUIRED ACQUIRED OF PROPERTY ACQUIRED O	, W		3													
SCHEDULE OF DEPRECIATION / AMORTIZA  SIND OF PROPERTY  ACQUIRED  MO  VR  OTHER BASIS  DEP  BASIS  PRIO	13.40	, de										200	<del>22</del>		DWILL	Foo
SCHEDULE OF DEPRECIATION / AMORTIZA  SCHEDULE OF DEPRECIATION / AMORTIZA  COST OR SPEC 20%  ACQUIRED DEP  ACQUIRED DEP  ACQUIRED DEP  BASIS PRIOR  BASIS PRIOR  ACQUIRED DEP		•														
SCHEDULE OF DEPRECIATION / AMORTIZATION  SCHEDULE OF DEPRECIABLE DEP ALLOWED REMAINING OR LIFE OF DEPRECIABLE DEP ALLOWED OR LIFE OR L	901	1040	-	2	711	0		-112				112	177		2 3	TY D
SCHEDULE OF DEPRECIATION / AMORTIZA	DEPRECIAT FOR THIS YEA	RATE(%) OR LIFE (YRS)	METHOD	AINING		P ALLOWED		EPREC! A!			SPEC 20%	COST OR		E>	PROPERTY	K I ND OF
SOC. SEC.						ZATION	MORTI		PRECIATI	8 · 1	HEDULE O	S(				
SOC. SEC.			ı													
	יין אין אין אין אין אין אין אין אין אין	SCAL TEAT						į,								ADDRESS

. 500. 110.

				P	G/	AINS ON IN	STA	LLMENT	SAI	LES	,				
DESCRIPTIO	N OF P	ROP	ERTY _	LOF	F	EE_	1	601	<del></del>			· · · · · · · · · · · · · · · · · · ·		· .	
DATE ACQU	IRED _	-		2/11	2_	4		DATE	SOL	9/2	-/7	75	<u> </u>		
		gh <sub>i</sub> t	-	7								,	ii.,	!	i
TYPE OF AS	SSET:	3 .		,						CAPITAL	-	SEC. 124	15	SEC. 125	0
	. 14	1,14	-									3			
1. SELLING				·						\$		\$20142		\$	<u></u>
2.	1 420	NO		<u> </u>							-	48152	2		+-
3.		•		TRANSFE	RRE	D					-				
4.		7	HER .		<del></del>			1				7.45			-
5. ' GI			PRICE	(1+2+3+4)							-	68300			-
6. COST O				·	• •	·		· · ·		\$	-	s 75226		\$	7 63.31
7. LESS A				ECIATION		<u> </u>		· ·		The second se	2019546:				
<sup>*</sup> 8 PF				·									e se		
9:  PF				. ,	* :	<u> </u>	,			Part 417	规划			and the same of the	9592N29
10. AF							·	·			14	2313	THE STREET		
11. 🤼 ST									·	队的主义的				:	
12. Ł E>						· · · · · · · · · · · · · · · · · · ·					1				
13. EX	CESS O	VEF	S/L AF	TER 12-31	-69						4100	A B F T			
14. ADJUST	ED BAS	IS (	(6-7 TH	RU 13)					<u>.</u>			42915	-		
15." EXPENS	ES OF S	ALE	Ē .									238	·   ·		
16. TOTAL	ADJUST	ED	BASIS (1	4 + 15)							<u> </u>	43153			
17. TOTAL	GROSS	PRO	FIT (5 -	16)	-					\$	I SANCE				e C
18. TOTAL	GROSS	PRO	FIT - O	RDINARY								\$ 23/3		\$	
19. TOTAL	GROSS	PRO	FIT – O	THER						Turk Line	3	\$22831	1	\$	
20. CONTRA	ACT PRI	CE	(1 + 2 +	4)			<i>.</i>		,	\$		\$ 68307	2	\$	,
21. GROSS	PROFIT	% .									%	36.87	-%		%
22. PAYMEI	NTS REC	EIV	ED YEA	R OF SALE				•						,	. :
23. CA	ASH (1)	iw'		1			. :					20148	<b>&gt;</b>	14 25	
24. PR	INCIPA	L CC	LLECTI	ONS								-0-	-		
25.₹ <sup>*</sup> Ex	CESS M	OR	rgage.c	VER BASIS	;	-						-0-	+		
26. O												-0-	+	; i 6-	
27: TOTAL	PAYMEN	NTS	(23 TH	RU 26)								20148		'	17
28. RECOGI	NIZED G	AIN	j	,				,							
29. RECOGI	NIZED G	AIN	- ORD	NARY							-	2313		5 K	
30. RECOGI	NIZED G	AIN	- OTH					,	,			5105			·
TAY	TOTAL		LESS INT.		CTIO		VARY	INCOME	ECTIO	N. 1050			DITA	L GAIN	
TAX- ABLE P	TOTAL AYMENTS	5	(TO PT. 2.	REPORTE		N 1245 BALANCE	_	REPORT		BALANCI	-	REPORTE		BALANCI	F
	0148	3.1		7418		15416.			<u> </u>	DALANG		KEIOKIE	· · ·	1,33	7
- V- V-	503	1,-	MONE 4959	5355		10061		·	1.	· .		-	7	- ,- ,-	
1/2011		<del></del>	1127	130		10061			<del> </del> -						-
(A. 7) (A. 7)	145 A 1					<del>                                     </del>	$\dashv$								
								<del></del>	<del> </del>	1		,		er .	
All Marie Control of the Control of			,			<del> </del>		1.		<del> </del>				1.77	
5 10 V .			."	*		-	_		-					¥1 .	
**************************************			:												
2, 200	, ,	* * .	A										*	Yh Yh	,
	<u> </u>	·	·				+	<del> </del>	1	1			-17		
1 10	7 1 1			4			- 1		1	1			1 1.	4 2 26	ı <b>I</b>



TAXABLE YEAR

. ]			INCOME TAX				L. E.	1	
	PLAC Enter	E 500	PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) ial security number(s) only if incorrect or not shown on label.	Check One:		cal Yea	r Ending	ALC: UNKNOWN	1977
. [	MΔ	MF	(If joint return, give first names and initials of both) LAST NAME		SEE PA	GE 2 C	NOTIF	RUCTIO	0NS
		_	AMUEL & PHYLLIS RULY	Ī	2-	Your Soci	al Security	Number	20 -
	-		NT HOME ADDRESS (Number and street, including apartment number, or regal route)		52	2	cial Securi	hu Numb	77/
	PRE	SEI	162 SD BIRCHER ST		34	Guse's Sc	Ciai Securi	ty Humo	20
	l		TOWN OR POST OFFICE, STATE AND ZIP CODE			Yours	SIE		D. A. S. S. S.
4.	CIT	Υ,			OCCU- PATION	Spouse's			
			The state of the s			opour.	-	7	
	и и	_	Single (Check Only One) 6 Personal If line 1 or 3 checked, enter \$		}			6 5	O 00
		X	Married filing joint return (even if only one had income)	\$50	)				
٠,		3 -	T Senarate return of married person—Enter spouses light to not list the person who qualifies you as i	nead (	of house	nold		Ш	1 1
- 1	Į.	_	essial security number and full name here		<del></del>	·			
	S	٠.			<u> </u>			11,	,
	Z Z	4 г	Head of Household—Enter name of qualifying Head of Household—Enter name of qualifying	ber 🏻	1		× \$8 ø	7 . 1	900
	릢	_	individual 8 Blind (see instructions) Number of blind exe	mptio	ns		× \$8	8	00
		5 r	J Widow(er) with dependent child (Year spouse died 197_) (19 Total exemption credits (add lines 6, 7 and 8)	Enter	r here an	d on li	ne 20	9	6 00
	بالبا	70.40	the state of the s	-			Open many was not	<u> </u>	
,	1	0	Wages, salaries, tips and other employee compensation { Attach copy 2 of Form(s) W-2 to face of this } return. If unavailable, see instructions, Page 10 }		• • • •	. ed 10	· · · · · ·	ξ	
. "	ું 1	1	Dividends-before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))		. : .	. <b>o</b> 11	~~		
	A 1	2	interest. Enter total (if over \$400, complete and attach Schedule B(540))			. C 12		95,	
	-	3	Income other than wages, dividends and interest (from line 48)			. 13		4/6	
,	ᇤ	4	Total (add lines 10, 11, 12 and 13)				77.	<i>41.</i>	
	5 .	5	Adjustments to income (from line 55)				<	<del>}</del>	
	æ・ 変 1	6	Adjusted gross income (subtract line 15 from line 14)				ר כ	41	'
11	£ 1	_				56,088	<del>- / - /</del>	_	
	<u></u>		o If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 15			-	1.5		1
,	~		o If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.	•		- 1	1 <2	86	£
,;	700 PV	17	Deductions: Itemized (from line 63) OR STANDARD (\$1,000 if line 1 or 3 checked-\$2,000 if line 2, 4 or 5 ch	iecked	d)	. <b>G</b> 17			= 1 9
	<u>ت</u> _ 1	8	Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19 .			. C 18	10	55	
: ;	ATTACH	19	Tax from (check one) Tax Table Tax Rate Schedule Income Averaging Schedule (G or	G-1)		. <b>e</b> 19	7	3	
	=	20	Total exemption credits (from line 9, above)			. 20	- 9	6	<del></del>
	∇ .	21	Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)		:	. 21	-0		
		22	Other credits (from line 68—Including Special Low Income Tax Credit)		,	□ 22			-
	:	23	Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)			. 23	- 0	>	
			Other taxes (from line 71)	· ·	(	<b>9</b>   24	<u> </u>		
	. 2	25	Total tax liability (add lines 23 and 24)		,	25 🖪	-		-
	Δ.	26	Total California income tax withheld (attach W-2 or W-2P to face of this return)		₹/				
;	æ	27	Renter's credit—if you lived in rented property on March 1, 1976, complete Part 1 on page 2 27		<b>O</b>				
		28	1976 California estimated tax payments		0				
	<b></b>	29	Excess California SDI tax withheld (see instructions)						
		30	Total Credits			. 30		-North	- 1
	<u>-</u>	_	If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.			+-		:	
	y 0.	31	Mail return to: FRANCHISE TAX BORD PAY	IN F	ULL>	<b>=</b> 31	0	1	
	money	-	SACRAMENTO, CA 95867			Do	not write i		spaces
,	Ē :	32	If line 25 is smaller than line 30, enter amount OVERPAID	C	)	Р		5	
٠;	2 :	33	Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.			E		1	1 .
., .	check		Mail return to: FRANCHISE TAX BOARD 33 P.O. BOX 13-540		-935000	М	• •	;	
	5	:	SACRAMENTO, CA 95813			A	<del>, , , , , , , , , , , , , , , , , , , </del>	1	
			Amount of line 32 to be credited on your 1977 ESTIMATED TAX 34			R			
, ,		34							
,,,,,	Į,	lf y	you do NOT want State income tax forms and instructions mailed to you next year, check here	Instru	actions,	Page 9	No. 1	a a	
Ţ.	E .	110	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	state	ments. a	nd to th	ne best o	f mv kr	nowledge
	S	an	d belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all infor	matio	n of whice	ch prep	arer has	any kn	owledge.
	cia,	-"							
٠	S	2	GN Vour signature Date Preparer's signature (o	ther #	han farneve	er)			Date
	Write social security number		Your signature Date Preparer's signature (o	4/	44	7	. :	7.	
	NW	88	Doelde 32245535 Page 024 return Date Address (and Zip code)	,	e			·.	
			, ·						

PART I - Renter's Credit - All questions must be answered					
35 Did you, on March 1, 1976, live in rented property which was your principal residence?	□ Yes	0446	If no, you	may not cla	im this credi
36 Was the property you rented exempt from property tax?	□ Yes	□ No	If yes, yo	u may not cl	aim this cred
37 Did you live with any other person who claimed you as a dependent for income tax purposes?	□ Yes	□ No	If yes, yo	u may not cl	aim this cred
38 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?:	□ Yes	□ No	If yes, se	e page 3 of i	instructions
PART II - Other Income	V			:	
39 Business income (or loss) (attach Schedule C(540))			•	39 35	546
40 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))			0	40 / /	500)
41 Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))				41	·
42 Pensions and annuities				42	·
43 Rents and royalties ATTACH		,	0	43	
44 Partnerships			•	44	
45 Estates and trusts / L				45	
<b>46</b> Farm income (or loss) (attach Schedule F(540))			0	46	
47 Miscellaneous income	1	F			
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	1	47a			
(b) Alimony		47b			
(c) Other (state nature and source)	150	47c.l		47	
Enter total of lines 47(a), 47(b), and 47(c)		-freezencennesserven		47	-011
48 Total (add lines 39 thru 47). Enter here and on line 13				48 65	-y6
PART III - Adjustments to Income					
19 "Sick pay," if included in line 10 (see instructions - attach Form FTB 3805T)		: . :		49	
50 Moving expenses (see instructions - attach Form FTB 3805U)				I . I	1
Employee business expenses (See instructions - attach Form FTB 3805N)			6	51	
2 Military exclusion (see instructions)	1	,	0	52	
53(a) Payments to an individual retirement arrangement (attach FTB 3805P)	5	53a	,		
(b) Payments to a Keogh (H.R. 10) retirement plan		53b			
(c) Payments to a self-employed "Defined Benefit Plan"				<del>                                     </del>	
Enter total of lines 53(a), 53(b), and 53(c)			t <del></del> 0	53	
54 Forfeited interest penalty (see instructions)				54	
5 Total adjustments (add lines 49 thru 54). Enter here and on line 15			<u> </u>	55 .	, ,
PART IV - Itemized Deductions					
o Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below		•		1	111
6 Total deductible medical and dental expenses (from Schedule A(540), line 10)			•		141
7 Total taxes (from Schedule A(540), line 17)					28
8 Total interest expense (from Schedule A(540), line 20)				1	517
9 Total contributions (from Schedule A(540), line 24)					00
Total casualty loss (from Schedule A(540), line 29).				60	<u> </u>
1 'Total miscellaneous deductions (from Schedule A(540), line 33)				62	·
33 Total itemized deductions (add lines 56 thru 62). Enter here and on line 17					86
				) Db	<i>y 🖙</i> 📗
PART V - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW				1	· ·
4 "Other State" net income tax credit (attach copy of other state return and Schedule S(540))		• • • •		64	
S <sup>4</sup> Retirement income credit (attach Schedule R(540))				1	
6 Special low income tax credit (see special instructions)		• • • • •	• • • • •	1 1	·:
77. Solar energy tax credit (see special instructions)				67	
8 TOTAL (add lines 64 thru 67). Enter here and on line 22			· · · · · · ·	68	·
PART VI – Other Taxes					÷: '
69 Tax on preference income (see instructions - attach Schedule P(540)				69	'
70 Tax on premature distributions from attached Form FTB 3805P				70	
71 Total (add lines 69 and 70) enter here and on line 24 · · · · · · · · · · · · · · · · · ·			. ,	71	
PART VII — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different i				be low.	
			4		
1. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					***************************************
1. · · · · · · · · · · · · · · · · · · ·					





# ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE

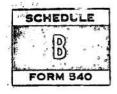
Name as shown on Form 540

Ruby

Social Security Number 322 | 12 | 799

USE ONLY IF YOU DO NOT USE THE TAX TABLE OR TAKE THE STANDARD DEDUCTION

**				
edical and dental expenses (not compensated by insurance	e or otherwise) for	Contributions		
medicine and drugs, doctors	, dentists, nurses,	21(a). Cash contributions for which you have receipts,		
hospital care, insurance pren	niums for medicar	canceled checks, etc.		·····
care, etc.	.	(b). Other cash contributions. List donees and		
. One half (but not more than \$150) of insurance		amounts		ļ
premiums for medical care			·,,	ļ.,
T				
B. Enter 1% of line 16, Form 540	-			ļ
		22. Other than cash.—See instructions for required state-	,	
1. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		ment	,.,,	,
<b>1</b>		23. Carryover from 1974 & subsequent years - See		
5. Enter balance of insurance premiums for medical care not entered on line 1		instructions		↓
3. Other medical and dental expenses:		24. Total— (Add lines 21a thru 23. Maximum de-		
		24. Total— (Add lines 21a thru 23. Maximum deduction may not exceed 20% of adjusted gross	121	
(b) Hospitals		income. Enter here and on Form 540, line 59)	100	].
			<del> </del>	┼─
(c) Other (itemize)		Casualty or Theft Loss(es)		
		NOTE: If you had more than one loss, omit lines 25		
SCH		through 28—See instructions for guidance		.
		25. Loss before insurance reimbursement		ł
	<del></del>	26. Insurance reimbursement		ļ.:
. I day the state of the state		27. Subtract line 26 from line 25, Enter difference		1 :
B. Enter 3% of line 16, Form 540		(If less than zero, enter zero)		+
9. Subtract line 8 from line 7. Enter difference (if less		28. Enter \$100 or amount on line 27, whichever is		١.,
than zero, enter zero)		smaller		, ,
0. Total—(Add lines 1 and 9. Enter here and on Form	1941	29. Casualty or theft loss (subtract line 28 from	1	
540, line 56)	1 1 1	line 27. Enter here and on Form 540, line 60)	James 109	
axes				
		Miscellaneous Deductions		
1. Auto license—Excess of registration and weight fees (see instructions)		30. Alimony paid to:		l
		31. Employment Education Expense		
		32. Union dues	1	1
		Other (itemize)	1	
4, 000000		Other (Itemize)	1 .	
8. Other (itemize)				
- 1			1.0	Ī
		33. Total (Add lines 30 through 32. Enter here and		T
		on Form 540, line 61)	The same	
17. Total taxes—(Add lines 11 thru 16. Enter here and	16-17	011 T 0111 0 10, THE 027	<del></del>	┼
on Form 540, line 57)	II IX	Child Care and Adoption Expense		
on rom 540, time 577		34. Child care expenses - Attach Form 3805X		
nterest Expense			1	
8. Home mortgage		35. Total adoption expense	1	
9. Other (itemize)		Less 3% of line 16, Form 540 · L	1	
		36. Net adoption expenses — See instructions		1
411		for maximum limitations	-	+-
		37. Total child care and adoption expenses	300	
20. Total—(Add lines 18 and 19. Enter here and on	2/3	(add lines 34 and 36. Enter here and on	Commence	1
Form 540, line 58)	75//	Form 540, line 62)		1
Total 340, Title 30)	11		<del></del>	┸





Name as shown on Form 540

SOFP RUDI Social Security Number

1. Gross dividends	and other distributions on stock—List payers and amounts—Write (H), (W), (J), for stock held by husband, wife, jointly.		
	3 1 1		
	<u> </u>		1
	<del></del>		
			T
4		-	
			1
			1
			1
			1
			1
	· · · · · · · · · · · · · · · · · · ·		1
	······································		1
3. Nontaxable dist	ibutions	-	

#### PART II-INTEREST INCOME

Interest on bonds, debentures, loans, notes, tax refunds and all types of savings accounts including banks, credit unions and postal savings is taxable.

Line 1—Gross Dividends and Other Distributions on

Stock-If gross dividends and other distributions (including capital

gain dividends) on stock were \$400 or less, do not complete

Interest on the following obligations is exempt from tax:

- (a) Bonds and other obligations (other than tax refunds) of the United States, the District of Columbia and territories of the United States. (Interest on Philippine Islands obligations issued on or after March 24, 1934 is not exempt.)
- (b) Bonds (but not other obligations) of California and its political subdivisions issued after November 4, 1902.

tions), less nontaxable portion, if any, on Form 540, page

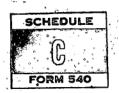
"Capital gain dividends" are treated as ordinary dividends for

Do NOT deduct the \$100 federal exclusion.

(c) Interest on bonds of Alaska and Hawaii issued prior to their achieving statehood.

Note: If total taxable interest income was \$400 or less, do not complete this part; but enter the total amount of interest received on Form 540, page 1.

1 Interest income. Liet powers and amounts	D 8
1. Interest income—List payers and amounts  NOTE ON WOODLEY BISTRO	4959
UPL	175
TRANS WORLD	- in
	191
WOUD	
	7.8
2. Total Interest Income. Enter here and on line 12, Form 540	5195



Attach this schedule to your income tax return, Form 540 or 540NR

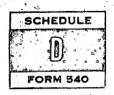


## PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

TAXABLE YEAR

Partnerships, joint ventures, etc., must file on Form 565

Name as sho	wn on Forr	5 JP Ruby						322-1	2-799
A. Name and				Ç			В.	Federal Employ	er I.D. No.
1.1	D	WITH ATTELL C	HAP 160	55 1km	TURA	BLUD	Encinada, a	75-265	15-78
NOO (R	<del>-67-1</del>	activity (i.e., retail-hardware; wholesa	do toboso cor	ions lorral, etc.)	55 RUI	C8 -	Snach	BAR	·
C. Principal	business	activity (i.e., retail—nardware; wholesa of accounting:   cash;   accounting:	ane-topacco; serv	ior					
D. Indicate	method o	of accounting: Cash; Jacobs	or filed (if requi	ired)? IN YES I	¬ NO				F 31 D5 31
E. Were For	ms 591, 5	92, 596 and 599, for the calendar ye y valuation ► 0 5	a meu m requ	1100					
r. Wetnou o	or inventory	stantial change in the manner of dete	ermining quantitie	es. costs, or valu	ations between	een the openin	g and closing inv	entories?	
was ther	e any sub	f "Yes," attach explanation.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					. 4.
TES	NO	ii. ies, attacii explanation.					Balance	▶	:
1 Gross re	eceipts, s <u>a</u> l	es, or fees \$Less	returns and all	owances \$					
2 Inventor	y at begin	ning of year (if different from last year	ar's closing inver	ntory, attach expla	nation		`		
3 Purchase	es \$	Less cost of items with	ndrawn for perso	onai use \$					
4 Cost of	labor (do	not include salary paid to yourself).				;;		7	
5 Material	is and su	pplies						7	
6 Other co	osts (expla	in in Schedule C-2 or attach Schedule	e),				-	· · · · ·	
7 Total	of lines 2	2 thru 6		,					
8 Inventor	ry at end o	f this year	•••••••						
9 Cost of	goods sol	d (subtract line 8 from line 7)			,	,			
10 Gross p	rofit (subtr	ract line 9 from line 1)							
11 Other is	ncome (at	tach schedule)							Λ
12 Total	Income (a	dd lines 10 and 11)	.,,.,.				************		
٠. :		OTHER BUSINESS	DEDUCTIONS						
13 Deprecia	ation (expl	ain in Schedule C-1 or attach Schedu	ile)					7	
14 Taxes o	n business	and business property (explain in Sch	nedule C-2 or att	ach Schedule)					b
15 Rent or	n business	property							3 · · · · · · · · · · · · · · · · · · ·
16 Repairs	(explain in	Schedule C-2 or attach Schedule)							
17 Salaries	and wage	s not included on line 4 (exclude any	y paid to yourse	lf)		. ,			er er g
18 Insurance	ce	· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •		-	
19 Legal a	and profes	sional fees	. ,						1.
20 Commis	sions				. ,	· · · · · · · · · <del> </del>			
21 Amortiz	ation (atta	ch statement)		,		grantent (		_	
22 Retirem	ent plans.	etc. (other than your share, see ins	tructions)					_	•
23 Interest	t on busin	ess indebtedness						_	
24 Bad del	bts arising	from sales or services (Not applicable	le if reporting o	n cast baris)		·····-			
25 Depletion	on (attach	schedule)				·····			
26 Other b	business ex	xpenses (explain in Schedule C-2 or	attach Schedule)			· · · · · · · · · · · · · · · · · · ·	1		
27 Total	of lines	13 thru 26				.,	-/+-	3	-311
28 Net pro	ofit (or los	s) (subtract line 27 from line 12), Ent	ter here and on	Page 2, Form 540	or 540NR	5	C-()		546
13.	_	Group and guideline class or description of property	Date Acquired	Cost or other basis	allowed	reciation (or allowable) rior years	Method of computing depreciation	Life or Rate	Depreciation for this year
Schedule C-1 Depreciation Claimed on line									
335									
Sep Sep					1c	11			106
Sail					$\rightarrow$	$A \perp \underline{}$			
.,	LINE			AMOUNT	LINE		EXPLANATION		AMOUNT
	NO.	EXPLANATION		AMOUNT	LINE NO.		EXPLANATION		Alliooiti
25.5				: :				ı	
9 6	1			<del></del>					
= ## E		1	-		1		•	- 1	
Schedule G-2 Explanation of Lines 6, 14, 16, and 26.		-			1 1				
, A	<del></del>				1-1-				
	1				<del></del>				
(Pov. 197	75) _		SCHE	DULE F ON	REVERSE				





# CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR



Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NR	Rubi			29	Social Security Number
>\\forall \text{!}	Į.			<u> </u>	
PART I—Assets Held One Year or La  a. Kind of property and description (Example, 100 shares of "2" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo day, yr.)	. d. Gross sales price	e. Cost or other basis as adjusted, cost of subse- quent improvements (if not purchased, attach explanation) and ex- pense of sale	f. Gain or loss (d. less e.)
1.					
					1
***************************************					
<ol> <li>Enter gain (or loss), if applicable, from</li> <li>Enter your share of net gain or loss from</li> <li>Net gain or loss, combine lines 1, 2 and</li> </ol>	om partnerships a	nd fiduciaries .		· · · · · · · · · · · · · · · · · · ·	
PART II—Assets Held More Than On	Year But Not	More Than Fiv	e Years		
5.					
Ins	TALLMA	nt sr	いしと		5355
<ol> <li>Enter gain (or loss), if applicable, from</li> <li>Enter your share of net gain or loss fr</li> <li>Net gain or loss, combine lines 5, 6 an</li> <li>PART III—Assets Hold More Than Fiv</li> </ol>	om partnerships a d 7 (If gain, see 54	nd fiduciaries .			5355
9.		T:		7.3	
				777	
				74044	
<ul><li>10. Enter gain (or loss), if applicable, from</li><li>11. Enter your share of net gain or loss fr</li><li>12. Net gain or loss, combine lines 9, 10 c</li></ul>	om partnerships a	nd fiduciaries .			
PART IV—Summary of Capital Gain	s and Losses				-
<ul> <li>13. Enter amount from line 4</li> <li>14. Enter 65% of the amount on line 8</li> <li>15. Enter 50% of the amount on line 12</li> <li>16. Enter unused capital loss carryover from 17. Combine the amounts shown on lines</li> </ul>	n preceding taxal	ole years (affach	computation) .	3481 (15042)	(15b)
<ul><li>18. If line 17 shows a gain, enter here at</li><li>19. If line 17 shows a loss, enter here and</li><li>(a) amount on lines 17;</li></ul>	nd on page 2, Part on page 2, Part	art II of Form 540 II of Form 540 o	or 540NR r 540NR the smo	allest of:	
(b) the taxable income for the taxable of capital assets; or (c) \$1,000 (\$500 in the case of a hus				rom sale or exchange	(1000)

Your signature

Date

Spouse's signature (if /filing jointly, BOIH must sign even if only one had income)

Preparer's signature (other than taxpayer) Date

367-3 Y-872

Sign here

FORM	1 1040 (1975)							<u> </u>
Other	(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) Amou furnished pendent's port. If write ALL.	for de- nis sup- ind 100% en	Amount shed by OT cluding de it.	HERS
ڠ		<u> </u>	!	<u> </u>				
	27 Total number of dependents			e 6c	· · · · ·	<u> </u>	▶	
P	art I Income other than Wa	ages, Dividends	, and Interest					
28	Business income or (loss) (attach	Schedule C) .			. 28	75	59	
29a	Net gain or (loss) from sale or exc					, 10	2	_
	50% of capital gain distributions (					)		
30	Net gain or (loss) from Supplemen				30	23	5/3	
	Pensions, annuities, rents, royalties				31a	a		
	Fully taxable pensions and annuitie					5		
			1	or manuchons,	32			
32	Farm income or (loss) (attach Sch	tedule r)	or year in which you took the				:	
33	State income tax refunds ( does no standard	d deduction—athers	see page 9 of Instructions	.)	34			
34	Alimony received				• •			-
35	Other (state nature and source—S	ee page 9 of Instr	uctions) >		35		÷.	'
26	Total (add lines 28 through 35). E	nter here and on	line 12		. > 36		77	
36	Adjustments to Incom							<del></del>
					37	7.		ī
37	"Sick pay." (attach Form 2440 or				38		<del></del>	·
38	Moving expense (attach Form 390							-
39	Employee business expense (attac				40			·
	Payments to a Keogh (H.R. 10) ret						75	·
40b	Payments to an individual retireme						13	-
41	Forfeited interest penalty for prem						90	-
	Total (add lines 37 through 41). E						13	1
					43		100	<del></del>
43	Adjusted gross income (from line	15)	Louter total from Schadu	lo A line 41	1 43	,	592	=
44	(a) If you itemize deductions, chec and attach Schedule A	k nere 🖊 📋 and	enter total from schedu	ie A, inie 41				
	(b) If you do not itemize deductions	and line 15 is \$1	5 000 or more, check ber	e ▶ □ and:	}	. 📗 🦰	79 -	1
	If how on line 2 or 5 is checked	. enter 16% of lin	ie 15 but not more than S	\$2,600; if box	- 44		735	-
	on line 1 or 4 is checked, enter	• \$2,300; if box on	line 3 is checked, enter	\$1,300	J   45		タンプ	1 :
45	Subtract line 44 from line 43 .				46		<del></del>	.
46	Multiply total number of exemptio						000	!
47	Taxable income. Subtract line 46				.   <u>47</u>		-0	-
	(Figure your tax on the amou tax from Schedule D, income	nt on line 47 by i averaging from So	hedule G. or maximum t	ax from Form 4	т аррисар 726.) Ente	ie, the aiter er tax on lin	native . e 16a.	
40					48			$\overline{}$
Credits	48 Retirement income credit (atta			:	49	·		-
ě	49 Investment credit (attach Form				50			-
2	50 Foreign tax credit (attach Form				51			-
>	51 Contributions to candidates fo				52			-
Ę	52 Work Incentive (WIN) credit (a				53			-
Part IV	53 Purchase of new principal resid	lence credit (attac	ch Form 5405)		. ► 54			-
	54 Total (add lines 48 through 53	). Enter here and	on line 1/	WATHE				
Taxes	55 Tax from recomputing prior-ye	ar investment cre	dit (attach Form 4255)	10.01 9.4	56			-
Ta	56 Tax from recomputing prior-ye	ar Work Incentive	(WIN) crédit (attach Scho	edule)	/			-
	57 Minimum tax. Check here ►				57			-
Other	58 Tax on premature distributions			100	58		~ @	-
<u>ŏ</u>	59 Self-employment tax (attach			.190	59		98	-
	60 Social security tax on tip incor			4137)	60			-
Part V	61 Uncollected employee social s	ecurity tax on tips	(from Forms W-2) .		61		<del> </del>	-
ğ	62 Excess contribution tax from a				. 62		73 2	-
	63 Total (add lines 55 through 62				. >   63	<u> </u>	48	
P	art VI. Other Payments							
64	Excess FICA, RRTA, or FICA/RRTA tax with	held (two or more emp	ployers—see page 10 of Instru	ctions)	6			1
	Credit for Federal tax on special fuels, no				6	5		_
	Credit from a Regulated Investmen				6	5	/v +	_
	That A dallings CA through CC. F	ntar bara and	ino 21o		- 6	7		1

### Schedules A&B—Itemized Deductions AND (Form 1040) Department of the Treasury Internal Revenue Service **Dividend and Interest Income**

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

Name(s) as shown on Form 1040 AMUEL

Your social security number 322 12 799

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensa	ted by insurance	Contributions (See page 12 of Instructions	for examples.)
or otherwise) (See page 11 of Instructions.)		21 a Cash contributions for which you have	
1 One half (but not more than \$150) of in-	. 1	receipts, cancelled checks or other	
surance premiums for medical care. (Be		written evidence	
sure to include in line 10 below)		b Other cash contributions. List donees	
2 Medicine and drugs		and amounts.	
<b>3 Enter 1% of line 15, Form 1040</b>		<b>-</b> ∎	
4 Subtract line 3 from line 2. Enter differ-			
ence (if less than zero, enter zero)			· · · · · · · · · · · · · · · · · · ·
5 Enter balance of insurance premiums for			
medical care not entered on line 1		- C, 1,	
6 Enter other medical and dental expenses:		~ CH-	
a Doctors, dentists, nurses, etc		- 22 Other than cash (see page 12 of instruc-	
b Hospitals		tions for required statement)	
c Other (itemize—include hearing aids,	:	23 Carryover from prior years	
dentures, eyeglasses, transportation,		24 Total contributions (add lines 21a through	150
etc.) >		23). Enter here and on line 38	
		Casualty or Theft Loss(es) (See page 13 of	
		Note: If you had more than one loss, omit li	
		and see page 13 of Instructions for	guidance.
		25 Loss before insurance reimbursement .	
		26 Insurance reimbursement	, .
( 0.11		OT C. I.I. A Car Of from the Of Financial	
SCH		- 27 Subtract line 26 from line 25. Enter dif- ference (if less than zero, enter zero)	
7 Total (add lines 4 through 6c)		- 28 Enter \$100 or amount on line 27, which-	
8 Enter 3% of line 15, Form 1040		ever is smaller	
		29 Casualty or theft loss (subtract line 28	
9 Subtract line 8 from line 7 (if less than zero, enter zero)		from line 27). Enter here and on line 39 -	
	1001	Miscellaneous Deductions (See page 13 of	Instructions.)
10 Total (add lines 1 and 9). Enter here and on line 35	1521	30 Alimony paid	
Taxes (See page 11 of Instructions.)		31 Union dues	
11 State and local income			18 1
		<ul> <li>32 Expenses for child and dependent care services (attach Form 2441)</li> </ul>	
12 Real estate		33 Other (itemize)	
13 State and local gasoline (see gas tax tables)		33 Other (terminal)	
14 General sales (see sales tax tables) .			1.0
15 Personal property			
16 Other (itemize) ►			
( ) L			
		34 Total (add lines 30 through 33). Enter	
17 Total (add lines 11 through 16). Enter here and on line 36	1207	here and on line 40	
Interest Expense (See page 12 of Instructio	ns.)	Summary of Itemized Deduction	s A
18 Home mortgage			الما
19 Other (itemize) >		35 Total medical and dental—line 10	1521
		36 Total taxes—line 17	1207
		37 Total interest—line 20	2857
		38 Total contributions—line 24	150
		39 Casualty or theft loss(es)—line 29	
(/ /_		40 Total miscellaneous—line 34	
	200	41 Total deductions (add lines 35 through	<b>-</b>
20 Total (add lines 18 and 19). Enter here	12857	40). Enter here and on Form 1040, line	15735

# SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service

# Profit or (Loss) From Business or Profession (Sole Proprietorship) Partnerships, Joint Ventures, etc., Must File Form 1065.

► Attach to Form 1040. ► See Instructions for Schedule C (Form 1040).

Na	me(s) as shown on Form 1040	- [	Social security numb	er
_	SAMUELE PHYLLIS KUBY		322 12 2	297
A	Principal business activity (see Schedule C Instructions)	N A	CCOA	20
В	Business name - WOODLEY BISTRO COFFEESH OF Employer ident	fication	number ► 122-15-15	7 ( ) (
D	Business address (number and street) - 16055 VENTURA BLVD			C
_	City, State and ZIP code ► ENCINO CA 9/3/6	••••	·····i⊽	es No
	Indicate method of accounting: (1) ☐ Cash (2) ☑ Accrual (3) ☐ Other ►			
F	Were you required to file Form W-3 or Form 1096 for 1975? (see Schedule C Instructions)			7000
_	If "Yes," where filed ►			m saan.
G	Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1979:  Method of inventory valuation ►	anv sub	stantial change in	
п	the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes,"	attach e	xplanation) .	
	1 Gross receipts or sales \$ Less: returns and allowances \$ Balance	1 1		
<u>ə</u>	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)			
Income	3 Gross profit	3		
Ĕ	4. Other income (attach schedule)	4		
	5 Total income (add lines 3 and 4)	5		
'	6 Depreciation (explain in Schedule C-3)			
	7 Taxes on business and business property (explain in Schedule C-2)	7		
	8 Rent on business property	g		
	9 Repairs (explain in Schedule C-2)			.   .
	10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)			i .
	11 Insurance	12		1 .
	12 Legal and professional fees	13		
	14 Amortization (attach statement)	14		1 .
	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)	15(a)		· 1
	(b) Employee benefit programs (see Schedule C Instructions)	(b)		
2	16 Interest on business indebtedness	16		
Deductions	17 Bad debts arising from sales or services	. 17		
Š	18 Depletion	18	***************************************	
ed	19 Other business expenses (specify):			
_	(a)			
	(b)		-	-
	(c)			
	(d)			Ì
	(e) (l) (l) (l) (l) (l) (l) (l) (l) (l) (l			
	(g) (H) 3137			
	(0) $(0)$ $(0)$ $(0)$ $(0)$ $(0)$			
	(i)	<u> </u>		-
	(k) Total other business expenses (add lines 19(a) through 19(j))	19(k) 20		<del></del>
_	20 Total deductions (and mines of the part	1		
21	Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. ALSO enter on Schedule SE, line 5(a)	21	7559	>
S	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for	<del></del> _	2)	<del></del>
	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1		
1	Purchases \$	2		
	Cost of labor (do not include salary paid to yourself)	3		
	Materials and supplies	4		
	Other costs (attach schedule)	5		
	5 Total of lines 1 through 5	6		
7	Less: Inventory at end of year	7		
1	3 Cost of goods sold and/or operations. Enter here and on line 2 above	8	l	

CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line G) If you need more space, you may use Form 4566 deter if depreciation is computed by using the Close Life (Dulle) System for assets placed in service after becember 31, 1970, or form 5006 (Guidelin Chose Life System). Except as situativese expressly provided in income tax regulations sections 3, 1970, special policy or significant sections 1, 1970, and 1, 167(a)-12, the provisions of the expression of the expres	SCHEDULE C-2.—Explanation	of Lines 7 a	nd 9						
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line G) II you need more space, you may use form 4566 attemption is computed by using the Class Life (ADI) System for assets placed in service after December 31, 1970. For the Guideline Class Life System). Except as otherwise capitals provided in income tax regulations sections 1.167(a)-11(b)(5)(a) and 1.167(a)-12, the gravitation of the control of t	Line No. Explanation		Amount	Line No.		Explanation		Amount	:
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li			\$					.   \$	
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li				1					
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li									
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li									
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li		,				·			
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li									
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li									
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li									
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li						• • • • • • • • • • • • • • • • • • • •			
CHEDULE C-3.—Depreciation (See Schedule C Instructions for Line 6) If you need more space, you may use Form 4566 ate: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after in service before January 1, 1971, you must find from 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System and/or Guideline Class Life System) or Form 5006 (Guideline Class Life (ADR) System) or Form 5006 (Guideline Class Life System) or Form 5006 (Guideline Class Li		-		, , ,					
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha									
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha							*****		******
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha									
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha									
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha									•••••
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha						,			
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha									
tites if togreciation is computed by using the Chase Life (ADIR) System for assets placed in service after before channy 1, 1971, you must life form 4832 (Class Life (ADIR) System) or Form 5006 (Guidellin Chase Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-1.1(b)(5)(vi) and 1.167(a)-1.2 the privisions of Newture Procedures G2-2.1 and 65-13 are not applicable for taxable years ending after December 31, 1970. (See Publication 534 heek box if you 'made an election this taxable year to use Class Life (ADIR) System and/or Guideline Class Life System.  **Greep and publishine class**  ***Burker of advantage of the Character of the Cha	OUTDUIT O 2 D	· (C · · · C a l · · · l ·	I. O Instructions	Com Line	C) 11				45.00
Life System for assets placed in service before January 1, 1971, you must file Form 4832 (Class Life ADR) system) or Form 5006 (Guidelin Class Life System). Expense account Information (See Schedule C-1, page 1  a. Group and pulledine class or description of property are description of property and the service of the state of th									
a. Group and guideline class or description of property accounts. In the combine of description of property accounts. In the combine of description of property accounts. In prior years allowed or allowed or allowed or allowed or allowed or in prior years.  Depreciation from Form 4832 (See Note).  Depreciation from Form 5006 (Sabove).  Depreciation from Form Form 5006 (Sabove).  Depreciation from Form 5006	Life System for assets placed Class Life System). Except as visions of Revenue Procedures	in service before otherwise express 62-21 and 65-	January 1, 1971; you lly provided in income 13 are not applicable	u must fil e tax regu e for taxa	e Form 4832 ( dations section ble years endin	Class Life (ADR) S s 1.167(a)=11(b)( g after December :	ystem) or 5)(vi) and 31, 1970.	r Form 5006 (Gu l 1.167(a)–12, th . (See Publication	ideline he pro-
a. Grego and particle class of description of property and particle class of description of property and particle class of description of property and particle class of this year of description of property and particle class of the particle c	Check box if you made an election t	his taxable year t	o use Class Life	(ADR) Sy	stem and/or [_	Guideline Class Lit	le System.		
Depreciation from Form 4832 Depreciation from Form 5006 Other depreciation: Buildings Furniture and fixtures Transportation equipment Other (specify)				allov	ved or allowable	computing			for
Depreciation from Form 4832 Depreciation from Form 5006 Other depreciation: Buildings Furniture and fixtures Transportation equipment Other (specify)	Total additional first year door	eciation (do not	include in items b	elow) —		;		-	Ī
Depreciation from Form 5006 (	,	•		1/////					-
Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)		1 000 11010		\					
Buildings  Furniture and fixtures  Transportation equipment  Machinery and other equipment  Other (specify)  Totals  T		· · · · · · · · · · · · · · · · · · ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Furniture and fixtures	•						1	· .	
Transportation equipment  Machinery and other equipment  Other (specify)  Totals  Tota	•				• • • • • • • • • • • • • • • • • • • •				
Machinery and other equipment  Other (specify)									-
Other (specify)									
is Totals.  is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees, in determining the five highest paid employees, expense cocount allowance must be added to their salaries and wages. How ver, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000, or for yourself if you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)? Yes No (3) Employees' families at conventions or meetings? Yes	* * * * * * * * * * * * * * * * * * * *						·····		.
is Totals.  Is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, i	Other (specify)							<del>-</del>	-
is Totals.  Is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, i									
is Totals.  Is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, i									
is Totals.  Is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, i									
is Totals.  Is Less amount of depreciation claimed in Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, is less than your expense account allowance plus line 21, page 1, i						*************			
Totals									;
Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid mployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?	************	2 *** *** *					c - Pargra		
Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid mployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?									
Less amount of depreciation claimed in Schedule C-1, page 1   SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)    SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)    Inter information with regard to yourself and your five highest paid mployees. In determining the five highest paid employees, expense count allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.    A									
Less amount of depreciation claimed in Schedule C-1, page 1   SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)    Name   Expense account   Salaries and Wages   Name   Expense account   Salaries and Wages   Name	· 								
Schedule C-1, page 1  Balance—Enter here and on page 1, line 6  SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid mployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?		<u> </u>			SiC	<b>H</b>	J	·	
Balance—Enter here and on page 1, line 6  CCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?	i Totals								
SCHEDULE C-4.—Expense Account Information (See Schedule C Instructions for Schedule C-4)  Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employee for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  In a submitted for any employees for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.	5 Less amount of depreciation of	claimed in Sche	dule C-1, page 1						,
Inter information with regard to yourself and your five highest paid imployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?				<u> </u>		<del></del>	<u>   </u>	474	1
mployees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?	SCHEDULE C-4Expense Ac	ccount Informa	ation (See Sched	ule C Ir	istructions to	or Schedule C-	4)		
count allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if 2 3 4 525,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?	Inter information with regard to yourse	elf and your five hi	ighest paid	N	lame	Expense a	ccount	Salaries and W	Vages
ever, the information need not be submitted for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$25,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)? Yes	employees. In determining the five high	hest paid employee	es, expense Owner						
whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 21, page 1, is less than 325,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)? Yes			ages. How-						i
vour expense account allowance plus line 21, page 1, is less than \$25,000.  Oid you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)?				,					-
325,000.  Did you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			yoursell il						
Oid you claim a deduction for expenses connected with:  (1) Entertainment facility (boat, resort, ranch, etc.)? Yes 150 (3) Employees' families at conventions or meetings? Yes		me ZI, page I, is	s iess man						.
(1) Entertainment facility (boat, resort, ranch, etc.)? Yes No (3) Employees' families at conventions or meetings? Yes		connected with	5						
				(3) Fmr	lovees' families	at conventions or	meetinos?	Yes .	₩ No
									<b>~</b> in <b>₹</b> i

#### SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses (Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

Name(s) as shown on Form 1040 PHYLLIS RUBY

Social security number 322 12 7997

a. Kind of property and description	b. Date acquired	c. Date	d. Gross sales price	e. Cost or othe as adjusted instruction f	(see	f. Gain or (los	s) .
(Example, 100 shares of "Z" Co.)	(Mo., day, yr.)	(Mo., day, yr.)		expense of	sale	(d less e)	
		-	-				
						,	
		-					
	,	-				1	
						T	
			,				
							-
		- · · · · · · · · · · · · · · · · · · ·					
Enter your share of net short-term	n gain or (loss) fro	m partnerships	and fiduciaries		2		
Enter not gain or (loss), combine		partitorisps			3		
(a) Short-term capital loss component		rs beginning be	fore 1970 (see Ins	truction I)	4(a)	(	)
(b) Short-term capital loss carryover					(b)	4741	
Net short-term gain or (loss), con					5	(1741	
Part   Long-term Capital Gain	s and Losses—/	Assets Held N	lore Than 6 Mo	nths			
					·		
,							
		-					
-							
·						-	
					<u> </u>		
Capital gain distributions					7_		
Enter gain, if applicable, from Fo	rm 4797, line 4(a)	(1) (see Instruct	tion A)		8	5105	
Enter your share of net long-term					9		
Enter your share of net long-term	gain from small be	usiness corporat	tions (Subchapter	S)	_10_		
<ol> <li>Net gain or (loss), combine lines</li> </ol>	6 through 10		·		11	5105	
2(a) Long-term capital loss component	carryover from yea	rs beginning bef	ore 1970 (see Inst	ruction I).	12(a)	(13322	
(b) Long-term capital loss carryover	attributable to year	s beginning after	er 1969 (see Insti	ruction I) .	(b)	(5839	
3 Net long-term gain or (loss), com		) and (b)	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	13	(14028	٠.
Part II Summary of Parts I a	ind II					Carain	
4 Combine the amounts shown on	lines 5 and 13, and	i enter the net g	ain or (loss) here		14	(13 797	-
5 If line 14 shows a gain— (a) Enter 50% of line 13 or 50	% of line 14, which	ever is smaller	(see Part VI for co	mputation	ĺ	}	1
of alternative tax). Enter ze	ro if there is a loss	or no entry on	line 13 ,.		15(a)		.
(b) Subtract line 15(a) from lin	e 14. Enter here an	d on Form 1040	), line 29a		(b)		.
6 If line 14 shows a loss— ► If losses are shown on BOTH	Ulines 12(a) and 13	3. omit lines 160	(a) and (b) and go	to Part IV			١.
(see Instruction J).			, , _ , , , , , , , , , , , , , , , , ,		1		
<ul><li>Otherwise,</li><li>(a) Enter one of the following</li></ul>	amounts:		,				1
(i) If amount on line 5	is zero or a net ga	in, enter 50% o	of amount on line	14;	1 .		
(ii) If amount on line 1 (iii) If amounts on line	3 is zero or a net g	ain, enter amou	int on line 14; or,	5 added to			
(III) If amounts on line 50% of amount or	line 13	· · · · · ·	· · · · ·	• • • •	16(a)		.
(b) Enter here and enter as	a (loss) on Form 1						1
(i) The amount on line	: 16(a):			wn on line			
(ii) \$1,000 (\$500 if m 4(a) or 12(a), see	instruction N for a	Separate return higher limit not	to exceed \$1.000	); or,		1	
(iii) Taxable income, as	adjusted (see Ins	truction M)			(b)	1000	1

Pa	int IV Capital Loss Limitation—Where Losses Are Shown on Both Lines 12(a) AND 13	•.	
17	Enter loss from line 5; if line 5 is zero or a gain, enter a zero	17	47411
18	Enter loss from line 13	18	(17056)
10	Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19	
20	Poduce less on line 19 to the extent of the gain if any on line 19	20	(14056)
	Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero	ŀ	,
	Note: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the loss shown on line 12(a).		
22	Enter gain, if any, from line 11		
23	Enter smaller of amount on line 21 or line 22		
	Enter excess of gain on line 21 over amount on line 23		
	Enter loss from line 4(a); if line 4(a) is blank, enter a zero	.	-
	Reduce gain, if any, on line 24 to the extent of loss, if any, on line 25 (see Instruction K) 26		
27	Enter loss from line 12(a)		
	Add the gain(s) on line(s) 23 and 26	20	(00,10)
29	Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see Instruction L)	30	1041
30	Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	31	45020
31	Subtract amount on line 30 from the loss on line 20	32	150305
32	Enter 50% of the amount on line 31	33	17 8281
33	Add lines 17, 30, and 32		The state of the s
34	Enter here and enter as a (loss) on Form 1040, line 29a, the smallest of:		
	<ul> <li>(a) Amount on line 33;</li> <li>(b) \$1,000 (\$500 if married and filing a separate return—see Instruction N for a higher limit not to exceed \$1,000); or,</li> </ul>		
	(c) Taxable Income, as adjusted (see Instruction M)	34	(1000)
_	Complete Part V if You are Married Filing a Separate Return and Losses are Sh	own o	on Lines 4(a) and
	14 (See Instruction N)		<u> </u>
35	Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero	_ <del>,</del> 35	
	Note: If the entry on line 35 is zero, OMIT lines 36 through 42, and enter on line 43 the loss shown on		
	line 4(a).	36	the state of the
36	Enter gain, if any, from line 3	37	
37	Enter smaller of amount on line 35 or line 36	38	`-
38	Enter excess of gain on line 35 over amount on line 37	39	
39	Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see Instruction K)	40	
40	Enter loss from line 4(a)	41	
41	Add the gain(s) on line(s) 37 and 40	_42	
43	Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see Instruction L)	43	
	Part VI Computation of Alternative Tax (See Instruction W to See if the Alternative Tax	Will	Benefit You)
	Enter amount from Form 1040, line 47	44	
. 44 45	Enter amount from line 15(a)	45	
46	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46	
47	Enter smaller of amount on line 13 or line 14	47	<u> </u>
	If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check here ► ☐ and omit lines 48 through 54.		
48	Enter your share of certain long-term gains from partnerships, fiduciaries, and small business cor-	40	
	porations referred to as "certain subsection (d) gains" (see Instruction W)	48	
49	Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger.  If line 49 is equal to or greater than line 47, check here ► ☐ and omit lines 50 through 54.	. 49	
50	Multiply amount on line 49 by 50%	50	
51	Add amounts on lines 46 and 50	51	
52	? Tax on line 44 or 45, whichever is greater (use Tax Rate Schedule in instructions)	52	
53	Tax on the amount on line 51 (use Tax Rate Schedule in instructions)	53	
54	Subtract amount on line 53 from amount on line 52	54	
5	Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	55	·
56	If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49	56	
5	Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured	57	
	on the amount on Form 1040, line 47, enter this alternative tax on Form 1040, line 16a	1 3/	

#### SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

## Computation of Social Security Self-Employment Tax

► Each self-employed person must file a Schedule SE. ► Attach to Form 1040.
► See Earned Income Credit Instructions on page 8 and Instructions for Schedule SE (Form 1040).

1975

If you had wages, including tips, of \$14,100 or more that were subject to social security or railroad retirement taxes, do not fill in this schedule unless you are eligible for the Earned Income Credit. See Instructions. If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE. Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) Social security number of self-employed person Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) If you have only farm income complete Parts I and III. • If you have only nonfarm income complete Parts II and III. If you have both farm and nonfarm income complete Parts I, II, and III. Computation of Net Earnings from FARM Self-Employment You may elect to compute your net farm earnings using the OPTIONAL METHOD, line 3, instead of using the Regular Method, line 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD. REGULAR METHOD (a) Schedule F, line 54 (cash method), or line 74 (accrual method) . . . (b) Farm partnerships . . . . 1 Net profit or (loss) from: 2 Net earnings from farm self-employment (add lines 1(a) and (b)) . FARM OPTIONAL METHOD (a) Not more than \$2,400, enter two-thirds of the gross profits . 3 If gross profits (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600. from farming ' are: <sup>1</sup> Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 72 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K-1 (Form 1065), line 14) as explained in instructions for Schedule SE: 4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect the farm optional method Computation of Net Earnings from NONFARM Self-Employment (a) Schedule C, line 21. (Enter combined amount if more than one business.) . . (b) Partnerships, joint ventures, etc. (other than farming) . . . . . (c) Service as a minister, member of a religious order, or a Christian Science prac-REGULAR METHOD titioner. (Include rental value of parsonage or rental allowance furnished.) If you 5 Net profit or filed Form 4361, check here ▶ 📋 and enter zero on this line . . . (loss) from: (d) Service with a foreign government or international organization . (e) Other (See Form 1040 in structions for line 35.) Specify 6 Total (add lines 5(a) through (e)) . . . 7 Enter adjustments if any (attach statement) . . . . . . . . . 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7) . . . . If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12(b), Part III. Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profits,2 and you had actual net earnings from self-employment of \$400 or more for at least 2 of the 3 following years: 1972, 1973, and 1974. The nonfarm optional method can only be used for 5 taxable years. NONFARM OPTIONAL METHOD \$1,600 9 (a) Maximum amount reportable, under both optional methods combined (farm and nonfarm) . (b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.) . (c) Balance (subtract line 9(b) from line 9(a)) . . . . . . . . . 10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller . 11 Enter here and on line 12(b), the amount on line 9(c) or line 10, whichever is smaller . . . . <sup>2</sup> Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3; plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1065), line 14) as explained in instructions for Schedule SE. Also, include gross profits from services reported on lines 5(c), (d), and (e), as adjusted by line 7. Part III Computation of Social Security Self-Employment Tax 12 Net earnings or (loss): (a) From farming (from line 4) . . . . (b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method) . . . . . . 13 Total net earnings or (loss) from self-employment reported on line 12. (If Line 13 is less than \$400, you are not 14 The largest amount of combined wages and self-employment earnings subject to social security or railroad \$14,100 15 (a) Total "FICA" wages and "RRTA" compensation . . . . (b) Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA. (c) Total of lines 15(a) and (b) . . . 16 Balance (subtract line 15(c) from line 14) . . . . 17 Self-employment income—line 13 or 16, whichever is smaller . . . . . . 18 Self-employment tax. (If line 17 is \$14,100.00, enter \$1,113.90; if less, multiply the amount on line 17 by .079.) Enter here and on Form 1040, line 59.

#### SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

### Computation of Social Security Self-Employment Tax

► Each self-employed person must file a Schedule SE. ► Attach to Form 1040. ► See Earned Income Credit Instructions on page 8 and Instructions for Schedule SE (Form 1040). 1975

If you had wages, including tips, of \$14,100 or more that were subject to social security or railroad retirement taxes, do not fill in this schedule unless you are eligible for the Earned Income Credit. See Instructions. If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE. Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) Social security number of self-employed person > Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) If you have only farm income complete Parts I and III. • If you have only nonfarm income complete Parts II and III. If you have both farm and nonfarm income complete Parts I, II, and III. Computation of Net Earnings from FARM Self-Employment You may elect to compute your net farm earnings using the OPTIONAL METHOD, line 3, instead of using the Regular Method, line 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD. **REGULAR METHOD** (a) Schedule F, line 54 (cash method), or line 74 (accrual method) . 1 Net profit or (loss) from: (b) Farm partnerships . . . 2 Net earnings from farm self-employment (add lines 1(a) and (b)) . FARM OPTIONAL METHOD (a) Not more than \$2,400, enter two-thirds of the gross profits . 3 If gross profits from farming 1 are: (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600. <sup>1</sup> Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 72 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K–1 (Form 1065), line 14) as explained in instructions for Schedule SE. 4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect the farm optional method. Computation of Net Earnings from NONFARM Self-Employment 2400 (a) Schedule C, line 21. (Enter combined amount if more than one business.) . (b) Partnerships, joint ventures, etc. (other than farming) . . . . . (c) Service as a minister, member of a religious order, or a Christian Science prac-REGULAR METHOD titioner. (Include rental value of parsonage or rental allowance furnished.) If you 5 Net profit or filed Form 4361, check here ▶ 🗍 and enter zero on this line . . . . . (loss) from: (d) Service with a foreign government or international organization .

(e) Other Structions for line 35.) Specify ▶ 6 Total (add lines 5(a) through (e)) . . 7 Enter adjustments if any (attach statement) . . . . . 2400 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7) . . . If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12(b), Part III. Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profits,<sup>2</sup> and you had actual net earnings from self-employment of \$400 or more for at least 2 of the 3 following years: 1972, 1973, and 1974. The nonfarm optional method can only be used for 5 taxable years. NONFARM OPTIONAL METHOD \$1.600 9 (a) Maximum amount reportable, under both optional methods combined (farm and nonfarm) (b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.) (c) Balance (subtract line 9(b) from line 9(a)) . . . . . . . 10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller . 11 Enter here and on line 12(b), the amount on line 9(c) or line 10, whichever is smaller . . . Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3, plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1065), line 14) as explained in instructions for Schedule SE. Also, include gross profits from services reported on lines 5(c), (d), and (e), as adjusted by line 7. Computation of Social Security Self-Employment Tax 12 Net earnings or (loss): (a) From farming (from line 4) . . . . 2400 (b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method) . . . . . 13 Total net earnings or (loss) from self-employment reported on line 12. (If Line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule.) . . . . . . . . . . . . . 14 The largest amount of combined wages and self-employment earnings subject to social security or railroad \$14,100 15 (a) Total "FICA" wages and "RRTA" compensation . . . . (b) Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA. (c) Total of lines 15(a) and (b) . . . . . . 16 Balance (subtract line 15(c) from line 14) . . . . . . 17 Self-employment income—line 13 or 16, whichever is smaller . . . 18 Self-employment tax. (If line 17 is \$14,100.00, enter \$1,113.90; if less, multiply the amount on line 17. by .079.) Enter here and on Form 1040, line 59

Department of the Treesury Internal Revenue Service

Name(s) as shown on return

Supplemental Schedule of Gains and Losses
Sales, Exchanges and Involuntary Conversions under
Sections 1231, 1245, 1250, 1251, and 1252

To be filed with Form 1040, 1041, 1065, 1120, etc.—See Separate Instructions Identifying number

SA MUELA 1  Sales or Exchange	HYL	rty Head in	Trade or Bu	siness and Ir		/77/
(Section 1231)						
SECTION A.—Involuntary Conversions	Due to Casu	alty and The	ft (See Instruct	ion E)	1	
<ul> <li>a. Kind of property (if necessary, attach additional descriptive details not shown below)</li> </ul>	b. Date acquired (mo., day, yr.)		d. Gross sales price	e. Depreciation al- lowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent im- provements (if not pur- chased, attach explana- tion) and expense of sale	g. Gain or (loss) (d plus e less f)
1						
				1		
	1 11	4	1	Į.		
				i .		
2 Combine the amounts on line 1. En	tor boro and	on the appr	onriata lina as f	follows		
(a) For all except partnership return (1) If line 2 is zero or a gain, er (2) If line 2 is a loss, enter the (b) For partnership returns: Enter the	nter such amo loss on line 5 ne amount sh	own on line 2	above, on Sche			Reportable in Sec
SECTION B.—Sales or Exchanges of F tion A) (See Instruction	n E)	in Trade or i	Business and C	ertain involuntai	y Conversions (Not	
3 LINE	سدير					5105
,						
4 Combine the amounts on line 3. Ent	<u> </u>	1	J	ļ	l	5105
(2) If line 4 is zero or a loss, a  (b) For partnership returns: Enter the	enter such an ne amount sh	nount on line own on line 4	6. above, on Sche	dule K (Form 10	65), line 7.	
Part II. Ordinary Gains and	Losses					
a. Kind of property (if necessary, attach additional descriptive details not shown below)	b. Date acquired (mo., day, yr.)		d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent im- provements (if not pur- chased, attach explana- tion) and expense of sale	g. Gain or (loss) (d plus e less f)
5 Amount, if any, from line 2(a)(2) .						
E Amount if any from line 4(a)(2)						2012
7 Gain, if any, from page 2, line 21						1213
8						
	.1		.!			2313
9 Combine amounts on lines 5 throu	gh 8. Enter h	iere, and on	the appropriate	O the line a	and for on the	
(a) For all except individual return					rovided for on the	
return (Form 1120, etc.) being	filed. See in	struction F fo	r specific line r	eterence.	• .	
(b) For individual returns:	ما المامية	e locose while	h ara to ha tro	ated as an item	ized deduction on	
(1) If the gain or (loss) on lin Schedule A (Form 1040)	ne 9, include: Jeno instruct	ion E) onto	the total of e	uch lossies) he	re and include on	
Schedule A (Form 1040), li (2) Redetermine the gain or (I	ne 29—ident oss) on line 9	ify as "loss fr ), excluding t	om Form 4797, he loss (if any)	line 9(b)(1)". entered on line !	9(b)(1). Enter here	2313
and on Form 1040, line 30	·	<u> </u>	<del></del>	· · · · · · ·		Form 4797 (197)

Gain From Disposition of Property Under Sections 1245, 1250, 1251, 1252—Assets Held More than Six Months (See Separate Instructions)
Disregard lines 18 and 19 if there are no dispositions of farm property or farmland, or if this form is filed by a partnership.

10	Description of sections 1245, 1250, 1251, at (A) WOODLEY BIST			SHOP	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.) 9/2/2
	(B) -					
	(C)					
	(D)					
	(E)  Relate lines 10(A) through 10(E) to these columns ▶ ▶ ▶	Property (A)	Property (B)	Property (C)	Property (D)	Property (E)
11	Gross sales price	10 G				
12	Cost or other basis and expense of sale	11/2/1				
13	Depreciation allowed (or allowable)		Adr			
14	Adjusted basis, line 12 less line 13		MEAT			
15	Total gain, line 11 less line 14	(A) E		. 197	a N	
	If section 1245 property:  (a) Depreciation allowed (or allowable) after applicable date (see instructions)		2			
	(b) Enter smaller of line 15 or 16(a)					
17	If section 1250 property: (a) Enter additional depreciation after 12/31/63 and before 1/1//0		0.5			* 200 12 <b>3</b> 1
	(b) Enter additional depreciation after 12/31/69					
	(c) Enter smaller of line 15 or 17(5)				••••••	••••••••••
	(d) Line 17(c) times applicable percentage (see instruction G.4)		19	i .		
	(e) Enter any excess of line 15 over line 17(b) .					
	(f) Enter smaller of line 17(a) or 17(e)			:		
	(g) Line 17(f) times applicable percentage (see instruction G.4)					· · · · · · · · · · · · · · · · · · ·
18	If section 1251 property:					<del></del>
	(a) If farmland, enter soil, water, and land clearing expenses for current year and the four preceding years	107	v.		æ	
	(b) If farm property other than land, subtract line 16(b) from line 15; OR, if farmland, enter smaller of line 15 or 18(a) (see instruction G.5)					,
	(c) Excess deductions account (see instruction G.5)					
10	(d) Enter smaller of line 18(b) or 18(c)					
.,	(a) Enter soil, water, and land clearing expenses made after 12/31/69					· · · · · · · · · · · · · · · · · · ·
	(b) Enter amount from line 18(d), if none enter a zero					
	(c) Enter any excess of line 19(a) over line 19(b)					
	(d) Line 19(c) times applicable percentage (see instruction G.5)					9.7°
	(e) Line 15 less line 19(b)					
Su	(f) Enter smaller of line 19(d) or 19(e)	operty column	s (A) through (	E) through line	19(f) before go	ing to line 20)
	Total gains for all properties (add columns (	4 2	E			7418
			. (*			7313
	Add columns (A) through (E), lines 16(b),	*	. K			EINE
22	Subtract line 21 from line 20. Enter here an	d in appropriate	Section in Part I (	see instructions E	and G.2)	310).
		ALLS COVERNMENT	PRINTING OFFICE : 1975-O-	575-158	FC 0	16-82504-1

# Form **4798**

Internal Revenue Service

### Capital Loss Carryover

► (From 1974 to 1975)
► Attach to Form 1040.

1975

Name(s) as shown on Form 1040

SPHYLLIS RUBY

Social Security Number 322 12 7997

A. Who Should File.—You will need to complete either Part I or Part II of this form if you have a capital loss to carry over to 1975.

You will have a capital loss to carry to 1975 if the amount on your 1974 Schedule D (Form 1040), line 16(a), or line 33, is LARGER THAN the loss deducted on your 1974 Form 1040, line 29.

Part | Post-1969 Capital Loss Carryovers

- B. How to Compute Carryover.—If you have a capital loss carryover, complete either Part I or Part II of this form, but do not complete both.
- 1. Complete only Part I if lines 4(a) and 12(a) on your 1974 Schedule D (Form 1040) DO NOT SHOW A LOSS.
- 2. Complete only Part II if either (or both) line 4(a) or line 12(a) on your 1974 Schedule D (Form 1040) shows a loss.

Section A,-Short-term Capital Loss Carryover		
1 Enter loss shown on your 1974 Schedule D (Form 1040), line 5; if none, enter zero and ignore	1	
lines 2 through 6—then go to line 7	-	

4 Enter amount shown on your 1974 Form 1040, line 29

5 Enter smaller of line 3 or 4 . . . . . .

6 Excess of amount on line 3 over amount on line 5

Note: The amount on line 6 is your short-term capital loss carryover from 1974 to 1975 that is attributable to years beginning after 1969. Enter this amount on your 1975 Schedule D (Form 1040), line 4(b).

#### Section B.—Long-term Capital Loss Carryover

7	Line 4 less line 5 (Note: If you ignored lines 2 through 6, enter amount from your 1974 Form	7	-0-
Q	1040, line 29)	8	
٥	Enter gain shown on your 1974 Schedule D (Form 1040), line 5. If that line is blank or shows a loss, enter a zero		
	Reduce any loss on line 8 to the extent of any gain on line 9		
11	Multiply amount on line 7 by 2		

Form 4798 (1975)

## Part II Pre-1970 and Post-1969 Capital Loss Carryovers

	Section A.—Short-term Capital Losses Identified		
1	Enter loss shown on your 1974 Schedule D (Form 1040), line 5; if none, enter zero and ignore		( - 1/1 )
	lines 2 through 20—then go to line 21	1	(2791)
2	Enter gain shown on your 1974 Schedule D (Form 1040), line 13. If that line is blank or shows	_	
	a loss enter a zero	2	( 3
3	Reduce loss on line 1 to the extent of any gain on line 2	3	2741
	Note: If line 4(a) on your 1974 Schedule D (Form 1040) is blank, IGNORE lines 4 through 11, enter		
	a zero on line 12—then go to line 13.		
4	Combine lines 3 and 11 on your 1974 Schedule D (Form 1040).		
	Enter the gain; or if zero or a loss, enter a zero	ļ	
	Note: If line 4 is zero IGNORE lines 5 through 11, enter on line 12 the loss from your 1974 Schedule D (Form 1040), line 4(a)—		
_	then go to line 13.		
	Enter any gain from your 1574 Schedule D (16th) 1640), mile S .	1	
	Effet smaller of file 4 of 3		
	Enter excess of gain on line 4 over line 6	ļ	
0	otherwise, enter a zero		
۰	Reduce any gain on line 7 to the extent of any loss on line 8 9 (13322)		
	Enter loss from your 1974 Schedule D (Form 1040), line 4(a); other-	, .	
	wise enter a zero	Į	
1İ	Add the gains on lines 6 and 9		
	Reduce the loss on line 10 to the extent of any gain on line 11	12	
13	Pre-1970 short-term capital loss (Enter smaller of line 3 or 12)	13	
14	Short-term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13) .	14	(57.91)
	Section B.—Computation of Capital Loss Carryovers to 1975		
_		1	1
15	Enter any loss from line 13, above	ļ	
	( <del>) -3-3</del> -31		
16	Enter loss deducted on your 1974 Form 1040, line 29		
17	Loss carryover to 1975 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter		1 1
	zero). Enter here and on your 1975 Schedule D (Form 1040), line 4(a)	_17_	1000
	Enter any loss from line 14 above		
	Enter any loss from time 14, above		
19	Enter excess of line 16 over line 15—if line 16 does not exceed line	ļ	
20	Loss carryover to 1975 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter		/
20	zero). Enter here and on your 1975 Schedule D (Form 1040), line 4(b)	20	(1741)
21	If you were required to complete Part IV of your 1974 Schedule D		
	(Form 1040), enter any loss from your 1974 Schedule D (Form		
	1040), line 30; otherwise, enter zero	ļ	
22	Enter excess of line 19 over line 18—if line 19 does not exceed line		:
	18, enter zero. (Note: If you ignored lines 2 through 20 above, enter		
	amount from your 1974 Form 1040, line 29.)		
23	Loss carryover to 1975 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter	23	(13322)
	zero). Enter here and on 1975 Schedule D (Form 1040), line 12(a)		-
24	If you were required to complete Part IV of your 1974 Schedule D (Form 1040), enter any loss from your 1974 Schedule D (Form		
	1040), line 31. However, if Part IV was not required, enter any loss		
	from your 1974 Schedule D (Form 1040), line 13		1, 1,
25	Enter excess of line 22 over line 21	1	
	does not exceed line 21, enter zero.)		1
26	Loss carryover to 1975 (excess of line 24 over line 25—if line 24 does not exceed line 25, enter		5839
	zero). Enter here and on your 1975 Schedule D (Form 1040), line 12(b)	26	1 /

DDRESS	> 2 4 -		7 SOC. SEC. NO		
		DEDUCTION	ON SCHEDULE		
1E DICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERA
MEDICINE/DRUGS			21a CASH CONTRIBUTIONS		:
LESS 1% A.G.I. (Line 18 - 1040)			21b PARTNERSHIP SHARE	•	
NET MED/DRUGS			GIRL/BOY SCOUTS		
H & A INS. (% + EXCESS)		682	HEART FUND/CANCER FUND		
a DR.			RED CROSS/UNITED FUND	,	150
DR.			XMAS & EASTER SEALS		100
DR.			MISC. ORGANIZED CHARITIES		
		877	CHURCHES		
DR.	<del></del>	1 6 7 7	1 - 1		1
DR.			<del>                                     </del>		
DR.			<del>                                     </del>		
DR.	<del></del>				<del> </del>
DR.		<del> </del>	22 07:150 7:144 04611		<del> </del>
			22 OTHER THAN CASH		
			23 CARRY OVER FROM PRIOR YRS	150	1-7-2
h HOSPITAL			24 TOTAL CONTRIBUTIONS		151
PROSTHETIC APPLIANCES			CASUALTY OR THEFT (LOSS(E	3/	+
HEARING AID			25 LOSS BEFORE ADJUSTMENT		
			26 INSURANCE REIMBURSEMENT	<u> </u>	
C AMBULANCE			27		
LABORATORIES			28 (\$100 LIMITATION PER CAS.)		
TRAVEL FOR MED. 1000		70	29 TOT. CAS. OR THEFT LOSS		
			MISCELLANEOUS DEDUCTIONS		1
MEDICARE INS.			30 ALIMONY		
GLASSE\$			31 UNION/PROFESSIONAL DUES		
MEDICAL EXPENSES	1629	1629	32 CHILD & DEP. CARE (Form 2441)		
LESS REIMBURSED BY INS.		, -	33 INCOME TAX PREPARATION		
LESS 3% ADJ. GROSS INC.	2-70	258	UNIFORMS/PROTEC. CLOTHING		
· ·	1359	1371	SMALL TOOLS AND SUPPLIES		
+:½ (TO \$150)·OF H & A INS.	150	150	LAUNDRY AND CLEANING		
TOTAL MEDICAL DED.	1509	1521	AUTO USE/DAMAGE		
TAXES			INVEST, COUNSEL & PUBS. (Sched		
STATE & LOCAL INCOME	-0-	4	EMPLOYMENT AGENCY FEES	•	1 .
REAL ESTATE		932	SAFE DEPOSIT BOX		
STATE & LOCAL GASOLINE		48	TEL. REQ. IN BUSINESS		
		205	POLITICAL CONTRIBUTIONS		
GENERAL SALES TAX		1 4°>			
A PERSONAL PROPERTY		22			<del> </del>
PERSONAL PROPERTY AUTO		1 -6-			<del></del>
SALES TAX AUTO		1 - 0 -	34 TOTAL MISC. DED.		
			34 TOTAL MISC. DED.		
					<del></del>
	·		SUMMARY OF ITEMIZED DED.	STATE	FEDER
	77.6 -	1 2 0 3		JIMIE	, coer
TOTAL TAXES	1207	1207	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		+
TEREST (TO WHOM PAID)		107:01	36 TOTAL TAXES (From LINE 17)		+
MORTGAGE		12517	37 TOTAL INTEREST (Line 20)		
			38 TOTAL CONTR. (Line 24)		
	<u> </u>	<u> </u>	39 CAS. & THEFT LOSS(ES) (Line29)		
INSTALLMENT LOANS MISC		50	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)		
TRANSWORD-DI		186			
SBA		7.			
FEDCO		100	41 TOTAL ITEMIZED DEDUCTIONS PRIER ON FORM 1040 LINE 45	5723	523
			REMARKS		
	,				
		-			
1 TOTAL INTEREST	2882	2009			
U TOTAL INTEREST				<del></del>	

つタタフ	500	C. SEC	. NO			FISCAL	YEAR END	ING
		· .					10	
·	-			. '	•			
OFIT ( OR L	_0SS )	FROM E	BUSINESS OR	PROFE:	SSION			
					MPLOYE	RS NO.		
				i		<del>-</del>	110001	·
					5	441	767 <i>L</i> 7	-
				:				.
					A 1 14	21.		. 1
					2 48	131	1.	
·					2.10	<u></u>	)4 <i>831</i>	
							24093	
		DEDUCT:	ON S				24093	<del> </del> -
OTHER	BUSINESS	DEDUCTI	UN 5		I	99		
	<del></del>				18			
	-			-				
								}.
					<u> </u>		* * .	
•					1.	/ 7		
				<del></del>	1 / 2	-6		
				-	-	0-		
					17	7		1.
							7	
					1	50		
		1			41	51		
					6	25		
					56	32		
						ע א		
					1	70		1.
					1	13		1 /3
					· · · · ·	50		
R	· · · · · ·				4	yy		1 .
			,				100	
							1653	4_
RETURN				· · · · · · · · · · · · · · · · · · ·				4_
TURN . SEE DI	EPREC. S	CHEDULE	FOR DIFF.	1515	9(W	) TAW	<b>D</b>	
	ULE OF	DEPRECI	ATION COST OR	4-20	<del>1</del>	PRIOR	DEPRE	CIATI
ACQUIRED	метн.	OR %	OTHER BASIS	siri,	· · ·		. THIS	YEAR
2/1/24	SIL	ZYR	10228			1339	97	4
37.7		7.0	- 17					4
12/124			2000		·	ر (رب		o±
17/1/17			2000					
	1							
	J - J	ļ						
			1	i .		1.	1 1	- 1
	OTHER I	OFIT ( OR LOSS )  OTHER BUSINESS  OTHER BUSINESS  SCHEDULE OF  ACQUIRED METH.	OFIT ( OR LOSS ) FROM I	OTHER BUSINESS DEDUCTIONS  RETURN TURN - SEE DEPREC, SCHEDULE FOR DIFF, H SCHEDULE OF DEPRECIATION  DATE ACQUIRED METH. OR % OTHER BASIS  2/1/2/ S.L. 2/R 10228	OFIT ( OR LOSS ) FROM BUSINESS OR PROFES  OTHER BUSINESS DEDUCTIONS  OTHER BUSINESS DEDUCTIONS  OTHER BUSINESS DEDUCTIONS  OTHER BUSINESS DEDUCTIONS  OTHER BUSINESS OR PROFES   OFIT ( OR LOSS ) FROM BUSINESS OR PROFESSION  CMPLOYE  AND AND AND AND AND AND AND AND AND AND	OFIT ( OR LOSS ) FROM BUSINESS OR PROFESSION  EMPLOYERS NO.  ROO  24031.  24831.  24831.  27831.  3783	19   19   19   19   19   19   19   19	

		[ALLMENT SALES	the second
DESCRIPTION OF PROPERTY	LOFFEES	HOP	
DATE ACQUIRED	2/1/74	DATE SOLD	9/2/75

CAPITAL SEC. 1245 SEC. 1250 TYPE OF ASSET: \_ \$20148 1. SELLING PRICE: CASH NOTES MORTGAGE TRANSFERRED OTHER 68300 GROSS SALES PRICE (1+2+3+4) \$45228 6. COST OR BASIS 7. LESS ACCUMULATED DEPRECIATION PRIOR TO 1-1-62 PRIOR TO 1-1-64 9. 10. AFTER 12-31-61 11. ST. LINE AFTER 12-31-63 12. EXCESS OVER S/L 1-64/12-69 EXCESS OVER S/L AFTER 12-31-69 42915 14. ADJUSTED BASIS (6-7 THRU 13) 15. EXPENSES OF SALE 238 16. TOTAL ADJUSTED BASIS (14 + 15) 17. TOTAL GROSS PROFIT (5 - 16) 18. TOTAL GROSS PROFIT — ORDINARY 19. TOTAL GROSS PROFIT — OTHER 20. CONTRACT PRICE (1 + 2 + 4) 21. GROSS PROFIT % 22. PAYMENTS RECEIVED YEAR OF SALE CASH (1) 23. PRINCIPAL COLLECTIONS 24. 25. **EXCESS MORTGAGE OVER BASIS** OTHER (4) 27. TOTAL PAYMENTS (23 THRU 26) 28. RECOGNIZED GAIN 29. RECOGNIZED GAIN - ORDINARY 30. RECOGNIZED GAIN - OTHER

IAX-		AVMENTS (TO PT. 2.		 3601	UN 1250	CAPITAL GAIN				
ABLE	PAYMENTS		SEC. 3)	REPORTE	D	BALANCE	REPORTED	BALANCE	REPORTED	BALANCE
ABLE 1975			NONE	7418		15416.	-			
-						-				
-				-						
									- '	
			·							
· .						-				
		·							1	
										• 1
								1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
	-					1.0	14 4	100		



W HERE 

Spouse's signature—if filing a joint return

NW 88326 DocId:32245535 Page 43





NAME (If joint return, give first names and initials of both)  AMUEL HYLLIC KUBY  PRESENT HOME ADDRESS (Number and Street, including apartment number) youral route)  CITY, TOWN OR POST OFFICE, STATE AND ZIP COPF  FILING STATUS—Check Only One:  EXEMPTION CREDITS  If line 1 or 3 checked, enter \$25	PI En	LACE iter so	PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) cial security number(s) only if incorrect or not shown on label.	Check One:		ilendar Ye			1976
FRENENT HOME ADDRESS (Number and Tings, Including parameter temberody and results)    CH   CH   CH   CH   CH   CH   CH   C				F C	OR FEE	DERAL P	RIVACY E 2 OF	ACT NO	
FILING STATUS—Check Only One:    Simple   Separative Filing   Simple Filing   Simple   Separative Filing   Simple   Separative Filing   Simple   Separative Filing   Sepa					32	2 /	2	799	フ
FILING STATUS—Check Only One:    Single   Status			16250 BIRCHER T	+	S	ouse's Soc	al Securit	y Number	4
FILING STATUS—Check Only One:    Single		- 1	CITY, TOWN OF POST OFFICE, STATE AND ZIP CODE		ocu.	Yours	9/=		0
Single   S	_					Spouse's	77	-	
Personal   If the 2, 4 or 5 checked, enter \$50 \$   6\$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$			Lit (ino ) or 7 shocked ante	r \$25	)				T
2   Sparate from planting point return (even if annly one had income)   3   Sparate from a flaming point extrum of marriage person—Enter spouse's   Scalar form of marriage			6 Personal 1 If line 2, 4 or 5 checked, en	nter \$50	) } . ·			65	00 🖒
Social security number and full name here    The deat of Household—Enter name of qualitying individual			your spouse of	the per	son wh	o qualific	es you	17	7
Head of Household—Enter name of qualifying   S   Blind (refer to instructions) Number of blind exemptions > 38	3		The second secon	relations	ship.				
Billid (refer to instructions) Number of bind exemptions									
Section   Sect	4	□ Н	and of Hauschald Tatas and a still						0
Widowerl with dependent child (Year spouse ded 197—9 Total exemption credits todd lines 6, 7 and 8) Enter here and on line 20 .   9 66 00			dividual						
10   Wages, salaries, tips and other employee compensation   Alistic cory 2 of Fornics w 2 to tace of this   10   10   10   11   17   17   19   11   17   19   19	5	□ W	idow(er) with dependent child (Year spouse died 197) 9 Total exemption credits (add lines 6, 7 and 8) Enter	here ar	nd on ti	X	<b>3</b> 8	8	7
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540)) 12 Interest. Enter total (if over \$400, complete and attach Schedule B(540)) 13 Income other than wages, dividends and interest (from line 48) 13 Income other than wages, dividends and interest (from line 48) 14 Total (add lines 10, 11, 12 and 13) 15 Adjusted grass income (subtract line 15 from line 14) 16 Interest of the state o	_			Troit ai	10 011 1	1116 20	· <u>`</u> · · ·	1966	5
Interest. Enter total (if over \$4.00, complete and attach Schedule B(\$40)    13   Income other than wages, dividends and interest (from line 48)   14   Total (add lines 10, 11, 12 and 13)   15   Adjustments to income (from line 50)   16   Adjustments to income (stom line 50)   17   Adjustments to income (stom line 50)   18   Adjustments to income (stom line 50)   19   16   Adjustments to income (stom line 50)   10   17   18   18   18   18   18   19   19     17   Interest eductions AND line 16 is \$4,000 or less, enter zero tax on line 23   19 on of complete     18   19   19   19   19   19   19   19			Dividends—before federal exclusion. Enter total (if ever \$400 annulable, see instructions, Page 6					<u>-0 -</u>	<del>.  </del>
13   Income other than wages, dividends and interest (from line 48)   13   14   15   14   15   14   15   15   15			! Interest. Enter total (if over \$400, complete and attach Schedule B(540))	•. •		1			<u> </u>
The state of the s			Income other than wages, dividends and interest (from line 48)			1	2	رو	<u> </u>
S Adjustments to income (from line 55)   15 Adjustments to income (subtract line 15 from line 14)   16 Adjustments to income (subtract line 15 from line 14)   17 Amount of line 2, 4, or 5 is checked and line 16 is \$4,000 or less, enter zero tax on line 23.   10 not complete   18		至 14	Total (add lines 10, 11, 12 and 13)				0	360	<b>/</b>
15   Adjusted gross income (subtract line 15 from line 14)   1/16   1/2   1/		₹ 15	Adjustments to income (from line 55)			1 -	·····8	-2.57	7+
of thine 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23.    10 ont complete    of thine 2, 4 or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23.    11 ines 17 thru 22    of thine 2, 4 or 5 is checked and line 16 is \$15,000 or less, enter zero tax on line 23.    11 ines 17 thru 22    of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  of the you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  If you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 27 and 18.  If you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  If you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 17 and 18.  If you do NOT itemize deductions AND line 16 is \$15,000 or mere, complete lines 2, do for the complete lines 2, do for for line 2, do for for line 2, do for for line 2, do for for line 2, do for for line 2, do for Gold lines 2, do for line 2, do for Gold lines 2, do for line 2, do for Gold lines 2, do for Gold line 2, do for Gold line 2, do for Gold line 2, do for Gold line 2, do for Gold line 3, do for Gold line 2, do for Gold line 3, do for Gold line 2, do for Gol		₹ 16	Adjusted gross income (subtract line 15 from line 14)			.   13			+-
• If you do NOT Hemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19.  • If you litemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.  17 Deductions. Itemized (hom line 62) OR \$TANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked).  18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate \$5chedule—Enter tax on line 19.  19 Tax from (check one) Tax Table ☐ Tax Rate \$5chedule—Enter tax on line 19.  20 Total exemption credits (from line 9, above).  21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero).  22 Other credits (from line 65).  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero).  24 Tax on preference income (see instructions—attach \$5chedule P(\$540)).  25 Total tax liability (subtract line 22 and 24).  26 Total California income tax withheld (attach W.2 or W.2F to face of this return).  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2.  28 Total California SDI tax withheld (attach Form DE 1964 to face of this return).  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return).  20 Total tax liability (subtract line 20, enter BALANCE DUE. If it is equal to line 30, enter zero.  20 Pay in full and mail with return to: FRANCHISE TAX BOARD  30 Total prepayment credits (add lines 26 thuz 29).  31 Fl line 25 is smaller than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  32 Pay in full and mail with return to: FRANCHISE TAX BOARD  33 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  34 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  34 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  35 Accompanying scheduler and stolements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than faxpayer, his declaration is based on oll information of which			• If fine 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23	1 .		.	00	PU	
* If you itemize deductions OR line 16 is \$15,000 or more, complete times 17 and 18.  17 Deductions: Itemized (from line 62) OR STANDARD (\$1,000 it line 1 or 3 checked—\$2,000 it line 2, 4 or 5 checked)  18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19  19 Tax from (check one) Tax Table  Tax Rate Schedule—Enter tax on line 19  19 Tax from (check one) Tax Table  Tax Rate Schedule—Enter tax on line 19  20 Total exemption credits (from line 9, above)  21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)  22 Other credits (from line 65)  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  26 Tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California sctimated tax payments  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thur 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  29 Pay in full and mail with return to: FRANCHISE TAX BOARD  20 P.O. BOX 13-540  21 Pay in full and mail with return to: FRANCHISE TAX BOARD  22 P.O. BOX 13-540  23 A mount of line 32 to be credited on your 1976 ESTIMATED TAX  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  39 A mount of line 32 to be credited on your 1976 ESTIMATED TAX  30 Total prepayment content tax payments  30 Total prepayment content tax payments  31 A mount of line 32 to be credited on your 1976 ESTIMATED TAX  30 Total prepayment content tax payments  31 A mount of line 32 to be credited on your 1976 ESTIMATED TAX  31 A mount of line 32 to be credited on your 1976 E				, .		. 🗖 16	01	07.	
17   Deductions: Itemized (from line 62) OR STANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked)   1   \$733   1   1   1   1   1   1   1   1   1				19.		-			1
18   Taxable income (subtract line 17 from line 16) Compute tax form Tax Rate Schedule—Enter tax on line 19   18   32 49				,				22 2	
19   Tax from (check one)   Tax Table   Tax Rate Schedule   Income Averaging Schedule (G or G-1)   19   20   20   20   20   20   20   20   2		2	Deductions: Itemized (from line 62) OR STANDARD (\$1,000 if line I or 3 checked—\$2,000 if line 2, 4 or 5 c	checked	)	. • 17	٠ د	135	
Total exemption credits (from line 9, above)  21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)  22 Other credits (from line 65)  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 Excess California os DI tax withheld (attach Form DE 1964 to face of this return)  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  29 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  29 Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  20 SACRAMENTO, CA 95867  20 Do not write in these spaces  21 Mail return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  20 SACRAMENTO, CA 95813  30 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  31 Mail return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95813  32 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  33 Mail return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX.  36 Judger 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  35 SIGN   36 Proparer's signature—(other than taxpayer)  36 Date  37 Proparer's signature—(other than taxpayer)  37 Proparer's signature—(other than taxpayer)		E 19				. • 18	32	249	7
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)  22 Other credits (from line 65)  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 1975 California SOI tax withheld (attach Form DE 1964 to face of this return)  29 20 Total prepayment credits (add lines 26 the u 29)  30 Total prepayment credits (add lines 26 the u 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD  A Mount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  FRANCHISE TAX BOARD  P.D. BOX 13-540  P.D. BOX 13-540  Vinder 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. If prepared by a person other than faxpayer, his declaration is based on all information of which he has any knowledge.  31 Vour signature—If filing a loint return  32 Date  33 Preparer's signature (other than taxpayer)  34 Preparer's signature (other than taxpayer)  35 Preparer's signature (other than taxpayer)  36 Date  37 Preparer's signature (other than taxpayer)		'	- mooning interded to the first			. • 19		32	
A 23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California soll tax withheld (attach Form DE 1964 to face of this return)  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD  Pay in full and mail with return to: FRANCHISE TAX BOARD  Po. BOX 13-540  SACRAMENTO, CA 95867  32 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  FRANCHISE TAX BOARD  P.O. BOX 13-540  SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  A Mount of line 32 to be credited on your 1976 ESTIMATED TAX  35 Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before it is true, correct and complete. If prepared by a person other than faxpayer, his declaration is based on all information of which he has any knowledge.  36 SIGN   Your signature—If filing a leint return.  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date						. 20		66	
A 23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)  24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  20 Total prepayment credits (add lines 26 thru 29)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD  SACRAMENTO, CA 95867  32 PAY IN FULL  31 On the write in these spaces  PAY IN FULL  31 On the write in these spaces  PAY IN FULL  31 On the write in these spaces  PAY IN FULL  32 On the write in these spaces  A Mount of line 32 to be credited on your 1976 ESIMATED TAX.  33 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  34 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  35 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  36 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  37 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  38 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  39 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  30 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  30 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  31 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  31 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  32 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  33 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  34 Amount of line 32 to be credited on your 1976 ESIMATED TAX.  35 Amoun			Other credits (from line 65)			. 21		١٠	_
24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to:  SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  SACRAMENTO, CA 95867  PAY IN FULL  31 Do not write in these spaces  Mail return to:  SACRAMENTO, CA 95813  A Amount of line 32 to be credited on your 1976 ESTIMATED TAX  Indeer 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  Preparer's signature (other than taxpayer)  Preparer's signature (other than taxpayer)  Path Preparer's signature (other than taxpayer)  Path Preparer's signature (other than taxpayer)  Path Preparer's signature (other than taxpayer)	,					1 1	-		+-
25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD  SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  BY AMOUNT of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  FRANCHISE TAX BOARD  P.O. BOX 13-540  SACRAMENTO, CA 95813  A Amount of line 32 to be credited on your 1976 ESTIMATED TAX  BY 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Preparer's signature (other than taxpayer)  Pate Preparer's signature (other than taxpayer)  Pate Preparer's signature (other than taxpayer)  Pate Preparer's signature (other than taxpayer)	,	<u>24</u>	Tax on preference income (see instructions—attach Schedule P(540))			- 1 - 1		-0-	-
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)  27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2  28 1975 California estimated tax payments  29 Excess California estimated tax payments  29 Excess California estimated tax payments  20 Total prepayment credits (add lines 26 thru 29)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD  SACRAMENTO, CA 95867  Do not write in these spaces  PAY IN FULL  31 One of write in these spaces  PAY IN FULL  31 One of write in these spaces  PAY IN FULL  32 Do not write in these spaces  PAY IN FULL  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  FRANCHISE TAX BOARD  FRANCHISE TAX BOARD  PAY IN FULL  31 One of write in these spaces  PAY IN FULL  32 Do not write in these spaces  A A A A A A A A A A A A A A A A A A A			Total tax liability (add lines 23 and 24)			- 1			$\pm$
28 1975 California estimated tax payments  Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Pay in full and mail with return to: FRANCHISE TAX BOARD Pay in full and mail with return to: FRANCHISE TAX BOARD Pay in full and mail with return to: FRANCHISE TAX BOARD Pay in full and mail with return to: FRANCHISE TAX BOARD Pay in full and mail with return to: FRANCHISE TAX BOARD Pay IN FULL  31 Do not write in these spaces  Balance Street And 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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  Preparer's signature (other than taxpayer)		돌 26	Total California income Associate Advisor Communication Co	· · ·	<del></del>	. 23	CONTRACTOR OF THE		
29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return).  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Date  Preparer's signature (other than taxpayer)  PAY IN FULL  31			Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2						
30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.  Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540  SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  Preparer's signature (other than taxpayer)  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)		<u>.</u> 28	1975 California estimated tax payments						
Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. FRANCHISE TAX BOARD P.O. BOX 13.540  SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  35 If line 25 is smaller than line 30, enter amount OVERPAID  36 If line 25 is smaller than line 30, enter amount OVERPAID  37 If line 25 is smaller than line 30, enter amount OVERPAID  38 If line 25 is smaller than line 30, enter amount overland  39 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  41 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  44 If line 25 is smaller than line 30, enter amount overpaid  45 If line 25 is smaller than line 30, enter amount overpaid  46 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  49 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  41 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  44 If line 25 is smaller than line 30,		2 3U	Total propagation and the condition and the cond						
Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. FRANCHISE TAX BOARD P.O. BOX 13.540  SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  35 If line 25 is smaller than line 30, enter amount OVERPAID  36 If line 25 is smaller than line 30, enter amount OVERPAID  37 If line 25 is smaller than line 30, enter amount OVERPAID  38 If line 25 is smaller than line 30, enter amount overland  39 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  41 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  44 If line 25 is smaller than line 30, enter amount overpaid  45 If line 25 is smaller than line 30, enter amount overpaid  46 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  48 If line 25 is smaller than line 30, enter amount overpaid  49 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  40 If line 25 is smaller than line 30, enter amount overpaid  41 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  42 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  43 If line 25 is smaller than line 30, enter amount overpaid  44 If line 25 is smaller than line 30,	Ĭ	50 30 21				30	_	-0 -	<del>-</del>
32 If line 25 is smaller than line 30, enter amount OVERPAID  33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  Mail return to:  FRANCHISE TAX BOARD  P.O. BOX 13-540  SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN  Your signature  Date  Preparer's signature (other than taxpayer)  Date	\$	5 31	MAY IN Tull and mail with return to: FRANCHISE TAY DOADD					.,	$\top$
Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)	2 4	5	SACRAMENTO, CA 95867	IN FUL	L>		-	-0-	1
Mail return to:  FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813  34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)	5 (	32	If line 25 is smaller than line 30, enter amount OVERPAID		- İ	11 1	t write in	these spac	ies
34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX.   34 ESTIMATED TAX R  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date	5 3	5 33	Mail return to: FDANCHICE TAY DOADD			<del></del>	· ·		
34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX.   34 ESTIMATED TAX R  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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Your signature  Date  Preparer's signature (other than taxpayer)  Date  Preparer's signature (other than taxpayer)  Date	5 1		P.O. BOX 13-540						
belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Proparer's signature  HERE Spouse's signature—if filing a joint return.		= 	그 아이들 아이들 때문에 가장 하는 것이 되었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		<del></del>				
belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.  SIGN Proparer's signature  HERE Spouse's signature—if filing a joint return.	` ;	34		ESTIM	ATED TA	X R			
SIGN Property signature  Date  Preparer's signature (other than taxpayer)  A C 7-34-8728	-	⊼ Und a beli	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem of it is true, correct and complete. If prepared by a person office the state of the st	ients, a	nd to t	he best o	of my kn	owledge	and
v HERE → Spouse's signature—if filing a joint return			and the second of the second o	inform	ation of	which h	e has an	y knowle	dge.
v HERE → Spouse's signature—if filing a joint return		ı SIE							
18326 Docld:32245535 Page 43 Date Address (and Zip code)	3	, HE	RF Preparer's signature (other	er than	taxpayer)		214	Dat	te @
	83	<b>26</b> D	Spouse's signature—if filing a Joint return Date Address (and Zip code)			× 4 ×	51	75/	

PA	RT I — Renter's Credit — All questions must be answered	
35		nay not claim this credit
36		may not claim this credit
37 38		may not claim this credit
		page 6 of Instructions
PA	RT II — Other Income	1 5 2 2 11
39	Business income (or loss) (attach Schedule C(540))	39 /5 / 9
40	Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))	
41 42	Pensions and annuities . \	
43	Rents and royalties . ATTACH SCHEDULE E	
44	Partnerships SCHEDULE E FORM (540)	
45		
46	Farm income (or loss) (attach Schedule F(540))	46
47	Miscellaneous income (a) Fully taxable pensions and annuities (not reported on Schedule E(540))	
	(b) Alimony	
	(c) Other (state nature and source)	
	Enter total of lines 47(a), 47(b), and 47(c)	47
48		48 8872
PA	RT III — Adjustments to Income	:
49	"Sick pay," if included in line 10 (see instructions — attach statement)	49
50	Moving expenses (see instructions — attach statement)	50
51	Employee business expenses (see instructions — attach statement)	51
52	Military exclusion (see instructions)	53
53 54	Forfeited interest penalty (see instructions)	
55		55
PΔ	RT IV — Itemized Deductions —	
		· · · · · · · · · · · · · · · · · · ·
56	Attach Schedule A(540) and enter sub-totals on lines 56 thru 61, below     Total deductible medical and dental expenses (from Schedule A(540), line 10)	56 109
.57		
58		58 1207
	Total interest expense (from Schedule A(540), line 23)	
60 61	Total contributions (from Schedule A(540), line 28)	1
61 62		62 5735
DAI	RT V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.	
63	"Other State" net income tax credit (attach copy of other state return and Schedule S(540))	63
64	Retirement income credit (attach Schedule R(540))	
65	TOTAL (add lines 63 and 64). Enter here and on line 22	65
PÁ	RT VI — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from line 16, page	L explain below
		<del></del>
	DIVEX 17	
·		,
	IRA 375.	



Name as shown on Form 540



#### ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE 1975

Social Security Number

If your adjusted gross income is \$8,000 or less and your filing status is "Married, Filing Jointly," "Head of Household," or "Widow(er) With Dependent Child," or \$4,000 or less and your filing status is "Single," or "Married, Filing Separately," do not itemize, enter zero on Form 540, line 23, and check the tax table box. USE ONLY IF YOU DO NOT USE THE TAX TABLE OR TAKE THE STANDARD DEDUCTION Interest Expense Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, 21. Home mortgage ..... hospital care, insurance premiums for medical 22. Other (itemize) care, etc. 1. One half (but not more than \$150) of insurance premiums for medical care..... 2. Medicine and drugs 3. Enter 1% of line 16, Form 540..... 23. Total-(Add lines 21 and 22. Enter here and on Form 540, line 59)..... 4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)..... 5. Enter balance of insurance premiums for medical care Contributions not entered on line 1..... 6. Other medical and dental expenses: 24. Cash contributions for which you have receipts, canceled checks, etc..... (a) Doctors, dentists, nurses, etc..... 25. Other cash contributions. List donees and amounts (b) Hospitals (c) Other (itemize) ..... 26. Other than cash.—See instructions for required state-7. Total—(Add lines 4, 5, 6a, b, and c)..... 27. Carryover from 1974—See instructions...... 8. Enter 3% of line 16, Form 540..... 9. Subtract line 8 from line 7. Enter difference (if less 28. Total-(Add lines 24, 25, 26, and 27. Maximum dethan zero, enter zero)..... duction may not exceed 20% of adjusted gross income. Enter here and on Form 540, line 60)..... 10. Total-(Add lines 1 and 9. Enter here and, on Form Miscellaneous Deductions Casualty or Theft Loss(es)—See instructions Child Adoption Expense NOTE: If you had more than one loss, omit lines 29 11. Total expenses paid or incurred—Attach itemized list through 33 and follow instructions for guidance. 12. Enter 3% of line 16, Form 540..... 29. Loss before insurance reimbursement..... 13. Subtract line 12 from line 11—See instructions for 30. Insurance reimbursement..... maximum limitations. (Enter here and on Form 540, line 57)..... 31. Subtract line 30 from line 29. Enter difference (if line 30 is greater than line 29, enter zero)..... Taxes 32. Enter \$100 or amount on line 31, whichever is smaller 33. Casualty or theft loss (line 31 less line 32)...... 14. Real estate..... 15. State and local gasoline..... 34. Alimony paid ...... 35. Child care—See instructions..... 16. General Sales ..... 36. Union dues 17. Auto license-Excess of registration and weight fees 37. Employment education expense—See instructions.... (see instructions)..... 18. Personal property (Boat and Aircraft) 38. Other—(itemize) 19. Other (itemize)..... 39. Total-Add lines 33, 34, 35, 36, 37, and 38. (Enter 20. Total taxes-(Add lines 14 thru 19. Enter here and here and on Form 540, line 61)..... on Form 540, line 58).....





# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

19 25

Partnerships, joint ventures, etc., must file on Form 565 Attach this schedule to your income tax return, Form 540 or 540NR Social Security Number Name as shown on Form 540 or 540NR 322-12-7*99* SAMUEL B. Federal Employer I.D. No. Name and Address of Business C. Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.)..... other..... accrual; D. Indicate method of accounting: cash; E. Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)? XYES - NO Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? ☐ YES ☐ NO If "Yes," attach explanation. Balance > 1 Gross receipts, sales, or fees \$.....Less returns and allowances \$.... 2 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)........ 3 Purchases \$\_\_\_\_\_Less cost of items withdrawn for personal use \$\_\_\_\_\_ 4 Cost of labor (do not include salary paid to yourself)..... 5 Materials and supplies..... 6 Other costs (explain in Schedule C-2 or attach Schedule)..... Total of lines 2 thru 6........ 8 Inventory at end of this year..... 9 Cost of goods sold (subtract line 8 from line 7)..... 10 Gross profit (subtract line 9 from line 1)..... 11 Other income (attach schedule)..... Total Income (add lines 10 and 11)..... OTHER BUSINESS DEDUCTIONS 13 Depreciation (explain in Schedule C-1 or attach Schedule)..... 14 Taxes on business and business property (explain in Schedule C-2 or attach Schedule)..... 15 Rent on business property..... 16 Repairs (explain in Schedule C-2 or attach Schedule) 17 Salaries and wages not included on line 4 (exclude any paid to yourself)..... 19 Legal and professional fees ..... 20 Commissions 21 Amortization (attach statement)..... 22 Retirement plans, etc. (other than your share, see instructions)..... 23 Interest on business indebtedness..... 24 Bad debts arising from sales or services (Not applicable if reporting on cash basis)..... 25 Depletion (attach schedule)..... 26 Other business expenses (explain in Schedule C-2 or attach Schedule)..... Total of lines 13 thru 26..... 28 Net profit (or loss) (subtract line 27 from line 12), Enter here and on Page 2, Form 540 or 540NR... Method of Depreciation Depreciation Life or Group and guideline class Date Cost or allowed (or allowable) computing 뜨 Rate for this year or description of property Acquired other basis in prior years depreciation Schedule C-1 Depreciation Claimed on line 1 LINE **EXPLANATION** AMOUNT AMOUNT **EXPLANATION** NO. lanation 14, 16,





## CAPITAL GAINS AND LOSSES

10Km 340	Atta	ich to Form 540 or 54	IONR		TEAR
Use this schedu	le to report gains o	and losses on sto	ocks hands and s	imilar investments	
	ns (but not losses) o				
Name as shown on Form 540 or 540NR	<i>V</i> )	·			Social Security Number
SAMUEL	PHYLL	1 c Pis	BY	:	322 12 7997
			<del></del>		
PART I—Assets Held One Year or I	.055	<del></del>		The Court on attention banks	D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis adjusted, cost of sub quent improvements not purchased, att explanation) and pense of sale.	(if f. Gain or loss ach (d. less e.)
1.					
1974 LOSS (ARRYON (20,360)	r K				
WED 1974 10	2 6.2. 4				·
2. Enter gain (or loss), if applicable, fro		D 1 (540) (545)	.1	<u>ļ</u>	
3. Enter your share of net gain or loss					•
4. Net gain or loss, combine lines 1, 2 a					
PART II—Assets Held More Than O	no Your But Not	Mara Then Els	· · · ·		
5.	- 1	7	1		
***************************************					
	1	1	ł	1	1
	1	1			
<u> </u>		1		4	
		1	1		1
6. Enter gain (or loss), if applicable, fro 7. Enter your share of net gain or loss		e D-1 (540) (atta	ch copy)		
8. Net gain or loss, combine lines 5, 6 a	. ,				5105
PART III—Assets Held More Than F	ive Years				
9.	1	I	· .		
		1	-		
		1		1 .	
10. Enter gain (or loss), if applicable, fro	m line 22, Schedul				
11. Enter your share of net gain or loss	•				
12. Net gain or loss, combine lines 9, 10	and 11				
PART IV—Summary of Capital Gair	ns and Losses				
13. Enter amount from line 4					
14. Enter 65% of the amount on line 8				3318	
15. Enter 50% of the amount on line 12					
16. Enter unused capital loss carryover from	om preceding taxal	ole years (attach	computation) .	19360	761245 N
17. Combine the amounts shown on lines					(16092)
18. If line 17 shows a gain, enter here o	, -			Hara of	· / #-/3
<ol> <li>If line 17 shows a loss, enter here an</li> <li>(a) amount on lines 17;</li> </ol>	a on page 2, Part	ii of Form 540 c	or 34UNK the sma	illest of:	
(b) the taxable income for the taxab	le vear (computed	without regard to	agins or losses fo	om sale or evekana	
of capital assets; or	/our (compoind	ogulu le	9 - H - H - H - H - H - H - H - H - H -	om agia or axciling	(1000)





### SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

(Sales or Exchanges Including Involuntary Conversions)
(Attach to Form 540, 540NR, 541 or 565)

1925

;				· · · · · · · · · · · · · · · · · · ·
Name as shown on Tax Return	-0	Identifying numb		
SAMUEL &	PHYLLIS RUBY	322-1	12-7	1297
	of Property Under Sections 18211, 18212-18, 18			D-1
	f there are no dispositions of farm property or farm land; o		by a	partnership
		Date acquired		Date sold

1.	Description of Sections 18211, 18212-18, 18219, and 18220 prop	perty.		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A		FFEE	SHOP	2/1/74	9/2/75
(B)		4 / Qabs. xaorv			
(C					
(D					
	Correlate lines 1(A) through 1(D) with these columns	Property (A)	Property (B)	Property (C)	Property (D)
2.	Gross sales price			· · · · · · · · · · · · · · · · · · ·	
3.	Cost or other basis and expense of sale				
4.	Depreciation allowed (or allowable)	INSTAI			
5.	·	MSTALL	MENT		
	Total gain, subtract line 5 from line 2				
7.	If Section 18211 property:	Ca		,	
	(a) Depreciation allowed (or allowable) after applicable date.	U#1 =	<b>†</b>		
	(See Instruction D-3)				
	(b) Line 6 or line 7(a), whichever is smaller	<del></del>			
Ŋ.	If Section 18212-18 property:  (a) Enter additional depreciation after 12-31-63 and before				
	1-1-71		,	•	
	(c) Enter line 6 or line 8(b), whichever is smaller		1		
	(d) Line 8(c) times applicable percentage (Instruction D-4)	1 '		1	
	(e) Enter excess, if any, of line 6 over line 8(b)	1 .	1		
	(f) Enter line 8(a) or line 8(e), whichever is smaller				
	(g) Line 8(f) times applicable percentage (Instruction D-4)		1		
	(h) Add line 8(d) and line 8(g)				:
9.	If Section 18220 property:				
	(a) If farm land, enter soil and water conservation expenses				
	for current year and four preceding years				
	(b) If farm property, other than land, subtract line 7(b) from	***			
	line 6; OR, if farm land, enter line 6 or line 9(a), which-				
	ever is smaller (see Instruction D-5)				
,	(c) Excess deductions account (see Instruction D-5)				
	(d) Enter line 9(b) or line 9(c), whichever is smaller				
10.	If Section 18219 property:				
	(a) Soil and water conservation expenses made after 12-31-69				
	(b) Enter amount from line 9(d), if any; otherwise, enter a zero				
	(c) Enter excess, if any, of line 10(a) over 10(b)				
	(d) Line 10(c) times applicable percentage (Instruction D-5)				
	(e) Line 6 less line 10(b)	<del></del>	<del>                                     </del>		<b>†</b>
SIIA	(f) Enter smaller of line 10(d) or line 10(e)	through (D)	to Line 10(f)	before going t	o Line 11)
	Enter amounts from line 6	7418	0 2 10(1)		
	Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	2313	1		
	Subtract line 12 from line 11, enter here and in appropriate				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Section in Part II (see Instruction D-2)	5105			

14. Total of Property Columns (A) through (D), line 12. Enter here and on line 24, Part III

Schedule D-1(540)						Page 2
PART II Sales or Exchang (Section 1818)	es of Property -82) see Instru	y Used in Tro	de or Busine	ss and/or Involu	ntary Conversions	
Section A - INVOLUNTARY	CONVERSIONS	DUE TO CAS	SUALTY AND T	HEFT		
a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain (or loss) (d. plus e. less f.)
15.						
***************************************						
					.,,,,,,,,	
(b) For partnership returns	partnership retu cable Section B- :: Enter gain(s)	rns: (1) If line -1, B-2 or B-3; and loss(es) ir	16 is zero or (2) If line 16 Schedule K (Fo	a gain, enter amo is a loss, enter suc orm 565). See Inst	unt of each gain or los th amount on line 25 of ruction E.	Part III.
Section B — SALES OR EXCH (Not Reportab	HANGES OF PR ole in Section A	)			CERTAIN INVOLUNTARY	CONVERSIONS
		Section B-1 F	Property Held On	e Year or Less	· · · · · · · · · · · · · · · · · · ·	
17.						
18. Combine the amounts on li	ne 17, enter her	e	<u></u>			<u> </u>
	Section B-2 Pro	perty Held Mo	re Than One Yea	ir But Not More Tha	n Five Years	
19.	VE 12				· ·	5105
***************************************						
				-		
20. Combine the amounts on li	ne 19. enter her				L	5105
				Than Five Years		10 30
		1	T Teld More	Titali Tive Teals		1
21.						
			15			
		<u>I</u>	J		L	
22. Combine the amounts on li				,	· · · · · · · · · · · · · · · · · · ·	
23. Combine the amounts on I  (a) For all returns, except and 10, respectively, 2, 7 and 11, respect  (b) For partnership returns	partnership retu of the Schedule tively, of the Sc	orns: (1) If line e D (Form 540) hedule D (Forn	: 23 is a gain, e I, or if filing Form in 541). (2) If lin	nter the amounts fr m 541, enter amoun ne 23 is a loss, ente	om lines 18, 20 and 22, hts from lines 18, 20 and er such amount on line 2	22, on lines
PART III Ordinary Gains	and Losses			,		1
a. Kind of property and how acquired (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent improvements and expense of sale	g. Gain (or loss) (d. plus e. less f.)
24. Gain, if any, from line 1	4					2313
25. Loss, if any, from line 1						
26. Loss, if any, from line 2 27.	3				ļ	
***************************************						
,			1			
28. Combine lines 24 through (a) For fiduciary and partire return being filed—  (b) For individual advances.	nership returns:	Enter the gain	(or loss) shown	line as follows on line 28 on the li	ne provided for on the	2-3/-3
(b) For individual returns: (1) If the gain (or lo Schedule A (Fo	ss) on line 28 rm 540 or 5401	includes losses NR) (see Instru	which are to	be treated as an the total of such	itemized deduction on loss(es) here and on	
					)-1 (Form 540)	2313

ADDRESS	322-	12-799	SOC. SEC. NO.		3
20011100			ON SCHEDULE	,	
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS			21a CASH CONTRIBUTIONS		
3 LESS 1% A.G.I. (Line 18 - 1040)			21b PARTNERSHIP SHARE		
4 NET MED/DRUGS			GIRL/BOY SCOUTS	•	
5 H & A INS. (% + EXCESS)		682	HEART FUND/CANCER FUND		
6a DR. ∖			RED CROSS/UNITED FUND		150
DR.			XMAS & EASTER SEALS	,	1,
DR.			MISC. ORGANIZED CHARITIES		
DR.		877	CHURCHES		
DR.					
DR.					<del> </del>
DR.			1		<u> </u>
DR.				<u> </u>	ļ
			22 OTHER THAN CASH		·
			23 CARRY OVER FROM PRIOR YRS		<del>                                     </del>
6b HOSPITAL			24 TOTAL CONTRIBUTIONS	150	150
PROSTHETIC APPLIANCES			CASUALTY OR THEFT (LOSS(ES)	<u></u>	1
HEARING AID			25 LOSS BEFORE ADJUSTMENT		ļ
			26 INSURANCE REIMBURSEMENT		
6c AMBULANCE			27		·
LABORATORIES			28 (\$100 LIMITATION PER CAS.)		
TRAVEL FOR MED. 1000		70	29 TOT, CAS, OR THEFT LOSS		<u> </u>
			MISCELLANEOUS DEDUCTIONS	<del></del>	<del>i i -</del>
MEDICARE INS.			30 ALIMONY		
GLASSE <b>S</b>		1	31 UNION/PROFESSIONAL DUES		- <del> </del>
7 MEDICAL EXPENSES	1629	1629	32 CHILD & DEP. CARE (Form 2441)		<del> </del>
LESS REIMBURSED BY INS.			33 INCOME TAX PREPARATION		<del> </del>
8 LESS 3% ADJ. GROSS INC.	2-70	258	UNIFORMS/PROTEC. CLOTHING		1
9	1359	1371	SMALL TOOLS AND SUPPLIES		<del>                                     </del>
I +: ½ (TO \$150) OF H & A INS.	150	150	LAUNDRY AND CLEANING		
10 TOTAL MEDICAL DED.	1507	1521	AUTO USE/DAMAGE		1
TAXES		·	INVEST. COUNSEL & PUBS, (Sched		
11 STATE & LOCAL INCOME	-0-	033	EMPLOYMENT AGENCY FEES		<del>                                     </del>
12 REAL ESTATE	<u> </u>	1 434	SAFE DEPOSIT BOX	<del></del>	<del> </del>
13 STATE & LOCAL GASOLINE		48	TEL. REQ. IN BUSINESS		<del> </del>
14 GENERAL SALES TAX		1205	POLITICAL CONTRIBUTIONS		<del> </del>
15a PERSONAL PROPERTY		- <del></del>			<del></del>
15b PERSONAL PROPERTY AUTO		22			<del></del>
16 SALES TAX AUTO		1-0+	34 TOTAL MISC, DED.		1
		_	SATOTAL MISC. DED.		
		<del></del>			
			SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17 TOTAL TAXES	1202	1207	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		1 de j
INTEREST (TO WHOM PAID)			36 TOTAL TAXES (From LINE 17)		
18 MORTGAGE		12517	37 TOTAL INTEREST (Line 20)		
			38 FOTAL CONTR. (Line 24)		
			39 CAS. & THEFT LOSS(ES) (Line29)		
19 INSTALLMENT LOANS MISC		50	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)	4	
TRANSWORD		1821			
500		7			
FEDLO		100	41 TOTAL ITEMIZED DEDUCTIONS PARTER ON FORM 1040 LINE 45	5723	5735
		1 - ' 0 0 +	REMARKS		
		1			
20 TOTAL INTEREST	2857	2857			
Professional Stationers, Inc.				*	

Professional Stationers, Inc.
7490 Jainet Compress Bealward
Parts Hallyword, California 191427.

RNW 88326 Docidd:3222455335 Page 50

SCHEDULE \_\_\_\_

SAMUEL !	7997	soc	SEC.	. NO		FISCA	L YEAR END	ING
RESS							1 9	
SCHEDULE OF PI	ROFIT ( OR L	oss )	FROM B	USINESS OR	PROFESS	ION		
RINCIPAL BUSINESS ACTIVITY					FMP	LOYERS NO.		· · · · ·
USINESS NAME						ECTERO HOT		<u> </u>
USINESS ADDRESS	. ,	<del></del>					48924	
OTAL RECEIPTS NVENTORY AT BEGINNING OF YEAR						800		
ERCHANDISE PURCHASED						Y 031.	4	
							<b>-</b>	
					<del></del>	7831	-	
TOTAL					- 12	-0-	24831	
ESS INVENTORY AT END OF YEAR							24093	
ROSS PROFIT								
ROSS INCOME							24093	
	OTHER B	USINESS	DEDUCTIO	)NS	·	99		
ADVERTISING						1800	-	, .
UTO AND TRUCK EXPENSE				, , , , , , , , , , , , , , , , , , , ,		INV		1
AD DEBTS								1.
OMM ISSIONS ELIVERY								'
DEPRECIATION ( SCHEDULE BELOW )						974		
DUES AND SURSCRIPTIONS						126	_	
NTERTAINMENT AND PROMOTIONAL						500	-	
NSURANCE,						1707		
NTEREST								
ANITOR AND HAULING						150	_	
EGAL AND ACCOUNTING								
OFFICE SUPPLIES AND EXPENSE						4151		
REPAIRS AND MAINTENANCE						625		
SALARIES AND WAGES						5632		
SUPPLIES		· .				240		
TAXES AND LICENSES				,		575		.
TAXES PAYROLL						168		
TELEPHONE AND UTILITIES						158		
CONTRACT LABO	, R					444		1 4
VV G			<u>-</u>				1653	الرا
						<del></del>	750	4
NET PROFIT OR (LOSS ) FEDERAL	RETURN ETURN + SEE DE	ODEC S	CHEDULE	FOR DIFF.	15159	(W) LY	m	
NET PROFIT OR (LOSS ) STATE R	SCHEDI	II F OF	DEPRECI		1.4.1.4			
	DATE		YEARS OR %	COST OR OTHER BASIS		PRI DEPR		CIATIO YEAR
O. KIND AND LOCATION OF PROPERTY	ACQUIRED	METH.						
EQUIPMENT	2/1/24	SIL	7/R	10228		133	7 7	<del>,</del>
	1317		ļ		<b></b>	,		
	4/1/24			35000	-	-0	· -   -	0-
GOODWILL	-////					·	·	
								_
		Ì			ļ			
			<u> </u>					
	• 1		1.1		I .	1 .	1 1 1	

Calendar	Yr
E/V/E	

19 <u>Z</u>

GAINS ON INSTALLMENT SALES.	GAINS	ON	INSTAL	LMENT	SALES.
-----------------------------	-------	----	--------	-------	--------

DESCRIPTION OF PROPERTY LOFFEES	+OP	• • • • • • • • • • • • • • • • • • • •	
DATE ACQUIRED 2/1/7 4	DATE SOLD 9/2/	75	
		.,	
TYPE OF ASSET:	CAPITAL	SEC. 1245	SEC. 1250
1. SELLING PRICE: CASH	\$	\$20148	<b>s</b>
2. NOTES		48152	
3. MORTGAGE TRANSFERRED			
4. OTHER			
5. GROSS SALES PRICE (1+2+3+4)		68300	: .
6. COST OR BASIS	\$	\$ 75228	\$
7. LESS ACCUMULATED DEPRECIATION			100
8. PRIOR TO 1-1-62			
9. PRIOR TO 1–1–64		THE STATE OF THE S	
10. AFTER 12-31-61		23/3	May the to
11. ST. LINE AFTER 12–31–63			
12. EXCESS OVER S/L 1-64/12-69		of the second	
13. EXCESS OVER S/L AFTER 12-31-69			
14. ADJUSTED BASIS (6-7 THRU 13)		42915	
15. EXPENSES OF SALE		238	
16. TOTAL ADJUSTED BASIS (14 + 15)		43153	
17. TOTAL GROSS PROFIT (5 – 16)	\$		ra an vila
18. TOTAL GROSS PROFIT – ORDINARY		\$ 23/3	\$
19. TOTAL GROSS PROFIT — OTHER		\$72.824	\$
20. CONTRACT PRICE (1 + 2 + 4)	\$	\$ 68300	\$
21. GROSS PROFIT %	. %	36.82%	. %
22. PAYMENTS RECEIVED YEAR OF SALE		1 26.0 -	
23. CASH (1)		20148	
24. PRINCIPAL COLLECTIONS		-0	
25. EXCESS MORTGAGE OVER BASIS		_ 6 —	
26. OTHER (4)		-0-	
27. TOTAL PAYMENTS (23 THRU 26)		20148	
28. RECOGNIZED GAIN		C No.	
29. RECOGNIZED GAIN - ORDINARY		2313	
30. RECOGNIZED GAIN - OTHER	,	5105	

				ORDINAR	YINCOME			
TAX-	TOTAL	LESS INT. (TO PT. 2.			N 1250	CAPITA	L GAIN	
ABLE YR.	PAYMENTS	SEC. 3)	REPORTED	BALANCE	REPORTED	BALANCE	REPORTED	BALANCE
1975		NONE	7418	15416.			1.	
•					·			
				:				
					,			
	·							
						-		

# 1040

# Department of the Treasury—Internal Revenue Service Individual Income Tax Return

-	~		· ***	۲ - ,
	7			
	41	CUL	7	/ 1
	н	5		66
•	ш	۳		_

, 19
number
997
urity no.
124
<del></del>
.
<u>-</u>
ith
-   -
_   _
<u> </u>
the "Yo
ot increa your refu
314
_+
<u> </u>
1_
7:2.
on page
2
ne 23 🖇
eturn. curity
k or make
ternal
uuuuii
-
<b>~</b> {∫}
2   1 m
1 16 -
- T
be
e 26.
ge and be
د ع
Soc. Sec.
// e// 8

VAN NUYS, CA. 91403

For	m 1040 (1974)		1080 2
	home. If born or died pendent have furn		de- nished by OTHERS sup- including depend-
<b>ੰ</b> ਲ	\$750 or more?   port	e ALL.	00% ent.
Other	¥	•	· ·
0	during year, write 8 or D. income of \$750 or more? pen-port write \$100 or more?		
+	27 Total number of dependents listed in column (a). Enter here and on line 6d	<del></del>	
	art   Income other than Wages, Dividends, and Interest		
	Business income or (loss) (attach Schedule C)	28	9934
	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	29	110001
	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	30	7
	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (allach Schedule E)	31	, ,
	Farm income or (loss) (attach Schedule F)	32	
_	Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	33	
		34	
35	50% of capital gain distributions (not reported on Schedule D—see instructions on page 8).  State income tax refunds (does not apply if refund is for year in which you took the).  State income tax refunds (standard deduction—others see instructions on page 8).	35	1. 1. 1. 1.
	Alimony received	36	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Other (state nature and source—see instructions on page 8)		
		37	
38	Total (add lines 28, 29, 30, 31, 32, 33, 34, 35, 36, and 37). Enter here and on line 12 ▶	38	8934
	Part II Adjustments to Income		
39	"Sick pay." (From Forms W-2 and W-2P. If not shown on Forms W-2 or W-2P, attach Form 2440 or statement.)	39	
40	Moving expense (attach Form 3903)	40	
41	Employee business expense (attach Form 2106 or statement)	41	
42	Payments as a self-employed person to a retirement plan, etc.—see instructions on page 9 .	42	
	Total adjustments (add lines 39, 40, 41, and 42). Enter here and on line 14 ▶	43	
	art III Tax Computation (Do not use this part if you use Tax Tables 1-12 to find your	tax.)	
44	Adjusted gross income (from line 15)	44	893.9
45	(a) If you itemize deductions, check here ▶ □ and enter total from Schedule A, line 41		
	and attach Schedule A	45	5340
	(b) If you do not itemize deductions, check here ► □ and enter 15% of line 44, but do NOT enter more than \$2,000. (\$1,000 if line 3 checked)		3-14
46	Subtract line 45 from line 44	46	23 4 4
47	Multiply total number of exemptions claimed on line 7, by \$750	47	3002
48	Taxable income. Subtract line 47 from line 46	48	374
	(Figure your tax on the amount on line 48 by using Tax Rate Schedule X, Y, or Z, or if ap	oplicable	the alternative
	tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 472	o.) Ente	r tax on line 16.
_	art IV. Credits	1 40 1	
	Retirement income credit (attach Schedule R)	49	110
	Investment credit (attach Form 3468)	50	48
	Foreign tax credit (attach Form 1116)	51	
	Credit for contributions to candidates for public office—see instructions on page 9	53	
53	Work Incentive (WIN) credit (attach Form 4874)	54	and the last of th
54	Part.V Other Taxes	<u>, 34 i</u>	and where A Visite Same
-		55	705
	Self-employment tax (attach Schedule SE) + 1. 545. W) . 1.90	56	
	Tax from recomputing prior year investment credit (attach Form 4255)	57	
57	Minimum tax. Check here ►, if Form 4625 is attached	58	
		59	
	Social security tax on tip income not reported to employer (attach Form 4137)	60	
	Total (add lines 55, 56, 57, 58, 59, and 60). Enter here and on line 19	61	786
_	Other Payments	-4	
		62	
	Excess FICA tax withheld (two or more employers—see instructions on page 9)	63	
	Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	64	4 h h r
64	Credit from a Regulated Investment Company (attach Form 2439)	65	1.4
_		thority o	ver
oreign	a bank, securities, or other financial account in a foreign country (except in a U.S. milita facility operated by a U.S. financial institution)?	ıry banki	ing ▶ ☐ Yes ☐ No
Ē	If "Yes," attach Form 4683. (For definitions, see Form 4683.)		
	A. I. C. COVERNMENT PRINTING OFFICE . 1074OBAR-047		1A83220-1

# Schedules A&B—Itemized Deductions AND (Form 1040) Department of the Treasury Internal Revenue Service Internal Revenue Service Internal Revenue Service A&B—Itemized Deductions AND Dividend and Interest Inc. Attach to Form 1040. ▶ See Instructions for Schedules **Dividend and Interest Income**

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

ame(s) as shown on Form 10. SAMUEL A	PH	YLLIS	Rub	У	32.7
ti .			63 f6 f6	(Schedule B on back)	

social security number

Medical and Dental Expenses (not compensa		Contributions (See instructions on page 1	1 for examples.)
or otherwise) (See instructions on page 10	1.)	21 a Cash contributions for which you	
1 One half (but not more than \$150) of insurance premiums for medical care.		have receipts, cancelled checks, etc.  b Other cash contributions. List	
(Be sure to include in line 10 below)	TO 10 10 10 10 10 10 10 10 10 10 10 10 10	e appendent a market and the pe	
2 Medicine and drugs		donees and amounts.	
3 Enter 1% of line 15, Form 1040			
4 Subtract line 3 from line 2. Enter dif- ference (if less than zero, enter zero) .	- 1	***	
20 10 10 10 10 10 10 10 10 10 10 10 10 10			9 (4)
5 Enter balance of insurance premiums for medical care not entered on line 1.		C111	
6 Enter other medical and dental expenses:		) JC#	
a Doctors, dentists, nurses, etc b Hospitals		22 Other than cash (see instructions on page 11 for required statement)	
c Other (Itemize—include hearing aids,	7	23 Carryover from prior years	
dentures, eyeglasses, transportation,		24 Total contributions (add lines 21a, b,	
etc.) >		22, and 23). Enter here and on line 38 .	130
		Casualty or Theft Loss(es) (See instruct	ions on page 12.)
		Note: If you had more than one loss, om 28 and see instructions on page 1	it lines 25 through
		25 Loss before insurance reimbursement .	
		26 Insurance reimbursement	
		27 Subtract line 26 from line 25. Enter	
SCH		difference (if less than zero, enter zero)	
7 Total (add lines 4, 5, 6a, b, and c)		91 Mar 1920 1920 1920 1920 1920 1920 1920 1920	'4'
8 Enter 3% of line 15, Form 1040		28 Enter \$100 or amount on line 27, whichever is smaller	
9 Subtract line 8 from line 7 (if less than		29 Casualty or theft loss (subtract line 28	
zero, enter zero)	9	from line 27). Enter here and on line 39 -	22 3
10 Total (add lines 1 and 9). Enter here	1306	Miscellaneous Deductions (See instruction	ons on page 12.)
and on line 35 ▶ 1	178 0	30 Alimony paid	
Taxes (See instructions on page 10.)	•	31 Union dues	
11 State and local income		32 Expenses for child and dependent care	
12 Real estate		services (attach Form 2441)	
13 State and local gasoline (see gas tax tables)		33 Other (Itemize)	
14 General sales (see sales tax tables) .			
15 Personal property		,	<u> </u>
16 Other (Itemize) ►		x 50	
C) /L			
J CT			
17 Total (add lines 11, 12, 13, 14, 15, and 16). Enter here and on line 36	1062	34 Total (add lines 30, 31, 32, and 33).  Enter here and on line 40	+57.985 B
Interest Expense (See instructions on page	2 11.)	Summary of Itemized Ded	uctions 5.
18 Home mortgage			
19 Other (Itemize) ▶	, i	35 Total medical and dental—line 10	1386
		36 Total taxes—line 17	1062
		37 Total interest—line 20	29924
		38 Total contributions—line 24	150
		39 Casualty or theft loss(es)—line 29	
514		40 Total miscellaneous—line 34	
<b>3 0</b> (1)		41 Total deductions (add lines 35, 36, 37,	
20 Total (add lines 18 and 19). Enter here	2992	38, 39, and 40). Enter here and on Form 1040, line 45	5590

# Profit or (Loss) From Business or Profession (Sole Proprietorship) Partnerships, Joint Ventures, etc., Must File Form 1065.

▶ Attach to Form 1040. ▶ See Instructions for Schedule C (Form 1040).

1974

Na	me(s) as shown on Form 1049	Social security number
		522 12 7997
A	Principal business activity (see Schedule C Instructions) - JERVICE product - JA  Business name - WOODLEY BISTRO COFFEESHOR Employer identification n	VACKBAR
В	Business name - WOODLEY BISTRO COFFEESHOR Employer identification n	umber > 45-265 1576
n	Purings address (number and street) > 16055 VENTURA BLVV	
	City State and ZIP code > ENCINO CA 9/3/6	
Ε	Indicate method of accounting: (1) ☐ Cash (2) ★ Accrual (3) ☐ Other ►	Yes No
F	Were you required to file Form W-3 or Form 1096 for 1974? (See Schedule C Instructions.)	· · · ·   V
	If "Yes," where filed ▶	<i>                               </i>
G	Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1974?	· · · · · · · ·   <del>'  </del> ·
Н	Method of inventory valuation ►	tantial change in
	the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes," attach	
4.	1 Gross receipts or sales \$ Less: returns and allowances \$	
Income	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)	
2	3 Gross profit	
=	4 Other Medine (attach Schedule)	
_	5 Total income (add lines 3 and 4)	
	6 Depreciation (explain in Schedule C-3)	, , , , ,
	7 Taxes on business and business property (explain in Schedule C-2)	1. 在在1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	9 Repairs (explain in Schedule C-2)	
	10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)	
	11 Insurance	
	13 Commissions	
	14 Amortization (attach statement)	
	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)	
	(b) Employee benefit programs (see Schedule C Instructions)	
s	15 Interest on husiness indehtedness	
Deduction	17 Bad debts arising from sales or services	
5	18 Depletion	
ğ	19 Other business expenses (specify):	
۵	(a)	
	(b)	
1	(c)	
	(d)	
	(e)	
	(1)	
	(8)	
	(h) 2400	
	(1) /33 4	
	(k) Total other business expenses (add lines 19(a) through 19(j))	
_	1 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. ALSO	00211
	enter on Schedule SE, line 5(a)	1737
S	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for	Line 2)
	1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	
	2 Purchases \$ Less: cost of items withdrawn for personal use \$ Balance ▶	
	3 Cost of labor (do not include salary paid to yourself)	
	4 Materials and supplies	
	5 Other costs (attach schedule)	
	6 Total of lines 1 through 5	
-	7 Less Inventory at end of year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_ {	8 Cost of goods sold and/or operations. Enter here and on line 2 above	16—

SCHEDULE C-2.—Explanation	of Lines 7	and 9						
Line No. Explanation	n .	Amount	Line No		Explanation	n	Amount	t
		\$					\$	
					e <sub>res</sub>			
							er ja dige.	
					-		- j et	
						V.		,
		,					1.0	
		7				A	4 200	er - 4,
			-			, · :::		
							1/27	, - +- /
					4 1 4 4		, 1 July 10	\$4 P. J.
								. 34.77
		,						
			-				-4.5	, 14
						• • • • • • • • • • • • • • • • • • • •		
							1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
								-
SCHEDULE C-3.—Depreciation	on (See Sch	edule C Instr	ructions for Lir	e 6) If you	need more sp	oace, you may	use Form 4562	2
Note: If depreciation is computed by Class Life System for assets p								
(Guideline Class Life System) (a)—12, the provisions of Reve Publication 534.) Check box if you made an election this t			sly provided in in 55–13 are not app e (ADR) System and		ulations section xable years en eline Class Life	-	11(b)(5)(vi) and ember 31, 1970	l 1.167 0. (See
a. Group and guideline class or description of property	b. Date acquired	c. Cost o	d. Depreci	ation e	. Method of computing depreciation	f. Life or	g. Depreciation this year	for
1 Total additional first-year depre	ociation (do r	ot include in			<u> </u>	·	- 37 37 44	.]
2 Depreciation from Form 4832	•		Villimini					1
3 Depreciation from Form 5006	( See Note )		······\ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			<i>.</i>	3.1	
	i ·	.		•				1 5
4 Other depreciation:		. ]				,	1 . 1 . The	
Buildings								
Transportation equipment								
Machinery and other equipment .								
Other (specify)								-
						-	4,	
A		***						
· · · · · · · · · · · · · · · · · · ·								-
					CC+	-	1339	
3								
7					•••••		4	.
5 Totals								-
6 Less amount of depreciation c	laimed in Sch	redule C-1. p.	age 1				_	1
7 Balance Enter here and on p							1339	.
SCHEDULE C-4Expense A	ccount Info	rmation (Sec	e Schedule C	Instruction	s for Sched	lule C-4)		-
Enter information with regard to yourse	olf and your five	highest naid	N:	me .	Expense	account	Salaries and W	ages
employees. In determining the five high	nest paid emplo	yees, expense	Owner					
account allowances must be added to t	heir salaries and	wages. How-	1					1
ever, the information need not be sub			2					
whom the combined amount is less that			3			-		-
your expense account allowance plus	iine 21, page 1	, is less than	4					
\$25,000.	o connected with	h	5			·		
Did you claim a deduction for expense (1) Entertainment facility (boat, resort,	s connected wit ranch etc 12	II.		vees' families	at conventions	or meetings?		No
(2) Living accommodations (except em			No (4) Emplo					Ð <sub>N</sub>
and and and and a few orbit cut	F , - 30 0.1 Dudii			, ,				

# SCHEDULE D (Form 1040) Department of the Treasury Internal Revenue Service

Capital Gains and Losses (Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

Name(s) as shown on Ferm 1040  SAMA HYLLUS RI	uBY.			2	Social	security number 12-79	9 <b>7</b>
Part I Short-term Capital Gai	,	-Assets Held	Not More Than	6 Months			D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Data sold (Mo., day, yr.)	d. Gross sales price	e. Cost or oth as adjusted instruction expense of	(see D) and	f. Gain or (lo (d less e)	Ss)
1 '						^ · · · · ·	
LOAN TO SUI	MITE	AFL	E CORP	OR ATA	on	1000	
		<del></del>			· ·	<del></del>	
	-					2	
						1_1_	<u> </u>
		1					
		24.5				-	
		1,					
2 Enter your share of net short-term	m gain or (loss) fr	om partnership	s and fiduciaries		2	<i>t</i>	
3 Enter net gain or (loss), combine					3	1000	
4(a) Short-term capital loss componen			efore 1970 (see Insti	uction G) .	4(a)	( 7 7 5	
(b) Short-term capital loss carryover	attributable to year	s beginning aft	er 1969 (see Instructi	on G)	(b)	11741	
5 Net short-term gain or (loss), con			<u> </u>		5	2741	)
Part I Long-term Capital Gair	is and Losses—	Assets Held	More Than 6 Mo	nths		_	_
6 100 CHIEFTAIN DE LEL	11/21/73	6/10/74	653	1382		<u> </u>	<b></b> _:
100 CHIEFTAIN DEXE	2 11/21/73	6/19/74	678	1382		1204	2~
100 TESORO PET	5/22/72	7/16/74	1622	2847		(1225	<b>-2</b> .
100 UNITROPE	5/15/72	9/19/74	358	1532		(1174	7
100 R.C.A.	2/2/73	9/23/74	1055-	3067	<u></u>	2007	7
			-	<u> </u>			
· · · ·			<u> </u>	·			
			<u> </u>				<del></del>
		<u> </u>	1		7	- 6 40 No. 1.1	
7 Capital gain distributions	4707 11 44 3		· · · · · · · · · · · · · · · · · · ·	• • •	8	F., No. 1	
8 Enter gain, if applicable, from Fo			the state of the s	•	9		
9 Enter your share of net long-term				2)	10		
<ul><li>Enter your share of net long-term</li><li>Net gain or (loss), combine line</li></ul>			ations (Subchapter	3)	11 (	5839	<b>-</b>
12(a) Long-term capital loss component	_		nefore 1970 (see Instr	uction G) .	12(a)	(13322	- 5
(b) Long-term capital loss carryover a					(b)	C management	)
13 Net long-term gain or (loss), com	nbine lines 11, 12(				13	19161	<u> </u>
Part III Summary of Parts I a	nd II	1 112 112					
14 Combine the amounts shown on	lines 5 and 13, ar	nd enter the ne	t gain or loss here		14	21901	
15 If line 14 shows a gain— (a) Enter 50% of line 13 or 50%	% of line 14. which	never is smalle	r (see Part VI for co	moutation			40
of alternative tax). Enter zero	o if there is a loss of	or no entry on I	ine 13		13(a)		
(b) Subtract line 15(a) from line	14. Enter here and	on Form 1040	, line 29		(b)	19.;	
If line 14 shows a loss— ► If losses are shown on BOTH	lines 12(a) and 13	omit lines 160	(a) and (b) and go to	Part IV.		1	
See Instruction H.	22(4) 4/14	, 3	, ==== (=, ==== 0° (			Section .	
<ul> <li>Otherwise,</li> <li>(a) Enter one of the following</li> </ul>	amounts:						
(i) If amount on line 5	is zero or a net gal	in, enter 50%	of amount on line 1	4;			
(ii) If amount on line 13 (iii) If amounts on line	s is zero or a ne <b>t g</b> a 5 and line 13 are	ım, enter amou net losses, ent	er amount on line !	5.added to	151.	100000	1.
50% of amount on	line 13			• • •	16(a)	14762	-
(b) Enter here and enter as a	(loss) on Form 104	10, line 29, the	smallest of:				
(i) The amount on line 1 (ii) \$1,000 (\$500 if ma	irried and filing a.	separate return	n—if a loss is show	vn on line			10.7
4(a) or 12(a), see in (iii) Taxable income, as	struction L for a h	igher limit not	to exceed \$1,000);	or,	(b)	dom	1
(m) Taxable illcome, as	adjusted (see 1113t		<del> </del>			<u> </u>	<del>``′</del> `.

# SCHEDULE SE (Form 1040)

Computation of Social Security Self-Employment Tax

► Each self-employed person must file a Schedule SE.

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

If you had wages, including tips, of \$13,200 or more that were subject to social security taxes, do not fill in this form.
 If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)  PHYLLIS RUBU	Social security number of self-employed person	349 18 1420
Business activities subject to self-employment tax (grocery store, restaurant,	farm, etc.) > 3 NAC	KRAR
<ul> <li>If you have only farm income complete Parts I and III.</li> <li>If you have of If you have both farm and nonfarm income complete Parts I, II; and III</li> </ul>	only nonfarm income com	plete Parts II and III.
Part Computation of Net Earnings from FARM Self-Empl	oyment	
A farmer may elect to compute net farm earnings using the OPTIONAL ME line 2, if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD	l net profits are less than \$	using the Regular Method, 1,600. However, lines 1 and
REGULAR METHOD (a) Schedule F, line 54 (cash method), or lin		1
1 Net profit or (loss) from: (b) Farm partnerships		•
2 Net earnings from farm self-employment (add lines 1(a) and (b))		
FARM OPTIONAL METHOD (a) Not more than \$2,400, enter two thirds of		
from farming 'are: (b) More than \$2,400 and the net farm profit is less that 'Gross profits from farming are the total gross profits from Schedule F, line 28 (camethod), plus the distributive share of gross profits from farm partnerships (S 15) as explained in instructions for Schedule SE.	n \$1,600, enter \$1,600 ash method), or line 72 (accru chedule K-1 (Form 1065), li	. l
4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect		
Part I Computation of Net Earnings from NONFARM Self-	Employment	
(a) Schedule C, line 21. (Enter combined amount if	more than one business.)	2400
(b) Partnerships, joint ventures, etc. (other than far		
REGULAR METHOD (c) Service as a minister, member of a religious order,		
5 Net profit or (loss) from: titioner. (Include rental value of parsonage or rei you filed Form 4361, check here and enter zer	o on this line	
(d) Service with a foreign government or international (See Form 1040 in Specify  (e) Other structions for line 37.) Specify		
6 Total (add lines 5(a), (b), (c), (d), and (e))		240B
7 Enter adjustments if any (attach statement)		
8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as		7.400
If line 8 is \$1,600 or more <b>OR</b> if you do not elect to use the Nonfarm Opthrough 11 and enter amount from line 8 on line 12(b), Part III.  Note: You may use the nonfarm optional method (line 9 through line 11) only if	* *	
less than two-thirds of your gross nonfarm profits, and you had actual net ea \$400 or more for at least 2 of the 3 following years: 1971, 1972, and 1973. The	rnings from self-employment	of
only be used for 5 taxable years.  2 Gross profits from nonfarm business are the total of the gross profits from Sche	dula C. line 3. plus the distrib	
tive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1 instructions for Schedule SE. Also, include gross profits from services reported adjusted by line 7.	065), line 15) as explained	in \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NONFARM OPTIONAL METHOD		
9 (a) Maximum amount reportable, under both optional methods combine	ed (farm and nonfarm) .	\$1,600 00
(b) Enter amount from line 3. (If you did not elect to use the farm option	nal method, enter zero.) .	
(c) Balance (subtract line 9(b) from line 9(a))		•
10 Enter two-thirds of gross nonfarm profits 2 or \$1,600, whichever is smalle		•
11 Enter here and on line 12(b), the amount on line 9(c) or line 10, whiche Part III Computation of Social Security Self-Employment Tax	ver is smaller	
12 Net earnings or (loss): (a) From farming (from line 4) (b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm (from line 8, or line 11 if you elect to use the Nonfarm (from line 8, or line 11 if you elect to use the Nonfarm (from line 8, or line 11 if you elect to use the Nonfarm (from line 8, or line 11 if you elect to use the Nonfarm (from line 8) and the line (from line 4)		2.400
13 Total net earnings or (loss) from self-employment reported on line 12. (		
you are not subject to self-employment tax. Do not fill in rest of form.)	and the second s	2400
14 The largest amount of combined wages and self-employment earnings subject to social	-	\$13,200 00
15 (a) Total "FICA" wages as indicated on Forms W-2		
(b) Unreported tips, if any, subject to FICA tax from Form 4137, line 9.		
(c) Total of lines 15(a) and (b)		
16 Balance (subtract line 15(c) from line 14)		13200
17 Self-employment income—line 13 or 16, whichever is smaller		
18 If line 17 is \$13,200, enter \$1,042.80; if less, multiply the amount on line		. 190
19 Railroad employee's and railroad employee representative's adjustment		198

## SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

## Computation of Social Security Self-Employment Tax

► Each self-employed person must file a Schedule SE.

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

1974

If you had wages, including tips, of \$13,200 or more that were subject to social security taxes, do not fill in this form. If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE. Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) Social security number of self-employed person > Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) If you have only farm income complete Parts I and III. 

If you have only nonfarm income complete Parts II and III. If you have both farm and nonfarm income complete Parts I, II, and III. Part Computation of Net Earnings from FARM Self-Employment A farmer may elect to compute net farm earnings using the OPTIONAL METHOD, line 3, instead of using the Regular Method, line 2, if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD. (a) Schedule F, line 54 (cash method), or line 74 (accrual method). . 2 Net earnings from farm self-employment (add lines 1(a) and (b)) . FARM OPTIONAL METHOD (a) Not more than \$2,400, enter two-thirds of the gross profits . . . 3 If gross profits (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600 from farming ' are: Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 72 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K-1 (Form 1065), line 15) as explained in instructions for Schedule SE. 4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect the farm optional method Part I Computation of Net Earnings from NONFARM Self-Employment (a) Schedule C, line 21. (Enter combined amount if more than one business.) . (b) Partnerships, joint ventures, etc. (other than farming) . . (c) Service as a minister, member of a religious order, or a Christian Science prac-REGULAR METHOD titioner. (Include rental value of parsonage or rental allowance furnished.) If 5 Net profit or (loss) from: you filed Form 4361, check here and enter zero on this line. (d) Service with a foreign government or international organization . (e) Other structions for line 37.) Specify 6 Total (add lines 5(a), (b), (c), (d), and (e)) . . 7 Enter adjustments if any (attach statement) . . 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7) . If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12(b), Part III. Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profits," and you had actual net earnings from self-employment of \$400 or more for at least 2 of the 3 following years: 1971, 1972, and 1973. The nonfarm optional method can only be used for 5 taxable years. 2 Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3, plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1065), line 15) as explained in instructions for Schedule SE. Also, include gross profits from services reported on lines 5(c), (d), and (e), as adjusted by line 7. NONFARM OPTIONAL METHOD \$1,600 9 (a) Maximum amount reportable, under both optional methods combined (farm and nonfarm) (b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.) . (c) Balance (subtract line 9(b) from line 9(a)) . . . . . 10 Enter two-thirds of gross nonfarm profits 2 or \$1,600, whichever is smaller . 11 Enter here and on line 12(b), the amount on line 9(c) or line 10, whichever is smaller Part III Computation of Social Security Self-Employment Tax (b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method) . 13 Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of form.) . . . . . . . . . . 14 The largest amount of combined wages and self-employment earnings subject to social security tax for 1974 is . 15 (a) Total "FICA" wages as indicated on Forms W-2 . . . . . (b) Unreported tips, if any, subject to FICA tax from Form 4137, line 9 . 16 Balance (subtract line 15(c) from line 14) . . . . . . 17 Self-employment income-line 13 or 16, whichever is smaller . . . . 18 If line 17 is \$13,200, enter \$1,042.80; if less, multiply the amount on line 17 by .079 . 19 Railroad employee's and railroad employee representative's adjustment from Form 4469, line 10 . 20 Self-employment tax (subtract line 19 from line 18). Enter here and on Form 1040, line 55

# 3468

# **Computation of Investment Credit**

Internal Revenue Service	lry	<u> </u>	Attach to your tax	return.		118	97
Name CA M	HEL	1 Pun			identifying page 1 of y	number as shown	on
1 Qualified inves	tment in	new and used property. ()		b for eligible prop	322 erty.)	-12-79	9;
Type of		re of investment in property.	made by a partnershi	p, estate, trust, sm	all busines:	s corporation, or	less
property	Line	Life years	Cost or basis (See instruction G)	(3)	ble	Qualified investm (Column 2 x colum	
New	(a)	3 or more but less than 5		331/3		2	
Property	(b)	5 or more but less than 7		662/3			
	(c) .	7 or more		100			
Used	(d)	3 or more but less than 5		331/3			
Property See Instructions for	(0)	5 or more but less than 7		662/3			•••••
dollar limitation)	(1)	7 or more	10228				
2 Total qualified in	vestmen	t—Add lines 1(a) through	1020	100		10228	
curative lithe2[1]	nent cred	11-7% of line 2 (40)				10228	
Carryback and carryo	over of unu	ised credit(s). (See instruction F	public utility property)	)		7/6	<del>.</del>
Total—Add lines	3 and 4	· · · · · · · · · · · · · · · · · · ·	and instruction for line 4-	-attach computation.)			
			<del></del>	<del></del>	· · ·	716	
(b) Estates and t	Enter am	iount from line 16, page 1.	Form 1040 .	,		1/6	
(c) Corporations-	—Enter a.	mount from line 5 Schodul	r 25, page 1, Form 10	41		18	• •
cook. (a) Toleigh	tax cre	ait		٠٠,٠٠٠	1 1		
(b) Retirem	nent inco	me credit (individuals only		• •			Pag.
(c) rax on	Tump-sun	n distributions (See instruc	tion 7)	• •			- 2
Total Add lilles	7(a), (b)	, and (c)		• • !			•
Line 6 less line 8				• • • • • •	• -	A *	100
(a) Enter amount	on line 9	or \$25,000, whichever is less, estates, and trusts	esser. (Married nersons	s filing consumt	· ·	48	· .
trolled corpora	ate group	s, estates, and trusts, see	instruction for line 10	s ming separately, (	:on-		
		•	•		· •		
(a) it title a exceed	as line 10	(a), enter 50% of the exces	s				
Total—Add lines 1	0(a) and <i>i</i>	(b)			' '		
Investment credit_	_Amaut					- 48	m.m.
Form 1040; line 6(	b), Sched	from line 5 or line 11, whi dule J, Form 1120; or the a	ichever is lesser (enter	r here and on line	50.	110	
			on othe	er returns)	1 .	48	
y part of your investm	ent in line	1 above was made by a partne	schin estate truct amati			-	
Name		1 above was made by a partne	estate, must, small	business corporation,	or lessor, co	mplete the following	ng:
(Partnership, estate	e, trust, etc	C.) A	ddress		Property		
				New	Use	d Life yea	ars
· · · · · · · · · · · · · · · · · · ·							<del>.</del>
. •				\$	\$		
							₹.,
•		F 1					·
<del></del>		1 1			,	4	/
			A CONTRACTOR				- /
<del></del>	-	4					: /
The second second							-7

If property is disposed of prior to the life years used in computing the investment credit, see instruction E. Form 3468 (19

# Form 4798

#### **Capital Loss Carryover**

► (From 1973 to 1974)► Attach to Form 1040.

1974

Department of the Treasury Internal Revenue Service

Name(s) as shown on Form 1049 PHYLLIS RUBY

Social Security Number

A. Who Should File.—You will need to complete either Part I or Part II of this form if you have a capital loss to carry over to 1974.

You will have a capital loss to carry to 1974 if the amount on your 1973 Schedule D (Form 1040), line 16(a), or line 33, is **LARGER THAN** the loss deducted on your 1973 Form 1040, line 29.

- B. How to Compute Carryover.—If you have a capital loss carryover, complete either Part I or Part II of this form, but do not complete both.
- 1. Complete only Part I if lines 4(a) and 12(a) on your 1973 Schedule D (Form 1040) **DO NOT SHOW A LOSS.**
- 2. Complete only Part II if either (or both) line 4(a) or line 12(a) on your 1973 Schedule D (Form 1040) shows a loss.

Part | Post-1969 Capital Loss Carryovers

#### Section A .--- Short-term Capital Loss Carryover

1	Enter loss shown on your 1973 Schedule D (Form 1040), line 5; if none, enter zero and ignore lines 2 through 6—then go to line 7	1	(2741)
	lines 2 through 6—then go to line /		
2	Enter gain shown on your 1973 Schedule D (Form 1040), line 13. If that line is blank or shows a loss, enter a zero	2	-0-
3	Reduce any loss on line 1 to the extent of any gain on line 2	3	(2741)
4	Enter amount shown on your 1973 Form 1040, line 29	4	1000
5	Enter smaller of line 3 or 4	5	1000
. 6	Excess of amount on line 3 over amount on line 5	6	(1741)

Note: The amount on line 6 is your short-term capital loss carryover from 1973 to 1974 that is attributable to years beginning after 1969. Enter this amount on your 1974 Schedule D (Form 1040), line 4(b).

#### Section B .- Long-term Capital Loss Carryover

1040, line 29)  8 Enter loss from your 1973 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines 9 through 12  9 Enter gain shown on your 1973 Schedule D (Form 1040), line 5. If that line is blank or shows a loss, enter a zero  10 Reduce any loss on line 8 to the extent of any gain on line 9  11 Multiply amount on line 7 by 2  12 Excess of line 10 over amount on line 11	7	Line 4 less line 5 (Note: if you ignored lines 2 through 6, enter amount from your 1973 rollin		
8 Enter loss from your 1973 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines 9 through 12.  9 Enter gain shown on your 1973 Schedule D (Form 1040), line 5. If that line is blank or shows a loss, enter a zero.  10 Reduce any loss on line 8 to the extent of any gain on line 9.  11 Multiply amount on line 7 by 2.  12 Excess of line 10 over amount on line 11.		1040, line 29)	7	-0-
9 Enter gain shown on your 1973 Schedule D (Form 1040), line 5. If that line is blank or shows a loss, enter a zero  10 Reduce any loss on line 8 to the extent of any gain on line 9  11 Multiply amount on line 7 by 2  12 Excess of line 10 over amount on line 11	8	Enter loss from your 1973 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines		
a loss, enter a zero  10 Reduce any loss on line 8 to the extent of any gain on line 9  11 Multiply amount on line 7 by 2  12 Excess of line 10 over amount on line 11				And in the last of
10 Reduce any loss on line 8 to the extent of any gain on line 9				- 4 -
11 Multiply amount on line 7 by 2		a loss, enter a zero	9	
11 Multiply amount on line 7 by 2				
12 Excess of line 10 over amount on line 11	10	Reduce any loss on line 8 to the extent of any gain on line 9	10	
12 Excess of line 10 over amount on line 11			1 :-	
12 Excess of line 10 over amount on line 11	11	Multiply amount on line 7 by 2	11	
		the state of the s		()
	12		1	

Note: The amount on line 12 is your long-term capital loss carryover from 1973 to 1974 that is attributable to years beginning after 1969. Enter this amount on your 1974 Schedule D (Form 1040), line 12(b).

Form 4798 (1974)

T	art Pre-1970 and Post-1969 Capital Loss Carryovers		
_	Section A.—Short-term Capital Losses Identified		en en en en en en en en en en en en en e
1	Enter loss shown on your 1973 Schedule D (Form 1040), line 5; if none, enter zero and ignore		5
	lines 2 through 20—then go to line 21	1	
2	Enter gain shown on your 1973 Schedule D (Form 1040), line 13. If that line is blank or shows		
	a loss enter a zero	2	
3	Reduce loss on line 1 to the extent of any gain on line 2	3	
	Note: If line 4(a) on your 1973 Schedule D (Form 1040) is blank, IGNORE lines 4 through 11, enter a zero on line 12—then go to line 13.		
4	Combine lines 3 and 11 on your 1973 Schedule D (Form 1040). Enter		ા નિર્ફેસ મુક્
	the gain; or if zero or a loss, enter a zero  Note: If line 4 is zero IGNORE lines 5 through 11, enter on line 12 the loss from your 1973 Schedule D (Form 1040), line 4(a)—then go to line 13.		
5	Enter any gain from your 1973 Schedule D (Form 1040), line 3 5	.] ]	
6	Enter smaller of line 4 or 5		
7	Enter excess of gain on line 4 over line 6		
8	Enter loss from your 1973 Schedule D (Form 1040), line 12(a); other-	1	
	wise, enter a zero		
9	Reduce any gain on line 7 to the extent of any loss on line 8 9		
	Enter loss from your 1973 Schedule D (Form 1040), line 4(a); other-		
	wise enter a zero		
1	Add the gains on lines 6 and 9	.}	
2	Reduce the loss on line 10 to the extent of any gain on line 11	12	
3	Pre-1970 short-term capital loss (Enter smaller of line 3 or 12)	13	
4			
_	Short-term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13) .	14	
-	Short-term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13)  Section B.—Computation of Capital Loss Carryovers to 1974	14	
_	Section B.—Computation of Capital Loss Carryovers to 1974	14	
		14	
5	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above	14	
5	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above	14	
	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above		
5 6 7	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above	17	
5 6 7	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above		
5 6 7 8	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above		
5 6 7 8	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above		
5 6 7 8 9	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero		
5 6 7 8 9	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above	17	
5 6 7 8 9	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above		
5 6 7 8 9	Section B.—Computation of Capital Loss Carryovers to 1974  Enter any loss from line 13, above	17	
5 6 7 8 9	Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b)  (Form 1040), enter any loss from your 1973 Schedule D (Form 1040),	17	
5 67 89 0	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b)  [13322]	17	
5 67 89 0	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line	17	
5 67 89 0	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero. (Note: If you ignored lines 2 through 20 above, enter	17	
5 67 89 0	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero. (Note: If you ignored lines 2 through 20 above, enter amount from your 1973 Form 1040, line 29.)	17	
5 67 89 0	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter any loss from line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero. (Note: If you ignored lines 2 through 20 above, enter amount from your 1973 Form 1040, line 29.)  Loss carryover to 1974 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter	20	12 2 , 1
5 6 7 8 9 20 21 22	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter excess of line 14, above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero. (Note: If you ignored lines 2 through 20 above, enter amount from your 1973 Form 1040, line 29.)  Loss carryover to 1974 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on 1974 Schedule D (Form 1040), line 12(a)	17	13322
5 6 7 8 9 20 21 22	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b)  Enter excess of line 19 over line 18—if line 19 does not exceed line 19, enter zero. (Note: If you ignored lines 2 through 20 above, enter amount from your 1973 Form 1040, line 29.)  Loss carryover to 1974 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on 1974 Schedule D (Form 1040), line 12(a)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 12(a)	20	13322
5 6 7 8 9 20 21 22 23 24	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 30; otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 19, enter amount from your 1973 Form 1040, line 29.)  Loss carryover to 1974 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on 1974 Schedule D (Form 1040), line 12(a)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 31.	20	13322
5 67 89 00 21 22 3	Enter any loss from line 13, above  Enter loss deducted on your 1973 Form 1040, line 29  Loss carryover to 1974 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(a)  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1974 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 4(b)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 4(b)  Enter excess of line 19 over line 18—if line 19 does not exceed line 19, enter zero. (Note: If you ignored lines 2 through 20 above, enter amount from your 1973 Form 1040, line 29.)  Loss carryover to 1974 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on 1974 Schedule D (Form 1040), line 12(a)  If you were required to complete Part IV of your 1973 Schedule D (Form 1040), line 12(a)	20	13322

26

25 Enter excess of line 22 over line 21

exceed line 21, enter zero.)

zero). Enter here and on your 1974 Schedule D (Form 1040), line 12(b)

26 Loss carryover to 1974 (excess of line 24 over line 25-if line 24 does not exceed line 25, enter

NAME	SAM	l	PHY	/LL 1	S	Rue	<b>3 1 2 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1</b>	NO.
110.00							O O O	CEC .

,		,	
FISCAL	YEAR	ENDI	NG

BOSINESS MARK  BUSINESS MORESS  TOTAL RECEIPTS   SCHEDULE OF PROFIT (OR LOSS ) FROM BUSINESS OR PR	OFESSION		. 1	
BUSINESS ADDRESS  TOTAL RECEIPTS  MERCHADISE PURCHASED  LABOR  TOTAL  LABOR  TOTAL  TOTAL  INVENTORY AT ECND OF YEAR  GROSS INCOME  TOTAL  SAPPA  GROSS INCOME  ADVERTISING  ADVERTISING  ADVERTISING  ADVERTISING  AUTO AND TRUCK EXPENSE   DATA   1800 on ADVERTISING  COMMISSIONS  DETRICIATION (SCHEDULE ATTACHED)  DETRICIATION (SCHEDULE ATTACHED)  DETRICIATION (SCHEDULE ATTACHED)  DETRICIATION (SCHEDULE ATTACHED)  DETRICIATION SERVICE  LANDRAY  LEGAL AND ACCOUNTING  LANDRAY  LEGAL AND ACCOUNTING  MINITERANGE  SALARIES OFFICERS  SALARIES OFFICERS  SALARIES AND PROBESS  SALARIES OFFICERS	PRINCIPAL BUSINESS ACTIVITY		, K	
TOTAL RECEIPTS INVERTORY AT BEGINNING OF YEAR  WEGHNANDES PURCHASED  LABOR  TOTAL  TOT	BUSINESS NAME EMPLOYER	S NO.		
INVESTORY AT BEGINNING OF YEAR  WESCHAROLISE PURCHASED  LABOR  TOTAL  INVESTORY AT END OF YEAR  GROSS PROFIT   ADVERTISING  ADVERTISING  AUTO AND TRUCK EXPENSE   DUTTO MI AT IS  AUTO AND TRUCK EXPENSE   DUTTO MI AT IS  EASH SWORT  CASH SWORT  CASH SWORT  CASH SWORT  COMM ISS INS  DELIVERY  DUES AND SUBSCRIPTIONS  INCOME  LAUNGRY  LEGIL AND ACCOUNTING  WAINTERNANCE  LAUNGRY  LEGIL AND ACCOUNTING  WAINTERNANCE  JAPTICE SUPPLIES AND EXPENSE  MAINTON SERVICE  LAUNGRY  LEGIL AND ACCOUNTING  WAINTERNANCE  JOFFICE SUPPLIES AND EXPENSE  SALABIES AND MAGES  SALABIES AND MAGES  SALABIES AND MAGES  SALABIES AND MAGES  SALABIES AND MAGES  SALABIES AND MAGES  SALABIES OFFICERS  SUPPLIES  TAKES - PAYROLL  TELEPHONE	BUSINESS ADDRESS			
MERCHANDISE PURCHASED  LABOR  TOTAL  TOTAL  TIVENTORY AT END OF YEAR  GROSS PROFIT  GROSS PROFIT  32.805  GROSS INCOME  JAVERTESING  ADVERTESING  ADVERTISING  ADVERTISING  ADVERTISING  ADVERTISING  ADVERTISING  DELIVERY  DEPRECIATION (SCHEDULE ATTACHED)  DUES AND SUBSCRIPTIONS  LAGSI SHOOT  LIVERY  DUES AND SUBSCRIPTIONS  LAGSI SHOOT  LINGURANCE  LINGURANCE  LANDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JAFFICE SUPPLIES AND EXPENSE  REVIT  REPAIRS  SALARIES AND MAGES  SALARIES TARGE  TAKES - PAYROLL  TELEPHONE  TAKES - PAYROLL  TELEPHONE  TRAVEL  LITIES  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING  TRAVEL  LARKING	TOTAL RECEIPTS		68084	
TOTAL  INVENTORY AT END OF YEAR  GROSS INCOME  OTHER BUSINESS DEDUCTIONS  ADVERTISING  AUTO AND TRUCK EXPENSE   JUNEAR   1800    ADVERTISING  AUTO AND TRUCK EXPENSE   JUNEAR   1800    BAD DESTS  CASH SHORT  COMMISSIONS  DELIVERY  DEFRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  ENTERTAINMENT AND PROMOTIONAL  INSURANCE  LAUNDRY  JAMITON SERVICE  LAUNDRY  REPAIRS  REPAIRS  SALARIES OFFICERS  SALARIES AND EXPENSE  TAKES AND LICENSES  TAKES AND LICENSES  TAKES AND LICENSES  TAKES AND LICENSES  TAKES PAYROLL  TAKEL NOC.  YA  ARKLING  HARKING  TAKEL  LARKING  TAKEL  TAKEL NOC.  YA  ARKLING  TRAVEL  LARKING  TRAVEL  LARKING  TAKEL NOC.  YA  ARKLING  TRAVEL  LARKING	INVENTORY AT BEGINNING OF YEAR			1,12
TOTAL INVENTORY AT END OF YEAR GROSS PROFIT  32.805  GROSS INCOME  ADVERTISING ADVERTISING ADVERTISING ADVERTISING ADVERTISING OTHER BUSINESS DEDUCTIONS  ADVERTISING CASH SHORT CASH SHORT COMM ISSIONS  DELIVERY DEFRICIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS  LEGAL AND ASUBSCRIPTIONS LEGAL AND ACCOUNTING LEGAL AND ACCOUNTING WAINTENANCE JAMIOR SERVICE LEGAL AND ACCOUNTING WAINTENANCE MAINTENANCE MAINT	MERCHANDISE PURCHASED	36079		100
TOTAL INVESTORY AT END OF YEAR  GROSS PROFIT  32805  GROSS INCOME  OTHER BUSINESS DEDUCTIONS  ADVERTISING AUTO AND TRUCK EXPENSE   1000 M   AT   160 0 m   ADD DERTS CASH SHORT COMMISSIONS  DELIVERY  DEPRICIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  I A COMMISSIONS  I B COMMISSIONS  I	LABOR	, ,		
TOTAL INVESTORY AT END OF YEAR  GROSS PROFIT  32805  GROSS INCOME  OTHER BUSINESS DEDUCTIONS  ADVERTISING AUTO AND TRUCK EXPENSE   1000 M   AT   160 0 m   ADD DERTS CASH SHORT COMMISSIONS  DELIVERY  DEPRICIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  I A COMMISSIONS  I B COMMISSIONS  I				
TOTAL INVESTORY AT END OF YEAR  GROSS PROFIT  32805  GROSS INCOME  OTHER BUSINESS DEDUCTIONS  ADVERTISING AUTO AND TRUCK EXPENSE   1000 M   AT   160 0 m   ADD DERTS CASH SHORT COMMISSIONS  DELIVERY  DEPRICIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  I A COMMISSIONS  I B COMMISSIONS  I				197°.
INVENTORY AT END OF YEAR  GROSS PROFIT  32.803  GROSS INCOME  ADVERTISING AUTO AND TRUCK EXPENSE   DATED MI AT 15				
GROSS INCOME  GROSS INCOME  OTHER BUSINESS DEDUCTIONS  ADVERTISING AUTO AND TRUCK EXPENSE   DATED   A T   S   180 0   RAD DEBTS CASH SHORT COMMISSIONS DELIVERY DEFRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL INSURANCE INSURANCE LAUNDRY LEGAL AND ACCOUNTING WAINTENANCE NFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES AND WAGES SALARIES OFFICERS SUPPLIES TAXES AND LICENSES TAXES AND RESERVED TRAYEL UTILITIES  TARYL NG  HARKING  Y  APRIL  TELEPHONE TRAYEL  TRAYEL  TRAYEL  TARYL NG  TAXES AND ACCOUNTING  TELEPHONE TRAYEL  TRAYEL  TRAYEL  TRAYEL  TRAYEL  TAYEN  TRAYEL  TRAYEL  TAYEN  TRAYEL  TAYEN  TRAYEL  TAYEN  TRAYEL  TRAYEL  TAYEN  TRAYEL  TAYEN  TRAYEL  TAYEN  TRAYEL  TRAYEL  TAYEN  TRAYEL  TRA	TOTAL	36079		-
ADVERTISING AUTO AND TRUCK EXPENSE   DIDD   A T   S   1800  AND DEBTS   1800  AND DEBTS   1800  DELIVERY   1	INVENTORY AT END OF YEAR	800		
ADVERTISING AUTO AND TRUCK EXPENSE   DATED M   A T   S   180 0    BAD DEBTS CASH SHORT COMMISSIONS  DELIVERY DEPRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING MAINTENANCE JPFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES OFFICERS SUPPLIES TAKES - PAYROLL TELEPHONE TRAVEL UTILITIES  LARK I NG  AT INC.  OTHER BUSINESS DEDUCTIONS  337  180 0  1839 1840 1850 1850 1850 1850 1850 1850 1850 185	GROSS PROFIT		32805	
ADVERTISING AUTO AND TRUCK EXPENSE   DATED M   A T   S   180 0    BAD DEBTS CASH SHORT COMMISSIONS  DELIVERY DEPRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING MAINTENANCE JPFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES OFFICERS SUPPLIES TAKES - PAYROLL TELEPHONE TRAVEL UTILITIES  LARK I NG  AT INC.  OTHER BUSINESS DEDUCTIONS  337  180 0  1839 1840 1850 1850 1850 1850 1850 1850 1850 185				
ADVERTISING AUTO AND TRUCK EXPENSE   DATED M   A T   S   180 0    BAD DEBTS CASH SHORT COMMISSIONS  DELIVERY DEPRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING MAINTENANCE JPFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES OFFICERS SUPPLIES TAKES - PAYROLL TELEPHONE TRAVEL UTILITIES  LARK I NG  AT INC.  OTHER BUSINESS DEDUCTIONS  337  180 0  1839 1840 1850 1850 1850 1850 1850 1850 1850 185				
ADVERTISING AUTO AND TRUCK EXPENSE   DOTTO 1 AT 15 4 160 0  RAD DEBTS CASH SHORT COMMISSIONS  DELIVERY DEPRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENERTRAINMENT AND PROMOTIONAL INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING JFFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES OFFICERS SALARIES OFFICERS SUPPLIES TAXES AND WAGES TAXES PAYROLL TELEPHONE TRAVEL UTILITIES  TAXES INSURANCE  UTILITIES  TAXES AND LICENSES TAXES PAYROLL TELEPHONE TRAVEL UTILITIES  TARES ING TAXES ING TAXES TA				<u> </u>
AUVERTISING AUTO AND TRUCK EXPENSE   1000   AT   1800   BAD DERTS	GROSS INCOME		32805	
AUTO AND TRUCK EXPENSE   DOTAL AT	OTHER BUSINESS DEDUCTIONS			٠.
BAD DEBTS  CASH SHORT  COMMISSIONS  DELIVERY  DEPRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  IAB ENTERTAINMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JOFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND MAGES  SALARIES AND MAGES  SALARIES AND LICENSES  TAXES AND LICENSES  TAXES - PAYROLL  TRAVEL  UTILITIES  PARKING  TAYLOR  TA		337		
BAD DEBTS  CASH SHORT  COMMISSIONS  DELIVERY  DEPRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  ENTERTAINMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES - PAYROLL  TRAVEL  UTILITIES  TARVEL  UTILITIES  TARVEL  UTILITIES  TARVEL  UTILITIES  TARVEL  UTILITIES	AUTO AND TRUCK EXPENSE 1 WOOD MI AT 15 4	1800	_	
COMMISSIONS  DELIVERY  DEPRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  ENTERTAINMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  WAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  LOGA		<u> </u>		
DELIVERY  DEPRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  ENTERTAINMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES	CASH SHORT		_	;
DEPRECIATION ( SCHEDULE ATTACHED )  DUES AND SUBSCRIPTIONS  ENTERTAIRMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES	COMMISSIONS		_	
DUES AND SUBSCRIPTIONS  ENTERTAINMENT AND PROMOTIONAL  INSUBANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING	DELIVERY	1 1 2 2 2 1	_	
ENTERTAINMENT AND PROMOTIONAL  INSURANCE  INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING  1899  1991  241  241  241  241  241  241		1337	12%	
INSURANCE INSURANCE INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  FARKING		16	_	
INTEREST  JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES AND LICENSES  TAXES PAYROLL  TRAVEL  UTILITIES  PARKING	ENTERTAINMENT AND PROMOTIONAL	<del>  - , ,   -   -   -   -   -   -   -   - </del>		
JANITOR SERVICE  LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  JARKING		12/3	_	
LAUNDRY  LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  JARKING		1877	<ul><li>力学等效益</li></ul>	
LEGAL AND ACCOUNTING  MAINTENANCE  JFFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  JARKING  TAKES AND COMMENT OF THE PROPERTY OF THE PARKEN OF		-5111		4,5
MAINTENANCE  JEFICE SUPPLIES AND EXPENSE  RENT  REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  JARKING  JARKING		<del> </del>		,
RENT REPAIRS SALARIES AND WAGES SALARIES OFFICERS SUPPLIES TAXES AND LICENSES TAXES - PAYROLL TELEPHONE TRAVEL UTILITIES  PARKING		110	$-\mathbf{I}$ , $f \sim 1$	, , , , , , , , , , , , , , , , , , ,
REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  TARKING		U2		
REPAIRS  SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  TARK ING		-9111	-	* 00.2
SALARIES AND WAGES  SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES PAYROLL  TELEPHONE  TRAVEL  UTILITIES  TARKING			<b>-</b> ∤ `` ; `` }	• ''
SALARIES OFFICERS  SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING		7/1/		
SUPPLIES  TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING		3712	$\dashv$ $\cdot$ $\cdot$	
TAXES AND LICENSES  TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING				
TAXES - PAYROLL  TELEPHONE  TRAVEL  UTILITIES  PARKING		1062	<b>-</b>	\$ 12 h
TELEPHONE TRAVEL UTILITIES PARKING 75		1007		1
TRAVEL  UTILITIES  PARKING		352	$\dashv$	
PARKING 45				
PARKING				
		75		
		1	국 교육 의	
			<b></b>	
1 2.2.87/1		l	77871	. :
NET PROFIT OR (LOSS) - FEDERAL RETURN			9020	

	SCHEDULE OF DEPRECIATION  SCHEDULE OF DEPRECIATION / ANORTIZATION  SCHEDULE OF DEPRECIATION  SCHEDULE OF DEPRE	ADDRESS					SOC. SEC.	SEC. NO.		FIS	FISCAL YEAR ENDING	ENDING	
SCHEDULE OF DEPRECIATION / AMORTIZATION  AND OF PACETY  AND OF PAC	SCHEDULE OF DEPRECIATION / AMORTIZATION  ALTER COST OF THE ALTER COST OF THE ALTER COST OF LICES  FOUND THE MENT OF THE ALTER COST OF LICES  FOUND THE ALTER COST OF LICES CALLE COST OF LICES COST OF LICES  FOUND THE ALTER CALLE CALLE COST OF LICES CALLE COST OF LICES CALLE CA		1		7	•	 İ					19	- 1
SCHEDULE OF DEPRECIATION ANORTIZATION  SCHEDULE OF DEPRECIATION ANORTIZATION  FOUND OF PROPERTY  SCHEDULE OF DEPRECIATION ANORTIZATION  FOUND OF PROPERTY  SCHEDULE OF DEPRECIATION ANORTIZATION  SCHEDULE OF DEPRECIATION  SCHEDULE OF DEPRECIATION  STREAMS OF PROPERTY  SCHEDULE OF DEPRECIATION ANORTIZATION  STREAMS OF THE	SCHEDULE OF PROFESSION, AND TEATURE INC. 108 METERS AND TE					,							. 1
FOUL PRENT WITH 1028 STEEDS ST	FOND WHEN THE WATER THE WA			S	CHEDULE		_	TI ZATION					6
600 AUTLL 4/77 5500 -0- 1024 51. 7/K 1339  600 AUTLL 4/77 5500  -0- 1024 51. 7/K 1339	600 MILL 41/74 8000 -00- 6020 51, 748 1339  600 MILL 41/74 8000 -00- 6020 51, 748 1339  100	KIND OF PROPERTY	DATE ACQUIRED MO YR	COST OR	SPEC 20'		DEPRECIABLE		REMAINING	METHOD	RATE(%) OR LIFE (YRS)	DEPRECIATION FOR THIS YEAR	1.2
88	POOD ALLILLE VILLY STORE	EQUIPMENT	HILL				\$110/	10-	10228	7:5	71/2	1339	1 1
	TOTALS TAXIOGRES INC. LOS MORTES. CALIF. FOR NO 1224		VC/1/2	X OB			0						1
	TOTALS TATIONESS INC. LOS ANGELES, CALIF. FOR NO 1224											-	<b>I</b>
	TOTALS SCHOOLE  SCHOO			,		-					-		1 1
	TOTALS SCHEOLES LEG. LOS MORTES CALL. FORM NO TOTAL SCHEOLE.												į l
The control of the	TOTALS STATIONERS INC. LOS AMOETES. CALIF. FORM 10 TOTAL STATIONERS INC. LOS AMOETES. CALIF. FOR 10 TOTAL STATIONERS INC. LOS AMOETES. CALIF. FORM 10 TOTAL STATIONERS INC. LOS AMOETES. CALIF. FOR 10 TOTAL STATIONERS INC. LOS AMOETES. CALIF. FOR 10 TOTAL STATIONERS INC. LOS AMOETES. CALIF										-		. 1
	TOTALS  SCHEDULE												Ì
	TOTALS  TOTALS												i
	TOTALS  TOTALS  SCHEDULE  SOCIETY  SOCI												· 1
	TOTALS  TOTALS		_									-	1
	TOTALS  TOTALS											-	1
	TOTALS STATIONERS INC. LOS ANGELES . CALIF. FORM NO 102A												- 1
	TOTALS  TOTALS												1
	TOTALS  TOTALS				-						÷		I
	TOTALS  REQUESSIONAL STATIONERS INC. LOS ANGELES. CALIF. FORM NO 102A								-				- 1
	TOTALS  TOTALS												J
	TOTALS  TOTALS							:					٠ ا
	TOTALS TOTALS SCHEDULE SCHEDULE										* 11 * 1		. 1
	TOTALS TOTALS SCHEDULE SCHEDULE	\$ 1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m											'
	LOS ANGELES. CALIF. FORM NO 102A	を 湯 · 一 · · · · · · · · · · · · · · · · ·						3.	'4',				1
	LOS ANGELES . CALIF. FORM NO 102A		1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						١
	LOS ANGELES , CALIF. FORM NO 102A								- 1/2 220		-	1.5	- 1
	LOS ANGELES . CALIF. FORM NO 102A	1.5.										1339	١







Proparer's signature (other than taxpayer)

B3717 VANOWEN STREET 367-3 1-87

Address (and Zip code) MAN MUYS, CA. 91493 parer's FEIN (or SSA)

S67-34-8729

		ADDITOOLD ENDER WENTER IN GRANDER (CONTOCK HAME AND ADDITION IN MODERNIA)	alendar year or le year ending		197
	-		Your So	cial Security N	lumber
	NA	ME (U-joint return, give first pones and initials of both) LAST NAME			200-
		JAMUEL SPHYLLIS   KUBY	322	12-	1997
.	PRE	SENT HOME ADDRESS (Number and street, including apartment number, or fural route)	Spouse's S	Social Security	
	٠.	16250 BIRCHER JT	2494	c <b>2</b> ( <b>4</b> /1	120
	CIT	Y, TOWN OR POST OFFICE, STATE AND, ZIP CODE	OCCU Yours	JY PE	: :
. '	٠	GRANADA HILLS CA	PATION   Spouse	3/=	<del></del>
	L_		Johnse		<del>. i -i -</del> :
		ATUS—Check Only One: EXEMPTION CREDITS (If line 1 or 3 checked, enter \$2	5 )		1 1_1
1 🗆	Single	6 Personal 1 If line 2, 4 or 5 checked, enter	\$50 \		6450
2 M	Marri	ed filing joint return (even if only one had income) 7 Dependents - Do not list yourself, your spouse or the	person who qua	lifies you	
	_	rate return of married person—Enter spouse's	ionship.	*	1
3 U		I security number and full name here	*.		
	SUCIA	THOMAS			1 1 1
				00	12/12/
4 🗆		of treatment and the desired of the second o			1 1 1
,	indiv				1 1 4 4
5 🗆	Wido	w(er) with dependent child (Year spouse died ► 197) 9 Total exemption credits (add lines 6, 7 and 8) Enter here	e and on line 20	)	9 66
	10	Manage salarian time and other amplaces compared in Attach copy 2 of Form(s) W-2 to face of this		10	
•		•	4		2/
		Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))		20	
•	12	Interest. Enter total (if over \$400, complete and attach Schedule B(540))		12	2577 ·····
<u></u>	13	Income other than wages, dividends and Interest (from line 48)			
	14	Total (add lines 10, 11, 12 and 13)		14 96	70
~	15	15			
· <b>*</b>	16	Adjusted gross income (subtract line 15 from line 14)			024
F0.				<b>7</b>	70
=	٠.	<ul> <li>If you do NOT itemize deductions AND line 16 is under \$10,000, find tax in Tax Table and enter on line 19.</li> </ul>	1.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 0		<ul> <li>If you itemize deductions OR line 16 is \$10,000 or more, complete lines 17 and 18.</li> </ul>			
<u>~</u>	17	Deductions: Itemized (from line 61) OR Standard (\$1,000 if line 1 or 3 checked-\$2,000 if line 2, 4 or 5 che	cked)	17 59	168
ន	10			18 3/	'42
. 5		Taxable income (substitute 17 from the 15 compare to the first terms to the 15 compare to the 15 compa		- 1	
Ē	19				36
	20	Total exemption credits (from line 9, above)		20	56
•	21	Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)		21	~ 0 —
	22	Other credits (from line 65—Includes special low income tax credit)		22	
	23	Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)		23	-0-
				24	
. ▲				25	-0-
33	_				
	26				16.
Ş	27	Renter's credit—if you lived in rented property on March 1, 1974, complete Part 1 on page 2			
. 4	28	1974 California estimated tax payments	,		
	29	Excess California SDI tax withheld (attach Form DE 1964 to face of this return)			
Ĕ	30	Total prepayment credits (add lines 26 thru 29)		30	-0+
# P		AS II OF A BUILDING B		<del>   </del>	
ŦĒ	31	Pay in full and mail with return to. FRANCHISE TAY BRADD	Attach compensation   Attach comp 2 of Form (1) W-2 to face of this   10   10   10   10   10   10   10   1	- O	
964					
_ ¥	32				
If you itemize deductions OR line 16 is \$10,000 or more, complete lines 17 and 18.  17 Deductions: Itemized (from line 61) OR Standard (\$1,000 if line 1 or 3 checked—\$2,000 is Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enterory Tax from (check one) Tax Table Tax Rate Schedule—Income Averaging Scheme 20 Total exemption credits (from line 9, above)  21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter ze 20 Other credits (from line 65—Includes special low income tax credit)  23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, end 24 Tax on preference income (see instructions—attach Schedule P(540))  25 Total tax liability (add lines 23 and 24)  26 Total California income tax withheld (attach Form(s) W-2 or W-2P to face of this return 27 Renter's credit—if you lived in rented property on March 1, 1974, complete Part 1 on past 1974 California estimated tax payments  29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)  30 Total prepayment credits (add lines 26 thru 29)  31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867  32 If line 25 is smaller than line 30, enter amount OVERPAID Mail return to: FRANCHISE TAX BOARD	100		<del></del>	7 (1) (E) (1) A	
₹ 5		P.O. BOX 13-540		<u> </u>	
三声		SACRAMENTO, CA 95813		M	and the stage of
受量	33			<b> </b>	
ΕĒ	34	Amount of line 32 to be credited on your 1975 ESTIMATED TAX 34	estimated tax	A	
ATI			ents and to the	best of my	knowledge and
Se	Und beli	er penames or perjury, i deciare mai i nave examined this return, including accompanying schedules and statem of it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all	information of w	hich he has	any knowledge.

Spouse's signature-if filing a joint return

PART I — Renter's Credit — All questions must be answered	See Instructions, Page 3, for Allowable Credit
Did you, on March 1, 1974, live in rented property which was your principal residence?  Was the property you rented exempt from property tax?  Did you live with any other person who claimed you as a dependent for income tax purposes?  Did you or your spouse claim the homeowners' property tax exemption or receive public assistant	.  Yes No If yes, you may not claim this credit Yes No If yes, you may not claim this credit
PART II — Other Income	
Business income (or loss) (attach Schedule C(540))  Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))  Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))  Pensions and annuities  Rents and royalties  Partnerships  Estates and trusts  Farm income (or loss) (attach Schedule F(540))  Miscellaneous income  (a) Fully taxable pensions and annuities (not reported on Schedule E(540))  (b) Alimony  (c) Other (state nature and source)	40 (1000) 41 42 43 44 45 46 47a 47b 47c
Enter total of lines 47(a), 47(b), and 47(c)	
PART III — Adjustments to Income	
49 "Sick pay," if included in line 10 (see instructions — attach statement) 50 Moving expenses (see instructions — attach statement) 51 Employee business expenses (see instructions — attach statement) 52 Military exclusion (see instructions) 53 Payment as a self-employed person to a retirement plan, etc. 54 Total adjustments (add lines 49 thru 53). Enter here and on line 15  ON SEPARATE RETURNS OF MARRIED TAXPAYERS, BOT	50 51 52 53 54
PART IV — Itemized Deductions — DEDUCTIONS OR BOTH MUST TAKE THE STANDARD DEL     • Attach Schedule A(540) and enter sub-totals on lines 55 thru 60, below  55 Total deductible medical and dental expenses (from Schedule A(540), line 10)  56 Total child adoption expenses (from Schedule A(540), line 13)  57 Total taxes (from Schedule A(540), line 21)  58 Total interest expense (from Schedule A(540), line 25)  59 Total contributions (from Schedule A(540), line 29)  60 Total miscellaneous deductions (from Schedule A(540), line 40)  61 Total itemized deductions (add lines 55 thru 60). Enter here and on line 17	55 1386 56 57 970 58 2992 59 150
PART V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.	
<ul> <li>62 "Other State" net income tax credit (attach copy of other state return and Schedule S(540))</li> <li>63 Retirement income credit (attach Schedule R(540))</li> <li>64 (a) Special Low Income Tax Credit — If Adjusted Gross Income does not include net capital gayear and is \$8,000 or less (joint return of married couple, head of household or widow(er less (single or separate return of married person) enter the amount from line 21. If Adjugains, complete Schedule B-1. See Page 3 of Instructions</li> <li>(b) Enter total here from line 4, Schedule B-1. If zero or a loss, enter zero</li> <li>65 TOTAL (add lines 62 thru 64a. Enter here and on line 22</li> </ul>	ains from assets held more than one r) with dependent child) or \$4,000 or usted Gross Income includes Capital 64b
PART VI — Reconciliation to Federal Return — If adjusted gross income on Federal Return	
DIVEX 13	<b>C</b>





### ITEMIZED DEDUCTIONS

Attach to Form 540



٧a,	me as shown on Form 540  SAMUEL LINYLI	LLS	Rub		322	12	79	22
	. ,	'		able or take the standard deduction.		I • •		
fed	ical and dental expenses (not compensated by insurar	ce or othe	rwise) for	Interest Expense		Ψ,	. :	,
	medicine and drugs, doctors, o tal care, insurance premiums	for medical	care, etc.	<b>22.</b> Home mortgage			,	
٠.			<del></del> :	23. Installment purchases				
1.	One half (but not more than \$150) of insurance premiums for medical care			24. Other (itemize)	· • [			
2.	Medicine and drugs							
	Enter 1% of adjusted gross income shown on Form							
3.	540.							
4.	Subtract line 3 from line 2. Enter difference (if line 3 is greater than line 2, enter zero)			Sci	4		•	
5	Enter balance of insurance premiums for medical	]				<u> </u>		<del> </del>
	care not entered on line 1			<ol> <li>Total—(Add lines 22, 23 and 24. Enter on Form 540, page 2, line 58)</li> </ol>	here and	5	90.	" 3
6.	Other medical and dental expenses:			- The state of the		1	[[4	<del>-</del>
	(a) Doctors, dentists, nurses, etc.			Contributions				
	(b) Hoophiais			26. Cash contributions for which you have rec				
	(c) Other (itemize)			celed checks, etc				ļ
				27. Other cash contributions. List donees and a		};		
			1 1	,				
			1 1					·····
	SCH					.	7 A 3	ļ
7.	Total—(Add lines 4, 5, 6a, b, and c)					77.7		†
	Enter 3% of adjusted gross income shown on			Sc	4	. "		1
0.	Form 540			28. Other than cash.—See instructions fo	r required .	1		
9.	Subtract line 8 from line 7. Enter difference (if line 8 is greater than line 7, enter zero)			statement  29. Total—(Add lines 26, 27 and 28. Maximum		-		├
0.	Total—(Add lines 1 and 9. Enter here and on Form 540, page 2, line 55)	138	6	may not exceed 20% of adjusted gross Enter here and on Form 540, page 2, line	is income.	1.	50	
:hil	d Adoption Expense			Miscellaneous Deductions				
		1		Casualty or Theft Loss(es)—See Instructions		125		1
11.	Total expenses paid or incurred—Attach itemized list			NOTE: If you had more than one loss, omithrough 34 and follow instructions for guidan	t lines 30 ice.			
12.	Enter 3% of adjusted gross income shown on Form	,		30. Loss before insurance reimbursement .		ļ		, <b> </b> -
	540			31. Insurance reimbursement		-		+
13.	Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form	· ·		32. Subtract line 31 from line 30. Enter dit	o)	l		
	540, page 2, line 56)		0-	33. Enter \$100 or amount on line 32, who smaller	ichever is			
Гах	95	111		34. Casualty or theft loss (line 32 less line 3	3)			
	Real estate			35. Alimony paid				
	State and local gasoline			36. Child care—See instructions				
	General sales			37. Union dues				
	Auto licenseExcess of registration and weight fees			38. Employment education expense—See inst		<b> </b>		
• • •	(see instructions)	ļ		39. Other—See instructions (itemize)				
18.	Personal property						<b></b>	
19.	State disability insurance (SDI)—Employer private disability plans do not qualify							1
20.	Other					ļ		·
	/ <u>/</u>					1		+
21	. Total taxes—(Add lines 14 through 20. Enter here and on Form 540, page 2, line 57)	QY	0	40. Total—Add lines 34, 35, 36, 37, 38 and here and on Form 540, page 2, line 60)	1 39. (Enter	1		3.5





# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

19 7 YEAR

AH	tach this schodule to your income tax return, Form 540 or 540NR	Partnerships, joint venture	s, etc., must file on For	m 565
No	ame as shown on Form 540 or 540NR  SAM PHYLLIS RUBY		Social Security Number	
	Principal business activity SERVICE (See Instructions for "Item A.")  Business name WOODLEY BISTRO COFFEEC. Federal emp  Business address 16035VENTURABLY DENC	; services-legal; manufacturing-fur	KBAR.	٠,
D.	Business address 16035 VENTURABLUD - ENC	INO CA 9	1316	
	Indicate method of accounting: 🔲 cash; 🔀 accrual; 🔲 other		(ZIP	code)
F.	Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)?	Yes 🗌 No		L.
	Method of inventory valuation ►			<b>O</b> 5
W	as there any substantial change in the manner of determining quantities, costs, or vi	aluations between the openi	ng and closing invent	ories?
Ш	YES NO. If "Yes," attach explanation.			· .
IM	PORTANT—All applicable lines and schedules must be filled in.			
	1 Gross receipts or sales \$ Less returns and allowances \$	Balance ▶		
OME	2 Less: Cost of goods sold (Schedule C-1, line 29) and/or operations (attach sche	edule)		
8	3 Gross profit	المري م المناس المناس المناس المناس المناس المناس المناس المناس المناس المناس المناس المناس المناس المناس المن		Ι
Ž	4 Other income (attach schedule)			<u> </u>
	5 TOTAL income (add lines 3 and 4)	<u> </u>		
	6 Depreciation (explain in Schedule C-3)			
	7 Taxes on business and business property (explain in Schedule C-2)		1 1 1 1 1 1	#%
	8 Rent on business property			
	9 Repairs (explain in Schedule C-2)			
	10 Salaries and wages not included on line 24, Schedule C-1 (exclude any paid	to yourself)		\$ 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	11 Insurance			·····
	12 Legal and professional fees			
	13 Commissions			<b>†</b>
ا ذ.	15 (a) Pension and profit-sharing plans (see Instructions for line 15(a))			<b>†</b>
ž	(b) Employee benefit programs (see Instructions for line 15(b))			47.
읟	16 Interest on business indebtedness		1 - 1	
Š	17 Bad debts arising from sales or services			
۵	18 Depletion			
۵	19 Other business expenses (specify):		100	
-	(a)			1
Į	(b)			
	(c)			
	(d)			4.
	(e) (f)			1
	(g)		*12	
4	(h) Total other business expenses (add lines 19(a) through 19(g))			
	20 Total deductions (add lines 6 through 19)			٠.
-			00-	-
	21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2,	Form 540 or Form 540NR	9734	
<u>-</u> -	WIRDLING A. L. COCK OF ACCES (C. C. C. C. C. C. C. C. C. C. C. C. C. C	- U 0\		
	CHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions for		<b>r</b>	······
	Inventory at beginning of year (if different from last year's closing inventory, atte			<b> </b>
	Purchases \$ Less cost of items withdrawn for personal use \$	Balance -		
	Cost of labor (do not include salary paid to yourself)			
	Materials and supplies			
	Other costs (attach schedule)			<del>  -  </del>
	7 Total of lines 22 through 26			
	3 Less: Inventory at end of year			-
29	Cost of goods sold. Enter here and on line 2, above			I .

SCHEDULE C-3. DEPRECIATION (See Schedule C Instructions for line 6). NOTE: Depreciation may be computed by the saset Guideline Classes specified in Federal Revenue Procedure 72-10, regardless of when assets placed in service. If method is used, so NOT use the Lower Limit or the Upper Limit (ADR) Ranges. detailed statement of depreciation computation.  a. Group and quietime care with the control of the contro	SCHEDULE C-2. Explanation of	Lines 7 and 9		,			
SCHEDULE C-3. DEPRECIATION (See Schedule C Instructions for line 6). NOTE: Depreciation may be computed as a specified in Federal Revenue Procedure 72-10, regardless of when assets placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Ranges active and assets considered in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Ranges.  In Super mag guideline class specified in federal Revenue Procedure 72-10, regardless of when assets desired in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Ranges.  In Super mag guideline class specified in federal in the service of the service o	Line No. Explanation		Amount	Line No.	Explanation		Amount
using the Asset Guideline Classes specified in Federal Revenue Procedure 72-10, regardless of when assets placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Betailed statement of depreciation computation.**  **Betailed statement of depreciation computation.**  **Betailed statement of depreciation computation.**  **Betailed statement of depreciation computation.**  **Betailed statement of depreciation (do not include in items below)  **Betailed statement of the sequence of the sequen		\$					\$
using the Asset Guideline Classes specified in Federal Revenue Pracedure 72-10, regardless of when assets placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  - detailed statement of depreciation computation.  - droup and guideline class - description of preparity - description of the preparity - description of the preparity - description of the preparity - description of the preparity - description of the Upper Limit (ADR) Rangos description of the preparity - description of the preparity - description of the upper Limit (ADR) - description of the upper Limit (ADR) - description of the upper Limit of							
using the Asset Guideline Classes specified in Federal Revenue Pracedure 72-10, regardless of when assets placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  - detailed statement of depreciation computation.  - droup and guideline class - description of preparity - description of the preparity - description of the preparity - description of the preparity - description of the preparity - description of the Upper Limit (ADR) Rangos description of the preparity - description of the preparity - description of the upper Limit (ADR) - description of the upper Limit (ADR) - description of the upper Limit of							
Ising the Asset Guideline Classes specified in Federal Revenue Procedure 72-10, regardless of when assets placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   B. Grapp and guideline class  B. Date coursed computation.  B. Grapp and guideline class  B. Date course							*
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.    Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of the secure of the course of the secure							
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.    Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of the secure of the course of the secure	······						
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.    Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.   Interest the service of the secure of the course of the secure	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the image of the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the Upper Limit (AD							
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the image of the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the Upper Limit (AD							
placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Total additional first-year depreciation (do not include in items below)  **Asset Guideline Class System (See Note above)  Other depreciation  **Buildings**  **Furniture and fixtures  **Transportation equipment*  Other (specify)  **Other (specify)  **Totals**  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less:							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Total additional first-year depreciation (do not include in items below)  **Asset Guideline Class System (See Note above)  Other depreciation  **Buildings**  **Furniture and fixtures  **Transportation equipment*  Other (specify)  **Other (specify)  **Totals**  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less:							
placed in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  ***Bangana guideline class service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Total additional first-year depreciation (do not include in items below)  **Asset Guideline Class System (See Note above)  Other depreciation  **Buildings**  **Furniture and fixtures  **Transportation equipment*  Other (specify)  **Other (specify)  **Totals**  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less: Amount of depreciation claimed elsewhere in Schedule C-1  **Less:						:	
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the image of the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the Upper Limit (AD							1
Interest the service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal in service. If this method is used, do NOT use the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the image of the Lower Limit or the Upper Limit (ADR) Rangos.  **Bactal interest the Upper Limit (AD							
Asset Guideline Class System (See Note above)  3 Other depreciation Buildings  Furniture and fixtures  Transportation equipment  Machinery and other equipment  Other (specify)  Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information  atter information with regard to yourself and your five given paid employees. In determining the five highest ide employees, expense account allowances must be dided to their solaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or or yourself if your expense account allowance plus te 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:	placed in service. If this methodetailed statement of depreciat  a. Group and guideline class or description of property	od is used, do Nion computation  b. Date acquired	c. Cost or other basis	d. Depreciat allowed or allow in prior year	or the Upper Li	f. Life or	g. Depreciation for
Other depreciation Buildings Furniture and fixtures  Transportation equipment Machinery and other equipment Other (specify)  Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance–Enter here and on page 1, line 6  CHEDULE C-4, Expense Account Information ster information with regard to yourself and your five ghest poid employees. In determining the five highest aid employees, expense account allowances must be dided to their salaries and wages. However, the information needs to the submitted for any employee for hom the combined amount is less than \$10,000, or or or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:			in items below	)			]
Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)  Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1 Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information ter information with regard to yourself and your five ghest paid employees. In determining the five highest aid employees, lesses account allowances must be dided to their salaries and wages. However, the information here combined amount is less than \$10,000, or or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000. It you claim a deduction for expenses connected with:		Note above)			· · · · · · · · · · · · · · · · · · ·	······	
Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)  Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information Iter information with regard to yourself and your five ghest point of employees, in determining the five highest aid employees, expense account allowances must be died of to their salaries and wages. However, the infortation need not be submitted for any employee for hom the combined amount is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself if your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself your expense account allowance plus the 21, page 1 is less than \$10,000, or yourself your expense account allowance plus the 21, page 1 is less than \$10,000 and you claim a deduction for expenses connected with:						20-20-20-20-20-20-20-20-20-20-20-20-20-2	
Machinery and other equipment Other (specify)  Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information Iter information with regard to yourself and your five ghest poid employees, in determining the five highest pid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or r yourself if your expense account allowance plus te 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:	•						· · ·
Other (specify)  Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1 Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information Ster information with regard to yourself and your five ghest paid employees. In determining the five highest aid employees, expense account allowances must be dided to their salaries and wages. However, the infortation need not be submitted for any employee for hom the combined amount is less than \$10,000, or r yourself if your expense account allowance plus te 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:							
Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1 Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  Iter information with regard to yourself and your five ghest poid employees. In determining the five highest poid employees, expense account allowances must be ided to their salaries and wages. However, the information need not be submitted for any employee for hom the cambined amount is less than \$10,000, or r yourself if your expense account allowance plus te 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:							
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information  Iter information with regard to yourself and your five ghest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.	Other (specify)						79
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information  Iter information with regard to yourself and your five ghest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.							
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information  Iter information with regard to yourself and your five ghest paid employees. In determining the five highest hid employees, expense account allowances must be lided to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  In the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.							
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance-Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information  ter information with regard to yourself and your five ghest paid employees. In determining the five highest lide employees, expense account allowances must be lided to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or ryourself if your expense account allowance plus to 21, page 1 is less than \$10,000.  d you claim a deduction for expenses connected with:							
Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1 Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  Iter information with regard to yourself and your five ghest paid employees. In determining the five highest lide employees, expense account allowances must be leded to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or r yourself if your expense account allowance plus e 21, page 1 is less than \$10,000.  In your self if your expense account allowance plus e 21, page 1 is less than \$10,000.							
Totals Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  Iter information with regard to yourself and your five ghest paid employees. In determining the five highest inid employees, expense account allowances must be lided to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or ryourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  d you claim a deduction for expenses connected with:	<u></u>					·	V ()
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  ter information with regard to yourself and your five ghest paid employees. In determining the five highest lid employees, expense account allowances must be lided to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or region yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  d you claim a deduction for expenses connected with:		1					1
Totals  Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  ter information with regard to yourself and your five ghest paid employees. In determining the five highest lid employees, expense account allowances must be laded to their salaries and wages. However, the information need not be submitted for any employee for nom the combined amount is less than \$10,000, or region yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  d you claim a deduction for expenses connected with:					SLIT		1339
Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  ter information with regard to yourself and your five ghest paid employees. In determining the five highest lid employees, expense account allowances must be leded to their salaries and wages. However, the information need not be submitted for any employee for recommendation need need	<u> </u>						
Less: Amount of depreciation claimed elsewhere in Schedule C-1  Balance—Enter here and on page 1, line 6  CHEDULE C-4. Expense Account Information (See Schedule C Instructions for Schedule C-4)  ter information with regard to yourself and your five ghest paid employees. In determining the five highest lid employees, expense account allowances must be leded to their salaries and wages. However, the information need not be submitted for any employee for recommendation need need	Totals					- <b></b>	
the information with regard to yourself and your five ghest paid employees. In determining the five highest aid employees, expense account allowances must be allowed to their salaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or rejourself if your expense account allowance plus are 21, page 1 is less than \$10,000.		ed elsewhere in Sch	edule C-1				
other information with regard to yourself and your five ghest paid employees. In determining the five highest hid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for hom the combined amount is less than \$10,000, or rejourself if your expense account allowance plus the 21, page 1 is less than \$10,000.	Balance—Enter here and on page 1,	line 6			·		1339
ghest paid employees. In determining the five highest hid employees, expense account allowances must be lided to their salaries and wages. However, the information need not be submitted for any employee for more than the combined amount is less than \$10,000, or revourself if your expense account allowance plus the 21, page 1 is less than \$10,000.	CHEDULE C-4. Expense Accoun	t Information (	See Schedule	C Instructions fo	or Schedule C-4)		
atid employees, expense account allowances must be ided to their salaries and wages. However, the information need not be submitted for any employee for thom the combined amount is less than \$10,000, or ar yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.	ter information with regard to yourse	elf and your five		Name	Expense	Account	Salaries and Wages
Ided to their salaries and wages. However, the infor- ation need not be submitted for any employee for hom the combined amount is less than \$10,000, or r yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  Id you claim a deduction for expenses connected with:			1				
nom the combined amount is less than \$10,000, or r yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.	lded to their salaries and wages. Ho	wever, the infor-					
r yourself if your expense account allowance plus the 21, page 1 is less than \$10,000.  d you claim a deduction for expenses connected with:							
d you claim a deduction for expenses connected with:						-	
	ne 21, page 1 is less than \$10,000.						
Entertainment facility (boat, resort, ranch, etc.)? (3) Employees' families at conventions or meetings?	d you claim a deduction for expenses	connected with:					
(a) multiplicate of particular and a series of the series	) Entertainment (gcility (boat, resort, r	anch, etc.)?	(3)	Employees' fam	nilies at conventions o	r meetings	r valati karij

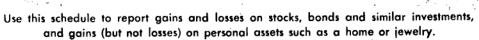
Yes Yes





## CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR





		<del> </del>			Social Security Number
Name as shown on Form 540 or 540NR  SAMUEL HYLI	-15 Ru	BU		32	2 12 7997
PART I—Assets Held One Year or Le		<del>"</del>			D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted, cost of subse- quent improvements (if not purchased, attach explanation) and ex- pense of sale	f. Gain or loss (d. less e.)
LOANTOSUMMIT	EAGLE	CORF	ORATI	an	(1000)
100 CHIEFTAINDEXEL	בקנתוו ברוננוו	6/19/24	653	1382	(729)
<ol> <li>Enter your share of net gain or loss fr</li> <li>Net gain or loss, combine lines 1, 2 and</li> </ol>	om partnerships o	and fiduciaries .			(2433)
5.	e rear But Not	More man riv	100.3		50.0
IDDIESORD PET IDDUNITROPS IDDRCA	5/22/72 3/15/72 2/22/73	2/16/7Y 3/19/7Y	1622	2847 2532 3052	(125)
5	line 20 Sahadul	lo D 1 (540) (attac	th conv)		12 (4 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4
7. Enter your share of net gain or loss for	b. Date acquired (ma., day, yr.)  b. Date acquired (ma., day, yr.)  c. Date and (ma., day, yr.)  c. Date and (ma., day, yr.)  d. Gross sales adjusted, cost of subserving price and price				
8. Net gain or loss, combine lines 5, 6 ar			· · · · · · · · · · · · · · · · · · ·		14406
PART III—Assets Held More Than Fi	ve Years	1.00	:	*	
9. ATBLOSS GARRYOVER					
(16063)					
reminono-		-			
C623/000-	1	-			
/			J		
11. Enter your share of net gain or loss f	rom partnerships (	and fiduciaries .			
					e same
PART IV—Summary of Capital Gair  13. Enter amount from line 4				(2433)	A Grant Control
14. Enter 65% of the amount on line 8				(286Y)	
15. Enter 50% of the amount on line 12				(15063)	(2000)
17. Combine the amounts shown on lines	13, 14, 15 and 1	6			20360)
				nallest of:	21, 1
(a) amount on lines 17;					
(b) the taxable income for the taxab	le year (computed	without regard to	gains or losses	trom sale or exchange	

(c) \$1,000 (\$500 in the case of a husband or wife filing a separate return)

NW 88326 Docld:32245535 Page 71

NAME SA	MUEL LIH	YLLIS RUBY	CALENDAR YEAR	19 74	
ADDRESS	The state of the s	12-7997	SOC. SEC. NO.		

#### DEDUCTION SCHEDULE

	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
Ì	I	21 PARTNERSHIP SHARE		
		GIRL/BOY SCOUTS		
,		HEART FUND/CANCER FUND		
	504	RED CROSS/UNITED FUND		
		XMAS & EASTER SEALS	150	
		MISC. ORGANIZED CHARITIES		
		POLITICAL CONTRIBUTIONS		
	930	CHURCHES	. ;	
				<u> </u>
				<del>                                     </del>
				150
	<del> </del>		<u>)'</u>	
	1			1
	<del>   </del>			-}
	<del> </del>			<del></del>
	<del></del>			<del></del>
	1 20+			
	1		<del></del>	T
	-			<del>-</del>
<del></del>	1600			
	1/2/1			<del> </del>
	2.68			1
	12.36			
	150			
1386	1386			
	1 2 22 22 1:	. INVEST, COUNSEL & PUBS, (Sched		
	122	EMPLOYMENT AGENCY FEES		
	727	SAFE DEPOSIT BOX		
	48	TEL. REQ. IN BUSINESS		
	141			
	24			<u> </u>
		34 TOTAL MISC. DED.		
		OUMAN ARY OF ITEMIZED DED.		
	1000		STATE	FEDERAL
940	1 Upik			<del>                                     </del>
<del></del>	1721131			-
	45		· · · · · · · · · · · · · · · · · · ·	-
	<del>  \ \ \ \ \  </del>	שלט מבטטב לומאצ (דרמא בואב 34)		+
	263	<del></del>		<del> </del>
- 1	170	41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45	5468	5590
	16		_375 X	13370
	16	REMARKS	3768	15.570
	16		_376 8	
	16		_376 8	13370
	1386	150 y   268   123 6   150	RED CROSS/UNITED FUND  XMAS & EASTER SEALS  MISC. ORGANIZED CHARITIES  POLITICAL CONTRIBUTIONS  CHURCHES  23 CARRY OVER FROM PRIOR YRS,  24 TOTAL CONTRIBUTIONS  CASUALTY OR THEFT LOSS(ES)  25 LOSS BEFORE ADJUSTMENT  26 INSURANCE REIMBURSEMENT  27 Difference (not less than zero)  28 (\$100 LIMITATION PER CAS.)  29 TOT. CAS. OR THEFT LOSS  MISCELLANEOUS DEDUCTIONS  30 ALIMONY  31 UNION/PROFESSIONAL DUES  32 CHILD & DEP. CARE (Form 2441)  33 INCOME TAX PREPARATION  UNIFORMS/PROTEC. CLOTHING  SMALL TOOLS AND SUPPLIES  LAUNDRY AND CLEANING  AUTO USE  MINVEST. COUNSEL & PUBS. (Sched  INVEST. COUNSEL & PUBS	RED CROSS/UNITED FUND  XMAS & EASTER SEALS  MISC. ORGANIZED CHARITIES  POLITICAL CONTRIBUTIONS  CHURCHES  22 OTHER THAN CASH  23 CARRY OVER FROM PRIOR YRS.  24 TOTAL CONTRIBUTIONS  CASUALTY OR THEFT LOSS(ES)  25 LOSS BEFORE ADJUSTMENT  26 INSURANCE REIMBURSEMENT  27 Difference (not less than zero)  28 (S100 LIMITATION PER CAS.)  29 TOT, CAS. OR THEFT LOSS  MISCELLANEOUS DEDUCTIONS  30 ALIMONY  31 UNION/PROFESSIONAL DUES  32 CHILD & DEP, CARE (Form 2441)  33 INCOME TAX PREPARATION  UNIFORMS/PROTEC, CLOTHING  SMALL TOOLS AND SUPPLIES  LAUNDRY AND CLEANING  AUTO USE  MISCELLANING  AUTO USE  MINUST. COUNSEL & PUBS. (Sched  EMPLOYMENT A GENCY FEES  72-7  SAFE DEPOSIT BOX  TEL. REO. IN BUSINESS  74 J  34 TOTAL MISC. DED.  SUMMARY OF ITEMIZED DED.  STATE  35 TOTAL TAXES (From LINE 17)  36 TOTAL TAXES (From LINE 17)  37 TOTAL INTEREST (Line 20)  38 TOTAL TAXES (From LINE 17)  37 TOTAL INTEREST (Line 24)  39 CAS. & HEFF LOSS(ES) (Line 29)

NAME	SAMUE	Llh	YLLIS	Ruby		CALENDAR	YEAR 19	74	
ADDRESS		322-1	12-799	97	SOC. SEC. N	o. <del></del>			1
7,55,1200				e ·				34	

### DEDUCTION SCHEDULE

		DEDUCTI	ON SCHEDOLE		
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS			21 PARTNERSHIP SHARE		
3 LESS 1% A.G.I. (Line 18 - 1040)			GIRL/BOY SCOUTS	· · · · · · · · · · · · · · · · · · ·	
4 NET MED/DRUGS			HEART FUND/CANCER FUND		
5 H & A·INS. (1/2 + EXCESS)		504	RED CROSS/UNITED FUND		
Sa DR.			XMAS & EASTER SEALS	150	
DR.			MISC. ORGANIZED CHARITIES		
DR.		-	POLITICAL CONTRIBUTIONS		
DR.		930	CHURCHES "		
DR.		, ,			
DR.		-			
DR.					<u> </u>
DR.			·		
			22 OTHER THAN CASH		
			23 CARRY OVER FROM PRIOR YRS.		
6b HOSPITAL	and a	•	24 TOTAL CONTRIBUTIONS	150	150
PROSTHETIC APPLIANCES			CASUALTY OR THEFT LOSS(ES	)	
HEARING AID			25 LOSS BEFORE ADJUSTMENT		
			<b>26</b> INSURANCE REIMBURSEMENT		
6c AMBULANCE			27 Difference (not less than zero)		
LABORATORIES			28 (\$100 LIMITATION PER CAS.)		
TRAVEL FOR MED. 1000		70	29 TOT, CAS, OR THEFT LOSS		
			MISCELLANEOUS DEDUCTIONS		
MEDICARE INS.			30 ALIMONY		
GLASSES			31 UNION/PROFESSIONAL DUES		<u> </u>
7 MEDICAL EXPENSES		1504	32 CHILD & DEP. CARE (Form 2441)		
LESS REIMBURSED BY INS.			33 INCOME TAX PREPARATION		
8 LESS 3% ADJ. GROSS INC.		268	UNIFORMS/PROTEC, CLOTHING		
9		1236	SMALL TOOLS AND SUPPLIES		
+:½ (TO \$150) OF H & A INS.		150	LAUNDRY AND CLEANING	,	
10 TOTAL MEDICAL DED.	1386	1386	Auto Use Mi		
TAXES			INVEST, COUNSEL & PUBS. (Sched		
11 STATE & LOCAL INCOME		122	EMPLOYMENT AGENCY FEES		
12 REAL ESTATE		1 727	SAFE DEPOSIT BOX		
13 STATE & LOCAL GASOLINE		48	TEL, REQ, IN BUSINESS		
14 GENERAL SALES TAX		191			
15a PERSONAL PROPERTY					
15b PERSONAL PROPERTY AUTO		24			·
16 STATE DIS. INS. H W					
SALES TAX AUTO			34 TOTAL MISC. DED.		<del> </del>
		:		<del> </del>	·
		+ 1000	SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17 TOTAL TAXES	940	11052	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		<b></b>
INTEREST (TO WHOM PAID)		1 3 <del>2</del> 3 3 5 1	36 TOTAL TAXES (From LINE 17)		
18 MORTGAGE		2543	37 TOTAL INTEREST (Line 20)		
			38 TOTAL CONTR. (Line 24)		
	·		39 CAS. & THEFT LOSS(ES) (Line29)	,	
19 INSTALLMENT LOANS			40 TOTAL NISCELLANEOUS DEDUCTIONS (FROM LINE 34)		
MERRIL LYNIA TRANSMORE		263			
TRANS MORE		170	,		
SBA		16	41 TOTAL ITEMIZED DEDUCTIONS PRINTER ON FORM 1040 LINE 45	5468	5590
		·	REMARKS	-	
	:				
20 TOTAL INTEREST	2992-	2992			4
		Farm 101			

a Jai	Canad	P	PHYLL	, ,	Ru	BY	
ŅAME		<u>-</u>	<del>' '' '' ''</del>	- ( )		9.0. 500	R 0 F 0

CALENDAR YEAR 19 24

FISCAL YEAR ENDING

SCHEDULE OF PROFIT (OR LOSS ) FROM BUSINESS OR PR	ROFESSION	A Property of the second	
PRINCIPAL BUSINESS ACTIVITY .			
BUSINESS NAME EMPLOYE	RS NO.		
BUSINESS ADDRESS			
TOTAL RECEIPTS		68084	
INVENTORY AT BEGINNING OF YEAR	-0-		
MERCHANDISE PURCHASED	36079		# 7 %;
LABOR	1 7		
			1,453
			1 1
TOTAL	36079		
INVENTORY AT END OF YEAR	6072	35279	
GROSS PROFIT		32805	
		<del> </del>	<u> </u>
GROSS INCOME		32805	
OTHER BUSINESS DEDUCTIONS		_	
ADVERTISING	1337		
AUTO AND TRUCK EXPENSE I NOTO MI AT 154	1800		
BAD DEBTS			
CASH SHORT		_	
COMMISSIONS			0.00
DELIVERY	1922		1.5
DEPRECIATION ( SCHEDULE ATTACHED )	1339	-	
DUES AND SUBSCRIPTIONS	16	- 기계 기계	
ENTERTAINMENT AND PROMOTIONAL	1 3 / 6	<b>- </b>	
INSURANCE	1000		
INTEREST	1017		, ·
JANITOR SERVICE	201	÷.	
LAUNDRY	270	_	
	1 2/0	-	
MAINTENANCE	U2		100
JFFICE SUPPLIES AND EXPENSE	7941		14.
RENT	391		
REPAIRS	5912		
SALARIES AND WAGES SALARIES OFFICERS	J / J	<b>-</b>	
SUPPLIES	<del>                                     </del>		
TAXES AND LICENSES	1063	The state of the	
TAXES - PAYROLL	388		
TELEPHONE	322	7	
TRAVEL			
UTILITIES			14. 1
PARKING	45		1
			1
	1	72871	
NET PROFIT OR (LOSS) - FEDERAL RETURN		9934	-
N <sub>5</sub> 1 / AU 1 /	#1 7534		-
NET PROFIT OR LOSS ) - STATE RETURN ( SEE DEPREC. SCHEDULE FOR DIFF. )	WI LYFO		

SCHEDULE OF DEPRECIATION / MADRITZATION  SCHEDULE OF DEPRECIATION / MADRITZATI	SCHEDULE OF DEPRECIATION / AMORTIZATION  S.W. I. P. P. P. E. M.T.  S.W. I. P. P. P. E. M.T.  S.W. I. P. P. P. E. M.T.  S.W. I. P. P. E. M.T.  S.W. I. P. P. P. P. P. P. P. P. P. P. P. P. P.	AUDRESS		00	6	,		. 30C. 3EC.	SEC. NO.		<u>.</u>	FISCAL TEA	YEAR ENGING	
SCHEDULE OF DEPRECIATION / AMORTIZATION CHEDULE OF DEPRECIATION / AMORTIZATION  COST OF STATE OF THE STATE OF THE STATE OF THE STATE OF STATE		1					; ,			1				
AN I P ME WT 2/1/1 1028 1 1018	1021 COST OR SPEC FOR THE PERMINING METHOD OF LIFE COST OS LIFE COST OF LIFE COST OS LIFE COST OS LIFE COST OS LIFE COST O			S	CHEDULE	OF	CIAT	-	TIZATION					l I
241 PMENT HIPPY 1022K 1024 -0- 1024 51L 7VK 133	1028 -0- 6028 5.1. 778 (33)  -0- 60- 6028 5.1. 778 (33)  -0- 60- 6028 5.1. 778 (33)	KIND OF PROPERTY	DATE ACQUIRED MO YR	COST OR	SPEC 20			DEPRECIABLE BASIS	DEP ALLOWED PRIOR YEARS	REMAINING	МЕТНОВ	RATE(%) OR LIFE (YRS)	DEPRECIATIO FOR THIS YEAR	. ×
	105 Meters , CALIF. FOW NO 104A	EQUIPMENT	HILL	10228				2770	1	(02.28	7:5	71/18		1 1.
	To sweetes call From the local state of the local s	771M000	1/17	35000				10						1 1
	103 MeELES - CALIF. FORM NO 102A											,		
	105 MeELES CALIF. FORM NO 102A													
	105 MeELES CALIF. FORM NO 102A													
	LOS ANGELES, CALIF. FORM NO 102A													
	LOS AMERES - CALIF. FORM NO 192A			-	·									
	LOS ANGELES - CALIF. FORM NO 104A													. ]
	LOS ANGELES . CALIF. FORM NO 102A							:	-					
	LOS AMBELES : CALIF. FORM NO 102A													
	LOS AMELES . CALIF. FORM NO 102A													
	LOS AMBELES . CALIF. FORM NO 102A													
	LOS ANGELES CALIF. FORM NO 102A													
	LOS ANGELES . CALIF. FORM NO 102A									:				
	LOS ANGELES . CALIF. FORM NO 102A													
	LOS ANGELES . CALIF. FORM NO 102A												,	
	LOS ANGELES . CALIF. FORM NO 102A													
	LOS ANGELES . CALIF. FORM NO 102A													
	LOS ANGELES , CALIF. FORM NO 102A			-							,			
	LOS ANGELES , CALIF. FORM NO 102A				٠.						:			. [
	LOS ANGELES , CALIF. FORM NO 102A									:			-1 ,	
	LOS ANGELES , CALIF. FORM NO 102A						4.	-					-17	
	LOS ANGELES , CALIF. FORM NO 102A	TOTALS			3							',	1339	

4-6-73

US LECTRICIS OF the Treedury / Internal Revenue Service III CIVILICAL IMCOMO FEEL LECCURIO

		or 31, 1972, or other Carable year beginning		
Han 6.	Lo and k 'a 1 (1) John :	om, not first named and middle initials of both)	RUBY	Vear castol county necessary
P. Jack	ing a second of the second	and areas, including of aband number, or resol re	uto) .	349 Act   18 g   1420
	- 1 (\$45)	3 203008		Very Solly Employed
•	on a <sub>s</sub> t	Mag Calidosova	Ecylea Docu-	CASAODEDH O'CELL
, die		- man of them has been about the property of the party of	Exemptions   Regular / 6	5 or over / Diag Enter
	4.41		G Yourself	COHOO CON STATE OF THE PROPERTY STATE OF THE
· =		fraturn (even if only one had income)	7 Wifo (husband) 🗓	Chostical 2
19 =	grand The g	michy. If wife (huckand) is also	8 First names of your dependent of	hildren who lived with
1		and the reducity humber and first	you Frado Bringo Eliga	2 Knomell
			gr., jake intele diego gr., je a regina view i i roda rozentalen wakrollen star vientalenne vijen i v. n. n. optische se	and the same of th
1.15	Later Control	William Model Property of the	and the communication of the c	Carry of
1010	Some of Marc	andone child (Em ir your of dooth	9 Number of other dependents (Pr	
	Man ad Call	( فالا <: : :	10 Total exemptions claimed .	
	official and the first	alos, tips, and ether employed comp	Octionation. (Attach Form W-2 to front. Hundworld to, attach on, long ton)	11
	To tological C	Gald) 8 10.00 120 Lo	as opciusion 8 70,00 Balance . >	12c -0-
	1.76 mars 5 6 h	uli livada osad collica dilokalbudiaca das si	ung COOO Hoo in Dogs Las Sabushid D 1	
	rent to	in , It C200 or love, enter total	without listing in Schodule 87	13 22 00
l li f	and the second of the	er than wages, dividends, and intere	d list in Fait ii of Schodalo a 3	14 5,902 40
	.,	To a 11, 12e, 39 and 14) .,		15 5,991 60
			noving origonses, etc. from line 50).	20
		nt essay botoujho) 88 call mord 98 c. (N. Q.: blues nord an omoont to a		you itomize deductions ev
	1.65	10. 10. 10. 140 Hz 1 (197. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	id ling XY is under SX0.000 IIAC	17 is \$10,030 or main, gu
1 1	2.63 <b>6</b> 0 G	Calo de la la de la Calona de la	o Ed	mo BB to Cento ton in the man
		You sky lede,	I Ton Roto Schodulo X, Y, or Z	
<b>E</b> E:::	e de la companya de l	Esk. Mod	Schodule G or Form 4726	10
		(//orm lino 61)		19
		(CSSStract line 19 from line 18) .		20 522 70
		(from line 67)		22 522 70
i ii		! Income tox withhold (ettech For	ms W-2	
		( ( int)	23	
		ுப் tax payments (include amount		
s contra		om 1971 roturn)	24	
	•	"Ma Form 4868, Application for Automotic	Extension 25	
و ا		1 9.8. Individual Incomo Tax Return	26	
		Haras 23, 24, 25, and 26)	h.c.	18
F		, ; ,	Pay in full with roturn. Clato	52270
1.1.1	ာ မေးများသူ 22 မြေး	பரராள்ள lino 27, onter BALANCE D	UE IRS effect or money order payeblo D Internal Resease Service	20 200
	* 1 to 1 to 1 to 1 to 1		VEDDA13	20
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lygog shan lino 22, anter amount O' CORREDED TO YOU	VERPAID	29
		a section on 1623 celimates that	31	
	E 1 Story Mil	v 127 during 65 o Conable your hove	any interest in or signature or other au	thority
1. 17	THE TOP LOT	i coentitos, er encor tinanciai acco Tuz fositios epociónal by a U.S. Anai	ount in a foreign country (oxcept in nicial institution)?	D VCO P No
		31 Ferm 4003. (Cor definitions, see	e Form 4683.)	55.
11 J	a management of the	to complete Rovenue Sharing (lines		the best of ray beguided and batter
	to truo, erroct, end a	Bulloth, Doctoration of graparer (other than taxp	luding occompanying schedules and statements, and to ayer) is based on all information of thick he has an	linewicego.
Sten	Your algulature	Bartadan (12 a. s. s. day s. apaga da anasan ca	Dato Properor's signature (almor to	(in this you) Doco
1	6		TAX CONSUL 17835 VENTURA BLV	
H	Wite's (husband's) sig	nature (if filing jointly, BOTH must sign oven if onl	y one had income) Address ([ind GINO det Al IV	www.glight. Ideal. or Sec. Ecc. Ro.

NW 88326 Docld:32245535 Page 76

S.S. 568-40-9527

	1000
922000000	6
Porto	11

For	rra 1040 (2072)					Land and description
•	(a) (a) NACA	(b) Roletionship	(c) Mentho lived in your house. If born or died dusing year, write 8 or	pendont have fu	o) Amount YOU urnished for de- ondont's support. 1 100% write ALL.	(f) Amount furnished by OTHERS includ- ing dependent
, S			D.	\$750011110101		\$
G		- :				<u> </u>
f.	El E V dambor 1 Copon	dents licted in colu	umn (a). Enter horo and	e call no	omo co Paul Back o	Cha Eddecan
	The state of the state on o	I your primipal placa	of recollection as condition to	to the techniques of an inches	corap. [7] I (d) To	onotionationi cos) gidone
11	The July Be By Asc		rated any, soun, are, exact to	o nomo; II n <b>st, c</b> hosb bo	C10 D	CJ 80(0 U)
			Loo Aureleo		caly—Scavo blan	gmmmmmmmmy
	E F Chantal reips	roons included on	or, (2) 0	For IRS up	S CHIY—SCOUG DIGH	"     · :
		month broad of the	idoneo   Cencol		nanananananananananananananananananana	unuumunuituutt
• 17	i to take an <b>c</b> i firmate Trina trina take to trin	Congress Const	onde, and Interest			
16			10, 1, 11 10 10 10 10 10 10 10 10 10 10 10 10		29	6,969 40
,	Choling to the 1990 of the 199	onehouses of cools	ol negata (ottach Schodu	lo D)	23	(1,000 00)
(1)	to the Company from Supplemental to the second s	montal Cakcaulo o	office of Loscos (office)	ch Form 4797) .		
5)	Ponut ill cod canultico, ronto o	nd royoldes, partr	norchipo, cototos or trust	s, etc. (attach Schoo	duis E)	
50	Frim tresco for local (cases)	Schodulo F)				
()	Felly Emplies pulsions and anni	ultios (not roporto:	d on Cshodulo E-coo In	structions on page	98) . 41	
33	"ED36" of cook at goin distributed	estrees ten) and	ca Eshedulo D)			
	. Coto lacomo tan refuncia (coutt	on—oco inoimedo	(ම දොලා අම හත		43	
	Almony	`			C3	
25	Tibel (cold than 35 through 44)	). Enter feere and	on the 14	<u> </u>	. > 45	5,969 40
	7 ( ) 1503	STALO	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P			
	" lies , - 't. Sallecc' in Avenu		249 or other required st	otomont)	23	
711	out tona	9009)			09	and a
(	T. Malling 1 2 30 Ch	3ach Pel. 2803	er ester deatement).			
i	Give the Conference Constitution	proces to a solvom	one Jan, cle. (800 Form	4840)		
[ .	they to be to be of food they for	1. 67. Chad 69).	POUT 7 DOVO DRO ON MINO 2		·   E3	
į.		나는 것이 얼마나 없는 것이 없는 것이 없는 것이다.	SER IN DESIGNATION LUCIOS	8-82 19 1113 1031	1 53 1	5,991 60
£	Adjusted area income (from the feet of the feet).	no 17)	atta baa 08 anii . A chutar	ch Schodulo A )	52	6,423 00
1 3	Control (Co. 1) (Co. 1	ictions, ontor 159	6 of line 51, but do NC	T enter more	53	1,568 40
€13	Cristrad the Se from the St.				E4 -	5,250 00
	Maining recal number of enomp		lino 10, by \$750		55	(3,681, 60)
1,"3	Vehicles tracero. Subtract line !	54 from Mno 53 .	a Toy Pote Schedulo X \	or Z. or if applica	ble, the alternat	
	(Figure your ten on the amount to b, hearth a character from S	chedulo G, or max	imum tax from Form 472	26.) Enter tox on li	ino 18.	
Ļ.	يتر ين الله الله				53	
1,0					. U7	
	Country of the 113 (CCC) in Venia.	3403)			E3	
ن. ا	State of the state of the second	lidaton for aublic	office—poo instructions	on pago 9	63	
CO	"Took from the Leaven could be	ottoch Form 4874)	)		<u>C</u>	
CZ	Total en 11 (Let lines 65, 57, 1	58, 59, and 60). E	inter here and on line 19	· · · · · · ·	. >   61	
	Solf-et., playmont tax (ast ch S	chedulo SEL			62	522 70
رادا	Tax from recomputing prior-yes	ar investment cred	ilk (chiach Form 4255) .		63	1
·CS	Comment for term instructions of	on page 10). Check	horo [], If Form 4625 is	attached	63	
<u> </u>	Social according tox on the incon	ne not reparted to	omployor (attach Form	4137)	65	
	Uncelled ad amployed (Sela) suc	urity ton on tips (f	rom Forms W-2)		63	522 70
	100m 1000 Nano 62, 63, CA, 64,	and 66). Enter ho	ro card en lino 21		. D 67	364 10
	List Vin - Amics Lagrenting		1 .		1 00 1	
C	Excess FEEL on withhold find to	r moro omployers	eq no anoitructions on pa	ge 10)	<u>C3</u>	
	Gradit for receival tax on apocial			oii (artach Form 4	70	
70	Grodit from a Regulated Involution Total (add lines 68, 69, and 70)	iont Coinguny (all	och Form 2439) .		72	
01	Terri (and mice as, on, and 70)	. Entor navo and t	MINIO GO		<u> </u>	

## Schedulos AsB—litemizod Deductions AND (Form 1040) . Dividend and interest income distributed to form 1049.

Vour cociol occurior manico Name(a) as shown on Form 1040 , 4 322 12 7927 Lower bellen Realing Stamizad Paductions (Schodule 8 on back) dido A concruent ve early and the concruent Contributions.—Cash—including checks, money orders, etc. (Itomize-see instructions on page 11 for examples.) But Meller and the Decree of the second 30 Total cash contributions . 自己的 多名分析 现代的 网络美国 19 Other than cosh (see instructions on page 12 for required statement). Enter Losting III. Of the thing is both different one of the second of the sec total for such items hore . . . . . 20 Carryover from prior years . Cifetor billand of Insurance premiums for 21 Total contributions (Add lines 18, 19, and Grandical earchies ontered en line 1.
Grandical earchies ontered en line 1.
ponces include boaring pide, denturos, oyogle pos, actuagoristica, oter. 20. Enter here and on line 35, below.) ▷ 200 22 Homo mortgage 23 Inotallment purchases. 24 Othor (Itemizo) \_\_\_ 25 Total Interest expenses (Add lines 32, 23 and 24. Enter here and on line 36, 3,232 (.wolcd Cosually or theft loss(cs) Soe instructions on page 12. NOTE: If you had more than one casualty or thaft loss occurrence, OMIT lines 26 through 29 and soe page 12 of the instructions for guidance. 23 Loss before adjustments. 27 Insurance rolimbursoment Total ( 1 1 1 1 2 4, 8, 6 1 6) ... . 8100 28 S100 limitation . . . 1 Inter Fed of the 17, form 1040. 29 Add lines 27 and 28 . Subtrees the O.s. em III. 17. Enter differ-30 Cosualty or theft loss. (Excess of line oneo (7 losa thuti zore, ontor zoro).

Total County I to 3 8 (1) ). Enter horo
and on the Market one. 26 over line 29. Enter here and on line 37, below.) 150 00 31 Child and dopondont care expenses from Form 2441. (Enter here and on line 38, below.) . Miscollancous deductions for alimony, A23 Sectorial form grading (see gap for tables) umon dues, etc. (see instructions on 3.) Conerd sales (see sale, tan tables) . . . page 13). કહું State હાતો local incomo . ું . . . . 20 Coher, \_\_\_\_\_ 11.50 841 Total miscellancous Coductions (Enter 19 Total taken (Add lines 11 through 16. hore and on line 39, below.) . Enter horo en on line : 4, below.). Summary of Romized Deductions : 1<u>1</u>50 29 Total Coducation modified and dontal engances (from line 10) . . 84. 200 00 3G Total Intercet expense (from line 25) . . . . . . 37 Cosualty and thoft loso(os) (from line 30) . . . . . 39 Child and dopcodent cure expenses (from line 31) . . 39 Total miscellaneous deductions (from line 32) . . . . 4,423 00 40 TOTAL IYEMIZED DEDUCTIONS. (Add lines 33 through 39. Enter here and on Form 1040, line 52.5./A ▷

SCHOOLE OF DEDUCTIONS  VEAR CHOSE  PROPERTY CHEE AND COMMENT CHEST VALUE CRUSTORS  COMMENT CHEST VALUE COMMENT CHEST VALUE CRUSTORS  COMMENT CHEST VALUE COMMENT CHEST VALUE CRUSTORS  COM	ADDRESS								77	<u> </u>	
THERE AS A PART OF THE ASSET OF	COLUMNIE NO	· 🐧		92	nisou	LE O	OF DEDUCTIONS YEA	R ENDED.	W	<i> </i>	
COMMUNITY CHEST UNITED CRUSSOS  ACTUAL CONTINUENT CHEST UNITED CRUSSOS  ACTUAL CHEST		1	reder						State		
COMMUNITY CHIST NUMBER OF ANY	. L. C. PONT OF MEDICAN I			T			<del></del>	160	0		
A COLOR DE CONTROLARIOS  A POLA DE CONTROLARIOS  A POL				100	100	00					
RECECOSOS  2 MILITERIO DE MENT		, p	1 / 1	-			·	<del> </del>		. '	
# AND SELECTION OF THE PROPERTY OF THE PROPERT	· · · · · · · · · · · · · · · · · ·			-				-	╁╌┤		
HEART FUNDICANCER FUND  PORTYGERINE RETURN  PARTICULAR RETURN  CTY OF HOM  CTY			<del> </del>	-			Commence of the commence of th	<u> </u>	$\vdash$		; f
PARTICLE PLUM DE CITY OF HOME OF THE CONTRIBUTIONS AND FOR THE CONTRIBUTION OF THE CONTRIBUTION AND FOR THE CONTRIBUTION		-	1	<del> </del>		+	<del> </del>	<del> </del>	$\vdash$		
PAYDOL DEPUTION  CITY OF HOM  CITY OF HOM  OTHER ORGANIZED CHARTTES  TOTAL CONTRIBUTIONS  AG 70  INTEREST TO MYOS PAID  FERRING STRIP  MOTAL CONTRIBUTIONS  AG 70  INTEREST TO MYOS PAID  FERRING STRIP  MOTAL CONTRIBUTIONS  FRANCE  MOTAL CONTRIBUTIONS  FRANCE  MOTAL CONTRIBUTIONS  FRANCE  MOTAL CONTRIBUTIONS  FRANCE  MOTAL INTEREST  ALMOST LETHE AGE  TOTAL INTEREST  ALMOST LETHE AGE  LETHELAGE  SAFET EQUIPMENT  FRANCE  MOTAL INTEREST  ALMOST LETHELAGE  SAFET EQUIPMENT  TOTAL CONTRIBUTIONS  FRANCE  LETHELAGE  TOTAL INTEREST  ALMOST LETHELAGE  SAFET EQUIPMENT  MOTAL CONTRIBUTIONS  FRANCE  LETHELAGE  MOTAL CONTRIBUTIONS  FRANCE  MOTAL CONTRIBUTIONS  TOTAL CONTRIBUTIONS  FRANCE  TOTAL CONTRIBUTIONS  TOTAL CONTRIBUTIONS  FRANCE  TOTAL CONTRIBUTIONS  TOTAL CONTRIBUTIONS  FRANCE  TOTAL CONTRIBUTIONS  TOTAL C		A COMPANY OF THE PARK OF THE P	<del></del>		far'	<del> </del>	***		1		
CTY OF HOPE  OTHER ORGANIZED CHARITES:  OTHER ORGANIZED  OTHER ORGANIZED CHARITES:  OTHER ORGANIZED CHARITES:  OTHER ORGANIZED CHARITES:  OTHER ORGANIZED CHARITES:  OTHER ORGANIZED CH	and the contract of the contra	**** <del>**********</del> 740					( )				
OTHER ORGANIZED CHARTTES: 700 DD  TOTAL CONTINUUTIONS AND FORMAL STATE  MODIFICATION AND AND FORMAL STATE  MODIFICATION AND AND FORMAL AND AND AND AND AND AND AND AND AND AND	1.64						II				
TOTAL CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TH		1									
TOTAL CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TH		Table Comment Train								,	
TOTAL CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TO THE CONTRIBUTIONS AND TH	Sales of the Sales of the Sales	yaer <del>da⊷ca</del> arda	-					1			
TOTAL INTEREST  SAFETY COUNTY OF THE MEST  TOTAL INTEREST  TO ALMONY CREATION  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  ALMONY CREATION  SAFETY COUNTY OF THE MEST  TOTAL INTEREST  TOTAL INTEREST  TOTAL INTEREST  ALMONY CREATION  SAFETY COUNTY OF THE MEST  TOTAL INTEREST  TOTAL I						-	<del></del>				.
MONTOGRE LOAN OF DIVING STATE  MONTOGRE LOAN OF DIVING STATE	والمناسوة ومستسيد وتعديد است إستاري	e um demonstration	1.	<u> </u>	-	<del> </del>	CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY.				
INDICALIBERY LOAN  AND AREA TOTAL INTEREST  TO	and the first of the region of the first of the second of	r	-	<del> </del>	-,	-		FEDERAL &	STATE		
INSTITUTE AND AND AND AND AND AND AND AND AND AND	; <u> </u>			<del>  </del>		╁╼╼┤	MORYGAGE LOAN OLONIAL 19175		13)		
INDITION OF THE REST OF THE PROPERTY OF THE PR	لها المهلوب السفالية أشاء والمال المسلوب الم		Ç <del>əm</del>		. 24		DO A	100	60		7
AND AREA THE 198 AREA TOTAL INTEREST TOTAL INTO A SAFETY EQUIPMENT TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTEREST TOTAL INTO A INTEREST TOTAL I	نىنىنىڭلۇرۇك بىرى سىز			<b>}</b> }		+		74	مدن		٠,
TOTAL INTEREST TOTAL	المسريح مستقلص بحار بالمستداد		1	-		╁─┤		nu	65		. 4
CLUE CONK AGE  TOTAL INTEREST  CHISCOLE CON ACTUAL  TOTAL EDUCTIONS  TOTAL INTEREST  ALMONY (EXPLAND)  SAFE DEPOSITIONS  FRANCE  ALMONY (EXPLAND)  SAFE DEPOSITIONS  FRANCE  LAUDONY (EXPLAND)  SAFE DEPOSITIONS  SAFETY EQUIPMENT  TOOLS DEPRECIATION  SAFETY EQUIPMENT  AUTO MEAGE MEAR)  LAUDONY OF LEARING  AUTO MEAGE MEAR)  LAUDONY OF LEARING  AUTO MEAGE MEAR  AUTO MEAGE MEAR  LAUDONY OF LEARING  EMPLOYAGENT AGENCY FEED  OTHER ONE PREPARATION  MECOME TAX PREPARATION  MECOME TAX PREPARATION  OTHERS:  TOTAL MISC. DEDUCTIONS  FEEDING STATE  CASUALTY LOSSES (EXPLAND)  FEEDING STATE  CHISTOLOGY WITH SUBSTANCE  LESS REMBURSED BY INS.  SUB TOTAL  CHISTOLOGY INSURANCE  LESS REMBURSED BY INS.  SUB TOTAL  OTHERS:  TOTAL CALUALTY LOSSES  FEEDING  OTATE  TOTAL CALUALTY LOSSES  FEEDING  OTATE  OTATE  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  OTATE  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE	and the second s					1-1	The plant of the				3
CLUE CONK AGE  TOTAL INTEREST  CHISCOLE CON ACTUAL  TOTAL EDUCTIONS  TOTAL INTEREST  ALMONY (EXPLAND)  SAFE DEPOSITIONS  FRANCE  ALMONY (EXPLAND)  SAFE DEPOSITIONS  FRANCE  LAUDONY (EXPLAND)  SAFE DEPOSITIONS  SAFETY EQUIPMENT  TOOLS DEPRECIATION  SAFETY EQUIPMENT  AUTO MEAGE MEAR)  LAUDONY OF LEARING  AUTO MEAGE MEAR)  LAUDONY OF LEARING  AUTO MEAGE MEAR  AUTO MEAGE MEAR  LAUDONY OF LEARING  EMPLOYAGENT AGENCY FEED  OTHER ONE PREPARATION  MECOME TAX PREPARATION  MECOME TAX PREPARATION  OTHERS:  TOTAL MISC. DEDUCTIONS  FEEDING STATE  CASUALTY LOSSES (EXPLAND)  FEEDING STATE  CHISTOLOGY WITH SUBSTANCE  LESS REMBURSED BY INS.  SUB TOTAL  CHISTOLOGY INSURANCE  LESS REMBURSED BY INS.  SUB TOTAL  OTHERS:  TOTAL CALUALTY LOSSES  FEEDING  OTATE  TOTAL CALUALTY LOSSES  FEEDING  OTATE  OTATE  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  OTATE  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  FEEDING  OTATE  FEEDING  OTATE  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE  TOTAL  OTATE		tonest a first	1 1		·:		FIRES THRIDE VANSAULA	Bry	ο7 <b>6</b>		
TOTAL INTEREST  CALLEGG VALUES  CHISCFLLANEOUS DEDUCTIONS EDEBLE STATE  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (ALHAORY)  ALHAORY					1	1				71	1.5
TOTAL INTEREST  CALLEGG VALUES  CHISCFLLANEOUS DEDUCTIONS EDEBLE STATE  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (EXPENSION)  ALHAORY (ALHAORY)  ALHAORY		,			- SECTION AND A	1	Wine Sugar & Co.	V96	60		
TOTAL INTEREST  CHISCELLANEOUS DEDUCTIONS FEDERAL 6 STATE  ALISIONY (ERPLAIN)  SAFE DEPOSIT BOX FEE  UNION DUES  SMALL TOOLS (GOOD 1 YEAR)  TOOLS DEPOCATION  SAFETY EQUIPMENT  UNIFORMS (NOT CEN, WEAR)  LAUNDRY & CLEARING  AUTO MILEGO DELVELS  FULL HORSEN AGENCY FEE  UNION DUES  SAFETY EQUIPMENT  LAUNDRY & CLEARING  AUTO MILEGO DELVELS  FULL HORSEN AGENCY FEE  UNION DUES  SAFETY EQUIPMENT  LAUNDRY & CLEARING  FULL HORSEN AGENCY FEE  UNION BEAGE 69  TILEPHONE EXPENSES INTO REIMB.)  EMPLOYMENT AGENCY FEE  UNION BEAGE 69  TILEPHONE EXPENSES INTO REIMB.)  EMPLOYMENT AGENCY FEE  UNION DUES DEDUCTIONS  FEECAL 8 STATE  TOOLS OF THE PROPAGATION  GASUALTY LOSSES (EXPLAIN)  FEECAL 8 STATE  TOTAL CALUALTY LOSSES  FEECAL DOTATE  TOTAL CALUALTY LOSSES	1	***									$\alpha^{2}$
CINSCILLANCOUS DEDUCTIONS FERRILLS STATE  ALIMONY (EXPLAIN)  SAFE DEPOSIT BOX FEE  UNION DUES  SMALL TOOLS (GOOD 1 YEAR)  TOOLS DEPRECIATION  SAFETY EQUIPMENT  UNIFORMS (NOT CEN. WEAR)  LAUNDRY C CITEATING  AUTO MITEAGE (6  TILEPHONE EXPLAINED  AUTO MITEAGE (6  TILEPHONE EXPLAINED  AUTO MITEAGE (6)  TILEPHONE EXPLAINED  AUTO MITEAGE (6)  TILEPHONE EXPLAINED  MITEAGE (7)  TOTAL MISC. DEBUCTIONS  GASUALTY LOSSES (EXPLAINED  TOTAL  CITES SIGN (6) TOH FACH CASUALTY  TOTAL CALUALTY LOSSES  FEBERAL DITAYEE  FEBERAL DITAYEE	ຕ່າ ແລ້ຊຸນໄດ້ຄົນ	i jgl								70	- ;
ALRONY (EXPLAINS)  SAFE PEPOSIT BOX FEE  UNION DUES  SMALL TOOLS (GOOD 1 YEAR)  TOOLS DEPRECIATION  SAFETY EQUIPMENT  UNIFORMS (NOT CEN, WEAR)  LAUNDRY OF CLEATING  AUTO MILEAGE (6)  TILEPHONE REPTING (100 PEPOSIT NOT DUES OF DUESCHIPTION)  WINDERM OVATU DUES OF DUESCHIPTIONS  SEMPLOYMENT AGENCY FEED  WINDERM OVATU DUES OF DUESCHIPTIONS  STATE YORK  GASUALTY LOSSES (EXPLAIN) FEBERIL & STATE  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK  SUB TOTAL  CLEATER WAS ARRESTED OF TACK CASUALTY  TOTAL CALUALTY LOSSES  FEBERAL OTAGE  FEBERAL OTAG	The second secon	and the second second									- 5
SAFE DEPOSIT BOX FEE  UNION DUES  SMALL TOOLS (GOOD 1 YEAR)  TOOLS DEPRECIATION  SAFETY EQUIPME'-T  UNIFORMS (NOT CEN, WEAR)  LAUNDRY & CLEARING  AUTO MILEAGE (**  TILEPHONE EAPPINSE INDT REIMB.)  MULTIPHONE EAPPINSE  MUL	TALL MEDICAL		2131.2×				The state of the s	FEDERAL & S	TAVE		***
UNION DUES  SMALL TOOLS (GOOD 1 YEAR)  TOOLS DEPRECIATION  SAFETY EQUIPMENT  UNIFORMS (NOT GEN, WEAR)  LAUNDRY & CLEANING  AUTO MILEGE (6)  TILEPHONE EXPENSE (NOT REIMB)  EXAMPLED (18)  AUTO MILEGE (6)  TILEPHONE EXPENSE (NOT REIMB)  EXAMPLED (18)  AUTO MILEGE (6)  TILEPHONE EXPENSE (NOT REIMB)  EXAMPLED (18)  AUTO MILEGE (6)  TILEPHONE EXPENSE (NOT REIMB)  EXAMPLED (18)  AUTO MILEGE (6)  TILEPHONE EXPENSE (NOT REIMB)  EXAMPLED (18)  AUTO MILEGE (6)  TILEPHONE EXPENSE (18)  INCOME TAX PREPARATION  OTHERS:  GASUALTY LOSSES (EXPLAIN)  FEBERL 8 STATE  CHARLES REIMBURSED BY INS  SUB TOTAL  CHARLES STEED (6) 104 1ACH CASUALTY  TOTAL CASUALTY LOSSES  FEBERAL STATE				}		<del>                                     </del>	The state of the s				'- <sub>4</sub>
SMALL TOOLS (GOOD 1 YEAR)  EXPERSISE  TOOLS DEPRECIATION  SAFETY EQUIPMENT  UNIFORMS (NOT GEN WEAR)  LAUNDRY & CLEAVING  AUTO MITERSE (INOT DEIMB)  EXAMPLED THAT IN THE PROPERTY OF THE PROPE						┼╼╢					ı
TOOLS DEPRECIATION  SAFETY EQUIPMENT  UNIFORMS (NOT CEN WEAR)  LAUNDRY & CLEATING  AUTO MILEAGE (6)  TILEPHONE EXPENSE INOT REIMB.)  EMPLOYMENT AGINCY FEED  VIDERAL OVARIA  AUTO MILEAGE (6)  TILEPHONE EXPENSE INOT REIMB.)  EMPLOYMENT AGINCY FEED  UNIFORMS TAR PREPARATION  INCOME TAR PREPARATION  CHILD CARE  OTHERS:  TOTAL MISC. DEDUCTIONS  GASUALTY LOSSES (EXPLAIN)  FEBERAL STATE  CHILITY INSURANCE  LESS REIMBURSED BY INS.  SUB TOTAL  OVARIB:  LESS REIMBURSED BY INS.  SUB TOTAL  OVARIB:  LESS REIMBURSED BY INS.  SUB TOTAL  OVARIB:  OVARIB:  TOTAL CALUALTY LOSSES  FEBERAL OTATE  FEBERAL OTATE  FEBERAL OTATE  FEBERAL OTATE					-					1.3	.
SAFETY EQUIPMENT  UNIFORMS (NOT GEN. WEAR)  LAUNDRY & CLEATING  AUTO MILEAGE (#  TILEPHONE EXPERISE IND MILEAGE (#  TILEPHONE EXPERISE IND REIMB.)  EMPLOYMENT AG INCY FEED  UNIFORM DUGS & DUDGERPTIONG  INCOME TAX PREPARATION  CHILD CARE  OTHERS:	The The Properties of		7777						_		
UNIFORMS (NOT CEN. WEAR)  LAUNDRY & CLEARING  AUTO MILEGE (M.  FILEPHONE EXPENSE (NOT REIMB.)						1 1					.
LAUNDRY & CLEARING  AUTO MILEAGE (#  TILEPHONE EXPENSE (NOT REIMB.)  EMPLOYMENT AGENCY FEED  VILLEBOAL DELLO	4									h	. [
AUTO MILEAGE M TILEPHONE EXPENSE (NOT REIMB.)  (E. SALO ENTLY  VENERAL OVARIE  VOTAL CASUALTY LOSSES  FEBERAL OVARIE  VOTAL CASUALTY  VOTAL CA	CHARLES AND GLORIANTS	GOING.	1	Ì							`
TILEPHONE EXPENSE (NOT REIMB)  EMPLOYMENT AGENCY FEED  PLANERAL DIVATE  DUES & DUESCRIPTIONS  INCOME TAX PREPARATION  CHILD CARE  OTHERS:  CASUALTY LOSSES (EXPLAIN)  FEBERAL 8 STATE  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL 8 STATE  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL 8 STATE  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL STATE  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL STATE  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL OTAGE  OTHERS:  CHILD CASUALTY LOSSES (EXPLAIN)  FEBERAL OTAGE  OTAGES:  OTAGE							AUTO MILEAGE (0				1
PLIBRAL BYATE  PLANTO  INCOME TAX PREPARATION  INCOME TAX PREPARATION  CHILD CARE  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  OTHERS:  OTHERS:  CHILD CARE  OTHERS:  OTHERS:  OTHERS:  CHILD CARE  OTHERS:	of the property of	SCHOLD!	150	633	100		TI LEPHONE EXPENSE INOT REIMB.)			. *	ı
INCOME TAX PREPARATION  CHILD CARE  OTHERS:  OTH	เมา ผู้เล่า ผู		11 4 9 0			IT	EMPLOYMENT AGENCY PEGO				
CHILD CARE OTHERS: OTH			PEDERA	1	BYAY	3	DUES & SUDSCRIPTIONS		ematec;000		
OTHERS:  OTH	A 27 A A SOO WEED DEEP NO	1	-								
CASUALTY LOSSES (EXPLAIN)  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE  FEBERAL 8 STATE	Wist.		- Lew C	Ø₽↓-		100					
GASUALTY LOSSES (EXPLAIN)  FEBERAL 8 STATE  II II II II  CHARLES REIMBURSED BY INS.  SUB TOTAL  CHARLES TOTAL  OVAGAS:  OVAGAS:  TOTAL CASUALTY  OVAGAS:  FEDERAL 8 STATE		X 7 1 1	101	-	13/	$\Rightarrow \parallel$	The state of the s			- '	
HIN HIN  SUB TOTAL  CHANGE TAN BURANCE S  LESS REIMBURSED BY INS.  SUB TOTAL  OVAGAS:  OVAGAS:  TOTAL CANUALTY LOSSES  FEDERAL STATE			- Ortal		10.57	70 1		genedal a ea	ARB	<del></del>	=
SUB TOTAL  CHARLEST INSURANCES  RES SIEMBURSED BY INS  SUB TOTAL  OYMENS:  OYMENS:  TOTAL CALUALTY LOSSES  FEDERAL STATE			1 101		пп	H 13	GMARKET PROJED (ENLINE)	PERETER O 31	H16		4
SUB TOTAL  LESS REIMBURSED BY INS.  MICH. TAM HH HH  OVMERS:  IFSS \$100 00 FOR FACH CASUALTY  YOTAL CASUALTY LOSSES  FEDERAL STATE				10	·				_		.
CHURRY INSURANCE LESS REIMBURSED BY INS.  SUB TOTAL  OYMERS:  OYMERS:  YOYAL CALUALTY LOSSES  FEDERAL STATE		1 1	A. V.	1	100 151	7	SUB TOTAL	·			
OVAGAS:  SUB TOTAL  LESS SIDO OF FACH CASUALTY  YOVAL CASUALTY LOSSES  FEDERAL STATE	CHENTANY INSURANCE				1						
OVER CASUALTY LOSSES  FEDERAL STATE			ди и	д							
FEDERAL SYAVE	The state of the s							(		٠, ٠	
YOVAL VAXES OY OD GY OD YOTAL DEDUCTIONS WE ALL WITH	Car or many more and the car of t			1.		I	YOTAL CALUALTY LOSSES				
YOYAR YAXES (14/0) (4/0) TOTAL DEDUCTIONS WILL ON WITHOUT	Daniel annihilare en ema construit de compagnitudes	-	-40								
	ayoy	l vaxes	041.0	()(	04/.	$QQ^{T}$	TOTAL DEDUCTIONS	Wire	ai.	UNDAN	<u>ل</u> ا.

#### SCHÉDULE C (Form 1040)

# Profit (or Loss) From Business or Profession (Sole Proprietorship)

1972

Department of the Treasury Internal Revenue Service

> Attach to Form 1040.

	1 Cocial	socurity numb	707
no(s) ao shuthi on Form 1640		12   799	
Sound and Phyllis Ruby	1322	1 22 1 0 7 2	
Principal budiance estivity 1603 Service ; product			
(Por disample: retail—hardword; wholesalo—tobacco; services—logal;			
Junioca Discorde Bas C Employor Identification Number			
Judino 3 Mar. J. January and Street, Van Muya Blvd. C Employer Identification Number	***************************************	<del>.</del>	
Cky, Ct. 20 and Zilo godo II			
Indicas to third 4. acceptation: (1) [4] cook: (2) [7] accrual: (3) [7] other.			
Vere with regulated to file Form 1096 for 1972? (See Schedulg C Instructions) TYES FR NO. If "Yes,	" where fil	led? >	
Strick Control (ocated within the boundaries of the city, town, etc., indicated? 2 YES NO.		5-1	
Did you good this busings at the and of 1978? [3] YES [] NO.	:	- 1 - 1	10
tow mily frommain 1078 ald you own this business? . B.Z			
Ness are Employor's Qualistry Fedoral Tax Roturn, Form 941, filed for this business for any quarter in 1972?	T YES	® 40°	
ONTANY-All coolicable lines and achedules must be filled in.			
3 Great receipte or poles \$ Lose returns and allowances \$ Balance ▷			
2 Look of goods cold and/or operations (Schedule C-1, line 8)		SCHEDU	ILE_
8 Gross profits . As a second control operations (control of a second of a sec		ATTACH	ED
6 Char Ineship (accord chagula)		- 4	
B V DAS Incomo (act of the control o			
	OAL SHEET SH	*****	T
Volume of the function in Vencium C-20 (0xplain in Canadalo C-3)			
O Bonk to but hono proporty v			
9 Region Constain in Schodulo C-3)			
9 Region Constain in Managura C-3)	**********		
30 Schrice and traged in fictured on line 3, Schedule C-8 (exclude any paid to yourself)			1
38 Incurrence 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12 Legal Gad pyotocolonal food			1
80 Committedence			1.00
20 Autoritection (offices officement)			1,
18 (c) Fonoise and prefit-charing plans (oco Schodule C Instructions)			1
(b) Employed bonofit programs (see Schodule C Instructions)	1		[
20 Inforcation Sucinoca Indebtodnose			
N7 DL3 down criting from cales or services			
20 Deptotent in the state of the second seco			-
20 Octor Literation on point of copelly):	1.		
(a) instabulgable erresson strong production and the control of th		**. *****	.   1
(6)	-		
(c)	,		
(4) 11 11 11 11 11 11 11 11 11 11 11 11 11	- 1	1 3 3 T 3 1	
(e)			
(O)	-		
(g)	1		1
(h) 2 4 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1-	•	
0	1.	Į	
O THE REAL COMMENTS OF THE PROPERTY OF THE PRO			
(1)			
0		74	
(m)	.}	-	
(10)			169
(6)		11 11 11 11 11 11 11 11 11 11 11 11 11	
(p) Total other business expanses (add lines 19(a) through 19(o))			: L.
(b) Total Other Edulicas expenses (add initial 25(a) through 15(b))			

#### SUPPLEMENT TO SCHEDULE C

	aĝi Se de				
V Incomo			\$4	5,499.72	
Local Solos Roz	71		-	383.47	\$45 <sub>0</sub> 116.25
	Lr. Silver	•	-		
6000 02 Cc 30 Cold		· y			
Collection and a second			\$	800.00	
Perchase a state	A STA				
BCZORYCY MALLS		,		4,491.98	
Gusenstud . It is	an Ea			6,463.08	4
Spon Acas				2,923.29	
BekonyAracs	, 95 	*		3,102.44	•
Rocal Availab	le 🧠	:	\$2	7,780.79	
Lough Landing	Tuacucorà	,	600	00,008	26,980.79
	*** **:		,		AS 0 S 25 16
Greod Inc	Code				\$18,135.46
	* *				
Esperancia		4	6	1,728.82	
RCCO	1.		<b>3</b> ,	100.00	
A Company Con Angle	1			3,877.93	
Popula (Paris)				323.42	
4 ( Pcyrio43 tensoo)		2		190.00	
A Saleouncaech Astron	in.			127.45	**
Tolophoad				25.00	
	100			254.15	
Miccollaccoro/rope	3880	•		382.25	1
Equipment A. Poeud/licanoo	4	•		214.51	
Mousera	S			12.15	
Auco				425.29	· · · · · · · · · · · · · · · · · · ·
Linca				-0-	
Domoe lono	3 · · · · · · · · · · · · · · · · · · ·			61.94	
Newupgpord			•=	14,65	<u>7,737.56</u>
net incop	·,				\$10,397.90
The seconds	Depreciosion				3,428,50
The second secon	HET INCOME				\$ 6,969.40
	alternative and a second	CHOMB CHOOL OF A FOR TANK			
	D.	epreciation			
the second of the same	610 000 00	· 64 000 00	5 yr. SL	-	\$2,000.00
Hemipmone 4-70	\$10,000.00	\$4,000.00	J 110 DL	:	72,000,00
	1975				
Coverage not to	5,000.00	2,000.00	2 Yr. SL		1,000.00
Co. pote	₹ 30000000	2000°00	E 150 DE		. 20444000
Leanchold Imp.	- 1				. •
(Bilance of Lease)	3,000.00	957.00	7 Yr. SL		428.50
	- 0 - 4 - 0 - 0				
4					\$3,428.50

#### ECHEBULE SE (Form 1040)

Department of the Treasury Internet Revenue Service

## Computation of Social Security Self-Employment Tax

DECh solf-omployed person must file a Schodule SE.

					•
>	∆‱ach	lo	Form	3	C40.

1972

> If you had wegos, including tips, of \$9,000 or more that were subject to social security taxes, do not fill in this page.  $\triangleright$  N you had more than one business, combine profite and lesses from all your businesses and farms on this Schodule SE. Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. ectiff of the fact that the total and energy of coent economy cases of colf-employed percon Thorn 322 12 7997 " Someoud Refly tupiness cott ition subject to colf-omployment tax (grosory store, restaurant, farm, etc.) 🔀 | Box putation of Not Earnings from DUSINESS Self-Employment (other than farming) A Met profit (of loss) shown in Schedulo C (Form 1040), line 21. (Enter combined amount W more than one 6,969 40 This therefor ( 7 tead) What analyded convices or courses included on line 1. 3) Not corningo les local from business colf-complayment (Subtract line 2 from line 1, and enter here and 6,969 40 in Ilao ((a), iolow.) | Computation of Not Earnings from FARM Solf-Employment A former may older to compute not farm carnings using the OPTIONAL METHOD (line 6, below) INSTEAD OF THE REGULAR SECTION (line 6, below) If the gross profits are: (1) \$2,400 or loss, or (2) more than \$2,400 and not profits are less than \$1,600. 17 your group profile from ferming are not mero than \$2,400 and you elect to use the optional method, you need not complete lines Computation under Robular Methed 40 Not form profit (or loss) from: (a) Schodulo F, lino 64 (cash method), or line 74 (accrual method) . (b) Form partnerships ........ ें S Not comine from soff-proployment from forming. Add finos 4(a) and (b) . The second Medical Union Optional Medical "O Warecope and owner forming are: (a) No. 17 20 Minn (2),490, ontor two-thirds of the gross profits . . . . (b) Mero Crew E2,400 Ling the not form Exollt to loca then \$1,600, onter \$1,600 Great prests were serming are the total of the gross profits from Schodule F, line 28 (cash method), or the 72 (assign) plus the distributive share of gross profit from form participations of applications in instructions for Schodule SC. T Enter here and on the 8(b), below, the amount on line 5 (or line 6, if you use the optional 19 1 1 Computation of Social Security Self-Employment Tax 8 Not earnings (or loss) from self-employment-(a) From business (other than farming) from line 3, above (c) From Explanarships, joint yantures, etc. (other than farming). (d) From corpice as a minister, member of a religious order, or a Christian Science practitioner. If you filed Form 4361, check hero [ | and onter zero on this line . . . . . . (0) From Juleo with a regular government or international organization. (1) Other Advoctor's 1000, ote.). Specify 60 6,969 O Votal not corningo (or lope) from self employment reported on line 8. . . . (II like 9 to kee than 6499, you are not cubject to call-amployment tas. Do not fill in root of page.) 10 The largest amount of combined wages and self-employment carnings subject \$9,000 00 to social socurity tax for 1972 is 11 (a) Total "FICA" wages as indicated on Form W-2. . (b) Unreported tips, if any, subject to FICA tax from Form 4137, lino 9 . . . . (c) Total of lines 11(a) and 11(b) 12 Dalanco (subtract lino 11(c) from line 10) . 6,969 40 33 Self-employment income-line 9 or 12, whichever is smaller. 70 14 If line 13 to 99,000, ontor 675.00; if less, multiply the amount on line 13 by .075. " 35 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits fox from Finin 4469 . 522 70 . 🔏 Golf-employment tax (subtract line 15 from line 14). Enter here and on Form 1040, line 62

### SCHEDULE D Department of the Treosury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1049. Denomples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name(s) as shown on Form 1040 SGW303 OBG Phyllin Ru	by				Soci 322	al security num	mbar 97
The I   East John Guphal Gaine of	nd Lossos	Assots Hold	Not More Than	6 Month	3		0
of Kli. 1 of preporty and committee (Real. 215, 190 object of "e" Eq.)	b. How coguired. Enter letter oynabel (see lectron)	g. C.2., day, yr. (Put data said above detted line and data acquired below detted line)	d Gross sales prico	e. Cost or a as adjust instruction expense	ed (see E) and	f. Gain (or (d loss o	
			granut or the standard and standard by Maria				
egnlaule attached						(4 <sub>p</sub> 496	00)
						4,296	00
						,	
2 Enter your chare of not chart-term gold Contact not gold (or less), combine it does to the component contact the contact that the contact the contact that the contact the contact that the contact the contact that the contact the contact that	nos 1 and ryovor from outable to y p lines 3, 4	yoaro beginning tooro beginning of (a) and 4(b)	botoro 1970 (seo instruc	tion H) .	2 3 4(0) 4(b) 5	200	00
Longtorm Could Gains on	d Lesson	-//2000s Hold A	More Than 6 Mor	nths .		, *	- : : :
	j · · ·				, i		
		***************************************					
The state of the s		************	Make State of the Control of the Con				
2 Copical coin electriculares					9		141
20 Enter your chore of not long-term gain	from small	businoss corpora		S)	10		-
18 Not gain (or less), combine lines 6 th 12(a) Long-term capital loss component carry				ruction H)	12(a)	(14,522	<b>500</b>
12(b) Long-term capital loco carryover attributed Net long-term gain (or loss), combine	stable to yo	ars boginning afte			12(6)		-
Parts I and II							200
24 Combine the amounts shown on lines !  25 If line 1.4 chews a yolk—  (a) Enter 50% of line 13 or 50% of li				nputation	14	(14,322	00)
of alternative tax). Enter zero if the (b) Subtract line 15(a) from line 14. Er	ro is a loss	or no entry on lin	0 13		15(a) 15(b)		-
16 If the 30 chews a lease—  Comit times 16(a) and 16(b) and go to see the second to t				) and 13.		, ,	
Otherwice,     (a) Enter one of the following amount	iko:	* (				*	124
(ii) If amount on line 5 is zoro (iii) If amount on line 13 is zon (iii), If amount on line 5 and to 50% of amount on line 13	or a net go o or a net g line 13 are	ain, onter amount	t on line 14; or,		16(a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) Enter here and enter as a (loss) of (i) The amount on line 16(a);		orm 1040, the sm	aller of:		and the same of th		
(ii) \$1,000 (\$500 if married a 4(a) or 12(a), see instructio	on M for a	higher limit not to			16(b)	1,000	no ,

Signed D. and PHYLLIS RUBY WEEKLY WORK PLAN/TIME REPORT SALESMAN NEIS KOISIN and Co. INC. WIEK ENDING TANOUNT SEE PLANT OF PRICE EXPENSE HR + (LESSIOTIS GA 63% . M. C. Survey Mayer Wirel 10.11. - 93-05% 31 8.5 nm 5 63 1 117-71 3165, 29 1-6-12 3103. 4 51 12.61 20 Paper Del 9500476 31 -2000 74 3 1507-70 1547.62 1-17-72 15/4.00 76 E. COP? CONV. 1-3. 95- 17% ST 3.000 749/ 12/27 71 23-21.43 1-19-7- 23 2352-95 74/ 3 Topeyor TMA Could 56/4 12 20 71 2886.00 1-6-12 29Reses 599 923 04375% 31 5,000 Toll 3759 ST 15,000 555 16-72 593,00 1-17-72 651400 1655 Blog. 17. P. O. C. CORR 5 1 300 Stor 2014 1-19-12 4.5240 2-2-72 411/100 21/4 (3782) Cop Mis SI 20,5h. 15/2 1-12-74 3,0840 2-9-72 3287 203 12 1 100 Sh. 20 1-2. 12 2344 2 2-9-72 2477 ~ 18/2 -25 151 2005 H. 11/2 02-12 23472 2-11-72 201900 10 / (29800) 101 SED 151 100 Sh. 18 14 2-11-72 1914 2 3-13-72 1931= 1931 (1d2) 51 do Sh. 18 27-92 37419 3-13-72 3727319 . M. JAC. 15 300 Sh. 12/2 2-9-94 3630 3-13-3 316800 11/2 4629 ( Ooff 157 100 SH 11/2 2-12-72 1174 3-13-72 9112 9% (263°) (14579) 1216 11 1 1011.5 TOTALS

Smuss D. SAR MYCLIS RUBY WEEKLY WORK PLAN/TIME REPORT WEEK ENDING JAGGI II SALESMAN NEIS LOISING OC. INC REVENUE CONTRACT PATOPULATE PURCHASE
PIE HOR PRICE OF DATE NOT SA'ES COMMENTS AN CUSTOMER EXPENSE NAME SUARCES (LOSS)NOTES G 1.1217165 4-28-72 7785 = Thomas A Son Soll 118 313-92 7558 4 Mr. 500 of the selled Charle 53 3 4-28-72 11612 10:30 50% 582 63957 25 5U 2002 5-22-2 Land to Car Clark 1955 S.75% ST 2,000 57 1 4-28-72 1161 5-22-7 111600 (450) THE S' SO CARP COUNTS 56 1 4-28-73 4643 5-22-7 430 35 51 -5.752 5 Bico 51230 The world 14/1/ 3/13/21 30230 7/7-72 36034 1836 چ 99 8-10-12 1012 8-24-3 In de Jester P. 1059010% 100 This Brosellow Il 100 1835 8:24.72 19. 20332 33% 36619 9-6-72 71 1 1/1 Mls. 50 des 37320 8-24-122 195000 Sunday Boss 1511 100 2835 9-18-72 19 % TIM 5 92 72 28092 9-18-72 19132 1916 (8960) CAMPACE BATES IS IL LOS 27/8/6-1-22 Mars GENI WAS STO BO 10-3.72 1145- 14 / (4704) 148 11-18-18 11930 Marin ('30) Mrs. 5 100 12/5 7-18-23 151900 148900 10-11-72 1. 70 6 -114 Was 151 100 14890 10-11-72 15310 15 7 1453 9-8-2 (29%) Hesenwell (hope 100 11020 1-19-72 107 30 103/1 3-31-71 (2900)

SAMUEL D. and PHYLLIS EUBY WEEKLY WORK PLAN/TIME REPORT SALESMAN BACKE and Q. 1972 NUMBER COMMENCES TRANSA CUSTOMER CONTRACT TO PARKET IN BURNEY CONTRACT TO PRICE ON PRICE ON PRICE ON THE PR REVENUE CALI. HRS EXPE CLONET. HR + 100 M. S. 1090 3.82 3.67 1.12-24 12-1-71 Silver Cherry 3.67 1.13.21 3.82 1.3-21-70 16 March 6261 122% (67.50) 123% 1.6.72 12-3-21 A / Cochan 224 1.19.72 2405 1-18-72 a35.00 Post of Fallonia Collen 102.70 1.6-72 101.20 1-24.72 73 PE 2465 2-2-72 Jad Chera 1-20.72 25.15 My reas 150 3.5.60 2490 2-7-72 3-3-72 25.10 24.93 2072 2.8.72 1911 MOINER STEEL 121.90 133.00 2-8-12 1-26-71 (30,00) 3-8-72 3-1-72 25.20 TRY LOCAD 25.10 TAY S 1 BEANDON CO 11.79 3-9-2 12.05 123 3 2-8-72 5 1 By. 337/4 3.15.72 To DY SIMPORM E-11-72 434/4 27:30 3-16-72 27.75 The Moss 3-20-74 han Morle Wishing 342.00 3-24-74 345.00 5107 Bds. 321-72 De 26.44 4-14-72 462.00 11-3-72 25.10 (1995) : ET Frank 5:00 FOR BINAMICATIONS ADAMS LETTAR TAGER REPORT 10.00 Enp -4. TOTALS

([ [] []



1 9 7 2

for a low lar year 1972, or other taxeble year beginning	, 1972, one	ding	, 1973			1	:.'
A THE MANGE OF COUNTY ON COMMENT WAS THE THE THE THE THE THE THE THE THE THE	LAST MAME			Your	social scenz		
A STATE OF THE STATE STATE STATE OF THE STAT	RUDY	£ *	- 1	322	12	7997	7 ' '
े के किया है किया के किया के किया के किया किया है किया है किया किया किया किया किया किया किया किया	rimoni numbor, er rurel reuto)			¥3190's	a number, la	laint refe	70
TIGE SO THE TOTAL TO THE TOTAL			.	349A	- 18c	1420	<b>)</b> ' ' •
and the form of the change of		ZIP CODE	escu-	Yours	Self	o Kara	957G
Constant Constant Constants			DOLLA		Houng		THE RESERVE THE
10 Page	donto-Da not flet yourself, your o	nouse or person who qual	ilica vou a	the street of the street of	TOTAL PROPERTY AND		3
JAC DIAC	OU (lostedo teos carao end/ez edêrem 19 d	(Acrent fresh yours)		HOHOHYA			4
Per	d. Brida, Elioo, T					1	4
CI L 2 J. Will I con secon return. Enter cornecte cecial					Enter		5 7
A SEL TITY REMOVED THE COME NOTO THE COME NO					Number	D 5 L	_9
G. CMCd	(refer to instructions)	Number o	f blind ex	emptions	claimed	D 6	
	enodigations balls bas sacknops	(add lines 5 and 6) .				7	. 4
Office and management and the factor		Company of the second		7			7
1 1 C. victa, mailia, Eta, eta ettar ampiagoa compon	antien. (Attech Copy 2 of Fo	orm (s) W-2 to		. 8			
1 C. Etutionia. Entir total (M ever 8590, comptoto						70	
A FOOL Incomplete Court sold IV ever \$500, complete care	attach Schodulo (8(560))			. 10	:	22	
11. Income other than the say that an intercet	(from page 2. line 41)			. 11		969	
7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	, , , , , , , , , , , , , , , , , , ,			. 12	. 6	0000	60
A THE PROPERTY OF THE PROPERTY				1			
in the second of the control of the second control of the second of the				. 13			45
The state of the s					-	j	1.
SO, AC and (such keeps freiberock line 19 frein lin	9 12)	<b></b>		. 14	, 6	,062.	130
NOT CON BUIL ON OBJECTS COLUMN ALL STATES OF A PORT OF THE OFFI				Ti Ti		- 1	, a
And the state of t	or more eccupied than 19 and	1G.			2,	,000	ŒŰ.
AU. Northing Commissions CO plantore deducation (fro	m page 2, line 56)					1	<u> </u>
80. Very 15 from a fauthbrook fine 19 from that 10.	Figure your last on this cassunt	by using the appropriate	o Von Rot	ا . ا	للراء المائي		*
Ve call no not rosal verification in transfer to a sale				. 10		061	* * * * * * * * * * * * * * * * * * * *
W. OC ALL S. A ORCH GO VON Tablo. D	3 You Risto Schodule 60 [	] Schodulo (0(546)	* . }	: [ 17]	: 198.9 	52	
	7 4. 10 . 12	1000		30	4 0 4 8	(* 6 )	
10. Portugial Competent. Staglo-925. Married coup	le or hecd of hauschold—650	18	5010	12.17.30	. 11.1	3 14	
10. CC Brandlan - Total on line 7 above, A	_ × \$8	19	32 0	)	والأرا ليهجوا المحالية والراجور	e 1990	. A.W. 84
20. Teld Characters (add finos 18 and 19)		. , ,	<i>:</i>	.   20		82	00
						49	
19 James & 20. VC. Colonial Emberace Hab 20 from line 17 .		<i></i>		. 21	4.0	පැ()	<u> </u>
22. CCLF erc You Arom page 2, line 50)		<del></del>		.   22	•		*
29. Cot Can Maddley (subtract line 22 from line 21)				. 23	. 34		)— ?q.
28. Tan en profunción incomo (see instructions—attac	ch Schedula P(540))			. 24 .	s f.		43
25. Total ten tiestilly (add lines 23 and 24)				25	<u>, ()</u> ,		) <del>-</del> `
3 28. Voted California Incomo ten pilititical latticel Form	n(s) W-2 cr DE-2P to front)	26					
27. 1072 Cannella octaced for paymonts		27	<u> </u>		A 146.		
23. Enecco Gallicrolo 891 Car ulabold lattach Form	DE 1964 to faco of return)	[28]		0	11.00		303
29. Total paymores (udd finos 28, 27 and 29)	, , , <b>, , </b> , , , , , , , , , , , , , ,			29		. ]	18.5
	Poy in full Mail nave	ment with return to				- o0	
E9. If II.o 25 to larger than lino 29, entor COLLABOR	S GUE. Pay in full. Mail pays Fronchise Tax Board, Sa	cramento, CA 95367.	<	30	<del></del>		F
SV. W lino 20 to lurger than line 25, enter CVZDPAV	Captily Chall return to P.O. Box	13-540,		> 31	,	·'1	
	Secramento, CA 95913.	1		2000	8 16 W 2		14.3x
22. Uno 118 to to tal naventaria. (Allow at locat cla	weeks for your refund)		-	14.	and constraint	A	etert i
(b) Credited on 1973 estimated to		>	,	7	2.00	14 1	4.1
Under namifica of partice, a designe that I have exceeded this return, hade builts in true, correct and compates. If proposed by a person other than to		ients, and to the book of my	predicto c	) Do	cot cirite la	these spec	à∤
Colles his is true, correct and complete. If propored by a person other than to			ny laodina	2. P		,	:
3 Chan L	1	L. LAMBERT					7
Under condition of pertury, I decisive that I have examined this return, laste collect it is true, correct and complete. If propered by a person other than to see the collection of the collect	Duto SYSSS VIENTUR	May the company of		. E			_
Ex design Compare a function	ENÇINO.	CALLE. 91316	Dala	-   A			: 1
Spouso's algnoturo	nem 1 1557,4251	3) 881-735.0	0000	[ A			. إ

S.S. 568 40-9527

CALLY L-Closed of Cousoheld—If claimed, answer the following questions (Soo Ingruetions)	1.00
. Clast; - Nover married - Legal coparation (interlecutory described not qualify)	Date
ORDI Widow(or) Dato Pro Pinal eliverso/dissolution Date	·
inclividual who qualified grey as head of household (Do not list this individual as a dependent on page 1, line 5)	: Series - gard
Colarionship Ago Did this person qualif	y as your dopondont for
bid this percent rected in your heart for the entire tanable year?	or, emplain circumstact
Property of the property of th	W 77 691
A DA CANADA MARIA AND AND AND AND AND AND AND AND AND AN	89 6,969 40
3 1. 10 mm (or first) t stand School (1966)	A Commission of the
10. 120 perin (or loss) from Vigoromental Cohodula of Gains and Losses (attach Schodula D-1(540))	
to Joy Joy James goin (or Jose) - grid lines SO (a) and (b)	34 (1,000 <u>00)</u>
La phasica and manufeles of the a state of the second of t	35
	36
T. Produce denice A. And Will Provide A. L.	37
f Certana and Smalls Land Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	38
C. Vana finning for lose (official Schedulo P(549))	39
(a) Fully faxable ponsions and annuities (not reported on Schoduto E)	[ * ] * * * * * * * * * * * * * * * * *
(c) Other (store and course).	
(a) Jot (d) Jot (d) Crossol subscillage (a) (e) Dono (d) (e) Dono (d) Joy (d) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (d) (e) Joy (e)	40
Town 20 Come 20 Come (1) Enter hore old on page 1, line 11	41 5,969 43
	ę. .9.
Table y" of lastudes in that I less testane-attach statement	42
consens (sec. Interior control of the control of th	43
C. Im kai dalmoog og and fight instructions, securious	84
Comment of the transport of the pay only too instructions for the B, page 10 5	45
( V. Remains of the completed formed to a legal compart plan, org	43
C. Self for traditions (and thick Assurance 2011 their hard and an page 1, Mad 80	47
DOCUMENTA CON SECTION DOCUMENT OF CONTROL OF CONTROL OF CONTROL CONTRO	he standard deduction
the day of through 99, bolett	
Control of the contro	48
နီ - Vogy ( ည) နှံ (degalon င်းကြောက်ပြီး ပြည်ကို Segectulo 🖟 (540), lino 18) ပို	49
Constitution of the form son the first A (SAO), the SAO from the first the f	50
Co. Spirit con Usudiens (1935) Constitute A (540), Não 25)	51
Cold Componed Green Estadula A (SCS), fine 29)	52
i, N. Tot 1 call outlineous designations Schodule A (540), line 37)	53
To the contract of the contrac	
La CESTO, M shigle or married parson filling separate return	55 2,000 00
C) Caca, I had of household or michifed equiple filling joing resurn )	40.
Not . No. 3001 Coductions Chapter 54) 63 standard deduction (line 55). Enter there and on page 1, line 15	56
Hef. No. 3 of Coductions Char 50 03 standard deduction (line 55). Enter two and on page 1, line 15	Credit
and also taxable by California A	
26 at 10 agrandineted grips ignoring (from prijor 1, line 14)	
C C Constitution of the Co	67
And the state of t	57
Set of these By and Buy. Barry hero and an page 1, line 22	59
25.00	
IT U. C. anotherite record Record Record of Adjusted gross income on Federal Return is different from line 14, page 1,	explain bolow
記事 ・ 150	ी ठे ली
	1



CLOUDUES DESIMENT COMPANY OF COMM

TAXADLE
72:

Sunvol and Phyllia Rub

Cita and

Kir Bol

322 12 7997,

Summol and Phyllia I	luby				322	1 44!	1998
The state of the s			មាន	one spouse itemizes deductions, the other may ex- standard deduction. If you choose to itemize y proprieto items below.	our 630	the Ten Ten luctions, co	olo er elch ompleto (in
			_	Cook—Including checks, money orders, etc (Rocks)			11 170 1 20 1 501
3) ( C	1 1	7374					
C. Co., Chen soro, enfor sorol	5			Total cash contributions	23		
F. Fession (calc) Cas helical radio simple	6	······································	29.	Total—4Add lines 23 and 24. Maximum deduction may not exceed 20% of edjusted gross income Enter here and on Form 540, page 2) ▷	1	200	,00
200 200 200 200 200 200 200 200 200 200	7	***************************************	20.	occept Bases  occepted cone second se	20		ddqaa
La Company Com	8		20.	Otior (Remize)	20	, to .	n of
A COCA 23 Charter toro this ca	10	150.00	ක. 	VoC2—4Acd lines 26, 27 and 28. Enter hore and on Form 540, page 2)	29	3,23	32.CO
Committee of the second of the	11 11	ac	NOT loss insti	collections Deservations  collection or Thork Lessics)—See Instructions  E. If you had more than one casualty or theft occurrence, omit lines 30 through 33 and follow ructions for guidence.  Less Defore adjustments	39	117431 117431	15%
U	20	1. 10 a - 14.	91. 32. 99.	Incurcase reimbureament ,	31 32 33 34	3100	0.00
Logicono de la constantidad de l	14 15 16		39. 30.	Chttd Coro—See instructions	35 33		
	17 10 10					· · · · · · · · · · · · · · · · · · ·	4. 7
Trees to 10 - 17.53 Mines 20 Givensh 20. Coror here at 1 an Ferm Leu, 1800 21 L		941.00	97.	Yotal miscollancous Coductions—Add Ilnos 34, 35 and 33, (Enter here and on Form 540, page 2) (>	37		

ECHEDULE 1701313 BAO



## **GALIFORNIA**

TAXADLE 72

## PROFIT (OR LOSS) FROM EUSINESS OR PROFESSION (Salo Propriatorchips)

AEVU

ing the second	කෙරීමේ වේ ඉහළ කිරීමට වෙන අතුලක් විශේ	2000 C7 C000 C00 C00 C	Pavicarbiga, jolat vacion	ය, නෙද, සහන සිං දස	70 CC
	The Conference of the Conferen	10		Sector Security Nutric	6
4	- A Composition largeria Reality	9.		322 12 79	97_
9.1111	It short positive Ford flore to the form the form of the flore to the form of the form of the flore to the form of the flore of the flo	100		1.000	
	Testolica Scottist	r onomico rotall-hardwara, wholesalo-taba	cco; services -legal; manufacturing-fu	rnituro; otc.)	
1	Snoel Bur	Go Fodorol on	nployor idontification number.		ئەرىيىسىيە
Vi Lail.	5618 Vois Nuy	ra Blvd. Von Nuya, Cal	lformia		(0(2)
10.11	enothed of crecunting hill each;	Cserval; othor.		****	1 .
	ැක්ස් 391, 2022 ද්වර and EC. Jon the	elchildryear Mod W roquirod)?	☐ Aes 🖺 Mo . Region	53 You	- 134 - 134
التهاد المئالات	Construction leaders of the state of the series	of the entry fown, one incleased?		· · · · · · · · · · · · · · · · · · ·	
15 DOM 10	which this begin by as the feet the terms of the feet of the feet of the suitable four old year old year.	ou eva this business? 12			4,2
and the second second	මෙය වෙම්වලසීග වන වෙන්ඩ් වෙම්පන්දෙල සිටි ම				
	eró regolpti er seles 8	and the second s	Balaneo ▷	COLLEGE III	T
3 ~	. Con of reads cold (Schodulo C-1, lin	no () and/or operations (amach set	odulo)	Schedule-	
				721173011330 ·	عنبياً.
GE C.	re promise and a could be in		· · · · · · · · · · · ·		<del> </del>
,	THE PROPERTY OF COMMISSION SECTION OF SECTION AND SECTION OF SECTION AND SECTION OF SECT				<del> </del>
	. Jet . ton ( mg that the Celective C-2) .				
	ා දුර ම්පේඨප්සු පදවු (Septemble මේ වේ. මෙසේ විශ්යාප්සු පස්ථාපයේ මේ මේ වේ.				Î
-0° 5	In Jany Chair to Educate C-3)			***************************************	
- (IIQ: 🔆 ::	ා්දර අත් විම්පුද්ධ තමා included on line 3				
- 13 ft (Sa)					
15.10	Tend preferational foes . 1				
	and and the control of the control o				1 6 4
- for sar	and president president from the	Instructions for flag 15(a))			(C, -C)
ſ.	and some for the program tens instru	etions for line 150))			•
	The state of the s				-
	i clothe author from sales of corvices				)
3Ω (o).	inten entrika (spiren)		1	** * * * ### * * *********************	1
(0)		- · · · · · · · · · · · · · · · · · · ·		94.	
(b)	33 310	***************************************			14
(c)-	The state of the s				
(0)	1. 1.			<i>)</i>	
(0)_	**				
(c)					
(00)		CARLO DE CONTRACTOR DE CONTRAC		i de la constantina	y- 1/a':
60	pulipulation united for against annual section of the section o			4 G	1.5
A) e	то дерецье по от от от техности в постоя по от то от	summassi sa summani sa summani sa summani sa summani sa summani sa summani sa summani sa summani sa summani sa		into a state	34
(0)					1.8,2
(6.2).	A Commission of the Commission				eg.
(c.)_	A Company of the Comp	<del></del>			7
(a)	Total other business expenses (add line	es 19(a) through 19(a))			
	Total deductions (add lines 6 through				100
-	profit (or loss) (subtract line 20 from		Form 540 or Form 540NB	6,969	in
ZU, NOV	Prom (or 1033) (20Dirder line 20 from	ime 5). Emer nere und on puge 2,	TOTAL SAU OF TOTAL SAUINK	0009	100

edille ule 1/00LED 1200



### CALITAL CAINS AND LOSSES

ASSESS TO COURT OF BESSEA

TARADLE 11 91 1/2 YEAR

ිල්ප්ර්ථ්ය දක්වත්වීම to roper coins and lesson en made, bende and cimilar investments. on Chillip (but not forces) on porcend assent such as a home or fewolry. 12 322 ය අතර අත්ව ප්රතිස් ස්වාර් විශාව Cost or other basis is sulpsted, east of other the provencing (W and purchased, often P. Sala CI loss ent improvement not purchased, of emploration) cad conse of selo d. Gress sales Hand of entropy and draft then the state of tica ofall .a b. Dato carrired (CIO., CITY, YP.) price (E3. (J. [7.) Garage Steel The control of the control of the free partnerships and Advelories .

The control of the Advance of the control TO TO TOOR DED MOTO THE MYO YEARS 129.1 6 The second of th milia daladulo (1947 (1940) (encen capy) The Vector The William Fig. Of Schodulo Dol (1549) (emash copy) ि रिक्रिक्त का end की किंद्र (and the state of the state Telegraphic Color and lea the win, and the solution of t ් ක්රීම් ක්රී ද්රීම් කර ද්රී (Inco 14, 15 and) මියි. මේ ක්රීම්ක ක උදේක, දකුරු සිගුල සහ හ page 2, වනා II of Form 540 or 546NR if line 17 shows a loss, cover here and on page 2, Part II of Form 540 or 549NR the smallest of: (c) GREEN on line 17 (b) the taxable income for the taxable year (computed without regard to gains or lesses from sale or exchange

(13,322.00)

(1,000,00)

of capital assets)

(e) \$1,000 (\$500 in the east of a hyphand or wife filing a separate return) . . .

Fo	r the y	year January 1-December 31, 1971, or other taxable year beginning	ding	*3	19	
8	First n	name and initial (If joint return, use first names and middle initials of both) Last name		Your socia	security number	7.
Ä		SAMUEL AND PHYLLIS PUBY		322	12   799	7
9	Preser	ent homa address (Number and street, including apartment number, or rural route)		Spouse's s	ocial security numi	ber
Ë		16250 Bircher Street	` 1	34,9Act	189 (142)	n
Se.	Cine	town or post office, Stale and ZIP code			If Emplo	_
lea	City, i		Occu-	Spouse's	Housewi	r
۵.		Granada Hills, California		a boots	HOUSEWI	r.e
	Filir		r / 65 o	over / B	CHIE!	
	1 - 1	Single 7 Yourself	[	]	number of boxes	
	2 5	Married filing jointly (even if only one had income) 8 Spouse (applies only if item)	[		checked	2
	3	Married filing separately and spouse is also filing. 9 First names of your depend	ent chi	ldren wi	io lived with	
back	ļ.	Give spruse's social security number in space at over and enter first name here > you Fred, Brian, El				19.5
ņ	4 [	Unmarried Head of Household homas			Enter number >	4
5	5	Surviving widow(er) with dependent child  10 Number of other dependents	s (from	line 33)	-	
W-2	6	Married filing separately and spouse is not filing 11 Total exemptions claimed				
2	,	The minutes of the control of the co		1 - 1		
ori				12	The second second second second second second second second second second second second second second second se	
of Form		12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explana	tion) .			
B				13-		
		13a Dividends (see pages 6 and Hofinstr.) \$ 42.50 13b Less exclusion \$ 42.50 Balan	ce . D	13c		1 2 2 2 2
ပိ	<b>a</b>	(If gross dividends and other distributions are over \$100, list in Part I of Schedule B.)			jt.	
Please attach Copy	Incom	14 Interest. If \$100 or less, enter total without listing in Schedule B		14	178	36
ţ	کِ	Lif over \$100, enter total and list in Part II of Schedule Bi				1
e a	=	15 Income other than wages, dividends, and interest (from line 40)		15	6,350	33
sas						
Ĕ		16 Total (add lines 12, 13c, 14 and 15)		16	6,529	19
		10 Total (000 miles 12) 200, 24 and 200,			(Vigal)	200
		17 Adjustments to income (cuch as ficial and I moving eveness ato from line 45)	44	17		100
		17 Adjustments to income (such as "sick pay," moving expense, etc. from line 45)				
٠.,		18 Adjusted gross income (subtract line 17 from line 16)		18	6,529	10
ø	See p	page 3 of instructions for rules under which the IRS will figure your tax.			0,047	44
0	If you	do not itemize deductions and line 18 is under \$10,000, find tax in Tables and enter on li	ine 19.		4 + A	
(9)	If you	u itemize deductions or line 18 is \$10,000 or more, go to line 46 to figure tax.	. A726\		1.2 3	
,		19 Tax (Check if from: Tax Tables 1-13, Tax Rate Sch. X, Y, or Z, Sch. D, Sch. G or Form	11 4720)	19	-0-	and white
	its					
	Credit	20 Total credits (from line 54)		20	1 1%	41.80
	ပ်	[18] 그리는 그리고 하는 이 사용하는 그 그리는 그림은 기관을 되었다.				
. }	ng.	21 Income tax (subtract line 20 from line 19)		21	-0-	A STATE OF
	æ .				14.0	
	S	22 Other taxes (from line 60)		22	551	27
Г	Payments				7.13	1
	Ē	23 Total (add lines 21 and 22)		23	551	27
he	7a3	24 Total Federal income tax withheld (attach Forms W-2 or W-2P to back)	i	111111111111111111111111111111111111111	111111111111111111111111111111111111111	
ç	1 .	25 1971 Estimated tax payments (include 1970 overpayment allowed as a credit) . 25	_			38.4
Ħ	Tax,	23 13/1 Estimated tax payments (metade 15/5 deepayment anomed 55 decenty).				1.64
1.	_	26 Other payments (from line 64)		27	WWW. Shares S	
rde				27		Jank.
0	g e	28 If line 23 is larger than line 27, enter BALANCE DUE Pay in full with return. Make check or order payable to internal Revenue	money -		551	27
ne,	funda funda		Service	28	1 100 100	1200
ş	- Se	29 If line 27 is larger than line 23, enter OVERPAYMENT	. 🏲	29	רות ביינים מונים משמעה של המונים	A CARLON
ō	Bal. Due or Refund	30 Line 29 to be: (a) REFUNDED Allow at least siz weeks for your refund check	,_  ,	William.		MA P
no. on Check or Money Order. Attach here	0	(b) Credited on 1972 estimated tax ▶		William .	HARAK WE	2016
he	- ¥2	31 Did you, at any time during the taxable year, have any interest in or signature or other	er autho	or.		****
2	Foreign Accounts	ity over a bank, securities, or other financial account in a foreign country (except	in a U	S.		
0	Forei Accou	military banking facility operated by a U.S. financial institution)?  If "Yes," attach Form 4683. (For definitions, see Form 4683.)	:	<b>D</b>	Yes x	No
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement		L	my knowledge and	belief
Soc.		it is true, correct, and complete.				
. s	9:00	EDWA	RD L	. LAN	1BERT	
S	Sign here	Your signature Date Signature of preparer other A	dian ta⊗pa	wan, barati	97	and Market
Write soc.	.,,,,,	all information of which he	ITUKA"	LIVD.	SUITE 510	32
3		Spouse's signature (if filing jointly, BOTH must sign even if only one had income)  Address	NO_C/	11 iF 9	1310	4.17.194

	- 11, ,- 64				•		
J	At	tach	Сору	80	f Fo	rm V	<b>y</b> _
imed	lon	lin	e 10	)	·		

"PART I.—Additional Exemptio	ns (Complete on	ly for other depende	ents claimed	l on line 1	0)	•	
32 (a) NAME	(b) Relationship	(c) Months lived in your home: If born or died during year,	(d) Did de- pendent have	(e) Amount Winished for depo	ij fur- odent's	(f) Amount fur by OTHERS	
		note B or D.	income of \$675 or more?	support, if 100 ALL.	5 write	ing dependent.	
The second secon				\$		\$	
			ستودسي والما	stringer analysis and			
		Mark				<u> </u>	
33 Total number of dependents lis	tad above Enter h	yers and on too 10					1 4
PART II.—Income other than V	Nages, Dividends	, and Interest					
34 Business income or (loss) (at	tach Schedule C)		المحمدات ويدار ويدرو		34	7,350	33
35 Net gain or (loss) from sale or					35	(1,000	00
36 Net gain or (loss) from Suppler	mental Schedule of	Gains and Losses (att	ch_Form 479	7)	36	<del></del>	-
37 Pensions and annuities, rents an	d royalties, partners	ships, estates or trusts,	etc. (attach S	chedule E).	37		
38 Farm income or (loss) (attach					38		777
39 Miscel- (a) Fully taxable pensi			and removed	المراز فسستنا	<i>100</i>		
1		ot reported on Schedule	h h .			90000 400	3/2
		ee instructions on page	7)				
(d) Alimony			• • •				
(e) Other (state natur	re and source)	الخلاف منظل المراجع المراجع المناطقة المعالم المناطقة المعالم المناطقة المناطقة المناطقة المناطقة المناطقة الم المناطقة المناطقة ال					
(f) Total miscellaneo	us income (add lin	es 39(a) (b), (c) (d)	and (e))		39	ininininininininininininininininininin	1.000
40 Total (add lines 34, 35, 36, 37,		and the second s			40	6,350	00
PART III.—Adjustments to Inco	ome		garieti (i.i.	(Strain)			
41 "Sick pay" if included in line 1	2 (attach Form 24	40 or other required st	atement)		41	12 1,11	
42 Moving expense (attach Form)					42		47 247
43 Employee business expense (at	tach Form 2106 o	r other statement)			43		
44 Payments as a self-employed pe					44		
45 Total adjustments (add lines 41	, 42, 43, and 44).	Enter here and on line	17		45		-
PART IV.—Tax Computation (I	Do not use this par	t if you use Tax Tables	1-13 to find y	our tax.)			
. <u>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</u>			1–13 to find y	our tax.)	46	6.529	119
46 Adjusted gross income (from li	ne 18)			our tax.)	46	6,529	19
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less	ne 18)	ule A, line 32 and attach		our tax.)	46	6,529 4,010	
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent	ne 18)	ule A, line 32 and attach enter 13% of line 46	Schedule A	our tax.)			
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or	ne 18)	ule A, line 32 and attach enter 13% of line 46 50 if married and filing s	Schedule A		47	4,010	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deductio (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46	ne 18) ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500. (2) is limited to \$75	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s	Schedule A			4,010 2,518	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exemp	ne 18) ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500. (2) is limited to \$75	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s	Schedule A		48 49	4,010	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempts 50 Taxable income. Subtract line 49	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 of from line 48	ule A, line 32 and attach enter 13% of line 46 50 if married and filing s ine 11, by \$675	Schedule A eparately.	•	47 48 49 50	2,518 4,050 -0-	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amotax from Schedule D, income	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s ine 11, by \$675	Schedule A eparately.	A r if applicab	48 49 50	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amo tax from Schedule D, income	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, e er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Sc	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s ine 11, by \$675	Schedule A eparately.	A r if applicab	48 49 50 e, the	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exemp 50 Taxable income. Subtract line 49 (Figure your tax on the amo tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attack)	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, e er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R)	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s ine 11, by \$675	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attact) Form	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R)  3468)	ule A, line 32 and attach enter 13% of line 46 0 if married and filing s ine 11, by \$675	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attact) Form 53 Foreign tax credit (attact) Form	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116)	ule A, line 32 and attachenter 13% of line 46 of if married and filing sine 11, by \$675 decided and filing sine 11, by \$675 decided and filing sine 11, by \$675 decided and filing sine fi	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attact) Form	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116)	ule A, line 32 and attachenter 13% of line 46 of if married and filing sine 11, by \$675 decided and filing sine 11, by \$675 decided and filing sine 11, by \$675 decided and filing sine fi	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax	2,518 4,050 -0- alternative	99 20
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exemp 50 Taxable income. Subtract line 49 (Figure your tax on the amo tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75  otions claimed on 1 of from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116) and 53). Enter here	ule A, line 32 and attachenter 13% of line 46 30 if married and filing sine 11, by \$675 using Tax Rate Schedul thedule G, or maximum	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52	2,518 4,050 -0- alternative	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, 1) PART VI.—Other Taxes 55 Self-employment tax (attach So	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75 otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116) and 53). Enter here	ule A, line 32 and attachenter 13% of line 46 of imarried and filing sine 11, by \$675 decided and filing substitution of the second and on line 20	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 i 53 i 54	2,518 4,050 -0- alternative on line 19.	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes 55 Self-employment tax (attach Schedule D) 56 Tax from recomputing prior-yea	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75  otions claimed on 1 0 from line 48 ount on line 50 by or er averaging from Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit	ule A, line 32 and attach enter 13% of line 46 50 if married and filing s ine 11, by \$675 using Tax Rate Schedul thedule G, or maximum	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 53 54	2,518 4,050 -0- alternative on line 19.	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the among tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, 1) PART VI.—Other Taxes 55 Self-employment tax (attach So	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75  otions claimed on 10 from line 48 ount on line 50 by or er averaging from Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check h	ule A, line 32 and attachenter 13% of line 46 60 if married and filing sine 11, by \$675 using Tax Rate Schedul thedule G, or maximum e and on line 20 t (attach Form 4255) ere [], if Form 4625 is	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 53 54	2,518 4,050 -0- alternative on line 19.	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amone tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes 55 Self-employment tax (attach Schedule D, Income and Income	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or er \$1,500.  (2) is limited to \$75  otions claimed on 10 from line 48 ount on line 50 by the averaging from Schedule R) and 53). Enter here chedule SE) r investment credit in page 8). Check hed tip income (atta	ule A, line 32 and attachenter 13% of line 46 60 if married and filing sine 11, by \$675 using Tax Rate Schedul thedule G, or maximum the and on line 20 the (attach Form 4255) ere [], if Form 4625 is ich Form 4137)	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 53 54	2,518 4,050 -0- alternative on line 19.	99
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amo tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attach 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, 10) PART VI.—Other Taxes 55 Self-employment tax (attach Schedule D, income 56 Tax from recomputing prior-yea 57 Minimum tax (see instructions of 58 Social security tax on unreported 59 Uncollected employee social section 60 Total (add lines 55, 56, 57, 58,	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or s \$1,500.  (2) is limited to \$75  citions claimed on 1 d from line 48 cunt on line 50 by to a averaging from Sc ch Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check he d tip income (atta urity tax on tips (fr	ule A, line 32 and attachenter 13% of line 46 30 if married and filing some 11, by \$675 using Tax Rate Schedul thedule G, or maximum the dule G, or maximum the dule G, or maximum to the dule G, or maximum t	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 53 54 55 56 57 58	2,518 4,050 -0- alternative on line 19.	20 00 27
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amo tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, 1) PART VI.—Other Taxes 55 Self-employment tax (attach So 56 Tax from recomputing prior-yea 57 Minimum tax (see instructions o 58 Social security tax on unreported 59 Uncollected employee social sec	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, or s \$1,500.  (2) is limited to \$75  citions claimed on 1 d from line 48 cunt on line 50 by to a averaging from Sc ch Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check hed tip income (attaurity tax on tips (fr	ule A, line 32 and attachenter 13% of line 46 30 if married and filing some 11, by \$675 using Tax Rate Schedul thedule G, or maximum the dule G, or maximum the dule G, or maximum to the dule G, or maximum t	Schedule A eparately.	A r if applicab	48 49 50 e, the er tax 51 52 53 54 55 56 57 58 59	4,010 2,518 4,050 -0- alternative on line 19.	20 00 27
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amone tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes 55 Self-employment tax (attach Schedule Social security tax on unreported to the social security tax on unreported t	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, er \$1,500.  (2) is limited to \$75  otions claimed on 1 0 from line 48 ount on line 50 by (e averaging from Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check hed tip income (attaurity tax on tips (frand 59). Enter here more employers—s	ule A, line 32 and attachenter 13% of line 46 60 if married and filing some 11, by \$675 using Tax Rate Schedul thedule G, or maximum thedule G, or maximum to (attach Form 4255) ere [], if Form 4625 is lich Form 4137) onn Forms W-2) a and on line 22 see instructions on page	Schedule A eparately.  e X, Y or Z, or tax from Ford  attached	r if applicab n 4726.) Ent	48 49 50 e, the er tax 51 52 53 54 55 56 57 58 59 60	4,010 2,518 4,050 -0- alternative on line 19.	20 00 27
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amotax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes 55 Self-employment tax (attach Schedule Social security tax on unreported income tax (add lines 55, 56, 57, 58, PART VII.—Other Payments 61 Excess FICA tax withheld (two or 62 Credit for Federal tax on special for	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, er \$1,500.  (2) is limited to \$75  otions claimed on 10 from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check hed tip income (attaurity tax on tips (from 159). Enter here more employers—sfuels, nonhighway g	ule A, line 32 and attachenter 13% of line 46 60 if married and filing sine 11, by \$675 using Tax Rate Schedul thedule G, or maximum thedule G, or maximum to (attach Form 4255) ere (1, if Form 4625 is is form 4137) onn Forms W-2) the and on line 22 the instructions on page asoline and lubricating asoline and lubricating	Schedule A eparately.  e X, Y or Z, or tax from Ford  attached	r if applicab n 4726.) Ent	48 49 50 e, the er tax 51 52 53 54 55 56 57 58 59 60	4,010 2,518 4,050 -0- alternative on line 19.	20 00 27
46 Adjusted gross income (from li 47 (a) If you iternize deductions, ent (b) If you do not iternize deduction (1) \$10,000 or more but less (2) \$11,538.43 or more, ent Note: deduction under (1) or 48 Subtract line 47 from line 46 49 Multiply total number of exempt 50 Taxable income. Subtract line 49 (Figure your tax on the amone tax from Schedule D, income PART V.—Credits 51 Retirement income credit (attact 52 Investment credit (attach Form 53 Foreign tax credit (attach Form 54 Total credits (add lines 51, 52, PART VI.—Other Taxes 55 Self-employment tax (attach Schedule Social security tax on unreported to the social security tax on unreported t	ne 18)  ter total from Sched ons, and line 46 is: s than \$11,538.43, er \$1,500.  (2) is limited to \$75  otions claimed on 1 0 from line 48 ount on line 50 by the averaging from Schedule R) 3468)  1116) and 53). Enter here chedule SE) r investment credit in page 8). Check hed tip income (attaurity tax on tips (from 159). Enter here more employers—sfuels, nonlinghway g Credit (attach For	ule A, line 32 and attachenter 13% of line 46 60 if married and filing sine 11, by \$675 using Tax Rate Schedul hedule G, or maximum thedule G, or maximum to (attach Form 4255) ere (1, if Form 4625 is is form 4137) onn Forms W-2) e and on line 22 see instructions on page asolane and lubricating or 2439)	Schedule A eparately.  e X, Y or Z, or tax from Ford  attached	r if applicab n 4726.) Ent	48 49 50 e, the er tax 51 52 53 54 55 56 57 58 59 60	4,010 2,518 4,050 -0- alternative on line 19.	20 00 27

#### Schedules A&B-Itemized Deductions AND (Form 1040) Dividend and Interest Income

Department of the Treasury Internal Revenue Service

➤ Attach to Form 1040.

Your social security number

Name(s) as shown on Form 1040 Samuel and Phyllis Ruby - 322 | 12 | 7997 Schedule A—Itemized Deductions (Schedule B on back) Medical and dental expenses (not compensated by insurance Contributions.-Cash-including checks, money orders, etc. or otherwise) for medicine and drugs, doctors, dentists, nurses, (Itemize-see instructions on page 10 for hospital care, insurance premiums for medical care, etc. 1 One half (but not more than \$150) of insurance premiums for medical care. (Besure to include in line 10 below) . . 2 Medicine and drugs . . . . . . 3 Enter 1% of line 18, Form 1040 . . . . . 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . . . 5 Enter balance of insurance premiums for medical care not entered on line 1 .... 6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc. 19 Other than cash (see instructions on page 10 for required statement). Enter 20 Carryover from prior years ... 21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 29, below.) interest expense. 22 Home mortgage . . 23 Installment purchases . . . 24 Other (Itemize) 7 Total (add lines 4, 5, and 6) . . . . . . 8 Enter 3% of line 18, Form 1040 . . . 9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero) . . 10 Total deductible medical and dental expenses (Add lines 1 and 9. Enter here 25 Total interest expense (Add lines 22. 150 00 23, and 24. Enter here and on line 30. and on line 27, below.) . . . . 2,617 68 Taxes. Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. 12 State and local gasoline (see gas tax tables) (see instructions on page 10). 13 General sales (see sales tax tables) . . 15 Personal property . . . . . . 16 Other 26 Total miscellaneous deductions (Enter 17 Total taxes (Add lines 11 through 16. 743:31 Enter here and on line 28, below.) . > here and on line 31, below.): . . . 500 00 Summary of Itemized Deductions 150100 743 31 2,617 68 500 00 4,010.99 32 TOTAL ITEMIZED DEDUCTIONS. (Add lines 27 through 31. Enter here and on Form 1040, line 47.)

		)	.0	Privere	Par	
NAME	 	DM118L		187911	1(1/82	 _IDEN
**		,-,-			, , , , , , , , , , , , , , , , , , , ,	

IFICATION NO 322-12-1997

ADDRESS.

MEDICAL	FEDER		STAT		OF DEDUCTIONS  YEA  CONTRIBUTIONS	FEDERAL &	STATE	, , , ,
	,	· · ·	SIAI	<del>-</del>	1	I EDENAL O	.,	
1. ONE HALF OF MEDICAL INSURANCE (NOT OVER \$130.00)	100	0	150	00	CHURCHES			
. DRUGS AND MEDICINES	1.00			-	COMMUNITY CHEST/UNITED CRUSADE			
LESS: 1% OF ADJ. GROSS INCOME		1		$\vdash$	SALVATION ARMY/GOODWILL INDUSTRIES	-	-	
NET DRUGS AND MEDICINES		+-		$\vdash$	RED CROSS	1		
DOCTORS/DENTISTS		1		†	XMAS & EASTER SEALS			
DR.		+		_	HEART FUND/CANCER FUND			
DR.		+		1	PARTNERSHIP RETURN		-	
DR.		<del> </del>		+	PAYROLL DEDUCTION			
				+		<del> </del>		
DR.		+		-	OTHER ORGANIZED CHARITIES:			
DR.		<del> </del> -		-		1		
DR.	<u></u>	├		<del> </del>		ļ	-	
DR.		┼		┼		<del> </del>		
DR.				┼	TOTAL CONTRIBUTIONS			
DR.		<del> </del>			TOTAL CONTRIBUTIONS	FFP. 2011 2 2		
				ļ.	INTEREST (TO WHOM PAID)	FEDERAL & S	STATE	
		1		<del> </del>	MORTGAGE LOAN	-	10	
		1	· · · · · · · · · · · · · · · · · · ·	-	GLOMAL / TTG	26/2	60	
	ļ			1				
		ļ		ļ	INSTALLMENT LOAN	ļ		
		<del> </del>		<del> </del>		ļ		
		ļ		<u> </u>			ļ	
MEDICARE						<u> </u>	ļ	
HOSPITAL								
		· .						
LABORATORY				1				
BALANCE OF MEDICAL INSURANCE			· .				عنا	
NOT DEDUCTIBLE ON TOP LINE	1 "	<u> </u>			TOTAL INTEREST	26/2	3/	
TRAVEL FOR MEDICAL			-		MISCELLANEOUS DEDUCTIONS	FEDERAL & S	STATE	
AMBULANCE					ALIMONY (EXPLAIN)			
GLASSES			,		SAFE DEPOSIT BOX FEE			
HEARING AID					UNION DUES			
PROSTHETIC APPLIANCES		1			SMALL TOOLS (GOOD 1 YEAR)			
MEDICAL EXPENSES		<b>—</b>	1	1	TOOLS DEPRECIATION			
LESS: REIMBURSED BY INSURANCE					SAFETY EQUIPMENT			
5. TOTAL				1	UNIFORMS (NOT GEN. WEAR)			
7. LESS: 3% OF ADJ. GROSS INCOME				<u> </u>	LAUNDRY & CLEANING	2 -4 3		
BALANCE (NOT LESS THAN ZERO)		<del></del>		<del>                                     </del>	AUTO MILEAGE @			
TOTAL MEDICAL DEDUCTIONS					TELEPHONE EXPENSE (NOT REIMB.)	<del> </del>		
(LINE 1 PLUS LINE 8)	10	Ø	150	P	EMPLOYMENT AGENCY FEES	<del></del>		
TAXES	FEDER	-	STAT	E	DUES & SUBSCRIPTIONS			
AUTO LICENSE (LESS REG. FEE)		Ī		Ī	INCOME TAX PREPARATION		-	1. 人口特敦
SALES TAX	100	Ø	100	0	OTHERS			
SALES TAX AUTO	700	.~	700	<u>~_</u>				
REAL ESTATE TAX	578	3/	(7)3	71	TOTAL MISC. DEDUCTIONS	<del></del>		
PERSONAL PROPERTY TAX	C 10	0/	0 70	1	CASUALTY LOSSES (EXPLAIN)	FEDERAL & S	TATE	
STATE INCOME TAX			хх	x x				
1.00	70	100		+	EDRTHOUDKE JAMAGE	3/00	$\sim$	
GAS TAX /000 GAL @ (0) c GAL.	70	<u> </u>	70	w_	V //	<u> </u>		
DISTRICTO INCUDANCE		-		<del>                                     </del>	SUB TOTAL	3/00		Dan Track
DISABILITY INSURANCE					LESS REIMBURSED BY INS.	2000		130 FORA
MISC. TAX	X X	××		<del> </del> -	SUB TOTAL	600		1.1
OTHERS:		ļ		<u> </u>	LESS \$100.00 FOR EACH CASUALTY	100		
					TOTAL CASUALTY LOSSES	500	_	
	<u> </u>					FEDERA		STATE
TOTAL TAXES	7142	4 7 H	10	121	TOTAL DEDUCTIONS	4010	$c_{\alpha}$	401099

## 1040)

## Profit (or Loss) From Business or Profession

(Sole Proprietorship)

> Partnerships, joint ventures, etc., must file on Form 1065. epartment of the Treasury > Attach to Form 1040. Internal Revenue Service Social security number Name(s) as shown on Form 1040 Samuel and Phyllis Ruby 322 12 7997 Food Service ; product . A Principal business activity.... (for example: retail-hardware; wholesale-tobacco; services-legal; manufacturing-furniture; etc.) (See separate instructions) B Business name Snack Bar C Employer Identification Number D Business address 5418 Van Nuvs Blvd. Van Nuvs, California 91401 (ZIP code) E Indicate method of accounting: (1) x cash; (2) accrual; (3) other. F Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? ☐ YES 
☐ NO. If "Yes," attach explanation. G Were you required to file Forms 1096 and 1099 or 1087 for the calendar year 1971? (See "Item G" in separate instructions for Schedule C.) ☐ YES 🔯 NO. If "Yes," where were they filed? 🔊 1 Gross receipts or gross sales \$...... Less: Returns and allowances \$.... 2 Inventory at beginning of year (if different from last year's closing inventory Merchandise purchased \$...... , less cost of any items withdrawn from business for personal use \$..... SCHEDULE 4 Cost of labor (do not include salary paid to yourself) . . . ATTACHED Material and supplies . . . . . . Other costs (explain in Schedule C-1) Total of lines 2 through 6 . . . . Cost of goods sold and/or operations (subtract line 8 from line 7) . . . 10 Gross profit (subtract line 9 from line 1) . . . . . . OTHER BUSINESS DEDUCTIONS 11 Depreciation (explain in Schedule C-2) . 12 Taxes on business and business property (explain in Schedule C-1) . 14 Repairs (explain in Schedule C-1) . . . . . . 15 Salaries and wages not included on line 4 (exclude any paid to yourself) . 17 Legal and professional fees . 18 Commissions . . . 19 Amortization (attach statement) . . . 20 (a) Pension and profit-sharing plans (See Instructions). (b) Employee benefit programs (See Instructions) . . . . 21 Interest on business indebtedness . . . 22 Bad debts arising from sales or services . 24 Other business expenses (explain in Schedule C-1) . Total of lines 11 through 24 . . . . . . 25 26 Net profit (or loss) (subtract line 25 from line 10). Enter here and on line 34, Form 1040. ALSO enter on 7,350 SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24 | Line No. Amount Line No.

## SUPPLEMENT TO SCHEDULE C

Income					\$43,479.18
Less: Sales Tax					174.6
					\$43,304.55
				v	
Cost of Goods Sold				1134	
Beginning inventory				\$ 800.0	a i
Purchases				9 000.0	
Beverage/milk				4,980.7	0
Groceries					
Meat				15,169.5	
Bakery/bread				2,570.3	
Total Avail	able		A 1943	2,815.6	
Less: Ending invento				\$26,336.1	-4 - 1
217701160	- y	the second of the second		800.0	25,536.17
Adjusted Gr	oca Profit				မှ အရှိုက်ရှိ ကြောင်း (၂၈)
Adjusted Wr	OSS FEOTIE				\$17,768.38
Expenses					
Casual labor					
				\$ 48.13	2
Rent		وه در او در او در او در او در او در او در او در او در او در او در او در او در او در او در او در او در او در او در در در در در در در در در در در در در د		1,459.87	
Payrol1				3,640.03	
Telephone				148.00	
Insurance				190.50	many to the object of
Advertising				43.70	* * * * * * * * * * * * * * * * * * *
Accounting				175.00	1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、
Miscellaneous				The state of the s	
Equipment				27.04	
Maintenance/repairs				74.03	
Taxes/licenses			30 July 4 18 18 18 18 18 18 18 18 18 18 18 18 18	136.19	1000 to 100 000
Hosiery				558,06	
Auto				130.04	
Linen				317.14	
Donations				17.83	12.0
				24,00	6,989.55
			. Marketti.		**************************************
I again Daire					S10,778.83
Less: Deprec	lation				(3,428,50)
NET DROTTE					-
NET PROFIT					\$ 7,350.33
	DEPR	ECIATION			
P					
Equipment 4/70	\$10,000.00	\$2,000.00	. 5 Tr.	SI.	\$2 000 00
Covenant not			•	and the second	\$2,000.00
to Compete	5,000.00	1,000.00	5 %r.	CT	1 000 00
Leasehold Imp.	3,000.00	428.50	7 Yr.		1,000.00
(Bal. of Lease)			/ T.		428.50
					\$3,428.50

#### SCHEDULE SE (Form 1040)

Computation of Social Security Self-Employment Tax

➤ Each self-employed person must file a Schedule SE.

Attach to Form 1040.

Department of the Treasury Internal Revenue Service ► If you had wages, including tips, of \$7.800 or more that were subject to social security taxes, do not fill in this page. > If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE. Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits. Name of self-employed person (as shown on social security card) Social security number of self-employed person Samuel Ruby 322 | 12 | 7997 Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) > Computation of Net Earnings from BUSINESS Self-Employment (other than farming) 1 Net profit (or loss) shown in Schedule C (Form 1040), line 26. (Enter combined amount if more than one 7,350 33 husiness.) 2 Net income (or loss) from excluded services of sources included on line 1. Specify excluded services or sources 3 Net earnings (or loss) from business self-employment (Subtract line 2 from line 1, and enter here and 7.350 33 on line 8(a), Part III below.) . . . Computation of Net Earnings from FARM Self-Employment A farmer may elect to compute net farm earnings using the OPTIONAL METHOD (line 6, below) INSTEAD OF THE REGULAR METHOD (line 5, below) if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. If your gross profits from farming are not more than \$2,400 and you elect to use the optional method, you need not complete lines 4 and 5. Computation under Regular Method 4 Net farm profit (or loss) from: (a) Schedule F, line 52 (cash method), or line 71 (accrual method) 5 Net earnings from self-employment from farming. Add lines 4(a) and (b) Computation under Optional Method > 6 If gross profits from farming are: " (a) Not more than \$2,400, enter two thirds of the gross profits . . . (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600 \*Note.—Gross profits from farming are the total of the gross profits from Schedule F, line 28 (cash method), or line 69 (accrual method), plus the distributive share of gross profit from farm partnerships as explained in instructions for Schedule SE. 7 Enter here and on line 8(b), Part III, below, the amount on line 5 (or line 6, if you use the optional Computation of Social Security Self-Employment Tax 8 Net earnings (or loss) from self-employment— 7,350 33 (a) From business (other than farming) from line 3, Part I, above (c) From partnerships, joint ventures, etc. (other than farming) (d) From service as a minister, member of a religious order, or a Christian Science practitioner. If you (e) From service with a foreign government or international organization (f) Other (director's fees, etc.). Specify 9 Total net earnings (or loss) from self-employment reported on line 8 (If line 9 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of page.) 10 The largest amount of combined wages and self-employment earnings subject 11 (a) Total "FICA" wages as indicated on Form W-2 . (b) Unreported tips, if any, subject to FICA tax from 12 Balance (subtract line 11(c) from line 10) 13 Self-employment income—line 9 or 12, whichever is smaller . 7,350 33 14 If line 13 is \$7,800, enter \$585.00; if less, multiply the amount on line 13 by .075 . . . . . . 551 15 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits

16 Self-employment tax (subtract line 15 from line 14). Enter here and on Form 1040, time 55 -

#### SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040. Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name(s) as shown on Form 1040

Samuel and Phyllis Rubv

Social security number 2 12 7997 3.

Tell	Short-term Capital Gains an	d Losses	Assets Held	Not More Than	6 Months			$\left[ 0\right)$
PROPERTY 1 TO 1	a. Kind of property and description (Example, 100 shares of "2" Co )	h. How acquired, Enter letter symbol (see instructions)	c. Mo., day, yr. IPut date sold above dotted line and data acquired below dotted line,	d. Gross sales price	e. Cost or other as adjusted, cost sequent improve (if not purchased explanation) are ponse of sa	of sub- ements , attach id ex-	f. Gain or (fo (d less a)	
1								
	SCHEDULE ATTACHED		- Care and production of the state of the st				(1,248	00)
			NAME OF A PARTY OF A P	The state of the s				
					. 7.12			
2	Enter your share of net short-term gain Enter net gain or (loss), combine lines		) from partnershi	ps and fiduciaries .		3		
4(a) 4(b)	Short-term capital loss component carr Short-term capital loss carryover attribution. Net short-term gain or (loss), combin	itable to y	ears beginning af			4(a) 4(b) 5		1.00
	Long-term Capital Gains and	MATERIAL PROPERTY AND A STATE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF T	market and there is no an in the comment	More Than 6 Mo	nths			1 13
6							The Committee of the Co	
								18.24
			*****					
7.								2.50 2.50
7 ,	Capital gain distributions					7		
8	Enter gain if applicable from line 4(a)(1		and the second second			8	. <u>(                                   </u>	1589
9 10	Enter your share of net long-term gain of			4.7	-	10		1300
11	Enter your share of net long-term gain for Net gain or (loss), combine lines 6 through		business corporat	ions (Subchapter S		11		
	Long-term capital loss component carry	_	years beginning b	efore 1970 (see Instr	uction H) . 1	2(a)	(14,274	00)
	Long-term capital loss carryover attribu					2(b)		
13	Net long term gain or (loss), combine l	ines 11, 12	2(a) and 12(b) .			13	(14,274	(00)
Litte	Summary of Parts I and II		F <sub>1</sub> - 1				(15 500	
14 15	Combine the amounts shown on lines 5 If line 14 shows a gain—	and 13, a	and enter the net	gain (loss) here .	• • •	14	(15,522	00)
77	(a) Enter 50% of line 13 or 50% of line	14, which	ever is smaller (se	ee Part VI for compi	itation of	5(a)		1,300
	alternative tax). Enter zero if there (b) Subtract line 15(a) from line 14. E	4 2 4 4 4				5(b)		
16	If line 14 shows a loss—See Instruction		and on time 35, F	0/11/1040				-
,	► Omit lines 16(a) and 16(b) and go to		losses are shown	on lines 12(a) and	13.			
	Otherwise,							
3 - 1 3 - 4 3 - 29	(a) Enter one of the following amount:  (i) If amount on line 5 is zero or  (ii) If amount on line 13 is zero or  (iii) If amounts on line 5 and line 50% of amount on line 13.	a net gain, ra net gain ne 13 are	, enter amount on	line 14; or,	added to 1	6(a)		
	(b) Enter here and on line 35, Form 10 (i) The amount on line 16(a); (ii) \$1,000 (\$500 if married and	04 <mark>0, the s</mark> n	eparate return—	if losses are shown	on lines			
	4(a) and 5, see Instruction K (iii) Taxable income, as adjusted (			ed \$1,000); or,		6(h)	( 1 000	(00)

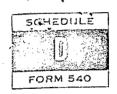
SALESMAN BOOKE & CI	12.29	WEEKL	Y W c	ORK PLAN/TH	1 6 C T	REPORT	<b>J</b> ater.	ost i	aid Mas 414 +
CUSTOVED		CON	I//S	ONUMBER 4	1/	Stock	WEEK ENDIN		ad A
NAME BUSINESS	lanned		TE	72/2	<i>?</i> ₀.	BOC	OKED	HRS	COMMENTS AND EXPENSE
Description Dete		م خ	-	P.34	1		MONTHLY PAGE TO		NOTES
12113 Dinex Con 212-13-7	1 1			1-5-1	2/	3/07-	2033-		174-
1001011 CO. 15112-31-71	,	-		1-6-	7/	3218	3,100		218-
74/er Corp. nec 1-6-71	+		1			_ '`	2,55%		275-
1/ex Coxp. 50/-6-7/			1			779-			61-
15 AM Flotelpp 7001-19-7	+		1	1	1	1.075			479-
stquit strustin 30-1-22-71	+		$\pm$		- 1	43000		+	
Lyder Corpus 2-3-11			+	1	- 1			1 -	522-
2 MWay FAC 300 2-4-7/			-	1	f	7772			125-
10 I/20 200 2-3-7/			1			999-1,			19-
= Lease 034.803002-17-71	$\parallel$	1	+	<del></del>		1.20-3			38-
				3-4-7	12	1114-2,	5.36-	1	122)
11124 SCXX (VP 50 2-16-7)		+		3-4-71	5	14- 5	700		(14-)
1. 11ex-Serv. 200 2-16-7				3-9-71	2	112-21	2716-	7	1,8-
ucky Fried (h. 200 3-4-7)				3-10-71	4.	3 5 3	776-	3	41-
119 Tigor 110 3-1271			1	3-12-71	21	11.3. 4/	5 4-		5-2-)
11/2 Pictod 20 3-11-71	1		1	3-26-7	2,9	114-36	16.3-	15	54-)
- 1612 Billing 503-11-71	+			3-26-7					
\$1.00/Air Galt 300 3.26.71				-6-7/					
TALS			-		<u>ښي</u>	13,7			76-)
NW 88326 Docid:32245535 Page 100				1	177			]	

SALESMAN BORCH		(	9	S. F.	diy Yh	work	K PL	ANLTIME RE	PORT /	VEEK ENDING	9 <u>0172'</u>	
CUSTOMER	Si	ТҮРЕ	ď	C	тио	4		APPLIC		ENUE	CALL HRS	COMMENTS AND EXPENSE
NAME	TE STATE	BUSINESS	Plann	PREM	LLL	日	PRO	CA	ONE TIME			NOTES
Pescription		Deve	7		_		-	Rolly	2016			Connorfless !
155 Nati Gent 640	201	3-9-7/						4-30-7	1955	<u> </u>		20-
ss. Nat'/G. 15 40	100	3-9-7						5-14-5)	7-11-	669		72-
Engranimalitysys	inc	2-24-7	·					5-14-7/	480-	1750-		(370-)
alts Lucus Theats	1		ı		-			6-1-71	2,316-	2,04		275-
Its Noth Wist Ing		·							41.	2955-		580-
ts NothWet In/79							- 1	• '		1239		42-
		1.0										(45-)
L's Whittaker Coxp	1									555-		(171-)
Sts Whittek warp.	220	5-14-71								.048.		(///-)
Bepublic Coxp	200	06-4-71	_	-				8-24-71	13034	16.45-		
Salitanu Derices	130	+-6-71						8-34-7	1.30 7	1952-		(648-)
Sesorts Tutnatl	30°	6-4-71						8-34-17	1,443	2,422		(979)
EsM: thWst Tuda	200	8-24-71						11-10-71	3,41/-	1449		(1037)
	-		-	-	-	_						· · · · · · · · · · · · · · · · · · ·
				-			-		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
TOTALS												
NW 88326 Docld:32245535	Pag	je 101	· ·	<u></u>			<u>.</u>			J		

		WEEKLY WORK PLAN/TIME REPORT	
SALESMAN Barlio	4. CO CO	Mun col Number	WEI

SALESMAN A SOLLO	Τ.		T .	7		TRAC			REV	VENUL	7	ALL	CONSTRUCT
CUSTOMER NAME	resent/	TYPE BUSINESS	Planned	PREM	IN TEL	TEL	PRO	TRATES TON	ONE TIME	OKED MONTHLY	$\vdash$	IRS.	COMMENTS AND EXPENSE NOTES
Mscription	170	Pale		-			μ.	2/69	237 E	Flore Fig.		1	
11.3C   11.7C    3	7								12000	$\dagger$	+	Gain or Koss	
Ttr May Sugar	1	11-12-71	-					11-19-71	493	1184	1		35.
HAMON Plywood	Li	11-10-71						11-19-71	19/1-	88.70			101-
	<u> </u>		- 5		-								
Ly Mar Plyword	1/	11-11-71						11-19-7	91-	197.50	_		101-
		1											
I.T. May Sugar	2	11-23-71						11-34-11	5.10	503			73-
	l	1											
I.T. May Sugar	1	11-26-7	_	_	_	_	_	11-20-5	517	5 24		_	3/ -
	ļ			_									
tr May Sugar	/	11-29-7	-	$\dashv$	-		_	12-1-74	5.33	5.2-2			(3/-)
(1) D/							-						
LY.MarPlyxood	/-	11-23-71			$\dashv$		$\dashv$	12-1-71	<u> </u>	8750			(65-)
Δ/2 1/C	_,	, , , , , ,			-	-	-	(2) 20 1	· · ·				100
ix. May 11 Sugar	-	12-3-11	$\dashv$	$\dashv$	-	_	-	17-3-17/	.5.2Y	5.34			(35/-)
LA WOMINIAN	./	10-0-111	$\dashv$	+	+	$\dashv$	+	12-10-71	500	535	-		D. 100
The state of the s	7	/ * 3 //	+	$\dashv$	$\dashv$	+	+	1276-11	71.6.2	7.37			218-
LY MAY-1/-SIGOY	4	12-1447	_	+	$\dashv$	$\top$		12 14-7	500	519			(308-) WA
	7	termination from the state of t		1							150005	12.00	4 4 4 5
11. May-11-Sugar	2	12-15-71	_			1		12-15-7	12.05	1.25	_		(367-)
											_		1.12.5
			$\perp$		$\perp$								
	$\dashv$		_	4	4	$\perp$	- -		TOISIL	5,7-10	7	•	(1755.00)
	-		+	+	_	$\bot$	_				1	_	
			-		-		-				-	_	
	_		-	+	+	-	1				1		
	-		_	-	+	-	-				_	_	
			+	+	+	- -	+	, ,			$\perp$	-	
	+		_	+	+	+	+				+	$\dashv$	
	+		+	+	+	+	+	·			+	-	
			+	+	+	+	+		10.5		-		
				-			_				_	4	COMMUNICATE SERVICES AND ASSESSMENT OF SERVICES
TOTALS													
											1.	- 1	

Samuel	1101	7 7 1		/ WEE	KLY	WOF	RK P	LAN/TIME R	-+-/-/ EPORT		<i>ا</i> ا	ب.	The sail of the
SALBEMAN-MOTTIL	11	ynch	Ĕ	);è	<u>17</u>	ر څک	KUP M	(BER) 2-20 Q	5140. TA	ZEEK ENDING	J		/ /
CUSTOMER	8)	TYPE	ď		CONT			1PRILE	PEV	ENUE KED		LI.	COMMENTS AND
NAME	Pressu	BUSINESS	Planne	PREM.	INTL	TEL	PRO	DATE	ONE TIME	MONTHLY	HR	+	EXPENSE NOTES
[ oscylption	2		1					South	3/12	<b>飛びびる</b> 。 されて			Coincr(tose)
						-			ļ		-	-	
Estern Personal	1000	2 37 77	2					1-9-7-	KA43-	1100	-		(05-)
	-					-		-		100		TT	( - Less - )
									1 1 1 1				
Veis Voisin	<i>j</i> (	0.11	· 	-	6	5A	<b>Λ</b> 7	Hel D.	Rub	Mal			
7 - E- C- / - E- C- / - E- C- / - E- C- / - E- C- / - E- C- / - E- C- / - E- C- / - E-					5				-/	/			
It/ Goull Coxp 5	000	9-15-71						10-4-71	3023-	3997-			36-
14 Sub 93-407	ļ												
							·				_	L	
NatiGen/Coxp	500	0 14 71						10-8-11	3051-	3.107		·	34-
2114. Sup. 73-796		9-17-11				_			. 37,73,7—	- <del> </del>	_	-	
Pau AMex Airigizz	500	10-8-71						11-71-71	2657-	2446			212- 編
Pun-AMex, Aiguizza 1 86-4.5070													
				2 /						2713			(38-)
- WAMERAINWAYS	5cc	9-14-71				_		11-4-71	25				
186 4.570								-	The state of the s			5.7 22	
onder Corp													
V-92-5070	500	010-13-7	1000			-		11-18-71	2716-	2610		303000	106-
	·												
st//fen'l Corp	1950	2				•							
10 Y Sub 934%	۳۰۰۵۳	11-19-71			-		-	12-17-71	67.37-	5880-			C Bank
			_			$\dashv$		-	7050	(0,00			(12.20 m)





## CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

TAXABLE

YEAR

Name as shown on Form 540 or 540NR Samuel and Phyllis Ruby						7997
SHORT-TERM-ASSETS HELD NOT MORE THAN	SHTMOM &		1			
	ı. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Grass sales price	e. Cost or other ba- adjusted, cost o subsequent improver (if not purchase attach explanatio and expense of si	f nents f. d. n)	Gain or loss (d less e)
1.						· <del></del>
SCHEDULE ATTACHED					(	1,248.00)
<ol> <li>Enter your share of net short-term gain (or los</li> <li>Enter net gain (or loss), combine lines 1 and 2</li> <li>Enter unused short-term capital loss carryover</li> <li>Net short-term gain (or loss), combine lines 3</li> </ol>	? from prece	ding taxable	years (attoch stater	nent)		9.9
LONG-TERM—ASSETS HELD MORE THAN 6 MON	NTHS					21 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
6.	7					
<ol> <li>Enter gain if applicable from line 4, Schedule</li> <li>Enter your share of net long-term gain (or los</li> <li>Net gain (or loss), combine lines 6 through 8</li> <li>Enter unused long-term capital loss carryover f</li> <li>Net long-term gain (or loss), combine lines 9 c</li> </ol>	s) from part from precedi	nerships and ing taxable y	fiduciaries		(14	4,274,00)
<ul> <li>12. Combine the amounts shown on lines 5 and 11</li> <li>13. If line 12 shows a gain— <ul> <li>(a) Enter 50% of line 11 or 50% of line 12, wh</li> <li>(b) Subtract line 13(a) from line 12. Enter her</li> </ul> </li> <li>14. If line 12 shows a loss— <ul> <li>(a) Add lines 4 and 10 (if lines 4 and 10 are line 14(d))</li> <li>(b) Combine lines 3 and 9—if gain, enter ga</li> <li>(c) Enter smallest of (i) line 14(a) less line 14 computed without capital gains and or loss;</li> <li>(e) Enter smallest of (i) the amount of taxable and or losses, 1ess line 14(c)—determine the filing separately); (iii) if line 3 is zero or s gain, amount on line 14(d); or (v) if lines</li> <li>(f) Enter here, and on line 32, Form 540 (line enter an amount greater than \$1,00</li> </ul> </li> </ul>	ichever is sm e and on lin blank, enter in; if loss, e 4(b); (ii) the sses—determ if gain, ente e income on his figure via shows a gair 3 and 9 sho e 33, Form	aller. Enter z ie 32, Form 5 a zero here amount of the ine this figurer zero here of Form 540 or a side comp n, 50% of line by losses, line 540NR), the	and on lines 14(b) of taxable income on Formation and on lines 14(b) of taxable income on Formation and on line 14(e) and 540NR, computed worth words (ii) \$1,000 (\$100 to 14(d); (iv) if line 9 and on lines 14(c) of sum of lines 14(c) of	onn 14(c) and garantee or 540	NR, DOO	,000,00)

Carryover (1-1) (\$14,502.00)





## INDIVIDUAL INCOME TAX RETURN

TAXABLE

YEAR

	N1444C	Yeur social securi	ty number	Snous	e's social	security numb
The Thirty Alle	RUBY	322 12				3) (1/4/20
lease	X(7:0.1	Your occupa				occupation
16050 Pinglan Street		Self Emplo	ved			
	TATE	COUNTY		ZIP C	ODE	
City, 10 th 1001 of 100	alifornia	Los Angeles				***
AME AND ADDRESS OF EMPLOYER AT TIME OF FILING			S	C M	8	P . A
Self Employed					•	
ILING STATUS—Check Only One: Claim your appropriate	BLIND and/or DEPENDE	NT EXEMPTIONS:				
exemption on line 16	5. Blind [   Yourself		number	of boxes c	hecked	> 5 e
1. Single	6. Dependents—Do not les	st yourself, your spous	e, or per	son who qu	alities y	00
<ol> <li>Married, filing joint return</li> <li>Married, filing separate return—If this item checked, enter spouse's</li> </ol>	as head of household	NAME fand address if diffe	erent from	yours) REL	ATIONSH	IP .
social security number in space above and enter first name	Fred, Brian	Elisa, Thomas	1. 1.		ntar	
hara 🛌						▶ 6 •
here >	7. Total blind and depend	ent exemptions (add li	nes 5 an	d 6)		<b>▶</b> 7 .
						Do not we
8. Wages, salaries, tips, etc. (before payroll deductions) if	more than two employers, a Where emp	loyed (city and state)				
Income ,			. 8			- 10 A A A A A A A A A A A A A A A A A A
						in the second
9. Dividends. Enter total here (complete and attach School	dule B (540), if total is over	\$100)	. 9	4		100000
10. Interest. Enter total here (complete and attach Schedu			10		8 86	310450
11. Other income (from page 2, line 40)			111	6,350		12/11/1982
12 Total (add lines 9 0 10 and 11)			12	6,57	1 69	7 7 7
13. Adjustments to Income (from page 2, line 46)			13	700		1 日本の
14. Adjusted gross income (subtract line 13 from line 12)			14	6, 57.	L  69	1
14. Adjusted gross income (subtract line 13 from line 12)     • If you do not itemize deductions AND line 14 is under set to the subtract line 14 is \$10,000 or more than 14 is \$10,000 or more than 14 is \$10,000 or more than 15 is \$1	\$10,000, find your tax in Tax	Table in instructions.	Enter ta	x on line 1	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	re, go to Part IV on page 2 t	to figure tax. Enter ta	c on line	15.	, .	
15. Tax from (check one): ☐ Tax Table, ☐ Tax Computation  16. Personal Exemption. Single—\$25. Married couple or h	on (page 2, Part IV) or 🖂 Sch	edule G (540), line 21	15	2.	5,60	40.15
16. Personal Exemption. Single—\$25. Married couple or h						
Your 17. Multiply total number of exemptions on line 7 above,	by \$8	17 32	00	Secretary at the	SP MARKE	****
Tax. 18. Total exemptions (add lines 16 and 17)				8	2 00.	
and 19. Tax liability (subtract line 18 from line 15-not less t					Vone.	W. Life
Credits 20. Other credits (from page 2, line 62)					_	
21. Net tax (subtract line 20 from line 19)						200
22. Tax forgiveness—20% of line 21 (use Part V on page	2, if reporting income on Sch	edule D (540))	22		-	**************************************
NOTE: You must file your return and pay any tax due (line 27)				•		
23. Net tax Hability (subtract line 22 from line 21—if \$1.0			23			2.3
24. Tax on preference income (see instructions) check here		irracned	24		1	A
25. Total tax liability (add lines 23 and 24)			25	. · .		A crisary
26. 1971 California estimated tax payment (include 1970 o	vernayment allowed as a 'co	edit)	26			•
Balance 27. Balance due—if any (subtract line 26 from line 25)			27		dne	3.
Due or 28. Overpayment—if any (subtract line 25 from line 28)			28			
Refund  29. Portion of line 28 you wish to apply on 1972 estimate			29	• • .		
30. Refund—if any (subtract line 29 from line 28)		REFUND	30	•		
				·	20.001.75	te in these spa
nder penalties of perjury, I declare that I have examined this return, including accomp slief it is true, correct and complete. If prepared by a person other than taxpayer, his	panying schedules and statements, a declaration is based on all informa	and to the best of my know ation of which he has any	viedge and knowledge.	[ ]		
	, i substitution in the contract of the contra	/ABD L. LAME	ERT.		T	
1971 Your signature—If filing jointly, BOTH must sign Date	Signature of heapman other	TAPET HISELLE WAT	GTP FT		P	· · ·
1878 Spouse's signature Date	aibungene at brebaftlichnet ?	and the commence with a	16 15 1	·  -		
G1 G Sanga's signature	Address	1. E. 1. u B. Feft (105)	pate	wa. L	<u> </u>	
Specie , significate						

PART : Head of Household—If claimed, answer the following questions (See Instructions)		
Check [] Never married [] Legal separation (interlocutory decree does not qualify) one: [] Widow(er) Date [] Final divorce/dissolution Date [] Individual who qualified you as head of household:		
Name Relationship Age Gro		
Is this person married?		
the calendar year 1971?	not, e	explain circumstan
Total amount necessary to maintain household \$	\$	
PART II—Other Income	<u>, : :</u>	
31. Business income (or loss) (attach Schedule C (540))		7,350 3
32. Net gain (or loss) from sale or exchange of capital assets (attach Schedule D (540))	- 1	
33. Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Schedule D-1 (540))  34. Pensions and annuities \	1	
		0
35. Rents and royalties	36	1
37. Estates and trusts )		
38. Farm income (or loss) (attach Schedule F (540))	38	
(a) Fully taxable pensions and annuities (not reported on Schedule E)	-  :	
39. Miscel (b) Alimony	-	
Income (c) Other (state nature and source)		-
(d) Total miscellaneous income add lines 39(a), (b) and (c)	39	
40. Total (add lines 31 through 39). Enter here and on page 1, line 11		6,350 3
PART III—Adjustments to Income	<del></del>	
41. "Sick pay" if included in line 8 (see instructions—attach statement)	11	
42. Moving expenses (see instructions—attach statement)	42	1.5
43. Employee business expense (see instructions—attach statement)	43	6
44. Military exclusion (see instructions for line 8)	44	6
45. Payments as a self-employed person to a retirement plan, etc., (attach Federal Form 2950SE)	45	•
46. Total adjustments (add lines 41 through 45). Enter here and on page 1, line 13	46	
PART IV—Tax Computation—Do not use this part if you use the Tax Table to find your tax		
47. Adjusted gross income (from page 1, line 14)	47	6,571 6
48. (a) If you itemize deductions, enter total from Schedule A (540), line 32, and attach Schedule A (b) If you do not itemize deductions, and line 14 is \$10,000 or more, enter		
(1) \$1,000, if single, or married person filing separate return	48	4,010 9
(2) \$2,000, if head of household, or married couple filing joint return		2,560 7
19. Taxable income (subtract line 48 from line 47). Figure your tax on this amount by using appropriate Tax Rate Schedule in instructions. Enter tax on page 1, line 15	49	2,360 7
PART V—Tax Forgiveness  Complete all lines below. However, if you used the income averaging method to compute your tax on line 15, omit lines 50, 51 and 52, enter on line 53 the amount shown on line 41 of Schedule G (540), and complete lines 54, 55 and 56.		
50. Taxable income from line 49 above, or page 1, line 14 if Tax Table used	50	
51. Amount (if any) entered on Schedule D (540), line 13(a)  52. Adjusted taxable income (subtract line 51 from line 50)	.51	
53. Adjusted tax (use same method as used for determining tax on page 1, line 15)	52	J.5
54. Add lines 18 and 20, page 1, and enter total here	54	
55. Adjusted net tax (subtract line 54 from line 53)	55	
56. 20% of line 55. Enter here and on page 1, line 22	56	
PART VI-Cradit for Net Income Tax Paid to Another State-Attach copy of "other state" return -and Retirement Inco	me C	redit
57. Income derived from sources within State of and also taxable by California	57	
58. California adjusted gross income (from page 1, line 14)	58	
California tax flability (from page 1, line 19)	59	
S9: Credit limitation—line 57 ÷ line 58	60	
51. Retirement income credit (attach Schedule R (540))	1 ** 1	•
52. Total (add lines 60 and 61). Enter here and on page 1, line 20	62	
PART VII—Reconciliation to Federal Return—If adjusted gross income on Federal Return is different from line 14, page	-1, e)	oplain below
IW 88326 Docid:32245535 Page 106		
	2 177	13_400 6.71 12 000M (Î) △ 0





## ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE 19\_71

YEAR

Name as shown on Form 540		٠.,	· .				Soc	cial Security Num	iber .
Samuel and Phyllis Ruhy		<u> </u>					322	12:79	
Itemized vs. Standard Deduction—You have a choice between two deduction methods. You can either itemize your deductions or take a standard deduction as explained in the 540 Instructions. On separate returns of a husband and wife,	if one spr the stand appropriat	ard dedu	iction. If	you cl	, the o	ther ma o itemiz	y not use e your de	the Tax Table eductions; com	or cla plete t
Medical and dental expenses (not compensated by insurance or otherwise) for medicine premiums for medical care, etc.	and drugs	, doctors	, dentist	s, nurse	s, hos	oital car	e, insuran	ce	
1. One half (but not more than \$150) of insurance premiums for medical care					· ·	<u> </u>	. 1		
2. Medicine and drugs									
3. Enter 1% of adjusted gross income shown on Form 540							<del>  </del>		
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)							63338		% 27 <b>4</b>
5. Enter balance of insurance premiums for medical care not entered on line 1						: <del></del>	l		
6. Other medical and dental expenses (attach itemized list) 7. Total—(Add lines 4, 5 and 6)									100
8. Enter 3% of adjusted gross income shown on Form 540					,	129			
9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)			•	l		-	9	T	T
10. Total—(Add lines 1 and 9)							D 10		0 00
						<del></del>		-	+
Child Adoption Expense	٠	14.			.: -				
11. Total expenses paid or incurred—Attach itemized list									
12. Enter 3% of adjusted gross income shown on Form 540									-
13. Subtract line 12 from line 11—See instructions for maximum limitations					:		. 🛌 . 13		7 10
Taxes	-			, j				11.10	
14. Real estate							14	5.14	
15. State and local gasoline							15	43	Alexa Teles
18. General sales							16	1	维静
17. Auto license—Excess of registration and weight fees (see instructions)							17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17
18. Personal property							. 18		146 ( S
19. State disability insurance (SDI)—Employer private disability plans do not qualify .							19		
20. Other (specify)					·		20		
21. Total taxas—(Add lines 14 through 20)	· · ·			<u> </u>		• • •	. 21	74	3 <u>3</u> 1
Contributions					. ;			10.00	
22. Cash—Including checks, money orders, etc. (itemize)							22		
								e di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda d Nationalità di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda di manda	过速
	·			· , · -				11 11 15 15 15 15 15 15 15 15 15 15 15 1	.兴趣
23. Total cash contributions							. 23		·*: 謝
24. Other than cash (see instructions). Enter total here			-			• • • •	- 1		
25. Total—Add lines 23 and 24—Maximum deduction may not exceed 20% of adjust	ted gross	income	1111				▶ 25		學, (響)
Interest Expense						11		1	· · · · · · · · · · · · · · · · · · ·
20 11					:		20		
27. Installment purchases					• • •	•	26		7
28. Other (itemize)		• • •					28		
			-						
· · · · · · · · · · · · · · · · · · ·							- F		1
29. Total—(Add lines 26, 27 and 28)							<b>►</b> 29	2,617	7 68
Miscollaneous Deductions		- 1				- ',	$\neg$		
						,	200		1.2
30. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)							30		
						· ·· .			1
31. Total miscellaneous deductions							▶ 31	500	ງ ກດ
32. Total deductions—(Add lines 10, 13, 21, 25, 29 and 31). Enter total here and on En	orm 540	nage 2	in space	Dravid	ed		32	4.010	1 00





## CALIFORNIA



19\_71

YEAR .

## PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

	is schedule to your income tax return, rorm	340 01 340114				1 .	Social Seturi	to P	305
Name a	s shown on Form 540 or 540NR					323	2 12		7.
	Samuel and Phyllis Ruby					<del></del>		:	
A. Princ	ipal business activity Food Service	example: retail—hardwa	re: wholesole-	tobarro: service	roduct	ing-furniture; e	tc.)		
	Snack Bar			6 5 1					
	E110 77 07		Maye C	aliforni	ral employer id 3 91401	ennincation n	omber		
<b>D.</b> Busir	(Number and street or rural ru	anna arrene and a second		ity—post office		(State)		1712	nd-i
12 j. –								- 53	
	ate method of accounting: 🔂 cash;						-1.11		
	there any substantial change in the mentories?  Yes  No. If "yes," of			ities, costs	or valuations	between the	opening	and cla	osing
	e Forms 591, 592, 596 and 599, for the			:d)? []Ye	s 🔣 No			**	*.
1. Gr	oss receipts or gross sales \$	Less: Return	s and allow	rances \$ .	1	\$			
2. Inve	entory at beginning of year (If different th	nan last year's clos	ing invento	ry attach					
е	xplanation)			المحراب المحارب	The second second		SCHEDU	LE	1.7
<b>3.</b> Me	rchandise purchased \$	, less cost	of any it	ems with-		*	ATTACH	ED 🔜	1.7
	Irawn from business for personal use \$								
	st of labor (do not include salary paid to							3	2,.
	terial and supplies								-
	ner costs (explain in Schedule C-1)						et esca		, E.
	Total of lines 2 through 6						4		
7.									
	entory at end of this year							(A)	[編集]
	st of goods sold and/or operations						1	1, 17 %	-
10. Gr	oss profit (subtract line 9 from line 1)		• • • • •					100	1
	OTHER BUSINESS D	,						A STATE OF	
	preciation (explain in Schedule C-2)								
	es on business and business property (exp	the state of the s							Y.
<b>13.</b> Ren	t on business property				والمحالة المعالجة المحالية المحالية		J. 18 1		17.
	airs (explain in Schedule C-1)								7.37
15. Sal	aries and wages not included on line 4 (	exclude any paid	to yourself)						199
16. Insu	rance								13
17. Lege	al and professional fees							3 30	
								155	
	ortization (attach statement)								1,700
	Pension and profit-sharing plans (see ins							1 (44) 2 (4) 2 (4)	10.5
_	Employee benefit programs (see instructi			• • • •					14.5
	rest on business indebtedness				The British			100	1967
	debts arising from sales or services			•					
			احالیات		4-2-5			4.00	1000
	pletion of mines, oil and gas wells, timber		oule)			1 N. T	·		
25.	er business expenses (explain in Schedule			• • • •				- 50	15. 4
	Total of lines 11 through 24 t profit (or loss) (subtract line 25 from li							7,350	23
	- profit (or loss) (sobiract time 25 from the	ne 10). Enter nere	and on po	ige z, rorm	1 340 or 340Nh	\$		7 , 330	
. '	SCHEDULE C-1	. EXPLANATION	OF LINE	S 6, 12.	14. AND 24		4.	s. If	e Sant Asi
Line No.	Explanation	Amount	Line No.		Explanation		1	Amount	
		•	1			•			. :
		•			ب برجو چدوجه المعاد بالمعادة.		Þ		
	****	· · · · · · · · · · · · · · · · · · ·							
		·	· #						
			·	***************************************		·····			
	the state of the s			•					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	***************************************						-		
			1						
					in ing palamental series in the series of th		1		
	The track state of the forest state of the first state of the state of		# · · · · · · · · · · · · · · · · · · ·		diekogramater in See	متسجعين أأحاد بيات			

- 11:		_ X	D. Del	100
100	$\gamma \cdot \gamma$	$\mathbf{\hat{A}}$	F74	D
E fi	1.1	113	711	101
<u>6</u>		146	431	un.
- 1	F C	i i	LL \	

# Department of the Treasury—Internal Revenue Service Individual Income Tax Return

/1	(9)	7	<b>9</b>	
, .	$\overline{}$	ч	~	

For the	year January 1-December 31, 1973, or other taxable year be	eginning	, 1973, ending	19
l N	nme (If joint return, give first names/and initials of both)	Last name	COUNTY OF	Your social security number
typa	SAMUEL & PHYLLIS BU	BV	RESIDENCE	322 12 7997
PI	esent home address (Number and street, including apartment number, or run		1. 1	Spouse's social security no.
in in	16250 BIRCHER.	ST	LOS HNOELES	349 18 1420
Please Ci	ty, town or post office, State and ZIP code		Occu-   Yours ▶	SIE
Z	GRANADA HILLS CA	LIF	pation Spouse's ▶	1 1
F	iling Status—check only one:	Exemptions	Regular / 65 or o	
li	Single	6a Yourself .	. M □	Enter number
	Married filing joint return (even if only one had income)			of boxes
3		1	,	hildren who lived with
١	spouse's social security number in designated space above		TOMAS	indien who hed with
		you	LISA - FR	E D Enter
Ι.	and enter full name here ▶	d Number of		om line 27)
5	<b>—</b>		ptions claimed	
8	Presidential Election Campaign Fund.—Check ☐ if			
] ]	check ☐ if spouse wishes to designate \$1. Note: Th	is will not increase	your tax or reduce you	ur refund. See note below.
·	9 Wages, salaries, tips, and other employee co	mnensation (A	ttach Forms W-2. If	9
<u> </u>	wages, salaries, ups, and other employee ec	orriborisación unavano	anie, attach explanation,	
here	10a Dividends (See instructions) \$ 42 , 10	h Less exclusion $\$ q$	2 - Ralance ⊳	10c — Ø
ns W-2	11 Interest income			11 3 7 5
Forms W-2	12 Income other than wages, dividends, and int	erest (from line 38)		12 16196
5	13 Total (add lines 9, 10c, 11, and 12)			13 16541
<u>ا ۳</u>	14 Adjustments to income (such as "sick pay,"			14
m	15 Subtract line 14 from line 13 (adjusted gros			15 16541
	If you do not itemize deductions and line 15 is unde			on line 16.
Copy @	If you itemize deductions or line 15 is \$10,000 or m	ore, go to line 44 to	o figure tax.	
	CAUTION. If you have unearned income and can be claimed as a	dependent on your pare	ent's return, check here ⊳	and see instructions on page 7.
attach	16 Tax, check if from: Tax Tables 1-12	Tax Rate Sch	edule X, Y, or Z	1-0-
	Schedule D Schedule G	Form 4726 <b>0</b>	R Form 4972	16 1045
Please	17 Total credits (from line 54)			17
<u>تا ایم</u>	18 Income tax (subtract line 17 from line 16)			18 1095
	10 Other toyon (from line 61)			19 396
and	20 Total (add lines 18 and 19)			20   /4/9/
	Ot - Tatal Fadami income tou withhold fottock	Forms		
ents	W-2 or W-2P to front)	<u>21a</u>	<i></i> _	
e e	<b>b</b> 1973 estimated tax payments (include a	mount		
Pavme	allowed as credit from 1972 return)	· ·   _ b	<i></i> -	
ر اع	<ul> <li>c Amount paid with Form 4868. Application for Au</li> </ul>			
Att. Tax	Extension of Time to File U.S. Individual Income Tax			
<u> </u>	d Other payments (from line 65)	<u>d</u>	///	
ნ —	22 Total (add lines 21a, b, c, and d)	<del></del>	<u> </u>	22
Balance Due Tax Payme		Pay in fo	ull with return. Make	2 1491
Mone	23 If line 20 is larger than line 22, enter BALAN			23 4 77 7/ //
2 0	(Check here ▶ ☐ if Form 2210, Form 2210F, or statem  If line 22 is larger than line 20, enter amount			a
\$  <u>\$</u>				25
Salance	25 Amount of line 24 to be REFUNDED TO YOU	' ' '	· · · · · •	23
5 m	26 Amount of line 24 to be credited on 1974			
등	mated tax	▶   26   nation.—Check □	if you did not design	ate \$1 of your taxes on your
1 14	772 return, but now wish to do so. If joint return, check	if spouse did not	t designate on 1972 re	turn but now wishes to do so.
	Under penalties of perjury, I declare that I have examined this return It is true, correct, and complete. Declaration of preparer (other than ta			
Sig	It is true, correct, and complete. Declaration of preparer (other than ta	xpayer) is based on all info	rmation of which he has any kn	owledge.
g he	e   }		Preparer's signature (other	than taxpayer) Date
o o	Your signature	Date	rreparer s signature (other	Date
Write	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ly one had in a sec	Address (and 71D Code)	Preparer's Emp. Ident. or Soc. Sec. No.
≸ !	Spouse's signature (if filing jointly, BOTH must sign even if on	ly one nad income). I	Address (and ZIP Code)	Preparer's Emp. Ident. or Soc. Sec. No. 16—82337-2

\$3717 VANOWEN STREET &AM NUYS, CA. 91403 367-34-8729

☆ U.S. GOVERNMENT PRINTING OFFICE: 1973—O-500-047

➤ TYes . No

16-82337-1

facility operated by a U.S. financial institution)?

If "Yes," attach Form 4683. (For definitions, see Form 4683.)

#### SGHEDULE A (Form 1040) Department of the Treasuly Internal Revenue Service

## Itemized Deductions

► Attach to Form 1040.

1973

Your social security number Name(s) as shown on Form 1040 UBY 322 12 フタタフ Contributions (See instructions on page 11 for examples.) Medical and Dental Expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, 21 a Cash contributions for which you nurses, hospital care, insurance premiums for medical care, have receipts, cancelled checks, etc. b Other cash contributions. List 1 One half (but not more than \$150) of donees and amounts. insurance premiums for medical care. 150 (Be sure to include in line 10 below) . 2 Medicine and drugs . . . 3 Enter 1% of line 15, Form 1040 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . 475 Enter balance of insurance premiums for medical care not entered on line 1 . 6 Enter other medical and dental expenses: 73 O a Doctors, dentists, etc. . . . . 22 Other than cash (see instructions on b Hospitals . . . . . . page 12 for required statement) . c Other (Itemize-include hearing aids, 23 Carryover from prior years . dentures, eyeglasses, transportation, Total contributions (add lines 21a, b, 60 22, and 23). Enter here and on line Casualty or Theft Loss(es) (See instructions on page 12.) Note: If you had more than one loss, omit lines 25 through 28 and see instructions on page 12 for guidance. 25 Loss before insurance reimbursement. 26 Insurance reimbursement . Subtract line 26 from line 25. Enter difference (if less than zero, enter 28 Enter \$100 or amount on line 27, whichever is smaller . . . . . . 29 Casualty or theft loss (subtract line 28 from line 27). Enter here and on line 39. 7 Total (add lines 4, 5, 6a, b, and c) . . . Miscellaneous Deductions (See instructions on page 12.) 8 Enter 3% of line 15, Form 1040 . . . 9 Subtract line 8 from line 7 (if less than zero, enter zero) . . . . . . . . . 31 Union dues . . . . . . 32 Expenses for child and dependent care 10 Total (add lines 1 and 9). Enter here and on line 35 . . . . . . . . ▶ services (attach Form 2441) . . . Taxes 33 Other (Itemize) ▶..... 11 State and local income . . . . . 13 State and local gasoline (see gas tax tables) 14 General sales (see sales tax tables) . 34 Total (add lines 30, 31, 32, and 33). 16 Other (Itemize) ▶..... Enter here and on line 40 . . . Summary of Itemized Deductions 17 Total (add lines 11, 12, 13, 14, 15, and 16). Enter here and on line 36 . . ▶ 35 Total medical and dental—line 10 . Interest Expense 36 Total taxes—line 17 . . . 37 Total interest-line 20 . 38 Total contributions—line 24. 19 Other (Itemize) ▶..... 39 Casualty or theft loss(es)—line 29. 40 Total miscellaneous-line 34 . . . 41 Total deductions (add lines 35, 36, 37, 38, 39, and 40). Enter here and on 20 Total (add lines 18 and 19). Enter here Form 1040, line 45 . . . and on line 37

# SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service

# Profit or (Loss) From Business or Profession (Sole Proprietorship) ▶ Attach to Form 1040. ▶ Partnerships, joint ventures, etc., must file Form 1065.

1973

Na		ial security number
_	SAMUEL LPHYLLIS KUBY 132	2 12 7997
A	Principal business activity (see Schedule C Instructions) D. S. M. C. B. J. C. product D	90 <i>D</i>
В	Business address (number and street) > SYACK BAR C Employer identification number Business address (number and street) > SY18 VAN Nuy S BLVD	er ⊳
D	Business address (number and street)	G.
	City, State and ZIP code D. VAN Nuys CA	
Ε	Indicate method of accounting: (1) Cash (2) ☐ Accrual (3) ☐ Other ►	Yes No
F	Were you required to file Form W-3 or Form 1096 for 1973? (See Schedule C Instructions.)	
,	If "Yes," where filed > FRESNO CA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
G	Was an Employer's Quarterly Federal Tax Return, Form 941 filed for this business for any quarter in 1973?  Method of inventory valuation  Was there any substanti	-   -
Н	Method of inventory valuation  Was there any substanti	al change in
	the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If 'Yes," attach exp	
_	1 Gross receipts or sales \$ Less: returns and allowances \$ Balance ▷	
come	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)	
8	3 Gross profit	
드	The state of the s	
_	5 Total income (add lines 3 and 4)	
i	6 Depreciation (explain in Schedule C-3)	
	7 Taxes on business and business property (explain in Schedule C-2)	
	8 Rent on business property	
	9 Repairs (explain in Schedule C-2)	
	10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)	
	11 Insurance	
	12 Legal and professional fees	
	13 Commissions	
	14 Amortization (attach statement)	
	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)	
_	(b) Employee benefit programs (see Schedule C Instructions)	
Suc	16 Interest on business indebtedness	
Deductions	17 Bad debts arising from sales or services	
ğ	18 Depletion	
å	19 Other business expenses (specify):	4.4
	(a)	
	(b)	
	(c)	
	(d)	
	(f)	
	(g)	
	(b)	
	(i)	V 4
٠,	(i)	
	(k) Total other business expenses (add lines 19(a) through 19(j))	· ·
	20 Total deductions (add lines 6 through 19)	
2	1. Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. Austo	49 42
	enter on Schedule SF line 5(a)	11/0
	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for Line	
'n	1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	
:	2 Purchases \$ Less: cost of items withdrawn for personal use \$ Balance ▶	
	3 Cost of labor (do not include salary paid to yourself)	
	5 Other costs (attach schedule)	
	6 Total of lines 1 through 5	
•	7 Less: Inventory at end of year	
_ {	8 Cost of goods sold and/or operations. Enter here and on line 2 above	**
		16-82344-1

	C-2.—Explanation	of Lines 7	and 9				. 19	. \	
Line No.	Explanatio		Amount	Line No.	i	Explanation	1	Amount	t
,			\$					\$	
						•••••			
			•						
									_
							· ,		
									٠.
				-					
			*****					,-	
*			. <del></del>						••
			:						
									•
			···				. ;	-	
*************					:				
SCHEDULE	C-3.—Depreciation	n (See Sched	dule C Instruction	ons for Line 6	5) If you	need more sp	ace, you ma	y use Form 456	2.
or descr	and guideline class iption of property	b. Date acquired	c. Cost or other basis	allowed or allowa in prior years		computing epreciation	f. Life or rate	g. Depreciation this year	_
1 Total addit	tional first-year depre	ciation (do no	t include in item	s below)					
				1::::::::::::::::::::::::::::::::::::::	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		manning [		-
2 Depreciation	on from Form 4832 .	/ See Note )							
3 Depreciation	on from Form 5006 .	( See Note )							
3 Depreciation 4 Other deprecia	on from Form 5006 .								
3 Depreciation 4 Other depressions Buildings	on from Form 5006 . reciation:								
3 Depreciation 4 Other depreciation Buildings Furniture and	on from Form 5006 . reciation:								
3 Depreciation 4 Other depressibilities 4 Buildings Furniture and Transportation	on from Form 5006 . reciation: d fixtures n equipment								
3 Depreciation 4 Other depressibilities Furniture and Transportation Machinery and	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depressible Buildings Furniture and Transportation	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depressibilities Furniture and Transportation Machinery and	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depressibilities Furniture and Transportation Machinery and	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depressibilities Furniture and Transportation Machinery and	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery an Other (specification)	on from Form 5006 . reciation:  d fixtures	( above )							
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery an Other (specification) 5 Totals 6 Less amou	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)	above	edule C–1, page 1						
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery and Other (specification) 5 Totals 6 Less amou 7 Balance—	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)	aimed in Sche	edule C–1, page 1						
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery and Other (specification) 5 Totals 6 Less amou 7 Balance—	on from Form 5006 reciation: d fixtures n equipment d other equipment y) unt of depreciation clenter here and on particle.	above / aimed in Scheage 1, line 6 . (Other Than	edule C-1, page 1	t-Year Depree	ciation)	Other (s	and the second s	Total	
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery an Other (specification) 5 Totals 6 Less amout 7 Balance SUMMARY (	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  unt of depreciation of Enter here and on pa OF DEPRECIATION  Straight line	aimed in Sche	edule C-1, page 1	t-Year Depree		Other (s)	pecify)	Total	
3 Depreciation 4 Other deprendence Buildings Furniture and Transportation Machinery an Other (specification) 5 Totals 6 Less amou 7 Balance— SUMMARY (1) 1 Depreciation from 4832	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  ont of depreciation clenter here and on pa  OF DEPRECIATION  Straight line	above / aimed in Scheage 1, line 6 . (Other Than	edule C-1, page 1	t-Year Depree	ciation)	Other (sp	pecify)	Total	
3 Depreciation 4 Other depression Buildings Furniture and Transportation Machinery and Other (specification) 5 Totals 6 Less amou 7 Balance— SUMMARY ( 1 Depreciation from 4832 2 Depreciation from 5006	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  unt of depreciation clenter here and on pa  OF DEPRECIATION  Straight line om	above / aimed in Scheage 1, line 6 . (Other Than	edule C-1, page 1	t-Year Depree	ciation)	Other (s <sub>i</sub>	pecify)		
3 Depreciation 4 Other depressions Furniture and Transportation Machinery and Other (specification) 5 Totals 6 Less amou 7 Balance— SUMMARY ( 1 Depreciation from 4832 2 Depreciation from 5006 3 Other	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  ont of depreciation clenter here and on particle of the particle of	aimed in Scheage 1, line 6.  (Other Than	Additional Firs	t-Year Depred fitte projects	ciation)			Total	
3 Depreciation 4 Other depressions Furniture and Transportation Machinery an Other (specification from 4832 2 Depreciation from 5006 3 Other SCHEDULE	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  ont of depreciation clenter here and on particle of the preciation of the preciat	aimed in Scheage 1, line 6 (Other Than Declining balance)	Additional First ance Sum of years of mation (See Scientific Sum of years of the sum of	t-Year Depred fitte projects	ciation)  mits of duction	for Sched			
3 Depreciation 4 Other depreciation Buildings Furniture and Transportation Machinery an Other (specification from 4832 Depreciation from 5006 3 Other SCHEDULE Enter informatio	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  ont of depreciation of Enter here and on pa OF DEPRECIATION  Straight line om om om  C-4.—Expense Au on with regard to yoursel	aimed in Sche age 1, line 6 (Other Than Declining bala ccount Inform	Additional First ance Sum of years of mation (See Schighest paid	t-Year Depred the grown of the	ciation)  mits of duction	for Sched	lule C-4)	νοου	
3 Depreciation 4 Other depres Buildings Furniture and Transportation Machinery an Other (specific specific spec	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  ont of depreciation clenter here and on particle of the preciation of the preciat	aimed in Scheage 1, line 6 (Other Than Declining balance) ccount Information of and your five hest paid employe	Additional First Sum of years of the state o	t-Year Depred the property of	ciation) nits of duction	for Sched	lule C-4)	νοου	Va
3 Depreciation 4 Other depres Buildings Furniture and Transportation Machinery an Other (specific specific spec	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  OF DEPRECIATION  Straight line om  C-4.—Expense Au on with regard to yoursel etermining the five high ces must be added to the nation need not be subr	aimed in Scheage 1, line 6. (Other Than Declining balance) ccount Information of and your five hest paid employeeir salaries and wonitted for any entitled for	Additional First ance Sum of years described by the sum of years described by the yea	t-Year Depret	ciation)  mits of duction  structions	s for Sched	lule C-4)	νοου	Va
3 Depreciation 4 Other depres Buildings Furniture and Transportation Machinery an Other (specific specific spec	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  or DEPRECIATION  Straight line om  C-4.—Expense Au on with regard to yourseletermining the five high ces must be added to the nation need not be subrined amount is less that	aimed in Scheage 1, line 6. (Other Than Declining balance) ccount Information of and your five hest paid employeeir salaries and wonitted for any en \$10,000, or for	Additional First ance Sum of years of the standard sea, expense wages. Howmployee for ryourself if	t-Year Depred fithe girts Urigits Urigits Name	ciation)  mits of duction  structions	s for Sched	dule C-4)	νοου	
3 Depreciation 4 Other depres Buildings Furniture and Transportation Machinery an Other (specific specific spec	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  OF DEPRECIATION  Straight line om  C-4.—Expense Au on with regard to yoursel etermining the five high ces must be added to the nation need not be subr	aimed in Scheage 1, line 6. (Other Than Declining balance) ccount Information of and your five hest paid employeeir salaries and wonitted for any en \$10,000, or for	Additional First ance Sum of years of the standard sea, expense wages. Howmployee for ryourself if	t-Year Depret	ciation)  mits of duction  structions	s for Sched	lule C-4)	νοου	Va
3 Depreciation 4 Other depres Buildings Furniture and Transportation Machinery an Other (specific specific spec	on from Form 5006 reciation:  d fixtures n equipment d other equipment y)  or DEPRECIATION  Straight line om  C-4.—Expense Au on with regard to yourseletermining the five high ces must be added to the nation need not be subrined amount is less that	aimed in Scheage 1, line 6. (Other Than Declining balance) ccount Information of and your five hest paid employeeir salaries and wonitted for any en \$10,000, or for	Additional First ance Sum of years of the standard sea, expense wages. Howmployee for ryourself if	t-Year Depred fithe girts Urigits Urigits Name	ciation)  mits of duction  structions	s for Sched	dule C-4)	νοου	Ve

## SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

▶ Attach to Form 1040. ▶ Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

internal	Revenue Service   Oil personal assets							
Name(	s) as shown on Form 1040 SAMUEL PHYL	-615	Ruby			Social 2-2-	security numb	9 7.
Para	Short-term Capital Gains an			Not More Than	6 Months			D.
	a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. How acquired. Enter letter symbol (see instruction D)	c. Mo., day, yr. (Put date sold above dotted line and date acquired below dotted line)	d. Gross sales price	e. Cost or oth as adjusted instruction expense of	d (see E) and	f. Gain or (los (d less e)	ss)
407	NTERNATIONAL PEC	A	1/17/73	3218	372	9	(511	)
107	LEVITZ	<u>A</u>	10/11/72	1281	279	77	(1516	
10	O POTTER /NST	A	3/19/73	348	69	2	(349	_)
107	ESSEX INTER	A	4/3/73	1392	175	9	(367	
	Enter your share of net short-term gain	or (loss)	from partnerships	and fiduciaries		2	gran.	_
2 3 ;	Enter net gain or (loss), combine lines	1 and 2			<b>.</b>	3	2741	
4(a)	Short-term capital loss component carry Short-term capital loss carryover attributes					4(a) 4(b)		_
4(b) 5	Net short-term gain or (loss), combine	lines 3, 4	(a) and 4(b)	<u> </u>		5	(2741	
(Rant	Long-term Capital Gains and	Losses-	—Assets Held I	More Than 6 Mo	nths			
6						**		
Ž.								
-								
								<u> </u>
		<u> </u>	l .		1	1 7		
7 8	Capital gain distributions Enter gain, if applicable, from line 4(a)	(1) Form	A797 (see Instruction			8		
9 :	Enter your share of net long-term gain					9		
10	Enter your share of net long-term gain				S)	10		
11	Net gain or (loss), combine lines 6 th					11	ſ	
	Long-term capital loss component carry	_		before 1970 (see Ins	truction H)	12(a)	13322	·
	Long-term capital loss carryover attribut					12(b)		
13	Net long-term gain or (loss), combine					13	(13322	٠
ൂപ	Summary of Parts I and II					1	1.410	
14 15	Combine the amounts shown on lines of line 14 shows a gain—  (a) Enter 50% of line 13 or 50% of line of alternative tax). Enter zero if the	ne 14, wh	ichever is smaller	(see Part VI for co		14 15(a)	(16063	
16	(b) Subtract line 15(a) from line 14. Er	nter here a	nd on line 29, For	rm 1040 ,		15(b)		
	Omit lines 16(a) and 16(b) and go to See Instruction I.	o Part IV if	losses are shown	on BOTH lines 12(	a) and 13.	-		
	Otherwise,						1	
	(a) Enter one of the following amount (i) If amount on line 5 is zero	nts: oranet	gain, enter 50% o	of amount on line 1	4:		, T = 5	
•	(ii) If amount on line 13 is zer (iii) If amounts on line 5 and 50% of amount on line 1	o or a net Iine 13 ar	gain, enter amour e net losses, ente	nt on line 14; or,		16(a)	16063	· ·
14	(b) Enter here and enter as a (loss)			smallest of:				
:	(i) The amount on line 16(a); (ii) \$1,000 (\$500 if married at 4(a) or 12(a), see instruction at 16(iii) Taxable income as adjust	and filing on M for a	a separate return a higher limit not	-if a loss is show	vn on line or,	16(b)	l l'angle	

I	Capital Loss Limitation—Where Losses Are Shown on Both Lines 12(a) AND	13	1
17	Enter loss from line 5; if line 5 is zero or a gain, enter a zero	17	(2741)
	Enter loss from line 13	18	(13322)
19	Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19_	6.5.6
20	Reduce loss on line 18 to the extent of the gain, if any, on line 19	20	(13322)
2	NOTE: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the loss shown on line 12(a).		12
2	2 Enter gain, if any, from line 11		
2	B Enter smaller of amount on line 21 or line 22		
24	Finter excess of gain on line 21 over amount on line 23		
2	5 Enter loss from line 4(a); if line 4(a) is blank, enter a zero		
20	5 Reduce gain, if any, on line 24 to the extent of loss, if any, on line 25 (see Instruction J) .		
	7 Enter loss from line 12(a)		
. 28	3 Add the gain(s) on line(s) 23 and 26	29	1,2223
29	Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see Instruction K)	30	133227
30	Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	31	1336
	Subtract amount on line 30 from the loss on line 20	32	
	2 Enter 50% of the amount on line 31	33	16063
	Add lines 17, 30, and 32		1000
3	4 Enter here and enter as a (loss) on line 29, Form 1040, the smallest of:		
- 1	(a) Amount on line 33;		
P.	(b) \$1,000 (\$500 if married and filing a separate return—see Instruction M for a higher limit not to exceed \$1,000); or, (c) Taxable Income, as adjusted (see Instruction L)	34	(1000)
_	A L. D. & W. & Von and Married Filing a Congrete Deturn and Losses are Shi		
3	14. (See Instruction M).		
-	5 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero	35	<u> </u>
3	NOTE: If the entry on line 35 is zero, OMIT lines 36 through 42, and enter on line 43 the loss shown on line 4(a).		
2	6 Enter gain, if any, from line 3	36	
3	the second and time 25 on time 26	37	
	B Enter excess of gain on line 35 over amount on line 37	38	
3	9 Enter loss from line 12(a); if line 12(a) is blank, enter a zero	39	
4	Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see Instruction J).	40	
4	1 Enter loss from line 4(a)	41	
4	2 Add the gain(s) on line(s) 37 and 40	42	· · · · · · · · · · · · · · · · · · ·
4	Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see Instruction K)	43	<u> </u>
	Computation of Alternative Tax (See Instruction V to See if the Alternative Tax )		enefit You)
	4. Enter amount from line 48, Form 1040	44	· · · · · · · · · · · · · · · · · · ·
4	5 Enter amount from line 15(a)	46	7.17.
4	6 Subtract amount on line 45 from amount on line 44 (but not less than zero)	47	
4	7 Enter smaller of amount on line 13 or line 14	· · · ·	
	If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check here ▶ ☐ and		
-	omit lines 48 through 54.  8 Enter long-term gains from certain contracts and installment sales referred to as "certain subsec-		
4	tion (d) gains" (see Instruction V)	48	
	9 Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger	49	*
4	If line 49 is equal to or greater than line 47, check here ▶ ☐ and omit lines 50 through 54.		
_	0 Multiply amount on line 49 by 50%	50	. :
5	1 Add amounts on lines 46 and 50	51	
. s	2 Tax on line 44 or 45, whichever is greater (use Tax Rate Schedule in instructions)	52	
	3 Tax on the amount on line 51 (use Tax Rate Schedule in instructions)	53	
5	4 Subtract amount on line 53 from amount on line 52	_54	
, 5 . 5	5 Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	55	
. 5	6 If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49.	56	
5	7 Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured on the amount on line 48, Form 1040, enter this alternative tax on line 16, Form 1040	57	

#### SCHEDULE G (Form 1040)

Department of the Treasury, Internal Revenue Service

## Income Averaging

➤ See instructions on pages 3 and 4.

▶ Attach to Form 1040.

1973

Your social security number Name(s) as shown on Form 1040 12 799 DAMUEL Taxable Income and Adjustments (e) (b) (a) Computation year 3d preceding base period year 4th preceding base period year 1st preceding base period year 2d preceding base period year 1969 1970 1972 1971 1973 7626 1 Taxable income (see instruction 1) . 2 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931 . . 3 Excess community income and certain amounts received by owner-employees subject to a penalty under section 72(m) (5). See instruction 3. 4 Accumulation distributions subject to section 668(a). See Form 4970 5 Adjusted taxable income or base period income. (Line 1 plus line 2, less lines 3 7626 0 and 4.) If less than zero, enter zero **Computation of Averagable Income** 6 6 Adjusted taxable income from line 5, column (a) . . . 7 7 30% of the sum of line 5, columns (b), (c), (d), and (e) . . 7626 8 Averagable income (line 6 less line 7) Complete the remaining parts of this form only if line 8 is more than \$3,000. If \$3,000 or less, you do not qualify for income averaging. Do not fill in rest of form. Computation of Tax 9 Amount from line 7. 10 10 20% of line 8 11 11 Total (add lines 9 and 10) . . . . 12 Amount from line 3, column (a), less any income subject to a penalty under section 72(m)(5) 12 13 13 Total (add lines 11 and 12) . . . . 14 14 Tax on amount on line 13 15 15 Tax on amount on line 11 16 16 Tax on amount on line 9. 17 Difference (line 15 less line 16). 18 18 Multiply the amount on line 17 by 4 . 19 19 Total (add lines 14 and 18) . . 20 20 Tax on income subject to the penalty under section 72(m)(5) which was included in line 3 . . . 21 Tax (add lines 19 and 20). Enter here and on Form 1040, line 16. Also check Schedule G box on Form 1040, line 16 . . . . . . . . .

### SCHEDULE SE (Form 1040) Department of the Treasury Internal Revenue Service

Computation of Social Security Self-Employment Tax

Each self-employed person must file a Schedule SE.

Attach to Form 1040.

If you had wages, including tips, of \$10,800 or more that were subject to social security taxes, do not fill in this form.
 If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

Important.—The self-employment income reported below will be credited to your social security record and used in fi	guring social security benefits.
NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)	Social security number of self-employed person
SAMUEL KUBY	322 12 7997
Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.)	CLOMA
O If you have only farm income complete Parts I and III. O If you have only nonfarm income complete Parts II and III. O If you have both farm and nonfarm income complete Parts I, II, and III.	EEN
Computation of Net Farnings from FARM Self-Employment	23
A farmer may elect to compute net farm earnings using the OPTIONAL METHOD, line 3, instead of line 2, if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD.	than \$1,600. However, lines
1 REGULAR METHOD—Net profit or (loss) from:	
(a) Schedule F, line 54 (cash method), or line 74 (accrual method)	<del></del> \//////////////////////////////////
(b) Farm partnerships	
2 Net earnings from farm self-employment (add lines 1(a) and 1(b))	
3 FARM OPTIONAL METHOD—If gross profits from farming are: 1	
(a) Not more than \$2,400, enter two-thirds of the gross profits	
(b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600 )  1 Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method)  1 Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method)	od),
or line 72 (accrual method), plus the distributive share of gross profits from farm partnersh (Schedule K-1 (Form 1065), line 15) as explained in instructions for Schedule SE.	ips
is a line 10/2) the amount on line 2 or line 3 if you elect the farm optional metho	d .
4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect the farm optional metho	- 1
Computation of Net Earnings from NONFARM Self-Employment	
5 REGULAR METHOD—Net profit or (loss) from:	4949
(a) Schedule C, line 21. (Enter combined amount if more than one business.)	
(b) Partnerships, joint ventures, etc. (other than farming)  (c) Service as a minister, member of a religious order, or a Christian Science practitioner. (Incl.)	ude
rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here	
and enter zero on this line	•
(d) Service with a foreign government or international organization	·   ————————————————————————————————
(e) Other (director's fees, etc.). Specify ▶	110110
6 Total (add lines 5(a), 5(b), 5(c), 5(d), and 5(e))	7778
7 Enter other adjustments (attach statement)	
ういし きんあいさ しょうしき しんじん かいしゅうしゅ しゅうきん かいしょうしゅう	4948
8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7) .	
If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and amount from line 8 on line 12(b), Part III.	enter
Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less to \$1,600 and less than two-thirds of your gross nonfarm profits, and you had actual net expressings from self-employment of \$400 or more for at least 2 of the 3 following years: 1970, 19 and 1972. The nonfarm optional method can only be used for 5 taxable years.	971,
<sup>2</sup> Gross profits from nonfarm business are the total of the gross profits from Schedule C, linguist the distributive share of gross profits from nonfarm partnerships (Schedule K–1 (F 1065), line 15) as explained in instructions for Schedule SE. Also, include gross profits the services reported on lines 5(c), 5(d), and 5(e), as adjusted by line 7.	
9 NONFARM OPTIONAL METHOD:	\$1,600 0
(a) Maximum amount reportable, under both optional methods combined (farm and nonfarm)	
(b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.)	
(c) Balance (subtract line 9(b) from line 9(a))	
10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller	
11. The base and on line 12(b), the amount on line 9(c) or line 10, whichever is smaller	

T	Computation of Social Security Self-Employment Tax	
12	Net earnings or (loss):  (a) From farming (from line 4)	
		4948
,	(b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)	
13	Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of form.)	
14	The largest amount of combined wages and self-employment earnings subject to social security tax for 1973 is \$10,800 00	
	ject to social security tax for 1973 is	
15	(a) Total "FICA" wages as indicated on Forms W-2	
	(b) Unreported tips, if any, subject to FICA tax from	
	Form 4137, line 9	
	(c) Total of lines 15(a) and 15(b)	
16	Balance (subtract line 15(c) from line 14)	
17	Self-employment income—line 13 or 16, whichever is smaller	4948
	If line 17 is \$10,800, enter \$864.00; if less, multiply the amount on line 17 by .08	396
	Railroad employee's and railroad employee representative's adjustment for hospital insurance bene-	
	fits tax from Form 4469	291
20	Self-employment tax (subtract line 19 from line 18). Enter here and on Form 1040, line 55	216

You may use this space to make any needed computations

Internal Revenue Service

# Supplemental Schedule of Gains and Losses Sales, Exchanges and Involuntary Conversions under Sections 1231, 1245, 1250, etc.

To be filed with Form 1040, 1041, 1065, 1120, etc.—See Instruction A

1973

Name Ca M	I Par	LLLS	RuB	V	Identifying number of your return	as shown on page 1
Sales or Exchai	iges of Prop		Trade or Ba	siness and/or	Involuntary Conv	ersions
(Section 1231) SECTION A.—Involuntary Convers		asualty and	Theft (See Ins	truction D)		
SECTION A.—Involuntary Convers	de to c	doddity dila	1		f. Cost or other basis,	
kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation al- lowed (or allowable) since acquisition	cost of subsequent im- provements (if not pur- chased, attach explana- tion) and expense of sale	g. Gain or (loss) (d plus e less f)
· · · · · · · · · · · · · · · · · · ·				<del></del>		
······································						
<u></u>						and the second s
2 Combine the amounts on line						
(a) For all returns, except partn (1) If line 2 is zero or a gai (2) If line 2 is a loss, enter (b) For partnership returns: Er SECTION B.—Sales or Exchanges	n, enter such a r the loss on lin iter the amounts of Property	imount in col ne 5. nt shown on Used in Trad	line 2, on line			s (Not Reportable
in Section A) (See	Instruction D	<u>)</u>				
3						
·						
1 Combine the amounts on line 3 (a) For all returns, except partn (1) If line 4 is a gain, en being filed—see instru (2) If line 4 is zero or a loss (b) For partnership returns: Er	ership returns ter such gain ction D.	: as a long-te	rm capital gai	n on the Sched	ule D (Form 1040,	1120, etc.) that
(b) For partnership returns: Er			ine 4, on and	7, concadio 11	, 6, 2500).	
a. Kind of property and how acquired (If necessary, attach statement of de- scriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation al- lowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent improvements and expense of sale	g. Gain or (loss) (d plus e less f)
5 Amount, if any, from line 2(a)	(2)	·				
6 Amount, if any, from line 4(a)					,	
7 Gain, if any, from line 21		:				1278
B		1	1			
						12248
<ul> <li>(a) For all returns, except indifor on the return (Form 1)</li> <li>(b) For individual returns:</li> <li>(1) If the gain or (loss) on</li> </ul>	vidual returns: 120, etc.) bein	Enter the ga g filed—see	in or (loss) sho instruction E, 1	own on line 9, or for specific line	reference.	
Schedule A (Form 104 line 29, Schedule A (F	10) (see instru Form 1040)—i	ction E), ent dentify as los	er the total of ss from line 9(l	such loss(es) he b)(1), Form 479	ere and include on	
(2) Redetermine the gain here and on line 30,	or (loss) on li Form 1040 .	ne 9, excludii	ng the loss (if a	any) entered on	line 9(b)(1). Enter	12248

Gain From Disposition of Property Under Sections 1245, 1250, 1251, 1252—Assets Held More than Six Months (See Instruction F)

Lines 18 and 19 should be omitted if there are no dispositions of farm property or farmland; or, if this form is filed by a partner							
Tibes to and 13 should be dilitted it there are no dispositions of tarm broberts of farmishing or it this form is then by a partner	1: 10	and 10 abould be a	mittad if these are as	dia-aaikia-a-af f		If this form is filed by a newtonesh	-:-
	rillez to	and 19 Should be o	ammued of there are no (	dispositions of farm bro	iberty or tarmiand: or.	. IT tals form is thed by a darthersh	HD.

10	Description of sections 1245, 1250, 13 (A) SNACK BA		property:		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
	(B)					
	(D) (E)					
_	Correlate lines 10(A) through 10(E) with these columns ▷ ▷ ▷ ▷	Property (A)	Property (B)	Property (C)	Property (D)	Property (E)
11	Gross sales price	28000 -				
12	Cost or other basis and expense of sale	28138-		t		
13	Depreciation allowed (or allowable)	12386 -				
	Adjusted basis, line 12 less line 13	15752				
_	Total gain, subtract line 14 from line 11 .	12248.				· '
10	If section 1245 property: (a) Depreciation allowed (or allowable) after applicable date (see instructions)	12386				
	(b) Line 15 or line 16(a), whichever is smaller	12248	<u> </u>			- 4
1/	(a) Enter additional depreciation after 12/31/63 and before 1/1/70					
,	(b) Enter additional depreciation after 12/31/69					
	(c) Enter line 15 or line 17(b), whichever is smaller					·
	(d) Line 17(c) times applicable percentage (see instruction F.4)			***************************************		
	(e) Enter excess, if any, of line 15 over line 17(b)					
	(f) Enter line 17(a) or line 17(e), whichever is smaller					
	(g) Line 17(f) times applicable percentage (see instruction F.4)					·
10	If section 1251 property:					<del> </del>
10	(a) If farmland, enter soil, water, and land clearing expenses for current year and the four preceding years					
	(b) If farm property, other than land, sub- tract line 16(b) from line 15; OR, if farm- land, enter line 15 or line 18(a), which- ever is smaller (see instruction F.5)	·				
	(c) Excess deductions account (see instruction F.5)					
10	(d) Enter line 18(b) or line 18(c), whichever is smaller					·
19	(a) Enter soil, water, and land clearing expenses made after 12/31/69	<del>-</del>				
	(b) Enter amount from line 18(d), if any; otherwise, enter a zero	·				··
	(c) Enter excess, if any, of line 19(a) over line 19(b)					
	(d) Line 19(c) times applicable percentage (see instruction F.5)					
Sin	(e) Line 15 less line 19(b)	Property colum	ane (A) through	(E) up to line	19/f) hoforo de	ing to line 20
	mmary of Part III Gains (Complete					
21	Total of Property columns (A) through Total of Property columns (A) through	(E), lines 16(b),	17(h), 18(d), and	19(f). Enter here	and on line 7.	12248
<u> 22</u>	Subtract line 21 from line 20. Enter her	e and in appropi	nate Section in Pa	rt I (see instruction	ons D and F.2) .	70-

## Form 4798

## Capital Loss Carryover

▶ (From 1972 to 1973)▶ Attach to Form 1040.

1973

Department of the Treasury Internal Revenue Service

Name(s) as shown on Form 1040 LPHYLLIS RUBY

Social Security Number 322 /2 7997

A. Who Should File.—You will need to complete either Part I or Part II of this form if you have a capital loss to carryover to 1973.

You will have a capital loss carryover to 1973 if the amount on line 16(a), or on line 33, of Schedule D (Form 1040) for 1972 is **LARGER THAN** the loss deducted on line 36, Form 1040 for 1972.

- B. How to Compute Carryover.—If you have a capital loss carryover, complete either Part I or Part II, but do not complete both.
  - Complete only Part I if lines 4(a) and 12(a), Schedule D (Form 1040) for 1972, DO NOT SHOW A LOSS.
  - 2. Complete only Part II if either (or both) line 4(a) or 12(a), Schedule D (Form 1040) for 1972, shows a loss.

Section A.—Short-term Capital Loss Carryover		
To a 1 1 D (F 1040) for 1072; however, if such line is blank or shows	, <u> </u>	
1 Enter loss from line 5, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a gain, check this block, and OMIT lines 1 through 6 (because no short-term capital loss carry-	,	
over exists) and enter the amount from line 36, Form 1040 for 1972 on line 7—then go to line 8.	1_	
2 Enter gain from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows		
a loss, enter a zero	_2_	
	3	. 19
Reduce loss, if any, on line 1 to extent of gain, if any, on line 2		-
· · · · · · · · · · · · · · · · · · ·	4	
4 Enter amount from line 36, Form 1040 for 1972		
5 Enter smaller of amount on line 3 or line 4	_ 5	
5 Enter smaller of amount on the 5 or live	1	1
	ļ	
6 Excess of amount on line 3 over amount on line 5	6	
6 Excess of amount on line 3 over amount on line 5  Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.		tributable to yea
6 Excess of amount on line 3 over amount on line 5.  Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover		tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover		tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	t is at	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	t is at	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)  8 Enter loss from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a gain, check this block, and OMIT lines 8 through 12, because no long-term capital loss carry-	t is at	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	7	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)  8 Enter loss from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a gain, check this block, and OMIT lines 8 through 12, because no long-term capital loss carry-	t is at	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	7 8 9	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	7	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction).  8 Enter loss from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a gain, check this block, and OMIT lines 8 through 12, because no long-term capital loss carryover exists.  9 Enter gain from line 5, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a loss, enter a zero	7 8 9	tributable to yea
Note: The amount on line 6 is your short-term capital loss carryover from 1972 to 1973 that beginning after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.  Section B.—Long-term Capital Loss Carryover  7 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction)	7 8 9 10	tributable to yea

Pre-1970 and Post-1969 Capital Loss Carryovers

	Section A.—Short-term Capital Losses Identified		
1	Enter loss from line 5, Schedule D (Form 1040) for 1972; however, if such line is blank or shows	T T	
_	a gain, check this block , and OMIT lines 1 through 20 (because no short-term capital loss carry-		
	over exists), complete line 21, enter loss from line 36, Form 1040 for 1972 on line 22—then go to		
	line 23	1	
2	Enter gain from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows		
_	a loss enter a zero	2	
3	Reduce the loss on line 1 to the extent of the gain, if any, on line 2	3	
3			
	Note: If line 4(a), Schedule D (Form 1040) for 1972 is blank, OMIT lines		
	4 through 11, enter a zero on line 12—then go to line 13.		
4	Combine lines 3 and 11, Schedule D (Form 1040) for 1972 and if gain,		
	enter gain; if zero or a loss, enter a zero		,
	from line 4(a), Schedule D (Form 1040) for 1972—then go to line		
_	13. Enter gain, if any from line 3. Schedule D (Form 1040) for 1972.		
	Litter gain, if any, from the 3, deficultie D (16th) 1640) for 1572.		
	Effet Smaller of amount of line 4 of line 3		
	Effet excess of gain off line 4 over amount of line o		
8	Enter loss from line 12(a), Schedule D (Form 1040) for 1972; otherwise,		1
	enter a zero		
	Reduce the gain, if any, on line 7 to the extent of the loss, if any, on line 8		
10	Enter loss from line 4(a), Schedule D (Form 1040) for 1972; otherwise,		
	enter a zero		
11	Add the gain(s) on line(s) 6 and 9		
12	Reduce the loss on line 10 to the extent of the gain, if any, on line 11	_12	<u> </u>
13	Pre-1970 short-term capital loss (enter smaller of amount on line 3 or on line 12)	13	
14	Short-term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13) .	14	
	Section B.—Computation of Capital Loss Carryovers to 1973		
		1	1 3
	16	ļ	1
15		!	1 7
	Enter loss, if any, from line 13 above	ļ ,	( ?
	Enter 1993, If all y, from time to above		( **
•	Enter loss deducted on line 36, Form 1040 for 1972		( )
•	Enter loss deducted on line 36, Form 1040 for 1972		( )
•	Enter loss deducted on line 36, Form 1040 for 1972	17	
•	Enter loss deducted on line 36, Form 1040 for 1972	17	
17	Enter loss deducted on line 36, Form 1040 for 1972	17	
17 18	Enter loss deducted on line 36, Form 1040 for 1972	17	
17 18	Enter loss deducted on line 36, Form 1040 for 1972	17	
17 18 19	Enter loss deducted on line 36, Form 1040 for 1972	17	
17 18 19	Enter loss deducted on line 36, Form 1040 for 1972	17	
17 18 19 20	Enter loss deducted on line 36, Form 1040 for 1972		
17 18 19 20	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973		
17 18 19 20	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for		
17 18 19 20 21	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972, enter loss, if any, from line 30, Schedule D (Form 1040) for 1972.		
17 18 19 20 21	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero		
17 18 19 20 21	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972.  Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18,		
17 18 19 20 21	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972, enter loss, if any, from line 30, Schedule D (Form 1040) for 1972.  Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)		
17 18 19 20 21 22	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter		(V3322
17 18 19 20 21 22	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972.  Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on line 12(a), Schedule D (Form 1040) for 1973	20	V3322
17 18 19 20 21 22 23	Enter loss deducted on line 36, Form 1040 for 1972	20	V3322
17 18 19 20 21 22 23	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on line 12(a), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1973.  If you were required to complete Part IV, Schedule D (Form 1040) for 1972.	20	V3322
17 18 19 20 21 22 23	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on line 12(a), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 31, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 33, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 13, Schedule D (Form 1040) for 1972.	20	(J3322
17 18 19 20 21 22 23 24	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on line 12(a), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 31, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 13, Schedule D (Form 1040) for 1972  Enter excess of line 22 over line 21   Enter excess of line 1	20	V3322
17 18 19 20 21 22 23 24	Enter loss deducted on line 36, Form 1040 for 1972	20	V3322
17 18 19 20 21 22 23 24	Enter loss deducted on line 36, Form 1040 for 1972  Loss carryover to 1973 (excess of line 15 over line 16—If line 15 does not exceed line 16, enter zero). Enter here and on line 4(a), Schedule D (Form 1040) for 1973  Enter loss, if any, from line 14 above  Enter excess of line 16 over line 15—if line 16 does not exceed line 15, enter zero  Loss carryover to 1973 (excess of line 18 over line 19—If line 18 does not exceed line 19, enter zero). Enter here and on line 4(b), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter zero  Enter excess of line 19 over line 18—if line 19 does not exceed line 18, enter zero (unless you checked the block on line 1, and followed the line 1 instructions)  Loss carryover to 1973 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and on line 12(a), Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1973  If you were required to complete Part IV, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 31, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 13, Schedule D (Form 1040) for 1972  Enter excess of line 22 over line 21   Enter excess of line 1	20	V3322

SAMUEL & PHYLLIS RUBY CALEN
322-12-7997 SOC SEC. NO.

DEDUCTION SCHEDULE

A Commence of the Commence of		DEDUCTION	SCHEDULE		
MEDICAL	FEDERAL	STATE	CONTRIBUTIONS	FEDERAL	STATE
MEDICAL MEDICINE/DRUGS		,	PARTNERSHIP SHARE		
LESS 1% A.G.I. (Line 18 - 1040)			GIRL/BOY SCOUTS		
NET MED/DRUGS			HEART FUND/CANCER FUND		
H & A INS. (½ + EXCESS)	475		RED CROSS/UNITED FUND	1	
DR.			XMAS & EASTER SEALS	150	
DR.			MISC. ORGANIZED CHARITIES		
DR.			POLITICAL CONTRIBUTIONS		
DR.	730		CHURCHES		<del> </del>
DR.		-			
DR.					
DR.					
DR.					+
	. ` .		OTHER THAN CASH		<del> </del>
			CARRY OVER FROM PRIOR YRS.	100	150
PROSTHETIC APPLIANCES			ZT TOTAL CONTINUESTICATE	150	1201
HEARING AID			CASUALTY OR THEFT LOSS(ES)	Ť	
HOSPITAL			LOSS BEFORE ADJUSTMENT	<del>                                     </del>	1
			INSURANCE REIMBURSEMENT	<del></del>	<del></del>
AMBULANCE	' '		\$100 LIMITATION (PER CASUALTY	)	
LABORATORIES					<del>                                     </del>
TRAVEL FOR MED. 1000	60		20		
			MISCELLANEOUS DEDUCTIONS		
MEDICARE INS.	,		INCOME TAX PREPARATION	+	· · ·
GLASSES			UNION/PROFESSIONAL DUES		
MEDICAL EXPENSES	1265	12-65	UNIFORMS/PROTEC, CLOTHING	+	-
LESS REIMBURSED BY INS.		1720	SMALL TOOLS AND SUPPLIES		
LESS 3% ADJ. GROSS INC.	496	499	LAUNDRY AND CLEANING		
	769	766	AUTO USE DAMAGE		( 7
+ ½ (TO \$150) OF H & A INS.	150	150	ALIMONY (SCHEDULE)		
10 TOTAL MEDICAL DED.	919	916	INVEST.COUNSEL & PUBS.(SCHED)		
TAXES		· · · · · · · · · · · · · · · · · · ·	EMPLOYMENT AGENCY FEES		
REAL ESTATE	601	<b> </b>	SAFE DEPOSIT BOX		
STATE & LOCAL GASOLINE	105	<u> </u>	TEL. REQ. IN BUSINESS		
GENERAL SALES TAX	218	<b>_</b>	CHILD & DEP. CARE (Form 2441)		
STATE & LOCAL INCOME	<b>O</b>	xxxxx 3		-	<del>                                     </del>
PERSONAL PROPERTY	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
PERSONAL PROPERTY AUTO	3	<b> </b>	হ জ	7/	
STATE DISABILITY INS.	8		TOTAL MICC DED	N .	
SALES TAX AUTO	,		34 TOTAL MISC. DED.	1	
		<del> </del>	1991 ·		
	<u> </u>	<del> </del>	SUMMARY OF ITEMIZED DEDUCT.	FEDERAL	STATE
	927	929	35 TOT. DEDUCTIBLE MEDICAL & DENTA		
17 TOTAL TAXES	961	76	36 TOTAL TAXES (FROM LINE 17)		
INTEREST (TO WHOM PAID)	2570	T	37 TOTAL INTEREST (Line 20)		`
MORTGAGE		<del> </del>	38 TOTAL CONTR. (Line 24)		mr.
SB Q	22	1	39 CAS.& THEFT LOSS(ES) (Line 29	))	18.
WATER LANGUE CONTRACTOR	<del></del>	<del> </del>	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)	-	·
INSTALLMENT LOANS	1 100	<del> </del>	DEDUCTIONS (FROM LINE 34)	1	(·
ISTTHRIFT	15,7	<del> </del>			· · · · · · · · · · · · · · · · · · ·
BAYAREA	264	<u> </u>	41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45	D -5/65	5162
MERRILLCYNCH	352	<del> </del>		1-187	
WEISVOISIN	9.	4	REMARKS	M	
		-		84%	
	<b> </b>	<del>                                     </del>	(36.3	24)	
Angles		1 2 4			1
20 TOTAL INTEREST	3169.	3169			
				٠	

	I PHYLLIS	RURY
NAME SAMUE	L& THYLLIS	1.D. NO.
		SOC. SEC. NO

CALENDAR YEAR 19

FISCAL YEAR ENDING ADDRESS \_ 322-12-7997 19 \_ SCHEDULE OF PROFIT (OR LOSS ) FROM BUSINESS OR PROFESSION PRINCIPAL BUSINESS ACTIVITY EMPLOYERS NO. BUSINESS NAME BUSINESS ADDRESS 33636 TOTAL RECEIPTS INVENTORY AT BEGINNING OF YEAR MERCHANDISE PURCHASED LABOR 20136 20136 INVENTORY AT END OF YEAR 13500 GROSS PROFIT 13500 GROSS INCOME OTHER BUSINESS DEDUCTIONS ADVERTISING AUTO AND TRUCK EXPENSE BAD DEBTS CASH SHORT COMMISSIONS DELIVERY 2000 DEPRECIATION ( SCHEDULE ATTACHED ) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL 257 INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING MAINTENANCE OFFICE SUPPLIES AND EXPENSE RENT REPAIRS SALARIES AND WAGES SALARIES OFFICERS SUPPLIES TAXES AND LICENSES TAXES - PAYROLL TELEPHONE TRAVEL UTILITIES TAXINCLUDEP NET PROFIT OR ( LOSS ) - FEDERAL RETURN LOSS ) . STATE RETURN ( SEE DEPREC. SCHEDULE FOR DIFF. )

PROFESSIONAL STATIONERS INC. FORM 104 LOS ANGELES, CALIF. NW 88326 Docld:32245535 Page 124

NET PROFIT OR

SCHEDULE

agon	HIS YEAR	CIATION T	TOTAL DEPRECIATION THIS YEAR	7									
	HIS Year.	urchased T	Add 20% Additional Depreciation on Items Purchased THIS Year.	preciation	itional De	20% Addi	Add						
				8	16386					28000	TOTALS 7		
										-			
										_			
					_								
1					_								
										,		,	
250	JYK	5.6.	1614		1386	3000				300 p	Tho 3	oce IMP.	LEASEHOLD
583	SYR	ک در	2000		3000	5000				4495	4/70 5	COMPETE	CONENENT
1167	SYR	77	4000		6000	4000				10000	1 04/4	DUCENT	Fourt
						101				10 000	4/70/	ODWILL	60000
DEPRECIATION FOR THIS YEAR	RATE(%) OR LIFE (YRS)	мЕТНОВ	REMAINING	DEP ALLOWED PRIOR YEARS		DEPRECIABLE BASIS		×	SPEC 20%	COST OR	DATE ACQUIRED MO YR O	KIND OF PROPERTY	K IND O
				TION	AMORTIZATION	\	DEPRECIATION	유	SCHEDULE	S(			
-								-		111	100	346	
	,						,			£ 2 5		7	

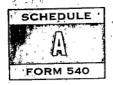


TAXABLE YEAR

13717 VANOWEN STREET <u>VAN NUYS, CA. 91403</u> 357-34-8729

a weer ler	work 1 December 31 1973 or othe	r taxable year beginning	1973, ending	, 19
	ME(S) AND INITIAL(S)	LAST NAME	,	Your Social Security Number
FIRST NA				322 12 799
DDECENIT	S'AMUELLPHYL HOME ADDRESS (Number and street, inc	Juding apartment number, or rural route)		Spouse's Social Security Numb
PRESENT				349 18 142
CITY TO	VN OR POST OFFICE, STATE AND ZIP	-HER JT	occu- Yours	SIE
		· / // / //	PATION Spouse's	HIW.
	RAMADA TIL		absolved optor \$25	
	Check Only One	1 -	checked, enter \$25	6 ra
] Single	Silver talas values	6. Personal Exemption: (If line 2, 4 or 7. Dependents - Do not list person who qu		
•	filing joint return		•	
_	filing separate return—Enter spouse's full	Name (include last name and/or address if diff		
name		FIICA		
	Household—Enter name of qualifying		Total Number ▶ 3	x \$8 . 7 2.4
individua		8. Blind (refer to instructions) Number of	•	<b>/</b>
died 19	r) with dependent child. Enter year spouse	9. Total exemption credits (add lines 6,		
died 19_				
Income	10. Wages, salaries, tins and other emol	oyee compensation (Attach copy 2 of Form(s) of fundamental forms (s) of fundamental forms (s) of	vi-2 to front, )	10
	•	n. Capital gain dividends must be included		11 92
and the second second		bility of federal, state and municipal bonds		.   12   3
,		and interest (from line 50)		. 13 16/96
	1.1		· ·	. 14 /6633
		56) ,		. 15
•		2 15 from line 14)	The state of the s	16 /6633
1	1 6 7 64 6	ND line 16 is under 10,000, find tax in Tax Ta	* *	
		16 is \$10,000 or more, complete lines 17 and	•	(ed): 17 5/62
		OR Standard (\$1,000 if line 1 or 3 checked		
. 1.,	18. Taxable income (subtract line 17 fr	rom line 16) Compute tax from Tax Rate Sche	dule—Enter tax on line 19	18 11471
<del></del>	## 1		Cahadula C1	19 249
		sed, check appropriate box   Schedule G,	or 7 2cuequie 6.1	20 74
	20. Total exemption credits (from line	· • •	ontor zordi	21 175
Your		line 19—if line 20 is greater than line 19	, enter Zeroi	22
Tax	22. Other credits (from line 66) .	Of it line 22 is greater than line 21 hadis	r torn)	23 125
and		21—if line 22 is greater than line 21, ente		24
Credits	24. Special tax credit—from line 75	(see Instructions, page 2, for allowable of from line 29—if line 24 is greater than line	23 enter zero)	25 12-2
1	26. Tax on preference income (see ins	tructions attach Schedule P(540))	Lo, onto 2010	26
	27. Total tax liability (add lines 25 a	the state of the s		27 122
	1.5		1	
i,	28. Renter's credit—if you lived in re	nted property on March 1, 1973, complete P	Part I on page 2	28
Your	29. Total California income tax withhe	ld (attach Form(s) W-2 or W-2P to face of	return)	29
Pre-	30. 1973 California estimated tax pays	ments (include amount allowable as a credit	from 1972 return)	30
payment Credits		(attach Form DE 1964 to face of return) .		31 - 2 -
. 0,000	32. Total prepayment credits (add line	es 28 through 31)		. 32
	33 If line 27 is equal to or larger tha	n line 32, enter amount of BALANCE DUE .		. 33 122
Dalanca	Pay in full and mail with return to	: Franchise Tax Board, Sacramento, CA 95867		Do not write in these
Balance Due	34. If line 32 is larger than line 27,		1241	P
Balance Due or	Mail return to: Franchise Tax Board	, P.O. Box 13-540, Sacramento, CA 95813		E
Refund	35. Amount of line 34 to be REFUNDE	D. (allow at least six weeks for your refund)	35	
	36. Amount of line 34 to be credited	on your 1974 estimated tax		M +
		191-19		and 2
Under penal belief it is	ties of perjury, I declare that I have examined t true, correct and complete. If prepared by a per	his return, including accompanying schedules and states son other than taxpayer, his declaration is based on all	information of which he has any knowl	dge. A
AIANI -		1 -	H ·	
<b>№</b> 11112164 [	Your signature	Date Pro	eparer's signature (other than taxpayer)	Date

PAI	T 1 - Renter's Credit - All questions must be answered	See	Instructions	, Page 2,	for Allowable Credit
37.	Did you, on March 1, 1973, live in rented property which was your principal residence?	☐ Yes	No		nay not claim this credit
	Was the property you rented exempt from property tax?	☐ Yes	□ No		may not claim this credit
	Did you live with any other person who claimed you as a dependent for income tax purposes?	☐ Yes	□ No		may not claim this credit
40.	Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?	☐ Yes	☐ No		page 2 of instructions
PAI	RT II - Other Income				
41.	Business income (or loss) (attach Schedule C(540))			,	41 4948
	Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))				42 (1000)
43.					43 12248
44.	Pensions and annuities			1	44
45.	Rents and royalties Attach				45
46.	Partnerships Schedule E Form (540)				46
47.	Estates and trusts				47
48.	Farm income (or loss) (attach Schedule F(540))				48
	(a) Fully taxable pensions and annuities (not reported on Schedule E(540))				
	Miscel (b) Alimony	1			
49.	income (c) Other (state nature and source)	. (c)			
f	Enter total of lines 49(a), (b) and (c)				49
50.	Total (add lines 41 through 49). Enter here and on line 13				50 16196
PAR	T III - Adjustments to Income	·			
51.	"Sick pay", if included in line 10 (see instructions—attach statement)				51
52.	Moving expenses (see instructions—attach statement)				52
53.	Employee business expenses (see instructions—attach statement)			:1	3
54.	Military exclusion (see instructions)				54
	Payment as a self-employed person to a retirement plan, etc.	,			55
	Total adjustments (add lines 51 through 55). Enter here and on line 15			- 1	56
_	T. IV. I Itamized Deductions ON SEPARATE RETURNS OF MARRIED TAXPAYERS, BOTH MU	JST ITEM		<u> </u>	
	DEDUCTIONS OF DOLL MIDS! LAVE THE STANDARD DEDUCTION	ON.	,	·····	· · · · · · · · · · · · · · · · · · ·
	Attach Schedule A(540) and enter sub-totals on lines 57 through 62, below				0110
	Total deductible medical and dental expenses (from Schedule A(540), line 10)			5	77 77 0
	Total child adoption expenses (from Schedule A(540), line 13)				8 -0-
	Total taxes (from Schedule A(540), line 21)				9 76
	Total interest expense (from Schedule A(540), line 25)				0 3/67
	Total contributions (from Schedule A(540), line 29)			1	1 150
	Totals miscellaneous deductions (from Schedule A(540), line 40)				2
63.	Total itemized deductions (add lines 57 through 62). Enter here and on line 17			. 6	3 5162
PAR	V - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW				
	"Other State" net income tax credit (attach copy of other state return and Schedule S(540))			6	4
	Retirement income credit (attach Schedule R(540))			6	5
66.	Total (add lines 64 and 65). Enter here and on line 22			6	6
PAR	VI - Special Tax Credit - If you report net gains from capital assets held more than one your special Tax Credit - All other taxpayers enter "Net Tax" from line 23 on line 74 and	ear on So	chedule D(54	10), comple	te all lines below.
67	Taxable income from line 18 (or line 16 if Tax Table used)	<u>_</u>		. 6	7
	Amount of gain or loss (if any) entered on Schedule D(540), line 14	1 1		. i	<u>′                                       </u>
	Amount of gain or loss (if any) entered on Schedule D(540), line 15			, <b>)</b>	
70	Combine lines 68 and 69 and enter total here. If zero or a loss, enter zero				0 -0-
	Adjusted taxable income (subtract line 70 from line 67)				
	Adjusted tax (use same method as used for determining tax on line 19)				: :
	Add lines 20 and 22, and enter total here				
	Adjusted net tax (subtract line 73 from line 72)				19
	Special tax credit—Determine allowable credit using Table on page 2 of instructions. Enter here a				
				, ,	





## ITEMIZED DEDUCTIONS

Attach to Form 540

19 23 YEAR

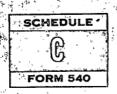
Name as shown on Form 540	. ()	<b>∞</b>	D .
		<i>V</i>	~ K. D.
SAMU		THYLLI	s nasy

Social Security Number

itemized methods. explained	You	can	eith	er itemiz	e vour d	leductions	or take	a st	andard	deduct	tion as

if one spouse itemizes deductions, the other may not use the Tax Table or claim the standard deduction. If you choose to itemize your deductions, complete the appropriate items below.

edi	cal and dental expenses (not compensated by insurance medicine and drugs, doctors, de	entists, nurses, nospi-		st Expense		
	tal care, insurance premiums f	or medical care, etc.		Home mortgage		
	One half (but not more than \$150) of insurance	1 - 0		nstallment purchases		
•	premiums for medical care	150	24. (	Other (itemize)		
	Medicine and drugs		-			
, .	Enter 1% of adjusted gross income shown on Form		-			
	540.		· .	SCH		
4.	Subtract line 3 from line 2. Enter difference (if line 3 is greater than line 2, enter zero)		25.	Total—(Add lines 22, 23 and 24. Enter here and on Form 540, page 2)	3/69	
5.	Enter balance of insurance premiums for medical care not entered on line 1	475	Contr	ibutions		
6.	Other medical and dental expenses:	730	26.	Cash contributions for which you have receipts, can-	150	
•	(a) Doctors, dentists, etc	/ <u></u>		celed checks, etc	150	
	(b) Hospitals	- CA	27.	Other cash contributions. List donees and amounts		
ď	(c) Other (itemize)	60				
4						
÷						
ķ,.	- 13 - 14 - <del>- 13 - 14</del>	12.1.6				
7.	Total—(Add lines 4, 5, 6a, b, and c)	12-65				
g.	Enter 3% of adjusted gross income shown on	499				
٠.	Form 540		28.	Other than cash See instructions for required		
9.	Subtract line 8 from line 7. Enter difference (if	766		statement		<del></del>
٠.	line 8 is greater than line 7, enter zero)	700	29.	Total—(Add lines 26, 27 and 28. Maximum deduction	-0	
0.	Total—(Add lines 1 and 9. Enter here and on Form 540, page 2)	916		may not exceed <b>20%</b> of adjusted gross income. Enter here and on Form 540, page 2) ▶	150	
:hi	d Adoption Expense			ellaneous Deductions		
_				alty or Theft Loss(es)—See Instructions		
1.	Total expenses paid or incurred—Attach itemized list		throu	If you had more than one loss, omit lines 30 ugh 34 and follow instructions for guidance.		
12.	Enter 3% of adjusted gross income shown on Form	•	30.	Loss before insurance reimbursement		
:	540			Insurance reimbursement		<del> </del>
3.	Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form	-0-		Subtract line 31 from line 30. Enter difference (if line 31 is greater than line 30, enter zero)		
	540, page 2)		:	Enter \$100 or amount on line 32, whichever is smaller		,
(a)	tes (See tables on reverse)		34.	Casualty or theft loss (line 32 less line 33) ·		ļ
	Real estate			Alimony paid		ļ
	State and local gasoline		36.	Child care—See instructions		
			· 37.	Union dues		
	General sales		38.	Employment education expense—See instructions .		<b></b> .
17.	Auto license—Excess of registration and weight fees	1	39.	Other—See instructions (itemize)		
••	(see instructions)		,			ļ
	Personal property					
19.	State disability insurance (SDI)—Employer private disability plans do not qualify					ļ
20	Other		,			·
					<u> </u>	
	Total taxes—(Add lines 14 through 20. Enter here and on Form 540, page 2) ▶	927	40.	Total—Add lines 34, 35, 36, 37, 38 and 39. (Enter here and on Form 540, page 2) ▶		
				The state of the s		



NV(6883263)Docld:32245535 Page 129



# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

TAXABLE

19 73

Agge	ach this schedulo to your income tax roturn, Form 540 or 540NR	Partnerships, joint venture	s, etc., must file on Ferra 565
	ame as shown on Form 540 or 540NR		Social Security Number
* + 3	SAMMER EPHYLLIS KUBY		322/27997
	SMACK BAR	; product Foo	0
<b>A.</b>	(See Instructions for "Item A.")  (For example: retail—hardware; wholesale—tobacco;	production for	mitures, etc.)
, (9)	Business name NACK BAR C. Federal empl Business address S 418 VAN NUYS BLUD - VA	loyer identification number.	
D.	Business address SY18 VAN NUYS BLUD - VA	IN NUYS CA	(710 and a)
E.	Indicate method of accounting: 💢 cash; 🔲 accrual; 🔲 other.		(217 (300)
5	Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)?	LYes ☐ No	7
G.	Method of inventory valuation ►	-lu-ti between the energy	ing and closing inventories?
₩c	as there any substantial change in the manner of determining quantities, costs, or vo	aluations between the open	ing and closing inventories:
_	YES NO. If "Yes," attach explanation.		
IAI	PORTANT—All applicable lines and schedulos must be filled in.		T
274	Gross receipts or sales \$ Less returns and allowances \$	Balance D	
COME	2 Less: Cost of goods sold (Schedule C-1, line 29) and/or operations (attach sche	equie)	
ទ្ឋ	3 Gross profit		
3	5 TOTAL income (add lines 3 and 4)		
4	6 Depreciation (explain in Schedule C-3)		1
	7 Taxes on business and business property (explain in Schedule C-2)		
;	8 Rent on business property		
	9 Repairs (explain in Schedule C-2)		
1	10 Salaries and wages not included on line 24, Schedule C-1 (exclude any paid	to yourself)	
٠.	Insurance	• • • • • • • • • • •	
	12 Legal and professional fees	, ,	
	13 Commissions		
_	16 Amortization (attach statement) 15 (a) Pension and profit-sharing plans (see Instructions for line 15(a))		
82	(b) Employee benefit programs (see Instructions for line 15(b))		
0	16 Interest on business indebtedness		
ğ	17 Bad debts arising from sales or services		
	18 Depletion		
	19 Other business expenses (specify):		
	(a)		
	(b)		
	(d)		
	(a)		
	(f)		
	(g) 10(a) through 10(a)		·
	(h) Total other business expenses (add lines 19(a) through 19(g))	1 HEDIO E	
_			
, .	21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2,	, Form 540 or Form 540NR	4948
_			
_	CHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions fo		<del></del>
2	22 Inventory at beginning of year (if different from last year's closing inventory, at	ttach explanation)	
2	Less cost of items withdrawn for personal use \$	Balance D	
	Real Cost of labor (do not include salary paid to yourself)		an a
	25 Materials and supplies		M. Aus.
	Other costs (attach schedule)		V E. St.
	28 Less: Inventory at end of year		
2	29 Cost of goods sold. Enter here and on line 2, above		10 F

Schedule C (F	orm 540) (Rev. 1973)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					<u> </u>		Page
SCHEDULE C		Lines 7 an								Amou	
Line No.	Explanation			ount	Line No.		Explan	ation		\$ Amou	ınt
			\$						·	<del>-</del>	
		**********				·					
-,		1									
		,				ļ	- <del></del>				·····
						·		44-44-44-44-4			
					!:						
							·		,		
							**********	· · · · · · · · · · · · · · · · · · ·			
		.,,					· · · · · · · · · · · · · · · · · · ·				
						-					.į <u>.</u>
							;	.,			
		•••••					,				
placed in so detailed sta	asset Guideline Classe ervice. If this metho- atement of depreciation of the class escription of property	d is used,	do NO tation.	c. Cost or	d.	Depreciation yed or allowable	the Upp	er Lim	f, Life or rate	Ranges.  g. Depreciation this year	Atta
	ional first-year depreciati				"	n prior years	deprec	iation			
3 Other depr Buildings Furniture a Transporta		Note abov	(e)								
	5									1- 1- 1- 1- 1	
	· · ·										
Less: Amo	unt of depreciation claims onter here and on page 1,				·	 	 	· ·			
Summary	Straight line	Declining	g balance	Sum year	of the s-digits	Units of product		Other (s	specify)	Total	
7 Line 2, abo	ove				1 -					:	
Other									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200	ପ
			· /C		- C I+	whom for S	ahadula C	. 4)			
CHEDULE C				e Schedule	<del></del>	ctions for S	crieduje C			1	
nter informat	tion with regard to yourse employees. In determining	elf and your	r five		Nar	me .		Expense		Salaries and	wages
ngnest pala ( naid employe	es, expense account allo	wances mus	st be	Owner	• • •	, .	[				
idded to thei	r salaries and wages. Ho	wever, the i	nfor-								
nátion need	not be submitted for an mbined amount is less t	ny employee han \$10.000	e tor O or	_							
or vourself	if your expense account	allowance	plus								
ine 21, page	1 is less than \$10,000.	,	•	5							
Did you claim	a deduction for expense	connected	with:						r		
☐ Yes	74					- Care	40				
(2) Living acc ☐ Yes	ommodations (except emp	oloyees on b	usiness)?	. (		yee or family Yes 🎇 N		not rep	orted on I	Form W-2?	

SCHEDULE

NW 88326 Docld:32245535 Page 131



## CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR



Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

SAMUEL SHOWN ON FORM 540 OF 540 NR	YLLIS	Rub	4		322 12 7897
PART 1—Assets Held One Year or	Less				2
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis adjusted, cost of su quent improvements not purchased, at explanation) and pense of sale	bse- (if f. Gain or loss tach (d. less e.)
1400 INTERRECTIFIE	R 1/17/73	4/2/73	3218	3729	Es163
100 ESSEX INT	3//9/73 4/3/73	6/29/73	1392	1759	3677
· · · · · · · · · · · · · · · · · · ·					
<ol> <li>Enter gain (or loss), if applicable, from</li> <li>Enter your share of net gain or loss from</li> <li>Net gain or loss, combine lines 1, 2 a</li> </ol>	m partnerships	and fiduciaries .			(2741)
PART II—Assets Held More Than One	Year But Not	More Than Fi	ve Years		**
5.					<u>-</u>
<u></u>					
					200
	27 70 700				***
6. Enter gain (or loss), if applicable, from 7. Enter your share of net gain or loss fr 8. Net gain or loss, combine lines 5, 6 a	om partnerships nd 7	and fiduciaries			
PART III—Assets Held More Than Five	e Years	T		1	
7.		S			** *
					- AA
2		2000		3. 2.	
***************************************					
<u>.</u>	.,				
10. Enter gain (or loss), if applicable, from	line 22 Schedul	le D-1 (540) (atta	ch copy)		
11. Enter your share of gain or loss from ports. Net gain or loss, combine lines 9, 10 a	artnerships and t	fiduciaries			
PART IV—Summary of Capital Gains		· · · · · · · · · · · · · · · · · · ·		10741	<del>)                                    </del>
13. Enter amount from line 4				6///	<del></del>
	1072 1 2 5 5	· 14.322.	- 1000		
16. Enter unused capital loss carryover from				(13322	$\mathbb{L}_{\mathcal{L}}$
17. Combine the amounts shown on lines 13,					(16063)
18. If line 17 shows a gain, enter here and					
19. If line 17 shows a loss, enter here and a	n page 2, Part I	of Form 540 o	r 34UNK the smal	lest of:	
(a) amount on line 17; (b) the taxable income for the taxable y	rear (computed v	without regard to	gains or losses fr	om sale or exchang	je
of capital assets; or	(				· ·
(c) \$1,000 (\$500 in the case of a husb	and or wife fili	ng a separate re	turn)		. (1000)

FORM 540



## SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

(Sales or Exchanges Including Involuntary Conversions)
(Attach to Form 540, 540NR, 541 or 565)

TAXABLE

19 73

YEAR

Name as shown on Tax Return	10			
SAMUEL	FH.	ILLIS	KuBy	1
		7	-	

Identifying number as shown on return

PART | Gain From Disposition of Property Under Sections 18211, 18212-18, 18219, 18220

1. Description of Sections 18211, 18212-18, 18219, and 18220 prop	erty.		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A) SNACK BAR			4/70	8/13/73
(B)				
(C)		·		
(D)	Property	Property	Property	Property
Correlate lines 1(A) through 1(D) with these columns	(A)	(B)	(C)	(D)
2. Gross sales price	28000 -			
3. Cost or other basis and expense of sale	28138-			
4. Depreciation allowed (or allowable)	12386-			
5. Adjusted basis, line 3 less line 4	15752-			. 7
6. Total gain, subtract line 5 from line 2	12248.			
7. If Section 18211 property:				
(a) Depreciation allowed (or allowable) after applicable date.				
(See Instruction D-3)	12386.			
(b) Line 6 or line 7(a), whichever is smaller	12248		,	
8. If Section 18212-18 property:				
(a) Enter additional depreciation after 12-31-63 and before				
1-1-71				
(b) Enter additional depreciation after 12-31-70				
(c) Enter line 6 or line 8(b), whichever is smaller				1
(d) Line 8(c) times applicable percentage (Instruction D-4)				1
(e) Enter excess, if any, of line 6 over line 8(b)				
(f) Enter line 8(a) or line 8(e), whichever is smaller				1
(g) Line 8(f) times applicable percentage (Instruction D-4)				· ' '.
(h) Add line 8(d) and line 8(g)				
9. If Section 18220 property:				
(a) If farm land, enter soil and water conservation expenses				
for current year and four preceding years			<u> </u>	
(b) If farm property, other than land, subtract line 7(b) from				
line 6; OR, if farm land, enter line 6 or line 9(a), which-				
ever is smaller (see Instruction D-5)			:	
(c) Excess deductions account (see Instruction D-5)				
(d) Enter line 9(b) or line 9(c), whichever is smaller				
O. If Section 18219 property:				
(a) Soil and water conservation expenses made after 12-31-69				
(b) Enter amount from line 9(d), if any; otherwise, enter a zero				
(c) Enter excess, if any, of line 10(a) over 10(b)				
(d) Line 10(c) times applicable percentage (Instruction D-5)				
(e) Line 6 less line 10(b)				1
(f) Enter smaller of line 10(d) or line 10(e)				1
UMMARY OF PART I (Complete Property Columns (A)	through (D) up	to Line 10(f)	before going	to Line 11)
1. Enter amounts from line 6	12248			T
2. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	12248		T	
3. Subtract line 12 from line 11, enter here and in appropriate				-
Section in Part II (see Instruction D-2)	-0-			
4. Total of Property Columns (A) through (D), line 12. Enter here	and on line 24	Part III	1 - 1	12248-

Schedule D-1(540)			÷		A4 . *	Page 2
PART II Sales or Exch	anges of Propert 181-82) see Instr	y Used in Tr	ade or Busine	ss and/or Involu	ntary Conversions	
ection A — INVOLUNTAL			SUALTY AND	HEFT		
A. Kind of property (if necessary, attach statement of descriptive details not shown below)		c. Date sold (mo., day, ýr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain (or loss) (d. plus e. less f.)
5.						
(b) For partnership ret section B—SALES OR E	ept partnership retu pplicable Section B- turns: Enter gain(s)	rns: (1) If line 1, B-2 or B-3; and loss(es) ir OPERTY USED	e 16 is zero or (2) If line 16 Schedule K (f	a gain, enter amo is a loss, enter suc orm 565). See Inst	unt of each gain or lo h amount on line 25 o ruction E.	Part III.
i (i tor inopo			roperty Held Or	ne Year or Less		
i <b>7</b> .					**	
						-1
·					3	
18. Combine the amounts o	on line 17, enter here	L,,		J	· · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	e Thạn One Yea	ır But Not More Than	Five Years	
9.						
****		,				
20. Combine the amounts o	on line 19, enter here		l	ļ		i
			perty Held More	Than Five Years		
변화 		T .	, , , , , , , , , , , , , , , , , , ,	T		:
21.						
<del>,</del>						
				<u> </u>		
and 10, respectiv line 26 of Part II (b) For partnership ret	on lines 18, 20 and ept partnership returnely, of the Schedule II.	22; enter here ns: (1) If line D (Form 540 c	and also on the 23 is a gain, e or 541) that is b	e appropriate line on the the amounts from the amounts from the filed. (2) If line	em lines 18, 20 and 22, le 23 is a loss, enter suc	on lines 2, 6 h amount on
	ms did rosses		<del></del>	1		
<ul> <li>a. Kind of property and how acquired (if necessary, attach statement of descriptive details not shown below)</li> </ul>	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition	f. Cost or other basis, cost of subsequent improvements and expense of sale	g. Gain (or loss) (d. plus e. less f.)
24. Gain, if any, from line	e 14					12248
25. Loss, if any, from line		;				· · ·
26. Loss, if any, from line 27.			1		, 	
		1	1			
			1	·		
28. Combine lines 24 throu	ugh 27 enter here	and also on H	l appropriate	line as follows		12248
(a) For fiduciary and p return being filed (b) For individual return (1) If the gain (or	partnership returns: Ed—see Instruction F ns: r loss) on line 28 i	inter the gain of for specific lin includes losses	(or loss) shown ne reference. which are to	on line 28 on the lin	temized deduction on loss(es) here and on	

Schedule A (Form 540 or 540NR)—Identify as loss from line 28(b)(1), Schedule D-1 (Form 540). . . .

# 1040

## Department of the Treasury / Internal Revenue Service Individual Income Tax Return

*IM	1970
-1 4	

ENCINO, CALIF. 91316

For the year January 1-December 31, 1970, or other taxable year beginning Your social security number First name and initial (If Joint return, use first names and middle initials of both) 3221 12 7997 RUBY SAMUEL AND PHYLLIS Spouse's social security number Present home address (Number and street or rural route) 349 ot 18 16250 Bircher Please City, town or post office, State and ZIP code Yours Self-Emp. Осси-Granada Hills, California Spouse's Housewife Filing Status-check only one: Exemptions Regular / 65 or over / Blind . X 1 Single; 2 🛛 Married filing jointly (even if only one) 7 Yourself . 8 Spouse (applies only if item) X checked 2 3 Married filing separately and spouse is also filing. 9 First names of your dependent children who lived with space above and enter back Fred, Brian, Elisa, first name here > Thomas number 4 Unmarried Head of Household W-2 to 10 Number of other dependents (from line 34) . D 5 . Surviving widow(er) with dependent child 11 Total exemptions claimed 6 Married filing separately and spouse is not filing Form 12 Wages, salarles, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) . ŏ m 13a Dividends (see pages 5 and 9 of instr.) \$ 20.60 13b Less exclusion \$ 20.60 13c Please attach Copy (Also list in Part I of Schedule B, if gross dividends and other distributions are over \$100) 14 14 Interest. Enter total here (also list in Part II of Schedule B, if total is over \$100) . 7.284 97 15 15 Income other than wages, dividends, and interest (from line 40) . 7.284 97 16 16 Total (add lines 12, 17 ey," moving expense, etc. from line 45) . 17 Adjustments to infor 18 Adjusted gross income subtra 18 7,284 97 If you do not itemize deductions and line if you itemize deductions and line. See page 2 of instructions for rules u If you itemize deductions or line 18 is \$10,000 19 117 53 19 Tax (Check if from: Tax Tables 1-15 [], Tax Rate Sheddle X, Y, or Zero. Stindul 20 Tax surcharge. See Tax Surcharge Tables A, Band C in instructions seledule D [], or Schedule G []) Tax and Surcharge 20 ment income credit, use Schedule R to figure surcha 21 Total (add lines 19 and 20) 117 53 22 Total credits (from line 55) attach Check or Money Order 23 Income tax (subtract line 22 from line 21) 24 538 20 and 24 Other taxes (from line 61) . 25 655 73 25 Total (add lines 23 and 24) . Make check or money 26 Total Federal income tax withheld (attach Forms W-2 to back) 27 order payable to inter-27 1970 Estimated tax payments (include 1969 overpayment allowed as a credit) nal Revenue Service. 28 Other payments (from line 65). 29 Total (add lines 26, 27, and 28) 30 If line 25 is larger than line 29, enter BALANCE DUE. Pay in full with return . 30 655 31 If line 29 is larger than line 25, enter OVERPAYMENT. 31 32. Line 31 to be: (a) Credited on 1971 estimated tax ▶ \$ \$ ; (b) Refunded > 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. Sign here Signature of preparer other than taxpayer, based all information of which he has any knowledge. Your signature LAMBERT-MARKE Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Address 16633 VENTURA BLVD.

Foreign Accounts (check appropriate box)

Did you, at any time during the taxable year, have any i	nterest in or signature or other authority over
a bank, securities, or other financial account in a foreign	en country (except in a U.S. military banking
facility operated by a U.S. financial institution)?	
If "Yes." attach Form 4683, (For definitions, see Form	4683.)

facility operated by a U.S. financial institution)? .  If "Yes," attach Form 4683. (For definitions, see Form 4683.)		. Li Yes Li	INO.
PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)		· · · · · · · · · · · · · · · · · · ·	
33 (a) NAME (b) Relation-ship (c) Months lived in your home. If born or died during year write "B" of \$625 or more? 100% write "AL"	upport, if	(f) Amount furnis by OTHERS inclu- ing dependent.	shed d-
		\$	
34 Total number of dependents listed above. Enter here and on line 10		🗠	
PART II.—Income other than Wages, Dividends, and Interest			
35 Business income (or loss) (attach Schedule C)	35	8,284	97
36 Sale or exchange of property (attach Schedule D)	36	(1,000	00
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E).	37		i
38 Farm income (or loss) (attach Schedule F)	38		
39 Miscellaneous income (state nature and source)			Ι.
	39		-
40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 15	40	7.284	197
PART III.—Adjustments to Income			
41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41	Ž	
42 Moving expense (attach Form 3903)	42		, 
43 Employee business expense (attach Form 2106 or other statement)	43		
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44		-'
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17	45	•	<u> </u>
PART IV.—Tax Computation			
46 Adjusted gross income (from line 18)	.46	7.284	97
47 (a) If you itemize deductions, enter total from Schedule A, line 22			
(b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter	47	2,745	44
\$1,000 (\$500 if married and filing separately)			
48 Subtract line 47 from line 46	48	14.539	
49 Multiply total number of exemptions claimed on line 11, by \$625	49	3,700	00
50 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate	50	930	100
Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51	50 51	839	
51 Tax. Enter here and on line 19	31	117	يدن
PART V.—Credits		*	
52 Retirement income credit (attach Schedule R)	52		-
53 Investment credit (attach Form 3468)	53		í
54 Foreign tax credit (attach Form 1116)	54		
55 Total credits (add lines 52, 53, and 54). Enter here and on line 22	55		,
PART VI.—Other Taxes			
56 Self-employment tax (attach Schedule SE)	56	538	20
57 Tax from recomputing prior-year investment credit (attach Form 4255)	57		
58 Minimum tax. See instructions on page 7. Check here [], if Form 4625 is attached	58		-
59 Social security tax on unreported tip income (attach Form 4137).	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60	700	20
61 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24	61	538	120
62 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7)	62	-	
63 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136)	63		
64 Regulated Investment Company Credit (attach Form 2439)	64	to the second se	
T HORAIGEOG PITOSEPIONE COMPANY CIONE (MEMORITATION ATOM)	1		

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

1970

Your Social Security Number Name(s) as shown on Form 1040 322 | 12 7997 Samuel and Phyllis Ruby Schedule A—Itemized Deductions (Schedule B on back) Contributions.—Cash—including checks, money orders, etc. Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, (Itemize—see instructions on page 8 for hospital care, insurance premiums for medical care, etc. examples) 1 One half (but not more than \$150) of insurance premiums for medical care . . . 2 Medicine and drugs . . . . . . 3 Enter 1% of line 18, Form 1040 . . . 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . . 5 Itemize other medical and dental expenses, include hearing aids, dentures, eyeglasses, transportation, balance of insurance premiums for medical care not 11 Total cash contributions . . . . . entered on line 1, etc. 12 Other than cash (see instructions on page 8 for required statement). Enter total for such items here . . . . 13 Carryover from prior years (see instructions on page 8) . . . . . . 14 Total contributions (Add lines 11, 12, and 13. Enter here and on line 19, below. See instructions on page 8 280 00 for limitation) Interest expense—Home mortgage . . Other (Itemize) 6 Total (add lines 4 and 5) . . . . . . . . . 7 Enter 3% of line 18, Form 1040 . . . 8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero) . . 9 Total deductible medical and dental ex-15 Total Interest expense (Enter here and 1,552; 18 on line 20, below.) . . . . . . ▶ penses (Add lines 1 and 8. Enter here and on line 17, below.) . . . . ▶ 150 00 Miscellaneous deductions for child care, Taxes.—Real estate . . . . . . . . alimony, union dues, casualty losses, etc. State and local gasoline (see gas tax tables) (see instructions on page 8). General sales (see sales tax tables) . . . State and local income . . . . . Personal property . . . . 10 Total taxes (Enter here and on line 18, 16 Total miscellaneous deductions (Enter 100 00 here and on line 21, below.) . . . ▶ 663 26 **Summary of Itemized Deductions** 150 00 663 26 280 00 1,552 18 100 00 22 TOTAL ITEMIZED DEDUCTIONS. (Add lines 17 through 21. Enter here and on Form 1040, line 47) S/A

ADDRESS 16250 Bircher

Granada Hills, California

SCHEDULE NO			·			AR ENDED	
MEDICAL	FEDE	RAL	STA	TE	CONTRIBUTIONS	FEDERAL &	
1. ONE HALF OF MEDICAL INSURANCE		1			CHURCHES	150	00
(NOT OVER \$150.00)	150	00	150	00	PROPERTY OF MINISTER MINISTER MINISTER AND ADMINISTER		
2. DRUGS AND MEDICINES					COMMUNITY CHEST/UNITED CRUSADE		
3. LESS: 1% OF ADJ. GROSS INCOME					SALVATION ARMY/GOODWILL INDUSTRIES		
4. NET DRUGS AND MEDICINES					RED CROSS		
5. DOCTORS/DENTISTS					XMAS & EASTER SEALS	-	T .
DR.					HEART FUND/CANCER FUND		
DR.					PARTNERSHIP RETURN		
DR.					PAYROLL DEDUCTION		
DR.				1	OTHER ORGANIZED CHARITIES:	100	00
DR.		1		1.	Boy Scouts		00
DR.				$\top$	Girl Scouts		00
DR.				-		1 7	
DR.	1			+		ļ	
DR.		·		-	TOTAL CONTRIBUTIONS	000	0.0
		+		+	TOTAL CONTRIBUTIONS	PARTY NAME AND ADDRESS OF	
	<del> </del>			<del> </del>	INTEREST (TO WHOM PAID)	FEDERAL &	SIAIL
	<del></del>		-		MORTGAGE LOAN		<del>                                     </del>
Control of the Contro			-	+	Colonial Mtg. Co.	1,133	10
	<del> </del>			<u>  </u>			
	ļ. <u>.</u>	<del>  </del>	<del></del>		INSTALLMENT LOAN		1
	ļ		·	ļ	Goodbody Co.	120	
					Bache Co.	119	
MEDICARE	ļ				First Thrift	89	
HOSPITAL				<u>                                     </u>	Transworld		44
				<u>                                     </u>	Revolving Charges (6%)	39	
LABORATORY							
BALANCE OF MEDICAL INSURANCE							
NOT DEDUCTIBLE ON TOP LINE					TOTAL INTEREST	1.552	18
TRAVEL FOR MEDICAL		T.1	,		MISCELLANEOUS DEDUCTIONS	FEDERAL &	
AMBULANCE			,		ALIMONY (EXPLAIN)		
GLASSES			<del></del>	7	SAFE DEPOSIT BOX FEE		
HEARING AID				1	UNION DUES		-
PROSTHETIC APPLIANCES					SMALL TOOLS (GOOD 1 YEAR)	- 1-10-	
MEDICAL EXPENSES					TOOLS DEPRECIATION		
LESS: REIMBURSED BY INSURANCE				-	SAFETY EQUIPMENT		
. TOTAL		-					
LESS: 3% OF ADJ. GROSS INCOME					UNIFORMS (NOT GEN, WEAR)		
BALANCE (NOT LESS THAN ZERO)					LAUNDRY & CLEANING		
TOTAL MEDICAL DEDUCTIONS					AUTO MILEAGE (m		
(LINE 1 PLUS LINE 8)	150	00	150	00	TELEPHONE EXPI'NSE (NOT REIMB.)		
AXES	FEDERA				EMPLOYMENT AGENCY FEES		T LINCOLD L
AUTO LICENSE (LESS REG. FEE)	42		STATE 42		DUES & SUBSCRIPTIONS		00
				-	INCOME TAX PREPARATION		00
SALES TAX ALTO	170	UU	170	00	отнея Financial Publ.	50	00
SALES TAX AUTO	233	24	211	2		3.2.	
REAL ESTATE TAX	311	26	311	20	TOTAL MISC. DEDUCTIONS	100	
PERSONAL PROPERTY TAX					CASUALTY LOSSES (EXPLAIN)	FEDERAL & S	TATE
STATE INCOME TAX	31.5		x x				
GAS TAX 2000GAL. @ • 07 c GAL.	140	00	140	00			
- 3:					SUB TOTAL		
DISABILITY INSURANCE					LESS REIMBURSED BY INS.		
MISC. TAX	× ×	××			SUB TOTAL		
OTHERS:					LESS \$100.00 FOR EACH CASUALTY		
					TOTAL CASUALTY LOSSES	,	
					TAINE AND AND THE LOUGES	FEDERAL	
The state of the s			1		The state of the s		. STAT

### SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service

# Profit (or Loss) From Business or Profession (Sole Proprietorship)

Partnerships, joint ventures, etc., must file on Form 1065. Attach to Form 1040.

N	lame as shown on Form 1040	Social security number	r
	Samuel and Phyllis Ruby	322 12 79	97
A	Principal business activity Food ; product ; product (See separate instructions) , (For example: retail—hardware; wholesale—tobacco; services—legal; manufa	ecturing—furniture; etc.)	
В	Business name Snack Bar C Employer Identification Number 95-	2651578	
D	Business address 5418 Van Nuys Boulevard Van Nuys, Cali Indicate method of accounting: (1) 🖺 cash; (2) 🗌 accrual; (3) 🖂 other	fornia 91 (ZIP co	401 de)
F	Was there any substantial change in the manner of determining quantities, costs, or valuations between the op-	ening and closing inve	entories
	; YES № NO. If "Yes," attach explanation.		
G	Were you required to file Forms 1096 and 1099 or 1087 for the calendar year 1970? (See "Item G" in separate		dule C.)
_	☐ YES X NO. If "Yes," where were they filed?	,	
_			
1	Gross receipts or gross sales \$ Less: Returns and allowances \$	\$	
2			
	attach explanation)		
3	Merchandise purchased \$, less cost of any items	•	
	withdrawn from business for personal use \$		
4	Cost of labor (do not include salary paid to yourself)		
5	Material and supplies		
6	Other costs (explain in Schedule C-1)	SCHEDU	न म
7	Total of lines 2 through 6	ATTACH	
8	Inventory at end of this year	ATTACH	ED.
9	Cost of goods sold and/or operations (subtract line 8 from line 7)		
10	Gross profit (subtract line 9 from line 1)		
	THER BUSINESS DEDUCTIONS		
11	Depreciation (explain in Schedule C-2)		
	? Taxes on business and business property (explain in Schedule C-1)		
13	Rent on business property		
14	Repairs (explain in Schedule C-1)		
15	Salaries and wages not included on line 4 (exclude any paid to yourself)		
	Insurance	•	
17	Legal and professional fees		
	Commissions		
	Amortization (attach statement)		l
	Retirement plans, etc. (other than contributions made on your behalf—see separate		
	instructions)		
21	Interest on business indebtedness		
	Bed debts arising from sales or services		
	Depletion	*	
	Other business expenses (explain in Schedule C-1)		
25			
	Net profit (or loss) (subtract line 25 from line 10). Enter here and on line 35, Form 1040. ALSO enter on Schedule SE, Part I, line 1	9,284	97
_	SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24		
L	ine No. Explanation Amount Line No. Explanation	: Amount	1
	\$	\$	
,			
	\$		· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE SE (Form, 1040).

## Computation of Social Security Self-Employment Tax

➤ Each self-employed person must file a separate Schedule SE ► Attach to Form 1040.

Department of the Treasury Internal Revenue Service ▶ If you had wages, including tips, of \$7,800 or more that were subject to social security taxes, do not fill in this page. ▶ If you had more than one business, combine profits (or losses) from all of your businesses and farms on this Schedule SE.

The state of the s		
Important.—The self-employment income reported below will be credited to your social security record and used in figuring		
	Check applicable I	
Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.)		
Partilism Computation of Net Earnings from BUSINESS Self-Employment (other than fair		
1 Net profit (or loss) shown in Schedule C (Form 1040), line 26. (Enter combined amount if more than one business.) .	8,284	97
2 Net income (or loss) from excluded services or sources included on line 1		
Specify excluded services or sources		
3 Net earnings (or loss) from business self-employment (Subtract line 2 from line 1, and enter here and on line 1(a), Part III, below.)		
Part Le Computation of Net Earnings from FARM Self-Employment		SE
A farmer may elect to compute net far in earnings using the OPTIONAL METHOD (line 3, below) INSTEAD OF THE REGULA if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. If your gross not more than \$2,400 and you elect to use the optional method, you need not complete lines 1 and 2.		
Computation under Regular Method		1
1 Net farm profit (or loss) from:	, .	
(a) Schedule F, line 52 (cash method), or line 69 (accrual method)		İ
(b) Farm partnerships		
2 Net earnings from self-employment from farming. Add lines 1(a) and (b)		
Computation under Optional Method	· .	
3 If gross profits from farming are:*		1
(a) Not more than \$2,400, enter two-thirds of the gross profits		* .
(b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600	1;	
•Note.—Gross profits from farming are the total of the gross profits from Schedule F, line 28 (cash method), or line		
67 (accrual method), plus the distributive share of gross profit from farm partnerships as explained in instruc-		
tions for Schedule SE.		
4 Enter here and on line 1(b), Part III, below, the amount on line 2 (or line 3, if you use the optional method)		
Parallia Computation of Social Security Self-Employment Tax		
1 Net earnings (or loss) from self-employment—		
(a) From business (other than farming—from line 3, Part I, above)	8,284	97
(b) From farming (from line 4, Part II, above)		<u>                                     </u>
(c) From partnerships, joint ventures, etc. (other than farming)		
(d) From service as a minister, member of a religious order, or a Christian Science practitioner. If you filed Form		
4361, check here 🔲 and enter zero on this line 🔒		
(e) From service with a foreign government or international organization		
(f) Other (director's fees, etc.). Specify		
2 Total net earnings (or loss) from self-employment reported on line 1	8,284	97_
(If line 2 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of page.)		
3 The largest amount of combined wages and self-employment earnings subject to social		
security tax is		
4 (a) Total "FICA" wages as indicated on Form W-2		
(b) Unreported tips, if any, subject to FICA tax from Form 4137.		
line 9		i i
(c) Total of lines 4(a) and 4(b)		
5 Balance (subtract line 4(c) from line 3)		
6 Self-employment income—line 2 or 5, whichever is smaller	7.800	00
7 If line 6 is \$7,800, enter \$538.20; if less, multiply the amount on line 6 by .069	538	20
8 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits tax from		
Form 4469		
9 Self-employment tax (subtract line 8 from line 7). Enter here and on Form 1040, line 56	5 <b>3</b> 8	20

#### SUPPLEMENT TO SCHEDULE C

Income:	•	\$32,657.34	
Less: Sales Tax		153.39	\$32,503.95
	· · · · · · · · · · · · · · · · · · ·	*	
Beginning inventory		# 1 000 ""	
Purchases - Beverages/milk	12	\$ 1,988.55 8,761.69	
Groceries Meat		1,893.83	
Bakery/bread		2,412.82	
Danoly, Jude		\$1.5,056.89	
Less: Ending inventory		800.00	14,256.89
Adjusted Gross Profit			\$18,247.06
Expenses:	•	# 1 100 16	
Rent	\$ 1.	\$ 1,172.16 2,046.30	•
Payroll taxes		202.92	
Travel to employees		215.00	
Miscellaneous expense		219.40	
Interest		419.10	
Accounting		225.00	•
Telephone		78.45	
Repairs		121.40	
Insurance Linen		150.00 21.00	
Auto - 3,000 M.		360.00	
Office	1.00	360.00	
Cleaning/maintenance		50.00	
Depreciation	and the second s	3,321.36	(8,962.09)
Net Profit			\$ 9,284.97
DEPRECI	<b>Δ ΤΙ Ο</b> Ν		•
DEIRIO	ATTON		
Equipment 4/70	\$10,000.00	5 Yr.	\$2,000.00
Covenant Not To			
Compete	5,000.00	5 Yr.	1,000.00
Leasehold Imp.	3,000.00	7 Yr.	428.50
(7 Yr. Balance Lease)	April-Decembe	· 1020	\$4,428.50
	Abt.rr-Decembe	17/0	₩4,440,50

## SCHEDULE D (Form 1040)

## Sales or Exchanges of Property

1970

Department of the Treasury Internal Revenue Service ➤ Attach to Form 1040.

Name(s) as shown on Form 1040

Samuel and Phyllis Ruby

Social Security Number

322 | 12 | 799

a. Kind of prop- erty. Indicate security, real estate, or other (specify)	b. Description (Examples: 100 sh. of "Z" Co., 2 story brick, etc.)	c. How ac- quired. Enter letter symbol (see instr.)	d. Date acquired (mo., day, yr.)	e. Date sold (mo., day, yr.)	f. Gross sales price	g. Depreciation allowed (or allowable) since acquisition	h. Cost or other basis, cost of subsequent improve- ments (if not purchased, attach explanation) and expense of sale	i. Gain (or loss) (f plus g less h)
1	36		1					
•	( )							
	-		SCH	EDULE	ATTACHED			(15,274.0
A. A.		<u> </u>						
2 Enter your	share of net short to	erm ga	in (or loss)	from partn	erships and fig	duciarles .		
	in (or loss) from line							
	ed short-term capital					e (attach stat	ement)	
Net short-te	rm gain (or loss) from	n lines	3 and 4	in precedir				
	pital gains and lo			ld more t				
								(i)
		eracinament _/					2.40	9
	<u></u>	483						V 2000 St 2000
		l					l	
					0 000 0 0 0	Ten 10 10 12 15		
	distributions				Telephone			
Enter gain f	rom Part VII, line 4							
Enter gain f	rom Part VII, line 4 share of net long-term	m gain	(or loss) fro	om partners	ships and fiduci	iaries		
Enter gain f	rom Part VII, line 4	m gain	(or loss) fro	om partners	ships and fiduci	iaries		
B. Enter gain f Enter your s D Enter your s 1 Net gain (or	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6	m gain n gain f throug	(or loss) from small to	om partners business co	ships and fiduci rporations (Sub	iaries ochapter S)		
B. Enter gain for Enter your so Enter your so 1 Net gain (or 2 Enter unuse	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I	m gain n gain f throug oss car	(or loss) from small to the sma	om partners business con	ships and fiduci rporations (Sub 	iaries		(15 274.0
B. Enter gain for Enter your so Enter your so 1 Net gain (or 2 Enter unuse	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6	m gain n gain f throug oss car	(or loss) from small to the sma	om partners business con	ships and fiduci rporations (Sub 	iaries		(15 274.0
B. Enter gain for Enter your some Enter your some 1 Net gain (or 2 Enter unuse 3 Net long term	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I	m gain n gain f throug oss car lines 1	(or loss) from small to the sma	om partners business con preceding	ships and fiduci rporations (Sub 	iaries ochapter S) attach stateme		(15 274.0
B. Enter gain for Enter your some Enter your some 1 Net gain (or 2 Enter unuse 3 Net long term	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on	m gain n gain f throug oss car lines 1	(or loss) from small to the sma	om partners business con preceding	ships and fiduci rporations (Sub 	iaries ochapter S) attach stateme		(15 274.0
B. Enter gain for Enter your some content of Enter your some content of Enter unused. The Enter unused in the Enter unused in	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on lows a gain—	m gain n gain f throug oss car lines 1	(or loss) from small the 10 construction from 12 construction from 1 and 12 construction from 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and 13, and	preceding	ships and fiducing rporations (Subtractions (Subtractions) taxable years (	iaries ochapter S) attach statements) ss) here	ent)	(15 274.0
B. Enter gain for Enter your son Enter your son 1 Net gain (or 2 Enter unuse 3 Net long-ter 4 Combine the (a) Enter 50	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from amounts shown on lows a gain— 0% of line 13 or 509	m gain in gain in gain in through oss car lines 1 lines 5	(or loss) from small to the total to the total to the total to the total	om partners business con preceding and enter the	ships and fiducing rporations (Subtractions (Subtractions) taxable years (	iaries ochapter S) attach statements) ss) here	ent)	(15 274.0
B. Enter gain for Enter your some content of Enter your some content of Enter unuses. The combine the	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on lows a gain—	m gain in gain in gain in throughous car lines 1 lines 5 dines of lines on the loss on the loss on the loss of the	(or loss) from small to the from small to the from 1 and 12. In and 13, and 14, which is no entry of	om partners business con preceding and enter the ever is small on line 13	ships and fiducing rporations (Subtractions (Subtractions) (Subtra	iaries ochapter S) attach statements) ss) here	ent)	(15 274.0
B. Enter gain for Enter your some content of Enter your some content of Enter unuses. The combine the	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from e amounts shown on the again— 0% of line 13 or 50% ter zero if there is a t line 15(a) from line	m gain in gain in gain in throughous car lines 1 lines 5 dines of lines on the loss on the loss on the loss of the	(or loss) from small to the from small to the from 1 and 12. In and 13, and 14, which is no entry of	om partners business con preceding and enter the ever is small on line 13	ships and fiducing rporations (Subtractions (Subtractions) (Subtra	iaries ochapter S) attach statements) ss) here	ent)	(15 274.0
B. Enter gain for Enter your some content of Enter your some content of Enter unuses. The Enter unuses of Enter unuses of Enter unuses of Enter unuses of Enter in Enter 50 tax). Enter 50 tax). Enter 50 tax of Enter 50 tax	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from amounts shown on the again— 0% of line 13 or 509 ter zero if there is a t line 15(a) from lin tows a loss—	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E	(or loss) from small the 10 cryover from 1 and 12 cryover from 1 and 13, and 13, and 14, which represents the results of the r	preceding denter the ever is small in line 13 and on line	taxable years ( net gain (or lo ller (see Part IV	iaries ochapter S) attach statements) ss) here	ent) on of alternative	(15,274.0
B. Enter gain for Enter your some content of the co	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the same shown on	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E	(or loss) from small the 10 cryover from 1 and 12 cryover from 1 and 13, and 13, and 14, which represents the results of the r	preceding denter the ever is small in line 13 and on line	taxable years ( net gain (or lo ller (see Part IV	iaries ochapter S) attach statements) ss) here	ent) on of alternative	(15,274.0
B. Enter gain for Enter your some content of the co	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the same line 13 or 50% ter zero if there is a t line 15(a) from line the same loss— the same loss— the same lines the same loss and lines the same lines the s	m gain f throug oss car lines 1 lines 5 6 of lin loss on e 14. E	(or loss) from small to h 10 ryover from 1 and 12 and 13, and e 14, which r no entry of their here a	preceding of enter the ever is small on line 13 and on line k, enter a zero	thips and fiducing reportations (Subtractions (Subtractions) (Subt	iaries ochapter S) attach statements) ss) here for computation	ent) on of alternative	(15,274.0
B. Enter gain for Enter your some content of the co	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the same and same t line 15(a) from line the same aloss—the same aloss aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss—the same aloss aloss—the same aloss—the s	m gain f throug oss car lines 1 lines 5 6 of lin loss on e 14. E	(or loss) from small to h 10	preceding of enter the ever is small on line 13 and on line k, enter a zerif loss, enter serif loss, e	ships and fiducing reporations (Substance) taxable years (in the gain (or lower like) liter (see Part IV) 17, Part II there here and or interval in the gain (or lower like)	iaries ochapter S) attach statements) ss) here for computation	on of alternative	(15,274.0
B. Enter gain for Enter your son the Enter your son	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from amounts shown on the amou	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and :	(or loss) from small to the 10 control of the 10 control of the 12 control of the 14, which is no entry of the there are bland to the 12 are bland to the 12 are bland to the 12 are bland to the 15 control of the 16 control of th	om partners business con preceding and enter the ever is small and in line 13 and on line k, enter a zer if loss, enter b); (ii) line	ships and fiducine rporations (Subtractions (Subtractions) (Subtra	iaries ochapter S) attach statements) ss) here for computation lines 16(b) a	on of alternative	(15,274.0
B. Enter gain for Enter your some content of the combine the combine the combine the combine the combine the combine to line (b) Combine (c) Enter some combin	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the same amounts shown on t	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and :	(or loss) from small to the 10 control of the 10 control of the 12 control of the 14, which is no entry of the there are bland to the 12 are bland to the 12 are bland to the 12 are bland to the 15 control of the 16 control of th	om partners business con preceding and enter the ever is small and in line 13 and on line k, enter a zer if loss, enter b); (ii) line	ships and fiducine rporations (Subtractions (Subtractions) (Subtra	iaries ochapter S) attach statements) ss) here for computation lines 16(b) a	on of alternative	(15,274.0
B. Enter gain f Enter your s D. Enter your s D. Enter your s I Net gain (or Enter unuse Net long-tern Combine the If line 14 sho (a) Enter 50 tax). En (b) Subtract If line 14 sho (a) Add line to line (b) Combine (c) Enter sr table us or (iii)	rom Part VII, line 4 share of net long-term hare of net long-term r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the am	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and : f gain, 6(a) les pital ga	(or loss) from small to the 10 control of the 10 control of the 12 control of the 14, which is no entry of the 12 are bland control of the 12 are bland control of the 16 cont	om partners business con preceding denter the ever is small and on line the k, enter a zero; (ii) line losses—de	taxable years (substance)  net gain (or lowler (see Part IV)  17, Part II  ero here and or the content of the c	iaries ochapter S) attach statements) ss) here for computation lines 16(b) a	on of alternative	(15,274.0
B. Enter gain for Enter your some content of the combine the combine the combine the combine the combine the combine c	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the shown of line 13 or 50% ter zero, if there is a t line 15(a) from line the shown of lines the shown of lines at lines 3 and 12 (if lines the lines 3 and 11—if the shown of lines 1 the shown o	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and : f gain, 6(a) les pital ga	(or loss) from small to the 10 control of the 10 control of the 12 control of the 14, which is no entry of the 12 are bland control of the 12 are bland control of the 16 cont	om partners business con preceding denter the ever is small and on line the k, enter a zero; (ii) line losses—de	taxable years (substance)  net gain (or lowler (see Part IV)  17, Part II  ero here and or the content of the c	iaries ochapter S) attach statements) ss) here for computation lines 16(b) a	on of alternative	(15,274.0
B. Enter gain for Enter your son the Enter your son	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the samounts s	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and : f gain, 6(a) les pital gain, loss, en	(or loss) from small to the 10 control of the 10 control of the 12 control of the 14, which is no entry of the 12 are bland control of the 16 the 18 control of the 16 the 18 control of the 18	om partners business con preceding and enter the ever is small in line 13 and on line k, enter a zero; (ii) line losses—de gain, enter a gain,	ships and fiducine rporations (Subtractions (Subtractions) (Subtra	iaries ochapter S) attach statements) ss) here for computation lines 16(b) a 0 (line 18, Forigure via a signature via a signature via line 16(e),	on of alternative and 16(c) and go form 1040 if tax de computation;	(15,274.0
B. Enter gain for Enter your some content of the combine the combine the combine the combine the combine to line (b) Combine (c) Enter some content of the combine combine combine (d) Combine combine	rom Part VII, line 4 share of net long-tern hare of net long-tern r loss) from lines 6 d long-term capital I m gain (or loss) from a amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the amounts shown on the shown of line 13 or 50% ter zero, if there is a t line 15(a) from line the shown of lines the shown of lines at lines 3 and 12 (if lines the lines 3 and 11—if the shown of lines 1 the shown o	m gain f throug oss car lines 1 lines 5 6 of lin loss or e 14. E 4 and : f gain, 6(a) les pital ga loss, er	(or loss) from small to the fr	preceding denter the ever is small in line 13 and on line k, enter a zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the this figure is zero or service 18, Form the third the thing the th	taxable years (substraints) and fiducine reportations (Substraints) and the report of	iaries chapter S) attach statements) ss) here for computation lines 16(b) a computation on line 16(e), computation; (ii 50% of line 1	on of alternative  nd 16(c) and go  orm 1040 if tax de computation;  egarding capital ) \$1,000 (\$500 6(d); (iv) if line	(15,274.0

18 Net gain (or loss) from line 22, Part III

19 Total net gain (or loss), combine lines 17 and 18. Enter here and on line 36, Form 1040

# SUPPLEMENT TO SCHEDULE D

Gain (Loss)	\$ 58.00	(1,387,00)	( 1,109,00)	(00,895)	( 193.00)		( 727.00)	( 1,479.00)	(00.16/	(831.00)		( 535.00)	( 482,00)	( 361,00)	25.00	2.00	38.00	38.00	( 289.00)	( 289.00)	( 302.00)	(334.00)	290.00	( 2,392,00)	( 589.00)	( 763.00)	(1,062.00)	(\$15,274.00)
			-																	,							·.	
Purchase Price	 \$1,681.00	4,534,00	1,724.00	1,105.00	529.00	1,479.00	1,219.00	2,463.00	1,648,00	1,661,00	1,194.00	00.796	840.00	840.00	1,660.00	1,507.00	2,041.00	2,041,00	2,269.00	2,269.00	1,495.00	2,584.00	3,011,00	3,499,00	1,105.00	1,219.00	2,465.00	
Pu	4.																					;						NET LOSS
Sale Price	\$1,738,00	3,147.00	615.00	541.00	336.00	814.00	492.00	984.00	857.00	830.00	492.00	432.00	358.00	780.00	1,685.00	1,512,00	2,078.00	2,078,00	1,980.00	1,980.00	1,193.00	2,250.00	3,301,00	1,107,00	517.00	456.00	1,403.00	
				-				<i>z</i>				-																
Description	Trans America Inc.	Tool Research and Eng.	Nat'l Health Ent.	Botany Ind.	Datatron Processing	Castleton Ind.	Computer Equipment	Computer Equipment	Computer Inv.	Computer Inv.	Adams Russell	Cinerama Inc.	Summit Org.	Summit Org.	Itel Corp.	Asamere Oil Co., Ltd.		Saxon Ind.	Telex Corp.	relex Corp.	Salem Corp.	Equity Funding Corp.		Nat'l Health Enterprises	Botany Industries	Computer Equip.	Technicolor Inc.	
Shares						_		_				•											nits				100 Te	







For Calendar Year 1970 or Fiscal Year Begun		1970 a	nd Ended			1971	
FIRST NAME(S) AND INITIAL(S)		LAST NAME				urity number	S
Please SAMUEL AND PHYLLIS		RUBY				7997	C
Type PRESENT HOME ADDRESS (Number and street, or rural route)		COUN				curity number	M
or 16250 Bircher		Los	Angeles			pation	В
Print CITY, TOWN OR POST OFFICE	STATE	lifornia	21P CODE 91344	Self-			
Granada Hills	Ua	IIIOIIIIa	7174			cupation	P
NAME AND ADDRESS OF EMPLOYER AT TIME OF FILING Self-Employed			House			A	
NAME AND ADDRESS ON 1969 CALIFORNIA RETURN. IF SAME AS	AROVE	WRITE "SAME". IF N	ONE FILED.			income on 1970	) Federa
GIVE REASON.	, 40011,	WRITE OWNE ! III	, , , , , , , , , , , , , , , , , , , ,	Return S	8	.284.97	7
11346 Montgomery Avenue		nada Hills,				m line 11, below age 2.	v, explair
Filing Status 1. Single (check one) 2. X Married, filing joint return	3. 4.	Married, filing separa Unmarried "head of	nte return—spouse household''—Comp	's name: plete Part I,	page	2	
5. Wages, salaries, tips, etc. (before payroll dedu	ctions) if	more than two employ	yers, attach sched ere employed (city am	lule d state)			-
If joint return,					5	•	
include all	***************************************		-				
income of							
and wife  6. Dividends. Enter total here (also list in Scher	dule B (5	40), Part I, if total i	is over \$100) .		6	• 20	60
A STATE OF THE STA							
7. Interest. Enter total here (also list in Schedul	e B (540)	), Part II, if total is	over \$100)		7	•	
*** i [ ]						8,284	197
8. Other income (from page 2, line 30)			: • • • •		8	0,20	-
9. Total (add lines 5, 6, 7 and 8)			. 1		9	8,305	5 57
			*.				
10. Adjustments to Income (from page 2, line 35)					10		
	line O				11		
11. Adjusted gross income (subtract line 10 from	line 97	• • • • • • • • •		· · · ·		8,305	5   57
• If you do not itemize deductions AND line 11	is under \$	\$10,000, find your tax	in Tax Table in i	nstructions.	Enter	tax on line	12.
• If you itemize deductions OR line 11 is \$10,00					t		
Your Tax,  12. Tax from (check one): Tax Table □, Tax Com	putation (	page 2, Part IV) 🙉, o	r Schedule G.(540	) 🗆	12	82	00
and 13. Exemption credits (from page 2, line 43)					13		ne
Credits 14. Tax liability (subtract line 13 from line 12)		• • • • • • • •		· · · · · ·	14	1	
15. Total other credits (from page 2, line 49) .					15		
16. Net tax liability (subtract line 15 from line	14—If \$1	1.00 or less, enter "z	ero")		16	No	ne
17. 1970 California estimated tax payment or cred	dia from 1	IOCO (if any) If none	enter "zero"		17	<b>•</b>	
3,4	iit iioiii i	1909 (II ally). II Holle,	PAY IN FILL WIT	H RETURN	18	No	ne
				RPAYMENT	19	•	
					20	<b>D</b>	
Refund 20. Portion of line 19 you wish to apply on 1971 es 21. Refund—if any (subtract line 20 from line 19)					21	<b>&gt;</b>	
					L.,		
Under penalties of perjury, I declare that I have examined this return, including act belief it is true, correct and complete. If prepared by a person other than taxpayer,	companying his declara	schedules and statements,	and to the best of me	y knowledge ar s any knowledg	ie.	Do not write in the	se spaces
		,			-  -	T	
Sign Dour signature-if filing Jointly, BOTH must sign Date		ignature of preparer other	than taynayar			р .	
- 100 St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				E1.1			
here Spouse's signature Date		Addres AME	SER I-MAKK	Cate Date	-	!	
o Make Remittance Payable to FRANCHISE TAX B	OARD-	-Mail to 1663.	3 VENTURA BL	316		τ	

PART 1—Head of Household—If claimed, answer the following questions (See Instructions)				
Check Never married Final divorce/dissolution Separate maintenance Widow(er)  One: Date Date Date				
Individual who qualified you as head of household:	. :	7.		
Name Relationship Age	Gross in	come \$		
Is this person married? Did this person				
the calendar year 1970? Did this person reside in your home for the entire taxable year?	lf .not,	explain o	ircumsta	inces
Total amount necessary to maintain household \$				
PART II—Other Income				
22. Business income (or loss) (attach Schedule C (540))	22	8	,284	97
23. Sale or exchange of property (attach Schedule D (540))		• (1	,000	0.0
24. Pensions and annuities ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		1 .		
25. Rents and royalties Attach Schedule E				
26. Partnerships	26	; <u>.e</u>		
27. Estates or trusts		/   <del>::</del>		
28. Farm income (or loss) (attach Schedule F (540))		3	-:	
29. Miscellaneous income (state nature and source)	29			
30. Total (add lines 22 through 29). Enter here and on page 1, line 8	30		.284	97
PART III—Adjustments to Income			,	
31. "Sick pay" if included on page 1, line 5 (attach statement)	31			
32. Moving expenses (attach statement)				
33. Employee business expense (attach statement)	!	3 .		
34. Military exclusion (maximum \$1,000—\$500 if separate return of husband or wife)		0 12		
35. Total adjustments (add lines 31 through 34). Enter here and on page 1, line 10	35	5		
PART IV—Tax Computation—If you do not use Tax Table or Income Averaging (Schedule G (540))			<b>-</b>	
36. Adjusted gross income (from page 1, line 11)	36	7	.305	.52
37. If you itemize deductions, enter total from Schedule A (540), line 31		1	- 1	
If you do not itemize deductions, and line 36 is \$10,000 or more, enter	37	• 2	.745	44
(a) \$1,000, if single, or married person filing separate return				
(b) \$2,000, if head of household, or married couple filing joint return	:	١,	520	2.2
38. Taxable income (subtract line 37 from line 36)	38	4	• 539	
39. Tax from Tax Rate Schedule in Instructions. Enter here and on page 1, line 12	. 39	<u> </u>	51	00
PART V—Exemption Credits				
40. Single—\$25. Married couple or head of household—\$50	40	0	50	00
41. Blind  Yourself  Your spouse—\$8 for each box checked	. 41			
42. Dependents—Do not list yourself, your spouse, or person who qualifies you as head of household				
NAME (and address if different from yours)  Fred, Brian, Elisa, Thomas children		ľ .		
			- 1	
Number of dependents listed	42	•	32	00
43. Total exemption credits (add lines 40, 41 and 42). Enter here and on page 1, line 13			82	00
			172	00
PART VI—Credit for Net Income Tax Paid to Another State—Attach copy of "other state" return—and Retirement Income derived from sources within State of and also taxable by California		suit.	Т	
15. California adjusted gross income (from page 1, line 11)				
16. California tax liability (from page 1, line 14)				·, ·
17. Credit limitation—line 44 ÷ line 45	. 47	•		
8. Retirement income credit (attach Schedule R (540))		•		
19. Total (add lines 47 and 48). Enter here and on page 1, line 15				
PART VII—Reconciliation to Federal Return—If adjusted gross income on Federal return is different from line 11, pag		ain halow		_
Dividend Exclusion	o I, CAPI	um DCIUW		
Dividend Exclusion		***************************************		
				·





### ITEMIZED DEDUCTIONS

TAXABLE 70 YEAR

100

2,745

Attach to Form 540

Social Security Number Name as shown on Form 540 322 12 7997 Samuel and Phyllis Ruby if one spouse itemizes deductions, the other may not use the Tax Table or claim Itemized vs. Standard Deduction-You have a choice between two deduction methods. You can either itemize your deductions or take a standard deduction as the standard deduction. If you choose to itemize your deductions, complete the explained in the 540 Instructions. On separate returns of a husband and wife, appropriate items below. 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. 1. One half (but not more than \$150) of insurance premiums for medical care . . . . . . 3. Enter 1% of adjusted gross income shown on Form 540 . . . . . . 5. Other medical and dental expenses. Include balance of insurance premiums for medical care not 6 7. Enter 3% of adjusted gross income shown on Form 540 . . . . 8. Subtract line 7 from line 6 (if less than zero, enter zero) . . . 150 00 Child Adoption Expense 12. Subtract line 11 from line 10—See instructions for maximum limitations Taxes 16 18. State disability insurance (SDI)—Employer private disability plans do not qualify 18 19 663 26 Contributions 21. Cash—Including checks, money orders, etc. (itemize) 23 24. Total—Add lines 22 and 23—Maximum deduction may not exceed 20% of adjusted gross income 280 00 Interest Expense 25 26. Installment purchases 1.552 18 Miscellaneous Deductions 29. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)

30. Total miscellaneous deductions . . . .

31. Total deductions—(Add lines 9, 12, 20, 24, 28 and 30). Enter total here and on Form 540, page 2, in space provided S/A.





# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

19\_70 YEAR

TAXABLE

(Sole Proprietorships)

Attach th	is schedule to your income tax return, Form 5	40 or 540NR		- Pai	tnerships, joint venture		oust file on For	
Name as	s shown on Form 540 or 540NR					1	12 799	
	Samuel and Phyllis Ruby					1.		
A. Princ	ipal business activity Food (For each			; pr	oduct	ture: etc.)		
	(For ex	kample: retail-hardward	y wholosale	-100acco; services	iegat; manoracianing romi		. 25-	<b>a</b> 0
B. Busin	ess name Snack Bar			C. Feder	al employer identificat	ion num	ber.20515	<i>4.t</i> )
D. Busin	ness location 5418 Van Nuys Bou	ilevard	V	(City-post office)	(State)	714	(ZIP	code)
, + 2-,	(Number and street or rural rou	J10) ÷		(City-post office)		'		
E. Indic	ate method of accounting: 🔣 cash; [	] accrual; 🖸 ot	her (de	scribe)		:		
F. Was	there any substantial change in the mo	anner of determin	ing qua	ntities, costs	or valuations between	the o	pening and d	losing
inv	ventories? 🗌 Yes 💢 No. If "yes," at	tach explanation.						
G. Were	e Forms 591, 592, 596 and 599, for the c	alendar year filed	(if requi	red)? Tyes	X No			
				•		4		
1. Gr	oss receipts or gross sales \$	Less: Returns	and allo	wances \$		<b>4</b>		1
2. Inve	entory at beginning of year (If different the	an last year's closi	ng inven	fory affact	'			
e	xplanation)		• • • • •			1		
<b>3.</b> Me	rchandise purchased \$	, less cost	of any	items with-				
C	drawn from business for personal use \$						,	
4. Co	st of labor (do not include salary paid to )	ourself)	• • •			1		'
<b>5.</b> Ma	terial and supplies	• • • • •		• • • •		1		
6. Oth	her costs (explain in Schedule C-1)					1	SCHEDU	TE.
7.		· · · · · ·	• • •				ATTACH	
8. Inve	entory at end of this year			• • • •		1		7
9. Co	st of goods sold and/or operations (	subtract line 8 from	n line 7)				<del></del>	
10. Gr	oss profit (subtract line 9 from line 1)							
	OTHER BUSINESS DE	DUCTIONS			,			
11. De	preciation (explain in Schedule C-2)					1		
12. Tax	ces on business and business property (explo	ain in Schedule C-1	)			1		
13. Ren	t on business property					1 .		
14. Rep	pairs (explain in Schedule C-1)					1.		1
<b>15.</b> Sal	aries and wages not included on line 4 (e	xclude any paid to	yoursel	t)		1		
16. Insu	prance		• • •			1		-
17. Leg	al and professional fees	· · · · · · · ·					15.	
18. Cor	mmissions							
	ortization (attach statement)							ŀ
	irement plans, etc. (other than your share)					1		
	erest on business indebtedness					1:		
	debts arising from sales or service.		• • • .					
	ses of business property (attach statement)				, ,	1		
	oletion of mines, oil and gas wells, timber,					1	-	
	ner business expenses (explain in Schedule					1		
26.	Total of lines 11 through 25			.,	I Form 540 or 540NIP	4	9,284	07
27. Ne	t profit (or loss) (subtract line 26 from li	ne IU). Enter nere	ana on	page 2, ran i	1, FORM 340 OF 34014K	Ψ	19,204	97
	SCHEDULE C-1.	EXPLANATION	OF LIN	IES 6, 12,	14, AND 25			
Line No.	Explanation	Amount	Line No.	T	Explanation		Amount	
		e .					\$	
		<b>3</b>					<b>V</b>	·
******	я и сеся на аббили било ним минянай на вой и вы выпиняния обы на объект от бала.	erana membenganaran kantaran berapat			Caralleton de printe para de la francesa. Il seu se que produce anoma entre espeta en el servición. El	and the second		
		Allen area and the end of the end						
							,	
	'3			,				
·								
		**********		·				





### SALES OR EXCHANGES OF PROPERTY



Attach to Form 540 or 540NR

Name as shown on Form 540 or 540NR						Social Secu	rity Number,
Samuel and Phyll	is Ruby					322   12	7997
Part I—CAPITAL ASSETS	:			,		· · · · · · · · · · · · · · · · · · ·	
SHORT-TERM-ASSETS HELD NOT MO	DRE THAN 6	MONTHS		·		· ·	
a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition (attach schedule)	f. Cost or other is cost of subseque improvements (improvements described atta- purchased, atta- explanation) and expense of sale	ent not g. G ch (d pl	ain or loss us e less f)
1.4%							
		SCHEDU	LE ATTACHE	D		(15.	274.00
			1				· · · · · · · · · · · · · · · · · · ·
4. 15 <sup>th</sup>			1		i .	1	
Marie Carlotte and the second	*** *					1	
2. Enter your share of net short-term	gain (or loss)	from partner	ships and fiducia				
3. Enter unused short-term capital la							
4. Net short-term gain (or loss) from	lines 1, 2 and	3		<u> </u>		•	
LONG-TERM-ASSETS HELD MORE TH	AN 6 MONTH	IS					
5. Enter gain (if any) from line 16, P	art II					.	
		1	1		ı		
	<u>,</u>						
The control of the co							
A Company of the comp	*	, , , , , , , , , , , , , , , , , , , ,	4			*	ν¥.
6. Enter your share of net long-term							
7. Enter unused long-term capital lo	•	•					0.01. 0.01
8. Net long-term gain (or loss) from	fines 5, 6 and		• • • • • •			(15,	274.00)
9. Combine the amounts shown on li	nes 4 and 8 a	nd enter the	net gain (or loss)	) here			
10. If line 9 shows a GAIN, enter 50						a	
loss or no entry on line 8)							
<ol> <li>Subtract line 10 from line 9, Enter</li> <li>If line 9 shows a LOSS, enter her</li> </ol>				the following.		.	
(a) the amount on line 9; (b) the					without capite	al	
gains and losses; or (c) \$1,000					-		000:00
Part II—SALE OR EXCHANGE OF  13. Enter gain (if any) from line 22,							
14. Enter gain (if any) from line 25,							
A Company of the Company of	· A .	i					
्रीहरू सह सङ्ग्रह्म स्थापन क्यांत्र केंद्र र					.,,		
*		1	l 1			4 .	
15. Enter your share of gain (or loss							
16. Net gain (or loss). If GAIN, ente			•	-			
DART III TOTAL BIET CAIN AP 14	>cc	ALES OF	VCHANCES OF	DOODEDAY	,		
PART III-TOTAL NET GAIN OR LO						<del></del>	<u>.</u>
<ol> <li>Net gain (or loss) from line 10 or</li> <li>Net gain (or loss) from line 31, 1</li> </ol>	1.7						
19. Total net gain (or loss)—Combine li					page 2, Par	· •	
II, line 23				<u> </u>		•	

989-2700 SS

Combined with Form 1040A

Ined US Department of the Treasury / Internal Revenue Service orm US Individual Income Tax Return

翻	
	-

the year .	anuary 1-December 31, 1969, or other taxable year beginning	, 1969, ending	
First name a	initial (If joint return, use first names and middle initials of both)	Last name	Your social security number
iomo addres	(Number and street or rural route)		Your occupation
City, town o	post office, State and ZIP code		Spouso's social security numb
Enter belo reason. If	w name and address used on your return for 1968 (if same as abording from separate to joint or joint to separate returns, enter	ve write "Same"). If none filed, give 1968 names and addresses.	Spouse's occupation
Your pres	ent employer and address		
Your Filing Status— (Check only one)	1 ☐ Single 2 ☐ Married filing joint return (even if only one had income) 3 ☐ Married filing separate return and spouse is also filing if this item checked give spouse's social security number in space above and enter first name here	a return. 6 Married filing se	(er) with dependent chi parate return and spou
	Check boxes for exemptions which apply  a Yourself  b Spouse (only if her (his) income is included in this return or she (he) had no in	Remar 65 or over	Blind Enter number of boxes checked
npt	First names of your dependent children who lived with you		Enter number   N
4 0	OTHER column to right for each name listed shin?	Months lived (d) \$600 (e) Support yo our, home? See or more furnished. If 10 e 3 of instr. income? write "ALL."	
¥ E		<u> </u>	\$ >
	O Total exemptions from lines 7, 8, and 9 above		· · · · · · · •
four Income	1 Wages, salaries, tips, etc. Attach Forms W-2. If unavail 2a Dividends (Total before sectlusion) \$ (If over \$100. Less 12b Ex  3 Interest (If over \$100, list in Schedule B, Part II)  4 Other income from Schedule C □, Schedule D □, Schedule C (Add lines 11 thru 14) (see back)	clusion \$ 200 Balance	11 12c 0 13 /,637
Your Tax and Surcharge	A If line 15c is \$5,000 or more, go to Schedule T, to figure tax and su B Also go to Schedule T, to figure tax and surcharge if you itemiz investment credit; or if you owe self-employment tax or tax from C If neither A nor B applies use Tax Tables instead of Schedule rules under which the IRS will figure your tax and surcharge.  6a Tax from Tax Table: A □, B □, or C □ (check one)  6b Tax surcharge on amount on line 16a (see Page 10 of in	e deductions; or claim retirement incom recomputing prior year investment cree T. Complete lines 16a, 16b, and 16c.	e credit, foreign tax credit, dit. (Omit lines 16a and 16 See paragraph D on back
Credits	6c Total add lines 16a and 16b OR enter amount from Sch 7 Total Federal income tax withheld (attach Forms W-2) 8 Excess F.I.C.A. tax withheld (two or more employers—see page 5 of in 9 ☐ Nonhighway Federal gasoline tax—Form 4136, ☐ Reg. Inv.—Form 1969 Estimated tax payments (include 1968 overpayment allowed as a	17	Make check or money order payable to internal Revenue Service.
2 2	1 Total (add lines 17, 18, 19, and 20)		21   90   -
g 5 2	3 If line 21 is larger than line 16c, 4 Line 23 to be: (a) Credited on 1970 estimated tax ▶ \$ er penalties of perjury, I declare that I have examined this return, including accom	; (b) Refunded > \$	23 90 -
, is t	Your signature Date	Signature of preparer other than taxpe all information of which he has any kni	
Sign	Spouse's signature (if filing jointly, BOTH must sign even if only one had income)	Address	,

### SCHEDULE D (Form 1040)

## Gains and Losses From Sales or Exchanges of Property Attach this schedule to your income tax return, Form 1040

U.S. Treasury Department Internal Revenue Service

Name as shown on page 1 of Form 1040

Social Security Number

erty. Indicate security, real estate, or other (Specify)	b. Description (Examples: 100 sh. of 'Z' Co., 2 story brick, etc.)	ec- quired. Enter letter symbol (See instr.)	d. Date acquired (mo., day,	e. Date		f. Gross sales price	g. Deprecia allowed (d allowable) s acquisitio	tion subsequent ments purchase explana	t or other cost of nt improve- (if not ed, attach tion) and e of sale	l. Gain or (f plus g less
	Ree Sch	<i>e4</i>	4/e	- 7	7	CACL	251			(635
	**********************					******				
Enter unused sho Net short-term ga ng-term capital g	of net short-term gair rt-term capital loss c in (or loss) from line alns and losses—a	arryove s 1, 2,	or from pro and 3'.	coding tax	able y	ears (attach s		for certain	livestock	<b>,76,3</b> 5
Enter gain from P	art II, line 3									
	-								~~~~~	
1, 12,	Total	long-te	rm gross s	ales price .						
Enter unused long Capital gain divider let long-term gain Combine the amo	f net long-term gain f term capital loss car nds (see Form 1040 li (or loss) from lines unts shown on lines	ryover nstructi 5, 6a, ( 4 and	from precions, page 6b, 7, and e	ss corporateding taxab	ions (S	rs (attach stat	ra			<b>6.35</b>
Enter unused long Capital gain divider Net long-term gain Combine the amount of line 10 shows a centry on line 9.) Subtract line 11 from I line 10 shows a me amount on Form II—GAIN FROM TRO	term capital loss carnds (see Form 1040 ling (or loss) from lines unto shown on lines GAIN.—Enter 50% of (See reverse side from line 10. Enter here and 1040, page 1, topical line 1040, page 1, topical line 1059—Enter here and 1040, page 1, topical line 1059—Enter here and 1040, page 1, topical line 1059—Enter here and 1040, page 1, topical line 1059—Enter here and	yyover nstructi 5, 6a, 0 4 and line 9 c or com- nere and d in Pa 11b, co	from precions, page 6b, 7, and 9, and e pr 50% of putation of d in Part iv, line mputed with EPRECIA	ss corporateding taxability factors and the second	et gair ichever e tax.) on retillest o	subchapter S) rs (attach state of (or loss) he is smaller.  verse side if the following pital gains or I	(Enter zero	nount on line 31,000 <b>L/</b>	10; (b)	(6,35 (6,35 (
Enter unused long Capital gain divider Net long-term gain Combine the amount of line 10 shows a centry on line 9.) Subtract line 11 fr if line 10 shows a the amount on Form II—GAIN FRO the sheld more to doubte headings	term capital loss cands (see Form 1040 in for loss) from lines unto shown on lines GAIN.—Enter 50% of (See reverse side to om line 10. Enter here and 1040, page 1, light han 6 months (see appears, use the first to the second s	1 yover nstruction 15, 6a, 0 4 and line 9 commerce and in Pa 11b, co.  OF De instruction 15 per 15 p	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxability of the number the number the number the number the number the number that the small thour regard to regard for definite	et gair ichever e tax.) on ret d to ca	subchapter S) rs (attach state of (or loss) he is smaller. verse side if the following pital gains or I	(Enter zero	mount on line \$1,000 \(\mathcal{L}\) \(\mathcal{H}\)	10; (b) 6.3 11250	(6,35 (6,35
Enter unused long Capital gain divider Net long-term gain Combine the amount of fine 10 shows a centry on line 9.) Subtract line 11 fr f line 10 shows a he amount on Form II—GAIN FROM Subtract line 11 fr films 10 shows a he amount on Form II—GAIN FROM Subtract line 10 shows a he amount on Form II—GAIN FROM Subtract line 10 shows a he amount of form from the films of the state of	term capital loss carnds (see Form 1040 ling (or loss) from lines unto shown on lines GAIN.—Enter 50% of (See reverse side from line 10. Enter here and 1040, page 1, to 1018 DISPOSITION han 6 months (see	1 yover nstruction 15, 6a, 0 4 and line 9 commerce and in Pa 11b, co.  OF De instruction 15 per 15 p	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxability of the number the number the number the number the number the number that the small thour regard to regard for definite	et gairelet gairelet on revellest on per litions)	subchapter S) rs (attach state of (or loss) he is smaller. verse side if the following pital gains or I	(Enter zero	mount on line \$1,000 \(\mathcal{L}\) \(\mathcal{H}\)	e. Cost subseq	or other basis, cose uent improvements chased, attach exp and expense of as
Enter unused long Capital gain divider Net long-term gain Combine the amount of fine 10 shows a centry on line 9.) Subtract line 11 fr f line 10 shows a he amount on Form II—GAIN FROM Subtract line 11 fr films 10 shows a he amount on Form II—GAIN FROM Subtract line 10 shows a he amount on Form II—GAIN FROM Subtract line 10 shows a he amount of form from the films of the state of	term capital loss carnds (see Form 1040 in for loss) from lines unts shown on lines GAIN—Enter 50% of (See reverse side form line 10. Enter to LOSS—Enter here and 1040, page 1, to appear, use the first to how acquired (if necessary not shown below—write	1 yover nstruction 15, 6a, 0 4 and line 9 commerce and in Pa 11b, co.  OF De instruction 15 per 15 p	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxables  B.  B.  B.  B.  B.  B.  B.  B.  B.  B	et gairelet gairelet on revellest on per litions)	rs (attach state of the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following for the following pital gains or leading for the following for the	(Enter zero	mount on line \$1,000 Line \$ 1245 AN	e. Cost subseq	uent improvements chased, attach exp
Enter unused long Capital gain divider Net long-term gain Combine the amount of fine 10 shows a fine 10 shows a me amount on Form II—GAIN FROM The Sheld more to a double headings.	term capital loss carnds (see Form 1040 in for loss) from lines unts shown on lines GAIN—Enter 50% of (See reverse side form line 10. Enter to LOSS—Enter here and 1040, page 1, to appear, use the first to how acquired (if necessary not shown below—write	1 yover nstruction 15, 6a, 0 4 and line 9 commerce and in Pa 11b, co.  OF De instruction 15 per 15 p	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxables  B.  B.  B.  B.  B.  B.  B.  B.  B.  B	et gairelet gairelet on revellest on per litions)	rs (attach state of the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following for the following pital gains or leading for the following for the	(Enter zero	mount on line \$1,000 Line \$ 1245 AN	e. Cost subseq	uent improvements chased, attach exp
Enter unused long Capital gain divider Net long-term gain Combine the amore of line 10 shows a tentry on line 9.) Subtract line 11 fr f line 10 shows a the amount on Forr II—GAIN FRO ets held more to the double headings Kind of property and of descriptive dotails to	term capital loss cands (see Form 1040 In Jor loss) from lines unts shown on lines GAIN—Enter 50% of (See reverse side from line 10. Enter It LOSS—Enter here and 1040, page 1, is and 1040, page 1, i	yover nstructi 5, 6a, ( 4 and line 9 c or com- nere and d in Pa 11b, co. OF D e inst reading	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxables  B.  B.  B.  B.  B.  B.  B.  B.  B.  B	et gairelet gairelet on revellest on per litions)	rs (attach state of the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following for the following pital gains or leading for the following for the	(Enter zero	nount on line \$1,000 \$1	e. Cost subseq	uent improvements chased, attach exp
Enter unused long Capital gain divider long-term gain Combine the amount of line 10 shows a function of line 10 shows a me amount on Form II—GAIN FROM the held more to a double headings  Kind of property and of descriptive dotails to line 10 shows a mean of the line 10 shows a mean of the line 10 shows a mean of line	term capital loss carnds (see Form 1040 in for loss) from lines unts shown on lines GAIN—Enter 50% of (See reverse side form line 10. Enter to LOSS—Enter here and 1040, page 1, to appear, use the first to how acquired (if necessary not shown below—write	yover nstructi 5, 6a, ( 4 and line 9 c or com- nere and d in Pa 11b, co. OF D e inst reading , attach 1245 or	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation of in Part it IV, line imputed with EPRECIA processor for sections	ss corporateding taxables of t	et gairelet gairelet on revellest on per litions)	rs (attach state of the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following pital gains or leading for the following for the following pital gains or leading for the following for the	(Enter zero	mount on line \$1,000 Line \$ 1245 AN	e. Cost subseq	uent improvements chased, attach exp
Enter unused long Capital gain divider Net long-term gain Combine the amount of line 10 shows a tentry on line 9.) Subtract line 11 fr f line 10 shows a the amount on Forr II—GAIN FRO tes held more to a double headings Kind of property and of descriptive dotails to 1  Depreciation allowed (or Prior to January 1, 1962  OR	term capital loss cands (see Form 1040 la for loss) from lines unts shown on lines d'AlN—Enter 50% of (See reverse side form line 10. Enter la LOSS—Enter here and 1040, page 1, tipe 10 line	yover nstructi 5, 6a, ( 4 and line 9 c or com- nere and d in Pa 11b, co. OF D e inst reading , attach 1245 or	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation or d in Part iv, line imputed with PEPRECIA ructions for sections statement 1250	ss corporateding taxables of t	et gairelet gairelet on revellest on per litions)	subchapter S) rs (attach state rs (attac	(Enter zero	nount on line \$1,000 \$\( \Lambda \) 1245 \$\( \text{A} \) 1245 \$\( \text{A} \) 1250.  Ordinary gain seer of f-2 or h)	e. Cost subseq	uent improvements chased, attach exp ) and expense of sa
Enter unused long Capital gain divider Net long-term gain Combine the amon If line 10 shows a tentry on line 9.) Subtract line 11 fr I line 10 shows a the amount on Forr II—GAIN FRO ets held more to a double handings Kind of property and of descriptive dotails to 1  Depreciation allowed (or	term capital loss cands (see Form 1040 la for loss) from lines unts shown on lines d'AlN—Enter 50% of (See reverse side form line 10. Enter la LOSS—Enter here and 1040, page 1, tipe 10 line	yover nstructi 5, 6a, ( 4 and line 9 c or com- nere and d in Pa 11b, co. OF D e inst reading , attach 1245 or	nall busine from precions, page 6b, 7, and 9, and e or 50% of putation or d in Part iv, line imputed with PEPRECIA ructions for sections statement 1250	ss corporateding taxables of t	et gairelet gairelet on revellest on per litions)	subchapter S) rs (attach state rs (attac	(Enter zero	nount on line \$1,000 \$\( \Lambda \) 1245 \$\( \text{A} \) 1245 \$\( \text{A} \) 1250.  Ordinary gain seer of f-2 or h)	e. Cost subseq	uent improvements chased, attach exp ) and expense of sa

# Tax Computation Attach this schedule to your income tax return, Form 1040

IVai	ie (as shown on Form 20-70)		i	
Tax	Computation		0.000	
1	Your adjusted gross income (from line 15c, Form 1040)		907	<i>'</i>
	Note.—If your adjusted gross income is less than \$5,000 and you choose to take the standard decinstead of itemizing your deductions, omit lines 2, 3, 4, and 5. Find your tax in the tables on pages in the instructions and enter it in line 6a instead of making a percentage rate computation.	luction 10–12		
2	Enter on the line at the right the amount of your deduction figured under one of the following methods:	rg }	and the second	
	—If you itemize deductions, enter the total from Schedule A (Form 1040), line 14	.   .		
	'OR OR	ŀ		,
	methods:  —If you itemize deductions, enter the total from Schedule A (Form 1040), line 14  OR  —Figure your standard deduction as follows:  (a) Enter 10 percent of line 1 but not more than \$1,000 (\$500 if married and filing separately)  (b) Enter the sum of: \$200 (\$100 if	) ie	1392	
	(b) Enter the sum of: \$200 (\$100 if married and filing separately) plus \$100 for each exemption claimed in line 10 of Form 1040, but do not enter more than \$1,000 (\$500 if married and filing separately)	ur	• • .	-
2	Subtract the amount on line 2 from the amount on line 1 and enter the balance here	)	11/100	
ა 4.∶	Enter number of exemptions claimed on line 10, Form 1040,	0. and		
•	enter the amount on this line		3600	
5	Subtract the amount on line 4 from the amount on line 3 and enter the balance here. This taxable income	s your	۸	
6a	Tax: Use the appropriate Tax Rate Schedule on page 9 of instructions to figure your tax on the amoline 5	unt on	<u> </u>	7 :
<b>6</b> b	Tax surcharge. If line 6a is less than \$730, find surcharge from tables on page 10 of instructions. If is \$730 or more, multiply amount on line 6a by .05 and enter result. (If you claim retirement i credit, use Schedule R (Form 1040) to figure surcharge.)			
6c	Total (add lines 6a and 6b)		2/07	-
	ecial credits			,
	7a Retirement income credit			
	7b Investment credit			-
	7c Foreign tax credit			
,	7d Total (add lines 7a, 7b, and 7c)		(0)	
8	Income tax (subtract line 7d from line 6c)		مد	
9	Self-employment tax (from Schedule SE (Form 1040), line 13)	. ,		
10	Tax from recomputing prior-year investment credit (attach statement)			
11	Total tax (add lines 8, 9, and 10). Enter here and on line 16c, Form 1040 (make no entries on line 16b, Form 1040).	ne 16a	1/0	
_			<u></u>	

### SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

### Dividends and Interest Income Schedule

19**6**9

Attach this schedule to your income tax return, Form 1040

Name (as shown on page 1 of Form 1040)	Socia	Security Number						
PART I—Dividends Income  I. Gross dividends and other distributions on stock (list payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)  Total line 1.  2. Capital gain distributions (see page 5 of instructions)  3. Nontaxable distributions (see page 5 of instructions).								
Gross dividends and other distributions on stock (li held by husband, wife, or jointly)	ľ	tock						
	11 12 13 13 13 13							
	마루(16일) 보고 있는 19일 (1931) 전 1930년 12일 전 1931년 12일 전 19							
· · · · · · · · · · · · · · · · · · ·								
<u> Tanangarkaran mananan manan manan manan kan manan manan manan manan manan manan manan manan manan manan manan</u>	OB	• (4.4.)						
	300							
	(b) (b)							
	21,							
7.0	100							
7/2								
Jan .	× ×							
Bloom	Total line 1	· · ·						
(a) (b)	2 Capital gain distributions (see page 5 of instructions)							
4	3 Nontaxable distributions (see							
·	page 5 of instructions)							
water in the contraction of the	4 Total (add lines 2 and 3)							
	5 Dividends before exclusion (line 1 less 4-	not i						
	less than zero). Enter here and on Form I line 12, in space provided	.040;						
PART II—Interest I	ncome (list payers and amounts below)							
Earnings from savings and loan associations and credit	unions							
(\//\	Liberty Fedoral SaxII	100						
<b>(</b>	SIT OAL ASSOC, USCLICE							
(XI)	<del> </del>	395 -						
		158						
Other Interest (on bank deposits, bonds, tax refunds, e	c.)							
	Part Nation Views	7						
	CONCIAL IVALIANTALIA	513 -						
	<u> </u>							
······································								
	Total interest income. Enter here and on line 13	1137						
	Total interest income. Citter here and on line 13							

### **Itemized Deductions**

Attach this schedule to your income tax return, Form 1040

Name (as shown on Form 1040)

Social Security Number

Itemized Deductions—You have a choice deduction methods. You can either item deductions or take a standard deduction. De itemized for charitable and other contributions, medical expense, certain taxes, casu care, and other items described in the back. If you take the standard deduction,	nize your actureductions may be ions, interest e alty losses, chi instructions	al be x- ld on	amount equal to 10 percent of the income 15c of Form 1040, but not less than \$2 each exemption claimed on line 10 of For \$100 if married and filing separately standard deduction is \$1,000 (\$500 if separately). If you choose to itemize you in the appropriate spaces below.	00 plus \$100 m 1040 (subt ). The maxin married and fi	for tract num iling
Medical and dental expense (not compens			Contributions.—Cash—including checks, r	nonev orders.	etc.
or otherwise) for medicine and drugs, doctors			(Itemize) BOY &	15	
		,03,	Girl Scouts of Ama	15	
hospital care, medical insurance premiums,	etc.		all senses		
1 One half of insurance premiums for medi-	100		Catholic Cuarities	//	
cal care (but not more than \$150)	1.50	-	Cacher Citables		
2 Medicine and drugs	75				
3 Enter 1% of line 15c, Form 1040	7	=		<del></del>	
4 Subtract line 3 from line 2 (not less than	100		0)0	<del></del>	—
zere)	37				
5 Itemize other medical, dental expenses			(b) (s)		
(Include balance of insurance premiums					
not deducted on line 1)	·	_		<u> </u>	
			<i>(</i> 2)	197 3	
	The same		,		
	197	-	11a Total cash contributions	40	
	1211		11b Other than cash (see instructions for		
. 1	1/1/2		required statement). Enter total of	== '	
	<b>&gt;</b>		such items here		
		-		,	
HOCA THO Profession	0.00	_	11c Carryover from prior years (see in-	·	1.5
1703 p / 11/3 / 1897/3	200	_	structions on back)		.;
Dr Reis			11d Total contributions (add lines 11a,		
UI. NE/S	60	-	11b, and 11c—see instructions for		
5. 54.			limitation)	110	
Dr. Strauss	42				
Da Ada da I	1101		Interest expense—Home mortgage		
DY, MEMMEL	406	-	Installment purchases		
	-	ļ	Other (Itemize)		
Dr. KOBILISON	25		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			Auto Loan Deron BK	120	
Ur. Fox(Exe, Exem)	75	_			:
(Bylan, Hedy Sam)			Sears		
WELMEY OPTICAL	- 6		<u> </u>		
(4 P312 (4/3-5505)	72	<u> </u>	***		
	-0.57				
6 Total (add lines 4 and 5)	737	******			·
7 Enter 3% of line 15c, Form 1040	27	_	12 Total interest expense	1/3/51	
8 Subtract fine 7 from line 6	912	_	Miscellaneous deductions for child care,	1	
9 Total (line 1 plus line 8) ▶	1062		alimony, union dues, casualty losses, etc.		
Taxes.—Real estate			See instructions. 1968		
State and local gasoline	22	-	Income Tex Preparation	25	
General sales (See page 15 of instructions)	118	_	Tarrel		
State and local income	700				
Personal property			:	1	
				1	
10 Total taxes	130		13 Total miscellaneous	25	
14 Total deductions (add lines 9, 10, 11d		ento		1260	_
24 Total degenerals (and lines 5, 10, 110	, 12, and 13-	CITE	i on ponedulo i (roini 1040), inie 2) i 💌	1,007 2	

1969 Samuel MONTGOMBRY Samuel and Thyllis Kuvy All Stocks Acquiredia Granada HILLS CALIF To be attached to and made part of 4.5 Individual Income Tax FORM 1040, 1969 SHARES DESCRIPTION ACQUIRED SOLO PRICE PRICE (LOSS) E. H. HUTTON and Co. 10-68 1-69 3,303-2994- 309-MERICANTILE INDUSTRIES 11-68 2.69 4,010- 3,726- 284 BOTANY LNDUSTRIES 2.on 10-68 2-69 1,466- 1,832- (366) 200 MIDWESTERN FINANCIAL 200 MIOWESTERN FINANCIAL 200 VTR, INC. 10-68 2-69 1,416 - 1,832- (416-) 3.69 5-69 5,325 4,458 867-MCDONNELL & CO 8-68 2-69 943- 853- 90-WEST BURY FASHIONS 100 8-68 6-69 1,672 1,749 (773 100 IMPERIAL QUEP & AMER GOODBODY & Co 100 VOLUME MERCHANDISE 11-68 1-69 2,563- 2,645 82-12-68 1-69 4,646-3,809- 837 TENNSYLVANIA ENG. CORP. **00** 11-68 2-69 4,010- 3,726 284 BOTANY INDUSTRIES CINERAMA, INC. HENRY'S DRIVE-IN 1-69 2.69 2,627 2,438 189 200 10-69 2,463 828- (1635) 000 2.69 10-69 10-69 875- 873- 2-PENTRON ELECTRONIOS CO. 200 POLYCHROME CORP 3-69 10-69 1,672- 2,002 (330-) 100 NYTRONICS INC. 1-69 11-69 3,320- 4,660- (1,340-) COGAN- BERLIND-WEILL-LEVIST 12-68 10-69 1, 338-2,153 (815-) HELENE CURTIS INDUSTRIES Acus ARTISTS PICTS VANGUARD INT., INC. 9-68 10-69 671- 1,219- (548) 100 100 12-68 10-69 362 739- (377) TELEVISION MEG. AMER las 6-69 11-69 1,647 1,989- (342) MERRONIES, INC. loo 100 DIVERSIFIED IND. BACKE & CO. 100 UNITED PIECE + DYE WILS. 1-69 2,314-2,343 (29) 2-69 609- 588- 21-8-68 1-69 2-69 609- 600-100 SIBONEY CORP 1-69 NO MIDWESTERN FINANCIAL 8-68 2-69 2,932- 4,220- (1,288-1.623-1484- 139-100 GENERAL BATTERY + CERAMIC 1-69 5-1.9 2-69 5-69 979 739 240 100 GSC ENTERPRISES, INC. 6-69 1,573-1,749- (176-) 100 INPERIAL CORP & AMER 8-68 200 GENERAL BATTERY + CERAMIC 6-69 LOO TOOL RESEACEN & ENG. 10-69 2,464 2,267 197-6-69 12-69 1.276- 3059 (1.783-) 100 MYTRONICS 2-69 64 902-64, 135- (6,357-) TOTAL <sup>6</sup>88326 Docid;32245535 Page-153

1346 MONTGOMERY GRANADA HILLS, CALIC To be attached and made a part of U.S. Individual Income Tax Form 1040 The below listed expenses are in connection with Schedule D INTEREST PAID ON MARGIN ACCOUNTS 137-BACHE & Co. 145 MCDONNELL + Co. COGAN-BERLIND-WEILL-LEVITT 74 176 GOOD BODY & Co. E.F. HUTTON + CO TOTAL INTEREST BOOKS FERIODICALS & SERVICES AUTO EXPENSE GOOD MILES LESS KERSONAL 5,000 MUES 100 BUSINESSMUSS OF 10 April 1000 MILES TOTAL EXPENSES 88326 Docld:32245535 Page 154

Your Filing Status—(Check only one	low name and if changing fro pel y Hycu d address of en  1	ried filing joint retu ried filing separate s item checked give sp e and enter first name i s for exemptions wh	PHYLLIS  VT GOME  HILLS,  Correction to sep  3 M/TO VI  18 See 6  rr. (even if only e return and ouse's social senere being apply  2 or line 6 is c	one had income spouse is also curity number in	above write 'enter 1968 nar cAGO, ///	4 ☐ Unr 5 ☐ Sur	ne filed, give	r) with depende trate return and irn	79
Your Filing Status—(Check only one	low name and if changing fro pel y Hycu d address of en  1	address used on you in separate to joint of the control of the con	return for 19 or joint to sep 3 M/70 // 18 See 5 rn (even if only e return and ouss's social senere paich apply	one had income spouse is also curity number in	above write 'enter 1968 nar cAGO, ///	4 Unr 5 Sur 6 Mar	ne filed, give isses. married Head p viving widow(er ried filing sepa ot filing a retu	Spouse's social securation  Spouse's occupation  Hischof  f Household  r) with dependent return and architecture.	/ <u>/</u> ent c
Your Filing Status- (Check only one	low name and if changing fro pel y Hycu d address of en  1	address used on you in separate to joint of the control of the con	return for 19 or joint to sep 3 M/70 // 18 See 5 rn (even if only e return and ouss's social senere paich apply	one had income spouse is also curity number in	above write 'enter 1968 nar cAGO, ///	4 Unr 5 Sur 6 Mar	ne filed, give isses. married Head p viving widow(er ried filing sepa ot filing a retu	Spouse's social securation  Spouse's occupation  Hischof  f Household  r) with dependent return and architecture.	/ /c
Your Filing Status- (Check only one	low name and if changing fro pel y Hycu d address of en  1	address used on you in separate to joint of the control of the con	return for 19 or joint to sep 3 M/70 // 18 See 5 rn (even if only e return and ouss's social senere paich apply	one had income spouse is also curity number in	above write 'enter 1968 nar cAGO, ///	4 Unr 5 Sur 6 Mar	ne filed, give	Sylp // Spouse's occupation  ##SCLOF  f Household  r) with dependent  rate return and  irn	/ /c
Your Filing Status—(Check only one	trenanging from the control of the c	in separate to joint of the separate to joint of the separate to joint of the separate site of filing joint returned filing separate site of the separate site of the separate site of the separate site of the separate site of the separate site of the separate site of the separate separate site of the separate separate site of the separate separ	rn (even if only e return and ouse's social sehere	one had income spouse is also curity number in	e)	4 Unr 5 Sur 6 Mar	ne filed, give	Sylp // Spouse's occupation  ##SCLOF  f Household  r) with dependent  rate return and  irn	/ <del>//</del> c
Your Filing Status- (Check only one	trenanging from the control of the c	in separate to joint of the separate to joint of the separate to joint of the separate site of filing joint returned filing separate site of the separate site of the separate site of the separate site of the separate site of the separate site of the separate site of the separate separate site of the separate separate site of the separate separ	rn (even if only e return and ouse's social sehere	one had income spouse is also curity number in	e)	4 Unr 5 Sur 6 Mar	married Head p viving widow(er ried filing sepa ot filing a retu	f Household r) with dependent rate return and	
Your Filing Status- (Check only one	d address of en    1	nployer at time of filingle ried filing joint returied filing separate s item checked give spea and enter first name is for exemptions when the popular only if line 2 s of your dependen	Tr. (even if only e return and ouss's social senere in the poly experience of the poly expe	one had income spouse is also curity number in	cAGo, ///	4 ☐ Unr 5 ☐ Sur 6 ☐ Mar is n	narried Head p viving widow(er ried filing sepa ot filing a retu	f Household r) with dependent trate return and irn	
Your Filing Status— (Check only one	1 Sing 2 Mar 3 Mar 3 Mar 15 thi above Check boxes 7a Yourself 7b Spouse (a 8 First name FRED 9 OTHER 15 THE	ried filing joint returied filing separate sitem checked give sparate and enter first name is for exemptions where so the solution of the solu	rn (even if only e return and ouse's social senere inch apply e or line 6 is c	spouse is also curity number in	filing a return.	5 ☐ Sur 6 ☐ Mar is n	viving widow(er ried filing sepa ot filing a retu	r) with dependent trate return and irn	
Filing Status— (Check only one	2 Mar 3 Mar If thi above Check boxes 7a Yourself 7b Spouse (a 8 First name FRED	ried filing joint returied filing separate sitem checked give speand enter first name is for exemptions when piles only if line 2 s of your dependen	e return and ouse's social senere in inch apply or line 6 is c	spouse is also curity number in	filing a return.	5 ☐ Sur 6 ☐ Mar is n	viving widow(er ried filing sepa ot filing a retu	r) with dependent trate return and irn	
Check only one	3 Mar If thi above Check boxes 7a Yourself . 7b Spouse (6 8 First name FRED -	ried filing separate s item checked give spe and enter first name it for exemptions wh applies only if line 2 s of your dependen	e return and ouse's social senere in inch apply or line 6 is c	spouse is also curity number in	filing a return.	6 ☐ Mar is n	ried filing sepa ot filing a retu	rate return and	
r Exemption	74 Yourself . 75 Spouse (as First name FRED -	applies only if line 2 s of your dependen	or line 6 is c	hecked)		Regular	65 or over	Blind	1
r Exemption	7b Spouse (a 8 First name FRED -	applies only if line 2 s of your dependen		hecked)				Til. ) Enter	0.53
Exem	FRED -	s of your dependen		neckeuj				Enter numbe of boxe	S
_ 0	9 OTHER	BRIAN- E.		o lived with y	ou			) checke	d D
	EDENDENTE C	NAME-Enter figure 1		HOMAS	(c) Months live	d: [(d) ECOD		nter number	٥
Y a		olumn to right for each na f more space is needed, u	me listed · ·	(b) Relationship	in your name.	er or more	(a) Support you furnished. If 100% write "ALL."	(f) Support furnition by dependent and others	shed d
1.				1.			\$	\$	D
1: -				<u> </u>					Þ
	10 Total exe	mptions from lines	7, 8, and 9	above	<u></u>	<u> </u>	· · · · · · · · ·	• • • •	D
2		[Total before] \$					Balance D 12	2c C	7
	4 Other inco	me: Total from attach		check schedules Less Adjustmen		D Ø, E □,	Adjusted Gross		의
	9 If line 15c is	\$5.000 or more en	Schemule T	to figure tay an	d surcastan /	Orhit lines 16	, income ▶ 15	70	7
e a	Go to Sch. ment credit	T to figure tax and si ; or if you owe self e	urcharge if you mployment tax	ı itemize deduc cor tax from r	ctions; or clair	n retirement i	ncome credit, for	eign tax credit,	or in
ax	if neither of	above two items appl	ies, go to Tax	Tables instead	of Sch. T. Com	plete lines 16,	17, & 18.	See 1040-1 for rules	/////s unde
L on 1		Tax Table (see tal harge on line 16 (				16   17	0-	which the IRS will your tax and surcha	rge.
****	8 Enter tot	al of lines 16 and ax Table A . B	17 OR amou □, C □;	nt from Sche Tax Rate Sci	dule T, line 1 n. □, Sch.	D D, or Sc	ble (check h. G $\square$ ) . 18	3	
		deral income tax wi			_ LO DUCKY	19 20		Make check	
5 2		C.A. tax withheld (two				21		money order able to inte	ernal
<b>5</b> 2	2 1969 Estim	ated tax payments (inc	lude 1968 over			22	90	Revenue Servi	ce.
× 2	3 Total (ad	ld lines 19, 20, 21	, and 22) .				7.0.	3 6	
Balance Due or Refund	4 If line 18	is larger than line	23, enter B/	LANCE DUE	. Pay in full wit	h return-	> 24		
1 2 Z	5 If line 23	is larger than line	e 18, enter O	VERPAYMEN	Ť <del>.</del>	, . » 1	2:	5 0	
60 2	6 Line 25 t	o be: (a) Credited o	on 1970 estin	nated tax > \$	;	; (b) Ref	unded > \$	7	O.L
Under Is tr	er penalties of pe ue, correct, and co	rjury, I declare that I hav omplete.	e examined this r	eturn, including a	ccompanying sche	dules and statem	ents, and to the best	of my knowledge an	d beli

### SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

3

## Itemized Deductions

➤ See instructions on A-1 and A-2.

➤ If you use this schedule, attach it to Form 1040.

1969

Samuel & PHYLLIS K	LAN .			al Security Number 1	
Medical and dental expenses (not compens	setad by insure	ance	Contributions.—Cash—Including checks,		
or otherwise) for medicine and drugs, doctor				money orders	, etc.
hospital care, insurance premiums for medica			(Reithes)	<del>                                     </del>	+
1 One half of insurance premiums for modi-			ENSCOOTS 7 HME &	13	1-
cal care (but not more than \$150)	150	-	7 11110		-
2 Medicine and drugs	48		GIRL Sours & AMER.	15	-
3 Enter 1% of line 15c, Form 1040	9		TATE CONTRACT	100	-
4 Subtract line 3 from line 2. Enter differ-		-		<del> </del>	+-
ence (if less than zero, enter zero)	39	-	CATHOLIC CHARITIES		-
5 Itemize other medical and dental ex-			CHINETIC CHARGITES	10	100
penses (include balance of insurance		1		-	+
premiums for medical care not deducted	1	1		. 1.5 5 1 AF	+
on line 1)	·	ļ	Andrew State Comment of the Comment	-	+
Oil line 1)		<del> </del>	And the second s		+
					+
Hosp INS PREMS.	200	-	The self-field art self-lief recommendation of the self-field and the self-field art self-field are self-field at the self-field are self-field at the self-field at the self-field are self-field at the self-fie	ļ	
7636 - 103.	- 400	-	The state of the s	<del>                                     </del>	
De REIS	1.0			-	
- ACC: NES	60	-	- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	· · · · · · · · · · · · · · · · · · ·	+
DR STRAUSS	4-2		11 Total cash contributions	40	
- STERIUSS	42	-	12 Other than cash (see instructions on		
De MENDEL			A-1 for required statement). Enter		
EL TIENDEL	406	***	total for such items here		+
NO COLUMNIA			13 Carryover from prior years (see in-		1.
DR KOBINSON	25		structions on A-2)		<u> </u>
			14 Total contributions (add lines 11,		
DR. FOX (EYE EXAM)	75		12, and 13—see instructions on A-2		
(FRED BRIAN, SAMUEL)			for limitation)	. 40	) <del></del> ,
14/			Interest expense—Home mortgage		17
WEINER OFFICAL	92	4370W	Installment purchases		1,
(4 pair GLASSES)	-		Other (Itemize)		
A STATE OF THE STA					
			1-1-2		
and the same of th			AUTO LOAN DEVON BANK	120	9
All the second				t 1 1 1 .	
, ya,			SEARS.	15	00
T					
			15 Total interest expense : ▶	/ 35	CC2
6 Total (add lines 4 and 5)	937	<i>a</i> 0	Miscellaneous deductions for child care,		
7 Enter 3% of line 15c, Form 1040	~ 7	-	alimony, union dues, casualty losses, etc.		
8 Subtract line 7 from line 6. Enter differ-	912	<b>***</b>	(see instructions on A-2)		
ence (if less than zero, enter zero)			0	, , ,	
9 Total deductible medical and dental ex-			1968 INCOME TAX TREPARATION	- ನಕ	Cycle 1
penses (add lines 1 and 8)	1,062	-			
Taxes.—Real 'estate			·		
State and local gasoline	22-	-			
General sales (see sales tax tables)	108	7		1 1,	
State and local income		1	The state of the s		
Personal property.			16 Total miscellaneous deductions >	25	
			17 TOTAL ITEMIZED DEDUCTIONS (add		
			lines 9, 10, 14, 15, and 16—enter		
10 Total taxes	130	_ /	here and on Schedule T, line 2) .	126 3	
	, 00		The and the schedule 1, the 2).	1,392	

## SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

### Dividend and Interest Income

▶ See instructions on B-1

If you use this schedule, attach it to Form 1040

1969

Social Security Number Name as shown on Form 1040 322 12 SAMUEL - PHYLLIS PART II—Interest Income PART I-Dividend Income I Earnings from savings and loan associations and credit 1. Gross dividends and other distributions on stock (list payers and amounts-write (H), (W), (J), for stock held by husunions (list payers and amounts) band, wife, or jointly) LIBERTY FEDERAL DAVINES 2 Other interest on bank deposits, bonds, tax refunds, etc. (list payers and amounts) (W) CENTRAL NAT'L BX & CHGO Total of line 1 Capital gain distri-butions (see instruc-tions on B-1) Nontaxable distributions (see instructions on B-1). 5 Total (add lines 3 and 4) . . Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 12a 3 Total interest income. Enter here and on Form 1040, line 13.

# SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

### Sales or Exchanges of Property

See instructions on D−1 and D−2.
 If you use this schedule, attach it to Form 1040.

1969

	SAMUE						ocial Securit 多み) /。	
Part I—CAPITAL	ASSETS-Short-te	rm capital g	ains and lo	sses—assets	held not mor	e than 6	months	
(Specify)	b. Description (Examples: 100 sh. of '2" Co., 2 stary brick, etc.)	c. How accompany	yr.) (mo., day,	yr.) price	g. Depreciation allowed (or atlowable) since acquisition	h. Cost p basis, co subsequent ments (i purchased, explanatio expense o	ost of Improve f not attach n) and	i. Gein or loss (f plus g less h)
1 266	DCHED	16 1	HTTAC	لايت ۲۲			(	6,359
					ļ			
					<del> </del>			
Enter unused short	f net short-term gain ( t-term capital loss car (or loss) from lines	ryover from pred	ceding taxabi	nd fiduciaries e years (attach st				6,357
	ains and lossesas						estock)	7
Enter gain from Par							Ī	
					<b> </b>			
	Total	long-term gross s	ales price	****			-	
Enter Vour share o	f net long-term gain (d							
	f net long-term gain fr					• • • •	•	
Enter unused long	term capital loss carr	yover from prec	eding taxable	years (attach sta	tement)			
****	ends							
	(or loss) from lines 5					<u> </u>		
Combine the amou	unts shown on lines	4 and 9, and e	enter the net	gain (or loss) he	ere	,		5, 359
or no entry on line	S A GAIN—Enter 50% 9.) (See reverse sid	te for computation	% of line 10,	whichever is small	ler. (Enter zero	if there is	a loss	0-
Subtract line 11 fro	om line 10. Enter her	e and in Part IV	, line 1, on re	verse side			7	6.359
IF LINE 10 SHOWS	A LOSS-Enter here	and in Part IV, I	ine 1, the sm	allest of: (a) line	10: (b) line 3, Se	tine (tine	15c.	*
Form 1040, if tax t	able used) computed v	vithout capital ga	ains or losses;	or (c) \$1,000.			. •	<b>O</b> -
sets neid more th	M DISPOSITION ( an 6 months (see i appear, use the first h	nstructions or	ı D-1 for de	finitions)		245 AND	1250	В
of descriptive details	how acquired (if necessary, not shown balow—write 1 indicate type of asset)	attach statement 245 or 1250	b. Date acquir (mo., day, yr	ed r. Date sold (mo., day, yr.)	d. Gross sa	oles price	subsequent not purchase	ther basis, cost of improvements (i ed, attach expla- expense of sale
f. Depreciation allowed (or	allowable) since acquisition				i Ordi	nary asia		
1. Prior to January 1, 1962	1-2. After December 31, 19	(e less sum of		h, Yotal gein (d less g)	(lesses o	nary gain of 1-2 or h) DR	1.6	Other gain h less i)
Prior to January 1, 1964	After December 31, 1963		-		(see ins	tructions)		
Total ordinary gain.	Enter here and in Par	t IV. line 2 on -	averse side			,	333333333333	
	ter here and in Part I,				· L		PS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
combined with other	gains and losses from	section 1231 n	roperty enter	the total of colum	nn i in Part III	ine 1		

### ULE T 1040)

of the Treasury

Tax Computation

1969

If no entry is made on line 14, line 16, or line 17, keep this for your records
If entry is made on line 14, line 16, or line 17, attach to form 1040

SAMUEL & PHYLLIS RUBY	322	12 799	Z
adjusted gross income (from line 15c, Form 1040).  If your adjusted gross income is less than \$5,000 and you choose to take the standard decided from the standard decided fro	1		
r.B on T-2 or C on T-3). Enter tax unline o below.  If on the line at the right the amount of your deduction figured under one of the following on the line at the right the amount of your deduction figured under one of the following ods:	,		
you itemize deductions, enter the total from Schedule A, line 17			
gure your standard deduction as follows:  (1) Enter 10 percent of line 1 but do not enter more than \$1,000 (\$500 if married and filing separately)  (2) Enter the sum of: \$200 (\$100 if married and filing separately) plus \$100 for each exemption claimed in line 10 of Form 1040, but do not enter more than \$1,000 (\$500 if married and filing separately) . \$  Enter the larger of b(1) or b(2) on the line at the right. It your spouse files a separate return, determine your deduction in the same manner that she (he) has.		1,392	
tract the amount on line 2 from the amount on line 1 and enter the balance here			
er number of exemptions claimed on line 10, Form 1040,	,00,	3,600	
the amount on line 3 and enter the balance here.	ווט (זון א	•	100
stract the amount on line 4 from the amount of line 5 and the appropriate Tax Rate Schedule (I, II, cable income. Figure tax on this amount by using the appropriate Tax Rate Schedule (I, II, cable income.	or min on	O	
. Enter tax on line 6 below		0	7
	• • • •	<del>-</del>	5== ·
ou claim the retirement income credit, enter amount from Schedule R, line 12, here	• • •	C	<b>—</b>
threat line 7 from line 6		COLUMN THE THE PARTY OF THE PAR	-
find surcharge from tax surcharge tables on T-1. If	line 8 is		オー
c surcharge. If line 8 is less than \$735, find stircharge from the 35 or more, multiply amount on line 8 by .10 and enter result here		(	
	0 6. •	THE PERSON NAMED IN	-
tal (Add lines 6 and 9)			1
tirement income credit from Schedule R, line 17 (attach Schedule R)			١.
tirement income credit from Schedule 14 into 1			
vestment credit (attach Form 3468).		-	
reign tax credit (attach Form 1116)			) -
tal credits (add lines 11, 12, and 13)			2 _
come tax (subtract line 14 from line 10)	• • •		,
The first of the second of the			
alf-employment tax (artach Schedule SE)	o 0 P	C	<u> </u>
ax from recomputing prior-year investment credit (attach Form 4255)	on line 16		
otal tax (add lines 15, 16, and 17). Enter here and on line 18, Form 1040 (make no entry of 17, Form 1040). Attach Sch. T to Form 1040 only if you made an entry on line 14, 16, or 17 in 17.	above	count bonds	oradit

ne Averaging.—If your income has used substantially this year, it may your advantage to figure your tax e surcharge under the "averaging od." Obtain Schedule G from an ail Revenue Service office for full

native Tax.—It will usually be to advantage to use the alternative tax ir net long-term capital gain exceeds net short-term capital loss, or if you a net long-term capital gain only, and are filing (a) a separate return with ple income exceeding \$26,000, or

(b) a joint return, or as a surviving husband or wife, with taxable income exceeding \$52,000, or (c) as a head of household with taxable income exceeding \$38,000.

Line 9—Tax Surcharge.—The rate for the calendar year 1969 is 10 percent. The tax surcharge is an addition to the regular income tax. See the Tax Surcharge Tables on T-1.

Credit for Foreign Taxes and Tax-Free Covenant Bonds.—You may claim these credits only if you itemize deductions.

To claim tax-free covenant bonds credit, enter the amount of credit above line 14, and write "covenant bonds" to left of the entry.

Line 16—Self-Employment Tax.—Enter amount shown on line 9, Part III, Schedule

Line 17—Tax From Recomputing Prior Year Investment Credit.—Enter the amount by which the credit taken in a prior year or years exceeds the credit as recomputed due to early disposition of property. Attach Form 4255.

:NS

ded by the ons. This is tule T. Also

		•
	٠,	
	7	
11 8 there	or more isnota	X,
10%	Mini	-
٦	Luga	-
Τ.		-
3	\$	ő
3	0	0
3 .	0000	0.
3	0	0
3	0	0
2	0	0
5	: Ŏ	0
g	9	0
0	00	ő
0	0	2
8	.00	0
0	0	o O
\$ 10000	00000 0000 0000 0000 0000 0000 0000	0
o	0	0
0	000	Ö.
0	-0	0
O	0	-00
- 0	0	-0
0	0	000
0	0	
00	.0	0
.0	- 0	
0	.0	0
0	. 0	<del></del> 0
ő	7 0	0
4	0	
18	. 0	. 0
32	. 0	0
16 53	0.1	0
50		0
74 31	0	Ö
00044 11185 1229 1399 1463 150 1774 1199 126	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00 10000 1
14	20	18
[9	33	32
. 26	39	35

Good Bodye CO 1970
DIVICIENCS

20.60

LIGEREST

18.24
1937
1848
23.23
1809
845
276
276
348
100
171
267
100

wage and tax statement 1968 Copy C-For employee's records <sup>1</sup> 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 (R.I.C.A.) rate of 4.4% includes ,6% for Hospital Insurance Benefits and 3,8% for old-age, survivors, and disability insurance. FICA employee Total FI.CA. wages tax withheld 3 paid in 1968 4 2,250,00 SOCIAL SECURITY INFORMATION Uncollected Employee Tax on Tips . 00°66 Other compensa-tion paid in 1968.2 Chicago, Ill. 60612

Type or print EMPLOYEE'S identification number, name, and address above. Type or print EMPLOYEE'S name and address (including ZIP code) above. 7997 The Stanley-Oliver Mfg. Co. FEDERAL INCOME TAX INFORMATION Wages paid subject to with-holding in 1968 1 322 12 FORM WI-2-0.8. Trazing Department, Internal Revenue Service Samuel D. Ruby 6123 N. Hoyne Ave. Chicago, Ill. 60645 2,250,00 1001 S. California EMPLOYEE'S social security number Federal income tax 156.00 withheld

36-2586182

U.S. Treasury Department, Internal Revenue Service Tax Return for the year January 1-December 31, 1968. or other taxable year beginning 1968, ending First name and Initial (If joint return, use first names and middle initials of both) Last name Your social security number 5 Home address (Number and street or rural route) City, town or post office, and State ZIP code 06041 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. Spouse's occupation Housewi Your present employer and address Your Filing Status-check only one: Your Exemptions Regular 65 or over Enter 1a | Single 2a Yourself . Ø 1b Married filing joint return (even if only one had income) of boxes checked 2b Spouse . . Married filing separately. If spouse is also filing a return, 3a First names of your dependent children who lived with enter her (his) social security number in space provided above and give first name here Thomas 150x number b 1d Unmarried Head of Household 3b Number of other dependents (from page 2, Part I, line 3) 1e Surviving widow(er) with dependent child Total exemptions claimed . Income Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation If joint re-6 Other income (from page 2, Part II, line 8) turn include Total (add lines 5 and 6) all income of both Adjustments to income (from page 2, Part III, line 5) 8 husband Total income ("adjusted gross income") (subtract line 8 from line 7) and wife of Form If you do not itemize deductions and line 9 is under \$5,000, find tax in tables on Find tax 10 pages 12-14 of instructions. Omit lines 11a, b, c, or d. from table OR. If you itemize deductions, enter total from page 2, Part IV, line 17
If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of: æ Copy 74c 10 percent of line 9; OR (2) \$200 (\$100 if married and filing separate return) plus \$100 for each exemption claimed on line 4, above. 11a Deduction under (1) or (2) limited to \$1,000 (\$500 if married and filing separately). lease attach Figure tax using tax 11b Subtract line 11a from line 9. Enter balance on this line 11b rate 11c Multiply total number of exemptions on line 4, above, by \$600 schedules 11c 11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this 11d amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12a. Tax (Check if from: Tax Table □, Tax Rate Schedule Ø, Sch. D □, or Sch. G □) 12a Tax surcharge, If line 12a is less than \$734, find surcharge from tables on page 10 of instructions. If line 12a is \$734 or more, multiply amount on line 12a by .075 and enter result. (If 12b you claim retirement income credit, use Schedule B (Form 1040) to figure surcharge.) 12c Total (add lines 12a and 12b) 12c Total credits (from page 2, Part V, line 4) 13 14a Income tax (subtract line 13 from line 12c) 14a Your 14b Tax from recomputing prior year investment credit (attach statement) 14b Tax. 15 Self-employment tax (Schedule C-3 or F-1) 15 Credits. 16 Total tax (add lines 14a, 14b, and 15) 16 25100 and 17 Total Federal income tax withheld (attach Forms W-2) Pav-Make check Excess F.I.C.A. tax withheld (two or more employers—see page 5 of instr.) 18 18 ments money order pay-19 Nonhighway Federal gasoline tax—Form 4136, ☐ Reg. Inv.—Form 2439 able to Internal Revenue Service. 19 ö 1968 Estimated tax payments (include 1967 overpayment allowed as a credit) 20 21 Total (add lines 17, 18, 19, and 20) 21 22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return 22 Balance If payments (line 21) are larger than tax (line 16), enter Overpayment 23 23 Due or Amount of line 23 you wish credited to 1969 Estimated Tax 24 Refund Subtract line 24 from 23. Apply to: □ U.S. Savings Bonds, with excess refunded or □ Refund only | 25 Under penalties of perjury, 1 deciare 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. If propored by a person other than taxpayer, his decignation is based on all information of which he has any knowledge. Sign Your signature Signature of preparer other than texpayor Beamo's algnoture (If filing jointly, BOTH must sign even if only one had income) -60159-1

Carried Control			,			
(a) NAME (If more space is needed attach schedule)	or dependen		lived in your	ic, page 1 (d) Did depend-	Form (e) Amount YOU furnished	1040—1968—Page 4
	(n) veistionamb	home, if b	orn or died dur- rite "B" or "D"	ent have income of \$600 or more?	for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS includ- ing dependent.
1		1,00,00	.,		\$	\$
2						
3 Total number of dependents listed above	<del></del>					. >
Income from sources other	r than wage	es, etc.	الليقائلة المالية	Itemized	deductions—Use o standard deduction.	nly if you do not us
1a Gross dividends and other distributions	on stock (lis	t payers	Medical ar	nd dental expe	ense (not compensate	ed by insurance o
and amounts-write (H), (W), (J), for stock he	ld by husband,	wife, or		Attach item		
Sun Flect 20,00 Meu	7/	15.00	1 One-half	f of insurance but not mor)	premiums for medi- e than \$150)	
	sey Fers			-	e and drugs	
Atlas 2000 East	ern Hir	12.57	3 Enter 1	% of line 9, p	age 1	
Diversified Metals					ne 2 (not less than zero)	
					l expenses (include premiums for medi-	
<i>1</i> +11 (+)			çal care	not deductibl	e on line 1)	
Total line 1a		<u> </u>	1	dd lines 4 and	*. T	
1b Exclusion (see instructions). /60 0	<u> </u>		1		age 1	
1c Capital gain distributions			, ,		6 (not less than zero). I8) ▶	
(see page 5 of instructions).	-\\\\\\\\		<del></del>			<u> </u>
1d Nontaxable distributions					including checks, m	
(see page 5 of instructions).      1e Total (add lines 1b, 1c, and 1d)		00/60	13.			
1f Taxable dividends (line 1a less line 1e—	-		'			
not less than zero)	<b>&gt;</b>	07/58				14
interest (list payers and amounts below)			1 .	-	***************************************	
Earnings from savings and loan assoc.	and credit u	unions.	10 Total	cash contribu	tions	
***************************************			11 Other	than cash (see	instructions for required	
***************************************			stateme	nt). Enter tota	i of such items here.	
***************************************	•••••				years (see page 7 of instr.)	
		5 7 7	13 Total	contributions	(add lines 10, 11, tions for limitation) >	
Other interest (on bank deposits, bonds, ta		tc.) - 'φΟ			· · · · · · · · · · · · · · · · · · ·	
		2Ψ.Ο	1. '	leal estate . and local ga	1 7 1	1
	••••••	••••••			age 15 of instructions) .	.
		······································		,	me	· ·
2 Total interest income		15 60	alter and the second			
3 Pensions and annulties, rents and royalties, par	t-					
nerships, estates or trusts, etc. (attach Sch. B)	·					
4 Business income or loss (attach Schedule C) .			Interest e	xpense.—Hon	ne Mortgage	*************************
5 Sale or exchange of property (attach Schedule D)	. 5,0	<u> </u>				
6 Farm income or loss (attach Schedule F)	•					
Miscellaneous income (state nature and so			1 4		***************************************	
Business Loan		<u> </u>				
OLiver J. Isonberg		20.00	15 Total in		e Þ	
7 Total miscellaneous income	<b>▶</b> '7.	30 OC	1		s.—(see page 8 of in	
8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7)			1		is.—(see page o oi iii	
Enter here and on page 1, line 6	D 580	39 40				
Maic III Adjustments to income	11/////////////////////////////////////					
1 "Sick pay" if included in line 5, page 1 (at						
tach Form 2440 or other required statement)	•				S (add lines 9, 13, 14, and on page 1, line 11a. ▷	
2 Moving expenses (attach, Form 3903).	•				mu on page 1, and 11a.	
3 Employee business expense (attach for		1/ 00	W. idea	Credits	rodit (Cabadula Di	
2106 or other statement)	•  //	16 83			redit (Schedule B) . orm 3468)	1,,,
4 Payments by self-employed persons to re	•			-	orm 3468)	1/2
tirement plans, etc. (attach Form 2950SE)				-	page 1, line 13) . >	1/ 0
5 TOTAL ADJUSTMENTS (lines 1 through 4)	77.	16 83	EXPENSE	ACCOUNTS-IF	you had an expense and see	
Enter here and on page 1, line 8	# 対 対 U.S. GOV				r, check here 🗍 and see	page 6 of instruction:
	M M M M M M M M M M M M M M M M M M M		077 100 1 100			COA 1 G 40 19A 1

Samuel and Phyllis Ruby
6123 N. Hoyne
Chicago Fllinois To be attached to and made a part of U.S. Individual Income Tax Form 1040, 1968 Part I The below listed expenses are in connection with my Schedule Interest paid on margin accounts. Mc Donald 13107 1538 2884 7929 Total Interest 25458 Book, Periodiak and Services 1272 Auto Miles Travelled 6000 Less Persona 4500 Business 1500 at 10¢ 15000 Telephone 96 CO. Rent-Use of 14 of room 7200 Desk and Book Case \$165.00 at 10 years Total Expenses 714.93

NW:88326 Docld:32245535 Page 164

Samuel and Phyllis Ruby 6123 N. Hoyne Chicago, Illinois To be attached to and made a part of U.S. Individual. Income Tax Form 1040, 1968 Part I The below listed expenses are in connection with my Schedule D. F Interest paid on margin accounts! Mc Donald EF Hutton Rothschild 13107 1538 2884 Bache 7929 Total Interest 25458 Book, Periodiak and Services 1277 Auto Miles Travelled Less Persona 6000 4500 Business 1500 at 100. 15000 Telephone 9600 Rent-Use of 14 of room Desk and Book Case 16500 at 10 years Total Expenses 716.83

NW 88326 Doctd:32245535 Page 165

### SCHEDULE D (Form 1040)

Gains and Losses From Sales or Exchanges of Property

Attach this schedule to your income tax return, Form 1040

1968

U.S. Treasury Department Internal Revenue Service

	E WOOFIGOHOLE	term c	apital gáin	s and los	ses-assets	held not mo	re than 6 i	months
Kind of prop- erty. Indicate security, real state, or other (Specify)	b. Description (Examples: 100 sh. of "Z" Co., 2 story brick, etc.)	c. How ac- quired. Enter letter symbol (See instr.)	d. Date acquired (mo., day, yr.)	e. Date sold	f. Gross sales	g. Depreciation allowed (or allowable) since acquisition	h. Cost or or basis, cost subsequent im ments (if n purchased, at explanation) expense of s	ther of prove ot tach and
	Sec S	C4 4	dule	AH	chel			5,036.
				1		-		
Enter unused s	re of net short-term ga hort-term capital loss gain (or loss) from lin	carryove	er from prece	ding taxable	years (attach s	statement)	· · · · ·	
	I gains and losses—			<del></del>	<del></del>		certain lives	
Enter gain from	Part II, line 3						· · · ·	• •
		[ -[						
			<del>1,, 1,, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</del>					
		i i						
ubtract line 11 fline 10 shows he amount on F	s a GAIN—Enter 50% ( b.) (See reverse side 1 from line 10. Enter s a LOSS—Enter here a Form 1040, page 1, line FROM DISPOSITION than 6 months ( ings appear, use the firs	here and in Particular of the	iputation of and in Part IV, line 1, omputed with DEPRECIAB tructions for	alternative to , line 1, on the smalles out regard to LE PROPE or definition	reverse side . t of the followin capital gains or RTY UNDER	ng: (a) the amount losses; or (c) \$	int on line 10; 1,000	(b)
Kind of property a	and how acquired (if necessitalis not shown below—write to Indicate type of asset)			b. Date acquire (mo., day, yr.)	c. Date sold	d Gross	sales price	e. Cost or other basis, cost ( subsequent improvements ( not purchased, attach expla- nation) and expense of sale
	d (or allowable) since acquisit	. 1961	g. Adjusted (e less sum of f-	basis	h. Total gain	(18559)	dinary gain r of f-2 or h) - OR	j. Other gain
Prior to January 1, 1		963	(4 1049 anili OI I-	. anu (-2)	(d less g)		nstructions)	, (h loss i)
Prior to January 1, 1	After December 31,		. 7				. 4	
Prior to January 1, 1	After December 31,							
Prior to January 1, 1								
Prior to January 1, 1		ę						

A A	U.S. Individual U.S. Treasury Domitiment Internal Revenue Service Income Tax Reful In for the year January 1-December 31, 1967.	1967	1
(U)(4)(	1967. ending	3,0	_
<u> </u>	or other taxable year beginning	our social security numbe	"
irst name and it	tial (if joint roturn, use titst names one most		٠, .
→ 300 × 3	1 P. L. 3	22 12 799	Ζ
Samue		our occupation	
iome address (N	mber and street or rural route)	naincer	
6123	Houne, ZIP code Sp	ouse's social security number	2
City, town or po	office, and State	49 18 1400	2
Chica	And address used on your return for 1966 (if same as above, write "Same"). If none filed, give reason. If changing Span addresses.	pouse's occupation	
Enter below nam	Sand address used on your return for 1966 (it same as addresses.	tousewite	_
	de Chicage L	linuis	<u>.</u> .
Your present	employer and address Tantey - Office Pring		
Spouse's pre	ent employer and address, if joint retern	er Blind Enter	,
Your Filin	Status—check only one:	number of boxes	- 23
la 🗔 Sing	a	☐ checked ▷	2.
25 15 Mar	ind filling joint return (even if only one had income) 25 Spouse	ren who lived with	٠.
ic 🗀 Mar	ied filing separately. If spouse is also filing a return,		71
ente	her (his) social security number in space provided above	number >	7
and	ive first name heredependents (from p	page 2, Part I, line 3)	<del></del>
1d 🗍 Unr	jarried Head of Household		6
le 🗍 Sur	iving widow(er) with dependent child 2 Total exemptions claimed 5  Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation 5		<u>00</u>
Income	5 Wages, salaries, tips, etc. If not snown on attached to the	3	<u>36</u> ),
if joint re- turn include	6 Other income (from page 2, Part II, line 8)	6,746	64
all income	7 Total (add lines 5 and 6)	3	
of both husband	8 Adjustments to income (from page 2, Part III, line 5)	6,746.6	<u>64</u>
and wife	9 Total income (subtract line 8 from line 7)	10	
Find tax from table	tables in instructions. Do not use lines 11a, b, c, or d. Enter tax on line 12.		
—OR—	If you itemize deductions, enter total from page 2, Part IV, line 17  If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of:  (1) 10 percent of line 9; OR (2) \$200 (\$100 if married and filing separate return)  plus \$100 for each exemption claimed on line 4, above.  Deduction under (1) or (2) limited to \$1,000 (\$500 if married and filing separately).		28
Figure tax using tax		11b 5,500	
rate schedules	11b Subtract line 11a from line 9  11c Multiply total number of exemptions on line 4, above, by \$600	11c 3.600	<u>00</u>
20110000100			2 /
	11d Subtract line 11c from line 11b. Enter balance on this line.  amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12.	11d / 960	<u> 36</u>
34.	12 Tax (from either Tax Table, see line 10, or Tax Rate Schedule, see lines 11a-11d)	12 288	05
• .	12 Tax (from either Tax Table, see life 10, of Tax Tax Co.	13	<del></del> _
	13 Total credits (from page 2, Part V, line 4)	14a 288	05
_Your	14a Income tax (subtract line 13 from line 12)  14b Tax from recomputing prior year investment credit (attach statement)	14b	
_ Tax,	14b Tax from recomputing prior year investment credit (attached)	15	
Credits,	15 Self-employment tax (Schedule C-3 or F-1)	16 288	حما
	16 Total tax (add lines 14a, 14b, and 15)  17 Total Federal income tax withheld (attach Forms W–2)  18 349 60		
Pay-	17 Total Federal michine tax withmers (structure page 5 of instr.) 18		
ments	Form 4136 Reg. Inv.—Form 2439 [19]		
5	1 accomment allowed as a credit) [ZV]		
Š.	17 18 19 and 20)	21 349	60
<u> </u>	21 Total (add lines 17, 18, 19, and 20) 22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return	22	
Balance		23 6/	21
Due or	c :: - 03 year wish credited to 1968 Estimated Tax	24	
Refund		25 6/	3
5 Norana	25 Subtract line 24 from 23. Apply to. U.S. Subtract Subtract line 24 from 23. Apply to. U.S. Subtract line 24 from 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 24 from 25. Apply to. U.S. Subtract line 25.	est of my knowledge and bel	iof it is
and Pay- ments  Balance Due or Refund  Under pone true, correct	25 Subtract line 24 from 23. Apply to: U.S. Savings Bonds, with excess forumed to by the state of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bites of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bites of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bites of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bites of perjury.	Mull 3/1	l k
Sign	Data Signature of preparer other than texpey	voi (//)	ato
g Jigii	Your signature	050-10-798	1./

# SCHEDULE. D (Form 1040) U.S. Treasury Department Internal Revenue Service

# Gains and Losses From Sales or Exchanges of Property Attach this schedule to your income tax return, Form 1040

1967

Name and address as shown on page 1 of Form 1040

			apital gair	is and io	33C3		eld not mo	re than 6	monti	15
a. Kind of prop- erty. Indicate security, real estate, or other (Specify)	b. Description (Examples: 100 sh. of "Z" Co., 2 story brick, etc.)	c. How ac- quired, Enter letter symbol (See instr.)	d. Date acquired (mo., day, yr.)	e. Date so (mo., day,		oss sales price	g. Depreciation allowed (or allowable) since acquisition	ments (if	t of mprove- not attach ) and	i. Gain or loss (f plus g loss h)
2	7		9-29-6	0 1/-1	3 2 4	0-05		4483	26-	(5472
Stock	Zero Fita	17	7-017-6					7/01	81	( 97 3
-STOCK	Pike Corp	.H	1-41-61	70.76-0	67 2.6	2000		\d. \Q.Z.Z.	97	
				*						
	nare of net short-term gainshort-term capital loss						tatement)		: :	
	m gain (or loss) from lin									(64/90
Long-term capi	tal gains and losses-	assets	held more	than 6 mc	onths (12	2 month	s or more fo	r certain liv	estock)	
5 Enter gain fro	om Part II, line 3									
Stack	Beth Steel	H	1-2-65	19-67	55	385 G		5,504	02	34.49
Stock	I AMF	A	6-63	9-67	الريزا	69.95		1.873	50	396.45
Steck	Jupiter	<i>H</i>	4-63	10-67	53	59.73		\$37	225	22.42
	V			-		·				
						:				
	l			. l						
· 3	Tot	al long-t	erm gross sa	les price .	· I			•		
	amount of your share of							es		
	long-term capital loss c	-	•		e years (	attach st	tatement) .	· · · ·		
	lividends (see Form 1040	Instruct	ions, page o							
9 Net long-term	rgain (or loss) from lines	5, 6, 7	. and 8						. •	453 42
	rgain (or loss) from lines			· · ·	gain (or	loss) be	ere		. •	(188.48)
10 Combine the	amounts shown on line	es 4 an	d 9, and en	ter the net				there is a loss	. •	453.42 (188.48)
10 Combine the	amounts shown on line	s 4 an of line 9	or 50% of li	ter the net	hever is s			there is a loss	or no	453.42 (188.48)
10 Combine the 11 If line 10 sho entry on line	amounts shown on line	es 4 an of line 9 for con	d 9, and en or 50% of ti nputation of	ter the net ne 10, which	hever is s	maller.		there is a loss	or no	453.42 (188.48)
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho	amounts shown on line ws a GAIN—Enter 50% o  9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here	es 4 and of line 9 for continue and in F	of 9, and en or 50% of li nputation of and in Part IV art IV, line 1	ter the net ne 10, whice alternative /; line 1, c	hever is so tax.) . on reverse est of the	maller. side	(Enter zero if	ount on line 1		
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho	amounts shown on line ws a GAIN—Enter 50% o  9.) (See reverse side  11 from line 10. Enter	es 4 and of line 9 for continue and in F	of 9, and en or 50% of li nputation of and in Part IV art IV, line 1	ter the net ne 10, whice alternative /; line 1, c	hever is so tax.) . on reverse est of the	maller. side	(Enter zero if	ount on line 1		453.42 (188.48) (188.48)
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho the amount of	amounts shown on line ws a GAIN—Enter 50% o  9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here	for conhere a and in Fin 1040,	or 50% of its or	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO!	tax.) . on reverse est of the d to capit  PERTY U	maller. side following tal gains	g: (a) the amount of the security of the secur	ount on line 1 (c)-\$1,000	0; (ь)	(188.48)
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho the amount of Part II—GAIN assets held me Where double hea	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a lon page 1, line 11b, Form FROM DISPOSITION ore than 6 months (see	es 4 an of line 9 for con here a and in F 1 1040,  V OF see ins t headin	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO!	hever is s tax.) . on reverse est of the d to capit PERTY U ions) ne second	maller. side following tal gains	g: (a) the amount of the control of	ount on line 1 (c)-\$1,000	0; (b)	(188.48)
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho the amount of Part II—GAIN assets held me Where double hea	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here a m page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first ty and how acquired (if necessitely and how acquired (if necessitely and how acquired below—writely details not shown below—writely	es 4 an of line 9 for con here a and in F 1 1040,  V OF see ins t headin	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement	ter the net ne 10, whice alternative /; line 1, c , the small ithout regar BLE PRO for definit 1245 and th	hever is s tax.) . on reverse est of the d to capit PERTY U ions) ne second	maller. side following tal gains UNDER heading f	g: (a) the amount of the control of	ount on line 1 (c)-\$1,000.	0; (b)	188.48) tor other basis, cost of uent improvements (if-rchased, attach explanation)
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho the amount of Part II—GAIN assets held me Where double hea	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here a m page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first ty and how acquired (if necessitely and how acquired (if necessitely and how acquired below—writely details not shown below—writely	es 4 an of line 9 for con here a and in F 1 1040,  V OF see ins t headin	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement	ter the net ne 10, whice alternative /; line 1, c , the small ithout regar BLE PRO for definit 1245 and th	hever is s tax.) . on reverse est of the d to capit PERTY U ions) ne second	maller. side following tal gains UNDER heading f	g: (a) the amount of the control of	ount on line 1 (c)-\$1,000.	0; (b)	188.48) tor other basis, cost of uent improvements (if rchased, attach expla-
10 Combine the 11 If line 10 sho entry on line 12 Subtract line 13 If line 10 sho the amount of Part II—GAIN assets held me Where double hea	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here a m page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first ty and how acquired (if necessitely and how acquired (if necessitely and how acquired below—writely details not shown below—writely	es 4 an of line 9 for con here a and in F 1 1040,  V OF see ins t headin	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement	ter the net ne 10, whice alternative /; line 1, c , the small ithout regar BLE PRO for definit 1245 and th	hever is s tax.) . on reverse est of the d to capit PERTY U ions) ne second	maller. side following tal gains UNDER heading f	g: (a) the amount of the control of	ount on line 1 (c)-\$1,000.	0; (b)	tor other basis, cost of uent improvements (if rehased, attach expla-
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorente amount of Part II—GAIN essets held may have double hear of descriptive	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter ws a LOSS—Enter here a m page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first ty and how acquired (if necessitely and how acquired (if necessitely and how acquired below—writely details not shown below—writely	es 4 an of line 9 for con here a and in F n 1040, N OF see ins t headin	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement or 1250	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (me., day, )	hever is s tax.)  In reverse est of the d to capit PERTY ( ions) he second  ired (r.)	maller.  side . following tal gains UNDER heading t	g: (a) the ame and losses; or SECTIONS  d. Gross	punt on line 1 (c)-\$1,000 .  1245 AND 0.  is sales price	0; (b)	tor other basis, cost of uent improvements (if rchased, attach expla-) and expense of sale
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorente amount of Part II—GAIN assets held may nere double hear of descriptive	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first details not shown below—write to indicate type of asset)  owed (or allowable) since acquisit 1, 1962 [-2. After December 3.	es 4 an of line 9 for con here a and in F n 1040, N OF see ins t headin ary, attacte 1245 c	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (me., day, )	hever is s tax.)  In reverse est of the d to capit PERTY L ions) he second  ired (r h.	maller. side following tal gains UNDER heading f	g: (a) the ame and losses; or SECTIONS for section 125	ount on line 1 (c)-\$1,000 . 1245 AND 0.	0; (b)	tor other basis, cost or uent improvements (in rehased, attach expla-
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorente amount of the	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first details not shown below—write to indicate type of asset)  owed (or allowable) since acquisit 1, 1962 [-2. After December 3.	es 4 an of line 9 for con here a and in F n 1040, N OF see ins t headin ary, attacte 1245 c	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement or 1250	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (me., day, )	hever is s tax.)  In reverse est of the d to capit PERTY L ions) he second  ired (r h.	maller.  side  following tal gains  UNDER  heading t	g: (a) the ame and losses; or SECTIONS for section 125	punt on line 1 (c)-\$1,000 .  1245 AND  0.  is sales price	0; (b)	tor other basis, cost of uent improvements (if chased, attach explanation) and expense of sale
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorente amount of the	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first details not shown below—write to indicate type of asset)  owed (or allowable) since acquisit 1, 1962 [-2. After December 3.	es 4 an of line 9 for con here a and in F n 1040, N OF see ins t headin ary, attacte 1245 c	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement or 1250	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (me., day, )	hever is s tax.)  In reverse est of the d to capit PERTY L ions) he second  ired (r h.	maller.  side  following tal gains  UNDER  heading t	g: (a) the ame and losses; or SECTIONS for section 125	punt on line 1 (c)-\$1,000 .  1245 AND  0.  is sales price	0; (b)	tor other basis, cost of uent improvements (if chased, attach explanation) and expense of sale
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorente amount of the	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first details not shown below—write to indicate type of asset)  owed (or allowable) since acquisit 1, 1962 [-2. After December 3.	es 4 an of line 9 for con here a and in F n 1040, N OF see ins t headin ary, attacte 1245 c	or 50% of ii nputation of and in Part IV Part IV, line 1 computed w DEPRECIAL structions for section h statement or 1250	ter the net ne 10, whice alternative v; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (me., day, )	hever is s tax.)  In reverse est of the d to capit PERTY L ions) he second  ired (r h.	maller.  side  following tal gains  UNDER  heading t	g: (a) the ame and losses; or SECTIONS for section 125	punt on line 1 (c)-\$1,000 .  1245 AND  0.  is sales price	0; (b)	tor other basis, cost of uent improvements (if chased, attach explanation) and expense of sale
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorentee 13 If line 10 shorentee 14 II—GAIN 15 Sesets held management of descriptive  15 Depreciation allowed the shorent of descriptive  16 Depreciation allowed the shorent of descriptive  17 Depreciation allowed the shorent of descriptive  18 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  10 Depreciation allowed the shorent of descriptive  11 Depreciation allowed the shorent of descriptive  12 Depreciation allowed the shorent of descriptive  13 Depreciation allowed the shorent of descriptive  14 Depreciation allowed the shorent of descriptive  15 Depreciation allowed the shorent of descriptive  16 Depreciation allowed the shorent of descriptive  17 Depreciation allowed the shorent of descriptive  18 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive  19 Depreciation allowed the shorent of descriptive the s	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (sidings appear, use the first by and how acquired (if necessed the line of asset) to indicate type of asset)  weed (or allowable) since acquisit 1, 1962 [-2. After December 3], 1964 After December 3],	es 4 an of line 9 for con here a and in Fin 1040, NOF see inst theadinary, attacte 1245 c	or 50% of li nputation of ind in Part IV art IV, line 1 computed w DEPRECIAL structions if g for section h statement or 1250  g Adjusto (e less sum of	ter the net ne 10, whice alternative /; line 1, c , the small ithout regar BLE PRO for definit 1245 and th  b. Date acqu (mc., day, )  d basis f-1 and f-2)	hever is s tax.)  In reverse est of the d to capit  PERTY ( ions) he second  ired (()	maller.  side  following tal gains  UNDER  heading t	g: (a) the ame and losses; or SECTIONS for section 125	punt on line 1 (c)-\$1,000 .  1245 AND  0.  is sales price	0; (b)	tor other basis, cost of uent improvements (if chased, attach explanation) and expense of sale
10 Combine the 11 If line 10 shorentry on line 12 Subtract line 13 If line 10 shorentee 14 II—GAIN 15 Seets held may be a combine to descriptive  15 Depreciation allo 16 II—Prior to January 17 Prior to January 18 Total ordinary 19 Total ordinary	amounts shown on line ws a GAIN—Enter 50% of 9.) (See reverse side 11 from line 10. Enter lows a LOSS—Enter here a low page 1, line 11b, Form FROM DISPOSITION ore than 6 months (statings appear, use the first details not shown below—write to indicate type of asset)  owed (or allowable) since acquisit 1, 1962 [-2. After December 3.	es 4 an of line 9 for con here a and in F n 1040, V OF see ins t headin ary, attac te 1245 c	d 9, and en or 50% of li inputation of in Part IV. line 1 computed w DEPRECIAL structions of the statement or 1250 g. Adjuste (e less sum of the line 2, on reserved.	ter the net ne 10, whice alternative /, line 1, c , the small ithout regar BLE PRO for definit 1245 and tr  b. Date acqu (mc., day, )  d basis f-1 and f-2)	hever is s tax.)  In reverse est of the d to capit  PERTY ( ions) he second  ired (()	maller.  side . following tal gains UNDER heading to the sold mo., day, yr.	g: (a) the ame and losses; or SECTIONS for section 125	ount on line 1 (c)-\$1,000.  1245 AND  0.  Is sales price  Ordinary gain ser of 1-2 or h) — OR— instructions)	e. Cost subsequent of pure nation	tor other basis, cost of uent improvements (if chased, attach explanation) and expense of sale

not less than zero)  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and amounts below)  Earnings from savings and loan assoc. and credit unions.  Interest (list payers and load lines 10, 11, 11, 11, 11, 11, 11, 11, 11, 11,	Exemptions Complete only f	for dependent	ts claime	d on line 3	o, page 1		1040—1967—Page
Total ineas and on page 5 of instructions).  Total line Ia	NAME (If more space is needed attach schedule)	(b) Relationship	(c) months	the or gied que-	ent have income	(e) Amount YOU furnished for dependent's support, If 100% write "ALL"	hy OTHERS Include
Total innear of dependents listed above. Entity in the contributions of	,					\$	\$
Total income from sources other than wages, etc.  Gross dividends and other distributions on stock (list payers and amounts—write (fi), (iv), (i), for stock held by hispand, wife, bright)  Distributions on stock (list payers and amounts—write (fi), (iv), (i), for stock held by hispand, wife, bright)  Distributions of the state o		Fator ho		n naga 1 li	ne 3h	l	
Total line 1a		,		Try Try	The mired	doductions—Use o	nly if you do not us
and amounts—write (H), (W), (J), for stock held by husband, wile, or pointly)    Comparison   Co	Income from sources othe	r than wage	es, etc.		tou toble or	ctandard deduction.	
and amounts—write (H), (W), (I), for stock head of pulsuani, in polity)    Detail [And Continue of the continu	Gross dividends and other distributions	on stock (lis	t payers	Medical at	dental exp	ense (not compensate	ed by insurance of
Section   Sect	and amounts-write (H), (W), (J), for stock he	aid by nuspanu,	Wile, OI	1 One hal	f (but not mo	re than \$150) of In-	114 7
### Section (See Instructions)  Total line 1a  Exclusion (See Instructions)  Logo CC  Total line 1a  Exclusion (See Instructions)  Logo CC  Applied gain distributions (see page 6 of instructions)  Rote page 6 of instructions)  Notar salle distributions (see page 6 of instructions)  Rote page 6 of instructions)  Notar salle distributions (see page 6 of instructions)  Rote page 6 of instructions)  Total (dad lines 1a)  Total did lines 1 and 8)  Notar salle distributions (see page 6 of instructions)  Rote page 6 of instructions)  Rote page 6 of instructions)  Total (dad lines 1a)  Total (dat lines 1a)  Total (da	Rethlehem Steel (H)	16	8,75	surance	premiums to	r medical care	1.
Subtract time 3 from line 2 (not less than area)   Subtract time 3 from line 2 (not less than area)   Contemporary compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or compenses (include Cother or c	Amer Mich & Found (H)	)(c	7.50				
Total line 1a							
Total line 1a  Total line 1a  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of see page 6 of statuctions).  Capital gain distributions (see page 6 of see page 6			·	5 Other r	nedical denta	ai expenses (include	1 0/ 12
Total line 1a		,		balance cal care	of insurance not deductible	premiums for meal-	(c) Y(c) 1:
Total cadd lines 1b, 1c, and 1d).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Contributions.—Cash—including checks, money orders, (see page 6 of instructions).  Contributions.—Cash—including checks, money orders, (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Contributions.—Cash—including checks, money orders, (see page 6 of instructions).  Capital gain distributions (see page 6 of instructions).  Contributions.—Cash—including checks, money orders, (see page 6 of instructions).  Capital gain distributions.  Capital see page 6 of instructions).  Contributions.—Cash—including checks, money orders, (see page 6 of instructions).  Capital gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital gain distributions.  Capital service gain distributions.  Capital gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributions.  Capital service gain distributio		<b>D</b>	36 25				686 7
Capital gain distributions (see page 6 of instructions).  Nontaxable distributions (see page 6 of instructions).  Total (add lines 1b, 1c, and 1d).  Taxable dividends (line 1a less line 1e ont less than 2ero).  Total (add lines 1b, 1c, and 1d).  Total (add lines 1b, 1c, and 1d).  Total (add lines 1b, 1c, and 1d).  Total (add lines 1c, 1c, and 1d).  Total (add lines 1c, 1c, and 1c).  Total (add lines 1f, 2, 3, 4, 5, 6, and 7).  Total (add lines 1f, 2, 3, 4, 5, 6, and	Total line 1a /OO/O						
(see page 6 of instructions).  Nontaxable distributions  Contributions.—Cash—including checks, money orders, (itemize)  Total (add lines 1b, 1c, and 1d)	Exclusion (see instructions).			8 Subtract	line 7 from line	6 (not less than zero) .	
Nontaxable distributions (see page 6 of instructions).  Total (add lines 1b, 1c, and 1d).  Taxable dividends (line 1a less line 1e not less than zero).  Total (add lines 1f, 1c, and 1d).  Total (add lines 1f, 2, 3, 4, 5, 6, and 7)	Capital gain distributions	\					
(see page 6 of instructions).  Total (add lines 1b, 1c, and 1d).  Taxable dividends (line 1a less line 1e- not less than zero).  Acrest (list payers and amounts below)  rinings from savings and loan assoc. and credit unions.  In the control of such items here.  10 Total cash contributions  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 of lints).  13 Total interest (banks, bonds, tax refunds, etc.).  Total interest income.  Pensions and annulties, rents and royalties, part- pensions and annulties total rents and royalties, part- pensions and annulties total rents and royal							oney orders, e
Total cadd lines 1b, 1c, and any surface or rusts, etc. (attach Sch. B)  Business Income or loss (attach Schedule D)  Farm income or loss (attach Schedule D)  Farm income or loss (attach Schedule D)  Farm income or loss (attach Schedule D)  Farm income or loss (attach Schedule D)  Total miscellaneous income  "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required attach form 2106 or other statement)  Moving expenses (attach Form 3903)  Moving expenses (attach Form 3903)  Payments by self-employed persons to returned plans, etc. (attach Form 2950SE)  Payments by self-employed persons to returned plans, etc. (attach Form 2950SE)  Payments by self-employed persons to returned plans, etc. (attach Form 2950SE)	(see page 6 of instructions).		//////////////////////////////////////	(itomize)	1.se Char	ties	25700
Taxable dividends (line 14 a.s.)  Incol less than zero)  Incol less than zero)  Incol less than zero)  Incol less than zero)  Incol less than zero)  Incol less than zero)  Incol less than zero)  Incol less than zero incol less (list payers and amounts below)  Incol less than zero incol less (list payers and amounts below)  Incol less than zero incol less (list payers and amounts below)  Incol less than zero incol less (list payers and amounts below)  Incol less than zero incol less (list payers and less than zero incol less (list payers and amounts income income)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and local space instructions (add lines 10, 11, and 12—see instructions for limitation)  Incol list payers and local income income income income (state nature and source)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and amounts below)  Incol list payers and and page 1, line 11.  Incol list payers and amounts below)  Incol list payers and amounts below below and page 1, line 11.  Incol list payers and amounts below below below and page 1, line 11.  Incol list payers and amounts below b	Total (add lines 1b, 1c, and 1d)	•	700,00	;×	( H		
rot less than zero)  rrings from savings and loan assoc. and credit unions.  10 Total cash contributions  11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 of instructions)  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation)  14 Total Interest income.  15 Total interest income.  16 Total interest income.  17 Total interest income (state schedule C).  18 State and local income.  19 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (altach Sch. B).  19 State and local income.  10 Total cash contributions (add lines 10, 11, and 12—see instructions for limitation)  10 Total interest income.  11 Other than cash (see instructions for required statement).  12 Total contributions (alines 1, 11, 11, 11, 11, 11, 11, 11, 11, 11,	Taxable dividends (line 1a less line 1e-	_ \ /:	36 21	1	1. S. Y		20.00
Total interest income  Pensions and annulties, rents and royalties, part- nerships, estates or trusts, etc. (attach Schedule D).  Sale or exchange of property (attach Schedule D).  Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule F).  Total miscellaneous income (state nature and source)  Total miscellaneous income  Sick pay" if included in line 5, page 1 (attach Form 2440 or other roquired statement). Enter here and on page 1, line 10.  Total miscellaneous (attach Form 2400 or other roquired statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2950SE).				1			
11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (use pags 8 of lastr.)  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation) ▶  14 Total interest income.  15 Total interest income.  16 Total interest income or loss (attach Schedule C).  18 Sale or exchange of property (attach Schedule D).  19 Sale or exchange of property (attach Schedule P).  10 Sale or exchange of property (attach Schedule P).  10 Sale or exchange of property (attach Schedule P).  11 Total interest exponse.—Home Mortgage.  12 Carryover from prior years (attach set of limitation) ▶  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation) ▶  14 Total interest income.  15 Total interest expose.—Home Mortgage.  16 Total miscellaneous income (state nature and source)  17 Total miscellaneous income.  18 Total interest exponse.  19 Sale of exchange of property (attach Schedule P).  19 Sale or exchange of property (attach Schedule P).  10 Sale or exchange of property (attach Schedule P).  10 Sale or exchange of property (attach Schedule P).  11 Total taxes.  12 Carryover from prior years (attach Schedule B).  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation) ▶  14 Total taxes.  15 Total interest exponse.—Home Mortgage.  16 Total miscellaneous.  17 Total interest exponse.  18 Total contributions (add lines 9, 13, 14, 15, and 16). Enter hore and on page 1, line 11a. ▶  19 Sale or exchange of property (attach Schedule P).  10 Total contributions (add lines 9, 13, 14, 15, and 16). Enter hore and on page 1, line 11a. ▶  18 Retirement income credit (Schedule B).  2 Investment redit (Form 3468).  2 Investment redit (Form 3468).  3 Toreign tax credit (Form 1116).	terest (list payers and amounts below)	and credit	unions.				··································
11 Other than cash (see instructions for required statement). Enter total of such items here.  12 Carryover from prior years (see page 8 of Instructions of required statement). Enter total of such items here.  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation) ▶ (// Taxos.—Real estate.  State and local gasoline.  General safe's (see page 15 of Instructions).  State and local income.  Persions and annulties, rents and royalties, partnerships, estates or trusts, etc. (attach Sch. B).  Business income or loss (attach Schedule C).  Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule D).  F	rnings from savings and loan assoc.	una electi		10 Total	cash contribu	utions	
statement). Enter total of such items here.  12 Carryover from prior years (see page 8 of Instructions).  13 Total contributions (add lines 10, 11, and 12—see instructions for limitation).  14 Total interest income.  Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Sch. 8).  Business Income or loss (attach Schedule C).  Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule F).  Total miscellaneous income (state nature and source)  Total miscellaneous income (state nature and source)  Total (add lines 11, 2, 3, 4, 5, 6, and 7).  Enter here and on page 1, line 6.  Total miscellaneous schedule for the form 2105 or other statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2105 or other statement).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).				11 Other	than cash (se	e instructions for required	
her interest (banks, bonds, tax refunds, etc.)  It coal contributions (add lines 10, 11, and 12—see instructions for limitation)  Taxos,—Real estate  State and local gasoline  General safet (see page 15 of Instructions)  State and local income  Personal property  It otal taxes  Interest exponse.—Home Mortgage  Interest exponse.—				statem	ent). Enter tota	al of such items here .	
ther interest (banks, bonds, tax refunds, etc.)  State and local gasoline  Fensions and annulties, rents and royalties, partnerships, estates or trusts, etc. (attach Sch. B).  Business income or loss (attach Schedule C).  Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule F).  Sale or exchange of property (attach Schedule F).  Total miscellaneous income (state nature and source)  Total miscellaneous income.  Sick pay" if included in line 5, page 1 (attach Form 2440 or other roquired statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2950SE).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).							
Total interest income	ther interest (banks, bonds, tax refunds	, etc.) من يور /	4887	13 Total and 1	contributions 2—see instru	(add lines 10, 11, ctions for limitation)	- 6/
Total Interest income	2.1						20
Total interest income							17.7
Pensions and annuities, rents and royalties, part- nerships, estates or trusts, etc. (attach Sch. B).  Business Income or loss (attach Schedule C).  Sale or exchange of property (attach Schedule F).  Farm income or loss (attach Schedule F).  Aliscellaneous income (state nature and source)  Total miscellaneous income  Total miscellaneous income  Total miscellaneous income  Total miscellaneous income  Total interest exponse.—Home Mortgage.  Tot			1/8 100	•			1 .
Pensons and annulus, restal and the series and the	Total Interest income		73 8/	- 1			
Business Income or loss (attach Schedule C).  Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule F).  Miscellaneous income (state nature and source)  Total miscellaneous income  Total (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6.  Sisck pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2950SE).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).	Pensions and annuities, rents and royalties, proceedings of trusts etc. (attach Sch. B	art- 3) .					215.0
Sale or exchange of property (attach Schedule D).  Farm income or loss (attach Schedule F).  Siscellaneous income (state nature and source)  Total miscellaneous income  TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6.  Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2106 or other statement).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).				_			
Farm income or loss (attach Schedule F)	Business Income or loss (attach Schedule U).	0) [	188 4	Plane Ca	-mi-a)		
Total miscellaneous income (state nature and source)	Sale of exchange of property (attach Schedule F)			Key.	riolds		X/.Yj.A.;
Total miscellaneous income	iscollaneous income (state nature and s	ource)		Free	hling		25 40
Total miscellaneous income	iscentificate mostly (state)			Musc			
Total miscellaneous income				IE Total	interest exper	se	254
TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7) Enter here and on page 1, line 6.  "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2106 or other statement).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).    A total credit (form 3468).   A total credit (for page 1, line 13).						130	
TOTAL (add lines 11, 2, 3, 4, 5, 6, and 7) Enter here and on page 1, line 6.  "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2106 or other statement).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).		1	_	N Was	k tool	S	5200
"Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903).  Employee business expense (attach Form 2106 or other statement).  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).	TOTAL (add lines 1f, 2, 3, 4, 5, 6, and Enter here and on page 1, line 6	7) <b>.</b>	(3 3	<u> </u>			
"Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement).  Moving expenses (attach Form 3903) .  Employee business expense (attach Form 2106 or other statement) .  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE) .  17 TOTAL DEDUCTIONS (add lines 9, 13, 14, 15, and 16). Enter here and on page 1, line 11a.     18   17 TOTAL DEDUCTIONS (add lines 9, 13, 14, 15, and 16). Enter here and on page 1, line 11a.     18   18   19   19   19   19   19   19	Adjustments to incom	ne   <i>        </i>		16 Tota	l miscellaneou	ıs <u></u>	▶ 57
Moving expenses (attach Form 3903) .  Employee business expense (attach Form 2106 or other statement) .  Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE) .  Total CREDITS (for page 1, line 13) .	"Sick pay" if included in line 5, page 1 tach Form 2440 or other required statemen	(at- nt)		17 TOT	AL DEDUCTIO	NS (add lines 9, 13, 14	1 186
Employee business expense (attach Form 2105 or other statement)	Moving expenses (attach Form 3903) .						1
Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE).	Employee business expense (attach Fo			1 Retire	ment income	credit (Schedule B)	** ***
tirement plans, etc. (attach Form 2950SE) .	Boymonte by self-employed persons to	re-		2 Inves	ment credit (	Form 1116)	
TOTAL ADMISTMENTS (lines 1 through 4).	tirement plans, etc. (attach Form 2950S	E) .		- A TOTA	CREDITS (fo	or page 1. line 13).	▶
Enter here and on page 1, line 8 P	TOTAL ADJUSTMENTS (lines 1 through	4).		EXPENSE	ACCOUNTS-	f you had an expense	allowance or cha

	WAGE AND TAX STATEMENT 1967	SOCIAL SECURITY INFORMATION  F.I.C.A. employee Total F.I.C.A. wages tax withheld a paid in 19.57	290.40 6,600.00	<sup>3</sup> Includes tips reported by employee. This amount is before payroll deduc- tions or 'sick pay' exclusion.	<sup>2</sup> Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.	<sup>3</sup> The social security (F.I.C.A.) rate of 4.4% includes .3% for Hospital Insurance Benefits and 3.9% for old-age, survivors, and disability insurance.	Includes tips reported by employee. If your wages were subject to social security taxes, but are not shown, these wages are the same as wages shown under "Federal Income Tax Information," but not more than \$6,600.	Uncollected Employee Tax on Tips \$
こうが しょうけい のきのいち 一角の 株式の こうない ないしゅうしょう しゅうきゅう はんしゅう はんしゅう はんしゅう しゅうしゅう しゅうしゅう しゅうしゅう	36-2586182 The Stanley-Oliver Mfg. Co. 1001 S. California Ave. Chiongo, Ill., 60612 Type or print EMPLOYER'S identification number, name, and address above.	Federal income tax Wages paid subject to with- withheld holding in 1967 tion? paid in 1967	Type or print EMPLOYEE'S social security number	322 12 7997	Samuel D. Ruby	Chicago, 111, 606/15		1 Type of print EMPLOYEE'S name and address (including ZIP code) above.  FORM W-2-6.5. Tressury Department, Internal Revenue Service

# JFE ASSASSINATION COLLECTION IDENTIFICATION FORM

gency: HSCA 7310093
Record Series: NUMBERED FILES
Agency File Number: 00 4876
Originator: Citizen Ruby, Sanuel
From: Ruby, Samuel.
ro:k
Ŧĸ
Title:R
Date: 1-24-78
Subjects: Ruly, Sam  2. Ruly, Sam  2. Ruly, Sam  3. Ruly Joch, Bockground Associates Kind Relative 3
4
5R
6 R
Document Type : Other Textual
Classification: U C 5 T
Restrictions: Open 1A 1B 1C 2 3 4 5 D
Current Status: 0 P X
Date of Last Review: / /93
Opening Criteria:
comments: W cover letter

Folder Title:

NW 88326 Docld:32245535 Page 171

Box #: 102







		THE THE PARTY OF T	INCOME IAX			Hadron Andrea		
LAC	SE F	PREADDRESSED LABEL HERE, If available. (Correctial security number(s) only if incorrect or not shown on the security number (s) on the security number (s) of the security number (s) of the security number (s) of the	ct name and address, if necessary) label.	Check One:	named in solutions, it is not a named as a named.		A T I ON	1977
PR	SESEN	AMUEL & PHYLLS  IT HOME ADDRESS (Number and street, including apartment  162-50 BIRCHER	ont number, or rated route)			Security Number	TIONS	
ci	TY, 1	COMMOR POST OFFICE, STATE AND ZIP CODE	S CA		OCCU- Yours PATION Spouse's	5/2		
_	2,×3 3 [ 4 [ 5 [	Married filing joint return (even if only one had income) Separate return of married person—Enter spouse's social security number and full name here Head of Household—Enter name of qualifying individual Widow(er) with dependent child (Year spouse died 197_)	STORY  Beginner  Grant Street, enter Street,	nter \$50 as head o	of household	\$8 8	l	00
1	11 12 13 14 15	Wages, salaries, tips and other employee compensation { Att ret Dividends—before federal exclusion. Enter total (if over Interest. Enter total (if over \$400, complete and attach Income other than wages, dividends and interest (from lin Total (add lines 10, 11, 12 and 13)	** \$400, complete and attach Schedule B(540) )			5199 254 774 774 772	6	
TACH COPY 2 OF P	-	• If you do NOT itemize deductions AND line 16 is unde • If you itemize deductions OR line 16 is \$15,000 or mo Deductions: Itemized (from line 63) OR STANDARD (\$1,000 Taxable income (subtract line 17 from line 16) Compute to Tax from (check one)  Tax Table	ore, complete lines 17 and 18.  10 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 tax from Tax Rate Schedule—Enter tax on line 19	5 checked	6 18	568 205 23	- ARTHURY	
₩ ₩	20 21 22 23 24	Total exemption credits (from line 9, above)	s greater than line 19, enter zero)		21 22 22 23 24	-0		
ATTACH HERE >	26 27 28 29	Total tax liability (add lines 23 and 24)  Total California income tax withheld (attach W-2 or W-2 Renter's credit—if you lived in rented property on March 1976 California estimated tax payments  Excess California SDI tax withheld (see instructions) .	2P to face of this return)			<u> </u>		
number on check or money order.	30 31 32 33	Total Credits	If it is equal to line 30, enter zero.  BOARD 4 95867  AID		ULL → E 31	not write in the	nese space	<u></u>
number on check	34	Mail return to: FRANCHISE TAX B P.O. BOX 13-540 SACRAMENTO, CA  Amount of line 32 to be credited on your 1977 ESTIMATE	BUARD 33 3 3 4 5 5 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-0	E M A R			
ΪŢ		you do NOT want State income tax forms and instruction			uctions, Page 9			
d security	Ur	nder penalties of perjury, I declare that I have examined belief it is true, correct, and complete. Declaration o	d this return, including accompanying schedules a of preparer (other than taxpayer) is based on all in	and state nformatio	ements, and to th on of which prepa	e best of marer has any	y know / knowl	ledge edge.

Under penalties of perjury, I declare that I and belief it is true, correct, and complete

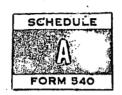
SIGN >
Your signature

NW 88326 Docld:32245535 Page 172

Preparer's signature (other than taxpave)

--- Page-2-Form 540 (1976)....

PART I - Renter's Credit - All questions must be answered					
35 Did you, on March 1, 1976, live in rented property which was your principal residence?		If no, you	nay not c	taim this cr	ed it
<b>36</b> Was the property you rented exempt from property tax?		, , ,	-	claim this c	
<b>37</b> Did you live with any other person who claimed you as a dependent for income tax purposes? $\Box$ Ye		, , ,		claim this c	
38 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?. 🗆 Ye	s 🗆 No	If yes, see	page 3 o	f instruction	15
PART II - Other Income					
By Business income (or loss) (attach Schedule C(540))		•		2116	
Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(5401)				000	
Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))			41		
12 Pensions and annuities	· · · · ·		43		
SCHEDULE E			44		1
FORM (540)			45		
16 Farm income (or loss) (attach Schedule F(540))			46		
17 Miscellaneous income	1 1			******************	
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	47a				
(b) Alimony	47b				
(c) Other (state nature and source)			47		3000000
Enter total of lines 47(a), 47(b), and 47(c)		•	47	~111	<del> </del>
18 Total (add lines 39 thru 47). Enter here and on line 13	· · · · · ·		48	546	
ART III - Adjustments to Income					т
9 "Sick pay," if included in line 10 (see instructions - attach Form FTB 3805T)					ļ
Moving expenses (see instructions - attach Form FTB 3805U)					ł
1 Employee business expenses (See instructions - attach Form FTB 3805N)					
2 Military exclusion (see instructions)			52		<b>!</b>
3(a) Payments to an individual retirement arrangement (attach FTB 3805P)					
(c) Payments to a self-employed "Defined Benefit Plan"					
Enter total of lines 53(a), 53(b), and 53(c)			53		
4 Forfeited interest penalty (see instructions)		0	54		
5 Total adjustments (add lines 49 thru 54). Enter here and on line 15	<i>.</i> .		55		·
PART IV — Itemized Deductions					•
Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below				6441	
6 Total deductible medical and dental expenses (from Schedule A(540), line 10)				941	ļ
7 Total taxes (from Schedule A(540), line 17)		•		128	
8 Total interest expense (from Schedule A(540), line 20)			58	25.I/	
9 Total contributions (from Schedule A(540), line 24)			59	100 a>	
1 Total miscellaneous deductions (from Schedule A(540), line 33)			61	\$	
2 Total child care and adoption expenses (from Schedule A(540), line 37)				-	
3 Total itemized deductions (add lines 56 thru 62). Enter here and on line 17			63 5	686	
PART V - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW					-
4 "Other State" net income tax credit (attach copy of other state return and Schedule S(540))		(•)	64		
5 Retirement income credit (attach Schedule R(540))			65		
6 Special low income tax credit (see special instructions)			66		
7 Solar energy tax credit (see special instructions)			67		
8 TOTAL (add lines 64 thru 67). Enter here and on line 22			68		
PART VI – Other Taxes					
59 Tax on preference income (see instructions - attach Schedule P(540)			69		
70 Tax on premature distributions from attached Form FTB 3805P					
71 Total (add lines 69 and 70) enter here and on line 24 · · · · · · · · · · · · · · · · · ·					
PART VII - Reconciliation to Federal Return - If adjusted gross income on Federal Return is different from lin	ne 16. page	1, explain l	e low.		
		,			





### ITEMIZED DEDUCTIONS

Attach to Form 540



Name as shown on Form 540

StP Ruby

Social Security Number

USE ONLY IF YOU DO NOT USE THE TAX TABLE OR TAKE THE STANDARD DEDUCTION

ladical and dental expenses (not compensated by insura medicine and drugs, docto hospital care, insurance p	ors, dentists, nurses,	Contributions 21(a). Cash contributions for which you have receipts,		,
care, etc.		canceled checks, etc.	1	
		(b). Other cash contributions. List donees and		
1. One half (but not more than \$150) of insurance		amounts	ļ <del> </del>	
premiums for medical care			······	
2. Medicine and drugs	l			
3. Enter 1% of line 16, Form 540		SCH	ļ	
•		22. Other than cash.—See instructions for required state-		
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		ment		
5. Enter balance of insurance premiums for medical care not entered on line 1		23. Carryover from 1974 & subsequent years — See instructions		
6. Other medical and dental expenses:		24. Total— (Add lines 21 a thru 23. Maximum de-	. \ 1	
(a) Doctors, dentists, nurses, etc		duction may not exceed 20% of adjusted gross	131	١.
(b) Hospitals		income. Enter here and on Form 540, line 59)	100	
(c) Other (itemize)	1 1		<del></del>	
	1 !	Casualty or Theft Loss(es)	!!	!
Sett		NOTE: If you had more than one loss, omit lines 25 through 28—See instructions for guidance		
		25. Loss before insurance reimbursement	1	
7. Total—(Add lines 4, 5, 6a, b, and c)		26. Insurance reimbursement	ļ	
		27. Subtract line 26 from line 25, Enter difference	ĺĺ	
8. Enter 3% of line 16, Form 540	<del></del>	(If less than zero, enter zero)		
9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)		28. Enter \$100 or amount on line 27, whichever is smaller		
O. Total—(Add lines 1 and 9. Enter here and on Form 540, line 56)	1941	29. Casualty or theft loss (subtract line 28 from line 27. Enter here and on Form 540, line 60)	1	
		This Er. Ellier here and on a similarly time say		
axes		Miscellaneous Deductions	1 1	
1. Auto licenseExcess of registration and weight fees	1	miscerianeous benuctions	1. 1	
(see instructions)		30. Alimony paid to:	ļ <b>.</b>	
2. Real estate		31. Employment Education Expense		,
3. State and local gasoline		32. Union dues		
4. General Sales		Other (itemize)	1 1	
15. Personal property (Boat and Aircraft)			1 1	
16. Other (itemize)			1	
<u> </u>		33. Total (Add lines 30 through 32. Enter here and on Form 540, line 61)	0	
17. Total taxes—(Add lines 11 thru 16. Enter here and on Form 540, line 57)	1178	Child Care and Adoption Expense		
	1	34. Child care expenses - Attach Form 3805X		<b></b> .
nterest Expense			1 1	
8. Home mortgage		35. Total adoption expense	<b>{</b> .	
9. Other (itemize)		Less 3% of line 16, Form 540.	, l	
		36. Net adoption expenses — See instructions		į
		for maximum limitations		
X+1-		37. Total child care and adoption expenses		
			1	
20. Total—(Add lines 18 and 19. Enter here and on	1.7617	(add lines 34 and 36. Enter here and on	Supramer's	
Form 540, line 58)	12/1	Form 540, line 62)	\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Do NOT deduct the \$100 federal exclusion.







lame as shown on Form 540

STP RUDY

Social Security Number

#### PART I-DIVIDEND INCOME

ain dividends) on stock were \$400 or less, do not complete is part; but enter gross dividends (including capital gain distribu-		
Gross dividends and other distributions on stock—List payers and amounts—Write (H), (W), (J), for stock held by husband, wife, jointly.		-
	,	
		ļ
	-	ļ
	-	
	1	
	<u> </u>	
Total dividends		

#### PART II-INTEREST INCOME

Interest on bonds, debentures, loans, notes, tax refunds and all pes of savings accounts including banks, credit unions and postal avings is taxable.

Taxable dividends—Subtract line 3 from line 2. Enter here and on line 11, form 540

Line 1—Gross Dividends and Other Distributions on

ck-If gross dividends and other distributions (including capital

Interest on the following obligations is exempt from tax:

- (a) Bonds and other obligations (other than tax refunds) of the United States, the District of Columbia and territories of the United States. (Interest on Philippine Islands obligations issued on or after March 24, 1934 is not exempt.)
- (b) Bonds (but not other obligations) of California and its political subdivisions issued after November 4, 1902.

tions), less nontaxable portion, if any, on Form 540, page 1.

"Capital gain dividends" are treated as ordinary dividends for

(c) Interest on bonds of Alaska and Hawaii issued prior to their achieving statehood.

Note: If total taxable interest income was \$400 or less, do not complete this part; but enter the total amount of interest received on Form 540, page 1.

Interest income—List payers and amounts  NOTE ON WOODLEY BISTRO	4959	·····
Unc	٦	
TRANS WORLD	77	
Leave ,	191	<b>-</b> -
WOUD	/7	
<b>X</b>		
Total Interest Income. Enter here and on line 12, Form 540	600	
NW 88326 Docld:32245535 Page 175	12173	





# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

19 76
YEAR

Name and Address of Business  ADDLEY BISTRO OFFEE SHOP LLOSS UENTURY BLID SIGNAR, 95-26515  Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.) 52 PUICE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID	
Name and Address of Business  ADDLEY BISTRO COFFEE SHOP, 16055 USINTURA BUID SINCHORA, 95-26515-18  Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.) 5280165- 5000 1800	
Name and Address of Business  ADDLEY BISTRO COFFEE SHOP, 16055 UNTURN BUD ENCINOA, 95-26515-16  Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.) 52.20165- Snach Barc	
Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.) 5220169 - Snach Bark	_
Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.)	
Indicate method of accounting.	
Indicate metion of accounting.	
Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)? YES NO	<b>2</b> 數
Indicate method of accounting: ☐ Easi; ☐ Easi; ☐ Continuity ☐ Continu	
Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and opening	
☐ YES ☐ NO If."Yes," attach explanation.	
Gross receipts, sales, or fees \$Less returns and allowances \$	
Inventory at beginning of year (if different from last year's closing inventory, attach explanation).	
Purchases \$Less cost of items withdrawn for personal use \$	
Cost of labor (do not include salary paid to yourself)	
Materials and supplies	
Other costs (explain in Schedule C-2 or attach Schedule)	
Total of lines 2 thru 6	
Inventory at end of this year	
3 Cost of goods sold (subtract line 8 from line 7).	
O Gross profit (subtract line 9 from line 1)	
Other income (attach schedule)	
OTHER BUSINESS DEDUCTIONS	
3 Depreciation (explain in Schedule C-1 or attach Schedule)	
4 Taxes on business and business property (explain in Schedule C-2 or attach Schedule).	
4 Taxes on business and business property texplain in schedule 52 of states.	
6 Repairs (explain in Schedule C-2 or attach Schedule)	į
7 Salaries and wages not included on line 4 (exclude any paid to yourself)	
8 Insurance	
9 Legal and professional fees	
O Commissions	
4 Americanian (attach statement)	
2 Retirement plans, etc. (other than your share, see instructions)	
2 Interest on hydrogen indehtedness	
4 Bad debts arising from sales or services (Not applicable if reporting on cast, basis).	
5 Depletion (attach schedule)	
6 Other business expenses (explain in Schedule C-2 or attach Schedule)	
28 Net profit (or loss) (subtract line 27 from line 12), Enter here and on Page 2, Form 540 or 540NR	
Group and guideline class Date Cost or allowed (or allowed (or allowed)	
Group and guideline class Or description of property  Date Acquired Other basis Other basis Other basis Other basis Other basis Other basis Other basis Other basis Other basis Other basis Other basis Other basis	/ear
Group and guideline class or description of property  Acquired other basis allowed (or allowable) in prior years depreciation  Acquired other basis allowed (or allowable) depreciation Rate for this years  Acquired other basis allowed (or allowable) depreciation allowed (or allowable) allowed (or allowable) depreciation allowed (or allowable) depreciation allowed (or allowable) allowed (o	
106	>
88	
5	
LINE EXPLANATION AMOUNT	UT
LINE EXPLANATION AMOUNT LINE EXPLANATION AMOUNT NO.	**
908	
190	
1-4 1-4 1-4 1-4 1-4 1-4 1-4 1-4 1-4 1-4	
Schedule C.S. Sc	





## CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR



Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

and gai	ns (but not losses) o	n personal assets	such as a home	or jewelry.	11 mm 14 mm 14 mm
Name as shown on Form 540 or 540NB	Ruby		-	51	Social Security Number
PART I—Assets Held One Year or	F			1000	i D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted, cost of subse- quent improvements (if not purchased, attach explanation) and ex-	f. Gain or loss (d. less e.)
1.	<del> </del>			pensa of sale	
				1	**********
***************************************					***************************************
***************************************					
			1		
***************************************			1		
<ol> <li>Enter gain (or loss), if applicable, fro</li> <li>Enter your share of net gain or loss</li> <li>Net gain or loss, combine lines 1, 2 a</li> </ol>	from partnerships a	nd fiduciaries .	th copy) 		
PART II—Assets Held More Than O	ne Year But Not	More Than Fiv	e Years		
5.				I T	
***************************************			ļ		
·····//	TALLME	175 51	142		سندرند وسد
				·+····································	33.5
		********		•	••••••••
6. Enter gain (or loss), if applicable, fro 7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a  PART III—Assets Held More Than F	from partnerships ar and 7 (If gain, see 54)	nd fiduciaries .		[	5355
9.	T		l	I	
			·····	·	******************************
***************************************					
····					
••••••					•••••
***************************************				+	******************
<ul><li>10. Enter gain (or loss), if applicable, fro</li><li>11. Enter your share of net gain or loss</li><li>12. Net gain or loss, combine lines 9, 10</li></ul>	from partnerships ar	nd fiduciaries .		[	
PART IV-Summary of Capital Gain	ns and Losses				
			2 2 2 2 1 1	-0-	
14. Enter 65% of the amount on line 8				3481	
15. Enter 50% of the amount on line 12		10.25		A-0- 3	\$
<ol><li>Enter unused capital loss carryover from the company of the company of the carryover from the carryo</li></ol>	om preceding taxab	le years (affach	computation) .	115042)	1
17. Combine the amounts shown on lines	13, 14, 15 and 16			-	11561
18. If line 17 shows a gain, enter here o					
<ol> <li>If line 17 shows a loss, enter here an</li> <li>(a) amount on lines 17;</li> </ol>	a on page 2, Part	II of Form 540 or	540NR the smo	illest of:	
	la vaar /22				
<ul><li>(b) the taxable income for the taxab of capital assets; or</li></ul>	ie year (computed v	without regard to	gains or losses fr	om sale or exchange	
(c) \$1,000 (\$500 in the case of a hu	sband or wife filing	a separate retu	ırn)		1600
NW 88326 Docld:32245535 Page 177				· · · · · /	1000







PLA Ente	CE I	PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) cial security number(s) only if incorrect or not shown on label.  Che		lendar Year scal Year Endin	g1976
	1	NAME (If joint return, give first names and initials of both) LAST NAME	FOR FEE	ERAL PRIVAC	Y ACT NOTIFI-
		JAMUEL & PHYLLIS KUBY		our Social Securit	
	'	PRESENT HOME ADDRESS (Number and Street, including apartment number of rural route)		ouse's Social Secur	
	1:	CITY, TOWN OF POST OFFICE, STATE AND ZIP CODE	3 4	Ast //Pg)	1420
	-   `		00000	Yours J/E	=
FII	ING		PATION	Spouse's J/E	
	] Sir	If line 1 or 3 checked, enter \$2	5 }		
-		rersonal (If line 2, 4 or 5 checked, enter 5			6 50 00
•		parate return of married person—Enter spouse's  7 Dependents — Do not list yourself, your spouse or the as head of household. Enter name and relati	person who	o qualifies you	
<b>J</b>		cial security number and full name here			11.
	٠	THOMAS			
4 [		ad of HouseholdEnter name of qualifying	, 19	2 × \$8	1 16 00
	ind	8 Blind (refer to instructions) Number of blind exemptions	•	v t8	00
5 [	] Wi	dow(er) with dependent child (Year spouse died 197) 9 Total exemption credits (add lines 6, 7 and 8) Enter here	and on li	ne 20	9 2 / 00
_		Wages salaries tins and other employee componentian ( Attach copy 2 of Form(s) W-2 to face of this )			100
	11	Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))		. 9 10	-0-
	12	Interest. Enter total (if over \$400, complete and attach Schedule 8(540))		. 9 11	66
7	13	Income other than wages, dividends and interest (from line 48)		12	8872
HFP		Total (add fines 10, 11, 12 and 13)		13 14	360
¥.2	15	Adjustments to income (from line 55)		15	····Z·•··· 7
FORM	16	Adjusted gross income (subtract line 15 from line 14)			
		• If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23			784
2 OF		• If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23. / lines 17 thru 22		.E 16	107.
COPY		• If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19.			
		If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.  Poductions (Marriad Marriad M			221
ATTACH	17 18	Deductions: Itemized (from line 62) OR STANDARD (\$1,000 if line 1 or 3 checked - \$2,000 if line 2, 4 or 5 check	ed)	. 4 17	735
A		Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19			249
V	19	Tax from (check one) Tax Table Tax Rate Schedule Income Averaging Schedule (G or G-1)		. • 19	3.2
	20 21	Total exemption credits (from line 9, above)		. 20	66
	22	Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)			
	23	Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)		.   22	
ي .	24	Tax on preference income (see instructions—attach Schedule P(540))			-0-
뜊	25	Total tax liability (add lines 23 and 24)	(	<b>●</b>   24	
ATTACH HER	26	Total California income tax withheld (attach W-2 or W-2P to face of this return)	<del></del>	. 25	
ATT	27	Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2			
	28	1975 California estimated tax payments			1.
Ē	29	Excess California SDI tax withheld (attach Form DE 1964 to face of this return)			
or money order.	30	Total prepayment credits (add lines 26 thru 29)		30	-0-
Ě	31	If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.			
. 43		Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867	ULL>	₩ 31 -	-0-
check	32	If line 25 is smaller than line 30, enter amount OVERPAID	i	Do not write	in these spaces
5	33	Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.		P	
m ge		P.O. BOX 13-540		E	
Ę		SACRAMENTO, CA 95813		M	
security number on	34	Amount of line 32 to be credited on your 1976 ESTIMATED TAX	IMATED TA	X R	
sec	Und	er penalties of periury I declare that I have a six I del			
ocial	Delle	of it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all info	ana to 11 mation of	ne best of my which he has a	knowledge and anv knowledge.

NW 88326 Docid:3224553514Pagein178loint return

Date

Date

Preparer's signature (other than taxpayer)

Date

The state of the s



Name as shown on Form 540

SAMUEL



### ITEMIZED DEDUCTIONS

Attach to Form 540





Social Security Number

or \$4,000 or less and your filing status is "Single," or "	iling status is "Marrie 'Married, Filing Separa	d, Filing Jointly," "Head of Household," or "Widow(er) With Dependentely," do not itemize, enter zero on Form 540, line 23, and chec	ent Child," ck the tax
table box. USE ONLY IF YOU	DO NOT USE THE TAX	C TABLE OR TAKE THE STANDARD DEDUCTION	
Medical and dental expenses (not compensated by insura medicine and drugs, docto hospital care, insurance p care, etc.	ors, dentists, nurses,	Interest Expense  21. Home mortgage  22. Other (itemize)	
<ol> <li>One half (but not more than \$150) of insurance premiums for medical care</li> <li>Medicine and drugs</li> <li>Enter 1% of line 16, Form 540</li> <li>Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)</li> </ol>		23. Total—(Add lines 21 and 22. Enter here and on Form 540, line 59)	2857
5. Enter balance of insurance premiums for medical care not entered on line 1 6. Other medical and dental expenses:  (a) Doctors, dentists, nurses, etc		Contributions  24. Cash contributions for which you have receipts, canceled checks, etc.  25. Other cash contributions. List donees and amounts	
(b) Hospitals (c) Other (itemize)		25. Other cash contributions. List dollers and allounts	
7. Total—(Add lines 4, 5, 6a, b, and c)		26. Other than cash.—See instructions for required statement	
8. Enter 3% of line 16, Form 540  9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)  0. Total—(Add lines 1 and 9. Enter here and, on Form		27. Carryover from 1974—See instructions	150
540, line 56)	1509	Miscellaneous Deductions	
thild Adoption Expense  1. Total expenses paid or incurred—Attach itemized list  2. Enter 3% of line 16, Form 540		Casualty or Theft Loss(es)—See instructions  NOTE: If you had more than one loss, omit lines 29 through 33 and follow instructions for guidance.	
3. Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form 540, line 57).		29. Loss before insurance reimbursement  30. Insurance reimbursement  31. Subtract line 30 from line 29. Enter difference (if line	
axes		30 is greater than line 29, enter zero)	
4. Real estate		33. Casualty or theft loss (line 31 less line 32)	
7. Auto license—Excess of registration and weight fees (see instructions)		36. Union dues	
8. Personal property (Boat and Aircraft) 9. Other (itemize)		38. Other—(itemize)	
20. Total taxes—(Add lines 14 thru 19. Enter here and 88325 Docid: 32245535 Page 179	1202	39. Total—Add lines 33, 34, 35, 36, 37, and 38. (Enter here and on Form 540, line 61)	





# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

1925 YEAR

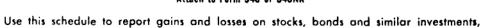
	own on Fori	n 540 or 540NR		D				Social Sec	curity Number
	SAI	MUELE 1H	YLLIS	KUBS	<u>/</u>			200	12.33.89
ame and	d Addrage o	of Businesy ISTRO	DEFES	SHOP				B. Federal Empl	•
rincipal	business	activity (i.e., retail—hardware; wholes	ale-tobacco; s	ervices-legal; etc.		ERVIC			
ndicate	method o	f accounting: acash;	ccrual; 🖂 o	ther					
		92, 596 and 599, for the calendar y							
lethod o	of inventory	valuation >							
	•	tantial change in the manner of det f "Yes," attach explanation.				between the open			
Gross re	eceipts, sal	es, or fees \$ Less					Balan		
inventor	y at beginn	ning of year (if different from last ye	ar's closing inv	entory, attach exp	lanation	)			
Purchase	es \$	. Less cost of items wit	hdrawn for per	sonal use \$					
Cost of	labor (do	not include salary paid to yourself)		-					
	•	oplies							
	-	n in Schedule C-2 or attach Schedul							
		thru 6							
		this year							
		(subtract line 8 from line 7).							
		act line 9 from line 1)							
		ach schedule)							
Total	income (ad	d lines 10 and 11)						····	
N : -		OTHER BUSINESS				[		<del></del>	
		in in Schedule C-1 or attach Schedu							
		and business property (explain in Sch							
		property			•				
		not included on line 4 (exclude any	naid to yours	elf)					
salai les Insuranc		not included on the 4 texchade any							
		onal fees.							
-		VIII 1003							
		h statement)				The state of the s			
		etc. (other than your share, see inst							
		ss indebtedness							
Bad deb	ts arising t	rom sales or services (Not applicable	e if reporting c	n cash basis)					
	n (attach								
vepietio.	usiness exp	enses (explain in Schedule C-2 or a	ttach Schedule	)					
•	of lines 1	3 thru 26						····-  <u>-</u>	559
Other bu			ar here and on						
Other bu		(subtract line 27 from line 12), Enter		Page 2, Form 540	or 540	Depreciation	Method of	1:40.00	
Other bu Total Net prof		(subtract line 27 from line 12), Enter	Date		or 540	Depreciation wed (or allowable)	computing	Life or Rate	Depreciatio
Other bu Total Net prof		(subtract line 27 from line 12), Enter		Page 2, Form 540 Cost or	or 540	Depreciation			Depreciatio
Other bu Total Net prof		(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	or 540	Depreciation wed (or allowable)	computing		Depreciatio
Other bu Total Net prof		(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	or 540	Depreciation wed (or allowable)	computing		Depreciatio
Other bu Total Net prof		(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	or 540	Depreciation wed (or allowable)	computing		Depreciation
Other bu Total Net prof		(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	or 540	Depreciation wed (or allowable)	computing		Depreciation
Other bu Total Net prof	fit (or loss)	(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	or 540	Depreciation wed (or allowable)	computing		Depreciation
Claimed on line 13. Net proof	fit (or loss)	(subtract line 27 from line 12), Enter	Date	Page 2, Form 540 Cost or	allo	Depreciation wed (or allowable)	computing		Depreciation
Claimed on line 13. Net proof	fit (or loss)	(subtract line 27 from line 12), Enter Group and guideline class or description of property	Date	Page 2, Form 540 Cost or other basis	or 540	Depreciation wed (or allowable)	computing depreciation		Depreciation for this yea
Claimed on line 13. Net proof	fit (or loss)	(subtract line 27 from line 12), Enter Group and guideline class or description of property	Date	Page 2, Form 540 Cost or other basis	allo	Depreciation wed (or allowable)	computing depreciation		Depreciation for this yea
Claimed on line 13. Net proof	fit (or loss)	(subtract line 27 from line 12), Enter Group and guideline class or description of property	Date	Page 2, Form 540 Cost or other basis	allo	Depreciation wed (or allowable)	computing depreciation		Depreciation for this yea
Other bu Total Net prof	fit (or loss)	(subtract line 27 from line 12), Enter Group and guideline class or description of property	Date	Page 2, Form 540 Cost or other basis	allo	Depreciation wed (or allowable)	computing depreciation		Depreciation for this yea





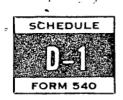
#### CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR





Name as shown on Form 540 or 540NR	Pum	, . P.,	1211		Social Security Number
SAMUEL E	1 HYLL	is Ru	<i>p y</i>	192	
ART I—Assets Held One Year or I	.055	•	· · · · · · · · · · · · · · · · · · ·		
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted, cost of subse- quent improvements (if not purchased, attach explanation) and ex- pense of sale	f. Gain or loss (d. less e.)
1974 LOSS (ARRYON (20,360) USED 1974 107	E K				
(20,360)	,	,			
WED 1934 100	 				
<ol> <li>Enter gain (or loss), if applicable, fro</li> <li>Enter your share of net gain or loss of</li> <li>Net gain or loss, combine lines 1, 2 a</li> </ol>	from partnerships a	nd fiduciaries .			
ART II—Assets Held More Than O	ne Year But Not	More Than Five	e Years		
5.			,		
	·				
6. Enter gain (or loss), if applicable, fro	m line 20, Schedul	e D-1 (540) (attac	l		5105
<ul> <li>6. Enter gain (or loss), if applicable, fro</li> <li>7. Enter your share of net gain or loss</li> <li>8. Net gain or loss, combine lines 5, 6 a</li> </ul>	from partnerships a	nd fiduciaries .			5105
<ol> <li>Enter your share of net gain or loss</li> <li>Net gain or loss, combine lines 5, 6 a</li> </ol>	from partnerships a and 7	nd fiduciaries .			
<ol> <li>Enter your share of net gain or loss</li> <li>Net gain or loss, combine lines 5, 6 a</li> </ol>	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F	from partnerships a and 7	nd fiduciaries .			
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a  PART III—Assets Held More Than F  9.  10. Enter gain (or loss), if applicable, fro	from partnerships a and 7	nd fiduciaries .	th copy)		5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss	from partnerships a find 7  ive Years  im line 22, Schedul from partnerships a	e D-1 (540) (attacing fiduciaries	th copy)		5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss	from partnerships a find 7  ive Years  im line 22, Schedul from partnerships a	e D-1 (540) (attacing fiduciaries	th copy)		5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  10. Enter gain (or loss), if applicable, fron II. Enter your share of net gain or loss 12. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gain	from partnerships a and 7	e D-1 (540) (attac	th copy)		5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  0. Enter gain (or loss), if applicable, fro 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gai 3. Enter amount from line 4	from partnerships a and 11	e D-1 (540) (attac	ch copy)		5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than F.  9.  10. Enter gain (or loss), if applicable, from 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gain 3. Enter amount from line 4 4. Enter 65% of the amount on line 8	ive Years  ive Years  im line 22, Schedul from partnerships a and 11  ins and Losses	e D-1 (540) (attacend fiduciaries	th copy)	3318	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  0. Enter gain (or loss), if applicable, fro 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gai 3. Enter amount from line 4 4. Enter 65% of the amount on line 8 5. Enter 50% of the amount on line 12	ive Years  ive Years  im line 22, Schedul from partnerships a and 11	e D-1 (540) (attacind fiduciaries	ch copy)	3318	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  0. Enter gain (or loss), if applicable, fro 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gai 3. Enter amount from line 4 4. Enter 65% of the amount on line 8 5. Enter 50% of the amount on line 12 6. Enter unused capital loss carryover from	from partnerships a and 7	e D-1 (540) (attacend fiduciaries	computation)	3318 (19360)	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9. 10. Enter gain (or loss), if applicable, from the lines 9, 10 11. Enter your share of net gain or loss 12. Net gain or loss, combine lines 9, 10 13. Enter amount from line 4 14. Enter 65% of the amount on line 8 15. Enter 50% of the amount on line 12 16. Enter unused capital loss carryover from lines 15. Combine the amounts shown on lines	from partnerships a and 7	e D-1 (540) (attach	computation)	3318 (19360)	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than F.  9.  1. Enter gain (or loss), it applicable, from 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10  PART IV—Summary of Capital Gain 3. Enter amount from line 4	ive Years  ive Years  im line 22, Schedul from partnerships a and 11	e D-1 (540) (attached by the control of the control	computation)	3318	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 9.  0. Enter gain (or loss), if applicable, fro 1. Enter your share of net gain or loss 2. Net gain or loss, combine lines 9, 10 PART IV—Summary of Capital Gai 3. Enter amount from line 4 4. Enter 65% of the amount on line 8 5. Enter 50% of the amount on line 12 6. Enter unused capital loss carryover fr 7. Combine the amounts shown on lines 8. If line 17 shows a gain, enter here ar (a) amount on lines 17;	ive Years  ive Years  image in the second of	e D-1 (540) (attacked and fiduciaries and fidu	computation) or 540NR	3318 (19360)	5105
7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 at PART III—Assets Held More Than F.  9.  10. Enter gain (or loss), if applicable, from the gain or loss 12. Net gain or loss, combine lines 9, 10.  PART IV—Summary of Capital Gain 13. Enter amount from line 4	ive Years  ive Years  image in the second of	e D-1 (540) (attacked and fiduciaries and fidu	computation) or 540NR	3318 (19360)	5105





TAXABLE YEAR

## SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

(Sales or Exchanges Including Involuntary Conversions) (Attach to Form 540, 540NR, 541 or 565)

Name as shown on Tax Return  SAMUEL PHYLLIS RU	SAMUEL EPHYLLIS KUBY						
PART I Gain From Disposition of Property Under Section							
Lines 9 and 10 should be omitted if there are no dispositions of fa		arm land; or, if	Date acquired	Date sold			
1. Description of Sections 18211, 18212-18, 18219, and 18220 prop			(mo., day, yr.)	(mo., day, yr.)			
(A) Whorley BISTRO CO (B) (C)	Whorley BISTRO COFFEESHOP						
Correlate lines 1(A) through 1(D) with these columns	Property (A)	Property (B)	Property (C)	Property (D)			
2. Gross sales price							
3. Cost or other basis and expense of sale							
4. Depreciation allowed (or allowable)	INSTALL						
5. Adjusted basis, line 3 less line 4	MAIM	ALC .					
6. Total gain, subtract line 5 from line 2		197					
7. If Section 18211 property:  (a) Depreciation allowed (or allowable) after applicable date.  (See Instruction D-3)	SALE						
8. If Section 18212-18 property:			1				
(a) Enter additional depreciation after 12-31-63 and before 1-1-71		.,					
·							
<ul><li>(c) Enter line 6 or line 8(b), whichever is smaller</li><li>(d) Line 8(c) times applicable percentage (Instruction D-4)</li></ul>		1					
				ı			
(e) Enter excess, if any, of line 6 over line 8(b)			-				
• • • • • • • • • • • • • • • • • • • •							
(g) Line 8(f) times applicable percentage (Instruction D-4)		<del> </del>	+				
(h) Add line 8(d) and line 8(g)	<del> </del>			<del> </del>			
(a) If farm land, enter soil and water conservation expenses				ļ			
for current year and four preceding years				1			
(b) If farm property, other than land, subtract line 7(b) from				1			
line 6; OR, if farm land, enter line 6 or line 9(a), which-							
ever is smaller (see Instruction D-5)							
(c) Excess deductions account (see Instruction D-5)				1			
(d) Enter line 9(b) or line 9(c), whichever is smaller		<del> </del>	<del> </del>				
10. If Section 18219 property:		<del>                                     </del>					
(a) Soil and water conservation expenses made after 12-31-69							
(b) Enter amount from line 9(d), if any; otherwise, enter a zero			• • • • • • • • • • • • • • • • • • • •				
(c) Enter excess, if any, of line 10(a) over 10(b)							
·							
(d) Line 10(c) times applicable percentage (Instruction D-5) .							
(e) Line 6 less line 10(b)		<del> </del>		<del></del>			
SUMMARY OF PART I (Complete Property Columns (A)	through (D) u	to line 10/f	hefore going	to Line 11)			
	7418:	- 10 Line 10(1)	Lettere going	10 117			
11. Enter amounts from line 6	2313	†	-	1			
12. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)		<del>                                     </del>	<del>                                     </del>	<del> </del>			
13. Subtract line 12 from line 11, enter here and in appropriate  Section in Part II (see Instruction D-2)	5105						
14. Total of Property Columns (A) through (D), line 12. Enter here W-88326 Doctd:32245535 Page 182	and on line 24	, Part III		2313.			

Reference copy, JFK Collection: ESCA (RG 233) NAME SAMUEL LPHYLLIS KUBY CALENDAR YEAR 19 25 SOC. SEC. NO. ... ADDRESS DEDUCTION SCHEDULE FEDERAL STATE FEDERAL CONTRIBUTIONS STATE MEDICAL 21a CASH CONTRIBUTIONS 2 MEDICINE/DRUGS 21b PARTNERSHIP SHARE 3 LESS 1% A.G.I. (Line 18 - 1040) GIRL/BOY SCOUTS 4 NET MED/DRUGS HEART FUND/CANCER FUND 682 5 H & A INS. (% + EXCESS) RED CROSS/UNITED FUND 6a DR. XMAS & EASTER SEALS DR. MISC. ORGANIZED CHARITIE DR. 877 CHURCHES DR. DR. DR. DR. DR. 22 OTHER THAN CASH 23 CARRY OVER FROM PRIOR YRS. 24 TOTAL CONTRIBUTIONS 50 6b HOSPITAL CASUALTY OR THEFT (LOSS(ES) PROSTHETIC APPLIANCES 25 LOSS BEFORE ADJUSTMENT HEARING AID 26 INSURANCE REIMBURSEMENT 27 6c AMBULANCE 26 (\$100 LIMITATION PER.CAS.) LABORATORIES 70 29 TOT, CAS OR THEFT LOSS 1000 TRAVEL FOR MED. MISCELLANEOUS DEDUCTIONS 30 ALIMONY MEDICARE INS. 31 UNION/PROFESSIONAL DUES GLASSES 32 CHILD & DEP. CARE (Form 2441) 7 MEDICAL EXPENSES 33 INCOME TAX PREPARATION LESS REIMBURSED BY INS. UNIFORMS/PROTEC, CLOTHING 8 LESS 3% ADJ. GROSS INC. SMALL TOOLS AND SUPPLIES LAUNDRY AND CLEANING

I+: 1/2 (TO \$150) OF H & A INS. AUTO USE/DAMAGE 10 TOTAL MEDICAL DED. INVEST. COUNSEL & PUBS. (Sched TAXES EMPLOYMENT AGENCY FEES 11 STATE & LOCAL INCOME SAFE DEPOSIT BOX 12 REAL ESTATE TEL, REQ. IN BUSINESS 13 STATE & LOCAL GASOLINE POLITICAL CONTRIBUTIONS 14 GENERAL SALES TAX 15a PERSONAL PROPERTY 15b PERSONAL PROPERTY AUTO 16 SALES TAX AUTO 34 TOTAL MISC, DED. FEDERAL SUMMARY OF ITEMIZED DED. STATE 35 TOT BEDUCTIBLE MEDICAL & DENTAL 200 207 17 TOTAL TAXES 36 TOTAL TAXES (From LINE 17) INTEREST (TO WHOM PAID) 37 TOTAL INTEREST (Line 20) 18 MORTGAGE 38 TOTAL CONTR. (Line 24) 39 CAS. & THEFT LOSS(ES) (Line29) 40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34) 19 INSTALLMENT LOANS MISC TRANCWOF DED 41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45 REMARKS 20 TOTAL INTEREST

Professional Stationers, Inc.

ME	200	1.D	OR SEC.	NO				
DRESS	16 1 Th				FISC	AL YE	AR END	ING
				•			19_	
SCHEDULE OF PR	OFIT ( OR L	oss )	FROM B	USINESS OR PR	OFESSION			
PRINCIPAL BUSINESS ACTIVITY					EMPLOYERS NO			
BUSINESS NAME	`				Emiliar English			
HUSINESS ADDRESS						14	8924	
OTAL RECEIPTS INVENTORY AT BEGINNING OF YEAR					800			
MERCHANDISE PURCHASED					24031.			ļ
							ļ	
					77031	-		
TOTAL					-0-	$\neg$	1831	
ESS INVENTORY AT END OF YEAR					<del>\</del>	12	4093	•
GROSS PROFIT								
CROSS INCOME						_ 2	4093	
			DEDUCTIO		99			
ADVERTISING					1800	-		
AUTO AND TRUCK EXPENSE								
840. D. B15								
COMMISSIONS DELIVERT								
DEPRECIATION ( SCHEDULE BLLOF )					974			
DUES AND SUBSCRIPTIONS					126			
ENTERTAINMENT AND PROMOTIONAL					-1-500			
INSURANCE					1700			
INTEREST					1.07			
JANETOR AND HAULING				per united in the state of the	150			
LEGAL AND ACCOUNTING				4 14 44 44				
OFFICE SUPPLIES AND EXPENSE					4151			
REPAIRS AND MAINTENANCE					625			
SALARIES AND WAGES					5632			
SUPPLIES								
TAXES AND LICENSES					240	-		
TAYES PAYROLL					168			1
TELEPHONE AND UTILITIES					158			
CONTRACTLABO	R				444			}
LONIE							11/00	
						┸┼-	16537	<del>( </del>
NET PROFIT OF (LOSS ) FEDERAL	RETURN		CHEDIN F	FOR DIFF. (H)	159(W) L	YOD	1221	+
NET PROFIT OF (LOSS ) STATE RE	SCHED!	HI F OF	DEPRECI			1 10		
	DATE ACQUIRED		YEARS OR %	COST OR		RIOR PREC.	THIS	CIATIO YEAR
NO. KIND AND LOCATION OF PROPERTY		METH.		OTHER BASIS	1			
EQUIPMENT	2/1/24	الک	ZXR	10228		39	97	<i>!</i>
	77.75.12		ļ	35000		۔ ن		0-
6000 WILL	4/1/24			3000			1	
		]						
								+
	1	l .	ł	1   1	1			

NW 88326 Docld:32245535 Page 184

Proparer's signature (other than taxpayer)

B3717 VANOWEN STREE

Address (and Zip code) MAN HUYS, CA. 9118 Peparer's FEIN (or SSA)

NW 88326 R 6001de02245595-Páge 186 return





46.0		and the same of th	INCOME TAX			
PLACE inter s	PRE ocial	ADDRESSED LABEL HERE, if available. (Co security number(s) only if incorrect or not shown	rrect name and address, if necessary) on label.	- 1		197
FILIN	PRE	Y, TOWN OR POST OFFICE, STATE AND ZIP COD	g apartment number, or rural route)  CHER  TELE  LEVEMBRION CREATER	P	Spouse's S	cital Security Number
1	Marri Separ socia Head indiv	ed filing joint return (even if only one had income) rate return of married person—Enter spouse's I security number and full name here  of Household—Enter name of qualifying idual	Blind (refer to instructions) Number of bline	hecked, enter \$5 pouse or the pe ame and relation  Total Number I d exemptions ►	rson who qualiship.	× \$8
5 🗀		w(er) with dependent child (Year spouse died ► 197_)		8) Enter here a	and on line 20	9 66
FORM W-2 HERE	11 12 13 14 15	Wages, salaries, tips and other employee compensations. Enter total (interest. Enter total (if over \$400, complete and income other than wages, dividends and interest (if Total (add lines 10, 11, 12 and 13)	if over \$400, complete and attach Schedule B(540)			10 11 136 12 13 8934 14 9070 15 9070
NTTACH COPY 2 OF FI		<ul> <li>If you do NOT itemize deductions AND line 16 is</li> <li>If you itemize deductions OR line 16 is \$10,000</li> <li>Deductions: Itemized (from line 61) OR Standard</li> <li>Taxable income (subtract line 17 from line 16) Con</li> </ul>	or more, complete lines 17 and 18.  (\$1,000 if line 1 or 3 checked—\$2,000 if line 2 and the tax from Tax Rate Schedule—Enter tax on	2, 4 or 5 check line 19		17 5468 18 3602
₹ A	20 21 22 23 24	Tax from (check one) Tax Table Tax Rate  Total exemption credits (from line 9, above)  Tax liability (subtract line 20 from line 19—if line Other credits (from line 65—Includes special low Net tax liability (subtract line 22 from line 21— Tax on preference income (see instructions—atta Total tax liability (add lines 23 and 24)	e 20 is greater than line 19, enter zero)			19 20 21 22 23 24 25
E IV order. ATTACH HERE	26 27 28 29 30	Total California income tax withheld (attach Form Renter's credit—if you lived in rented property or 1974 California estimated tax payments Excess California SDI tax withheld (attach Form DI Total prepayment credits (add lines 26 thru 29) .	March 1, 1974, complete Part 1 on page 2			30 -0+
ATTACH FORM DE 1964 HERE ith number on check or money		If line 25 is smaller than line 30, enter amount Mail return to:  FRANCHISE P.O. BOX	TAX BOARD TO, CA 95867  OVERPAID TAX BOARD	PAY 1	N FULL ->	31 O not write in these spaces P
ATTACH TV numbe	33	Amount of line 32 to be REFUNDED. (Allow at least Amount of line 32 to be credited on your 1975 E	st six weeks) REFUND TO YOU>	33	THE STREET	A
- Cocur		der penalties of perjury, I declare that I have exam		es and statemen	ts, and to the	best of my knowledge and

Date





# CALIFORNIA

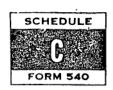
#### ITEMIZED DEDUCTIONS

Attach to Form 540



Social Security Humber

Na	me as shown on Form 540	0	_	1	Socia	Security Number
	SAMUEL LINYIL	-LS KI	N B Y			122 12 11 11
_			_	or take the standard deduction.		$\Delta$
	•			erest Expense	- 1	
Med	ical and dental expenses (not compensated by insuran medicine and drugs, doctors, d	ientists, nurses, n	10S <b>DI-</b>		l	
	tal care, insurance premiums	for medical care,	, etc.   22.	Home mortgage		
1.	One half (but not more than \$150) of insurance		ı	Installment purchases		i
	premiums for medical care		<del></del>	Other (itemize)		
2.	Medicine and drugs				1	
3.	Enter 1% of adjusted gross income shown on Form				1	
	540					
4.	Subtract line 3 from line 2. Enter difference (if line 3 is greater than line 2, enter zero)	. 1		SCH		
5.	Enter balance of insurance premiums for medical care not entered on line 1	l		. Total—(Add lines 22, 23 and 24. Enter her	e and	. 00
6	Other medical and dental expenses:			on Form 540, page 2, line 58)	. ▶	2992
•	(a) Doctors, dentists, nurses, etc.		Co	ntributions		
	(b) Hospitals			Cach contributions for which you have receipts		
	(c) Other (itemize)			. Cash contributions for which you have receipts celed checks, etc		<b></b>
			27	Other cash contributions. List donees and amou	nts .	
					******	
	2 21 221-221-22		1			
	SCH					
_			_			
				SCH		
8.	Enter 3% of adjusted gross income shown on Form 540	ļ				
_			28	Other than cash. — See instructions for re statement		
9.	Subtract line 8 from line 7. Enter difference (if line 8 is greater than line 7, enter zero)			. Total—(Add lines 26, 27 and 28. Maximum ded		
10	Total—(Add lines 1 and 9. Enter here and on		28	may not exceed 20% of adjusted gross in	come.	150
10.	Form 540, page 2, line 55)	1386		Enter here and on Form 540, page 2, line 59)		
_		1		scellaneous Deductions		
Chi	d Adoption Expense		1 -	sualty or Theft Loss(es)—See Instructions		
11.	Total expenses paid or incurred—Attach itemized		l NO	OTE: If you had more than one loss, omit lin	es 30	
	list		1 1	rough 34 and follow instructions for guidance.		
12.	Enter 3% of adjusted gross income shown on Form		1 1	Loss before insurance reimbursement		
				. Insurance reimbursement		
13.	Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form		"	line 31 is greater than line 30, enter zero)		
	540, page 2, line 56)	-0-	33	. Enter \$100 or amount on line 32, whiche		
_			<u> </u>	smaller		
Tax	<del></del>		l I	I. Casualty or theft loss (line 32 less line 33).  i. Alimony paid		
	Real estate	1	1	. Child care—See instructions		
	State and local gasoline	1	37	. Union dues		
	General sales		36	I. Employment education expense—See instruct		
17.	Auto license—Excess of registration and weight fees	1	31	Other—See instructions (itemize)		
10	(see instructions)	i	†·····			
19.	State disability insurance (SDI)—Employer private disability plans do not qualify					
20.	Other		1 1			
	2CH					
21	. Total taxes—(Add lines 14 through 20. Enter here	0.40	. 4	0. Tetal-Add lines 34, 35, 36, 37, 38 and 39.	(Enter	
	and on Form 540, page 2, line 57) ▶	1 47 0		here and on Form 540, page 2, line 60) .	▶	<b>j</b>
NV	(,88326, DocId:32245535 Page 186	<del></del>	·			<del></del>



NW 88326 Docld:32245535 Page 187



# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

1974

Af	ttach this schedule to your income tax return, Form \$40 or \$40NR ——— Partnerships, joint v	ontures, etc., must file on Form 565
	Name as shown on Form 540 or 540NR  SAM SHYLLIS RUBY	Social Security Number
Ł.	Principal business activity  SERVICE  (For example: retail-hardware: whalesale tobacco; services-legal; manufacture)  Business name. WOODLEY BISTRO COFFEEC. Federal employer identification numbers address 16055VENTURABLUD — ENCINO CALL Indicate method of accounting:  Cash; accrual; other.  Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)? Yes No	ACKBAR ring-furniture; etc.) mber 25-2651578 91316 (ZIP code)
	3. Method of inventory valuation > 6057	
	Was there any substantial change in the manner of determining quantities, costs, or valuations between the	opening and closing inventories?
=	YES NO. If "Yes," attach explanation.	
IN	MPORTANT—All applicable lines and schedules must be filled in.	
INCOME	2 Less: Cost of goods sold (Schedule C-1, line 29) and/or operations (attach schedule)	
	7 Taxes on business and business property (explain in Schedule C-2)	
SNS	12 Legal and professional fees	• • •
DEDUCTIO	16 Interest on business indebtedness	
	(a)	
	(f) (g) (h) Total other business expenses (add lines 19(a) through 19(g))	<i>it</i> :
_	21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540	ONR 9934
SC	CHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions for line 2)	
24 24 25 26	2 Inventory at beginning of year (if different from last year's closing inventory, attach explanation).  3 Purchases \$	
28	8 Less: Inventory at end of year	







Attach to Form 540 or 540NR



Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NR	LIS Ru	вч		592	Social Security Number
PART I—Assets Held One Year or					D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired . (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted, cost of subse- quent improvements (if not purchased, attach explanation) and ex- pense of sale	f. Gain or loss (d. less e.)
LOANTOSUMME	FAGLE	CORT	ORATI	e N	(1000)
100 CHIEFTAINDEXEL	בקעלוו ז	6/19/24	678	1382	(729)
<ol> <li>Enter gain (or loss), if applicable, from</li> <li>Enter your share of net gain or loss</li> <li>Net gain or loss, combine lines 1, 2 or</li> </ol>	from partnerships of	and fiduciaries .	 ch copy)		(2433)
PART IIAssets Held More Than O	ne Year But Not	More Than Fiv	e Years		
100 TESORO PET	5/12/72	7//6/7Y 8//9/7Y	1622	2877 1532 3052	(125 )
6. Enter gain (or loss), if applicable, from 7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6	from partnerships	and fiduciaries .			(vy06)
PART III—Assets Held More Than					
9. A73. LOSS ARRYOVER					
(16063)					
(EX)000 -					
10. Enter gain (or loss), if applicable, fr 11. Enter your share of net gain or loss 12. Net gain or loss, combine lines 9, 10	from partnerships	and fiduciaries .			
PART IV—Summary of Capital Ga	ins and Losses				
13. Enter amount from line 4		able years (attach	computation)	(15063)	(20360)
17. Combine the amounts shown on line 18. If line 17 shows a gain, enter here					20700)
19. If line 17 shows a loss, enter here of					
(a) amount on lines 17; (b) the taxable income for the taxable of capital assets; or					(,,,,,)
(c) \$1,000 (\$500 in the case of a NW-683 <mark>26-Docld:32245535-Page-18</mark> 6	husband or wife fili	ing a separate re	eturn)		100/

Reference copy, JFK Collection: HSCA (RG 233) (1984)

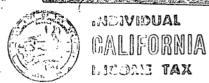
NAME SAMUEL L	0		· · · · · · · · · · · · · · · · · · ·		4
NAME SAMUEL	- WILLIS N		CALENDAR	YEAR 19	
ADDRESS		SOC. SEC	C. NO		

#### DEDUCTION SCHEDULE

		DEDUCT	ON SCHEDULE	ı	
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS		<del> </del>	21 PARTNERSHIP SHARE		
3 LESS 1% A.G.I. (Line 18 - 1040)		1	GIRL/BOY SCOUTS		
4 NET MED/DRUGS		<del> </del>	HEART FUND/CANCER FUND		
5 H & A INS. (½ + EXCESS)		504	RED CROSS/UNITED FUND	l	
6a DR.		1	XMAS & EASTER SEALS	150	<del> </del>
		<del> </del>	MISC. ORGANIZED CHARITIES	-/	
DR		<del>   </del>	POLITICAL CONTRIBUTIONS	· ,	1
DR.		930	CHURCHES		<del>                                     </del>
DR.		720	CHORCHES		- <del> </del>
DR.		<del></del>			
DR.				l	<del></del>
DR.		<del>                                     </del>		<del> </del>	<del>                                     </del>
DR.		<del></del>	22 OTHER THAN CASH		<del> </del>
		-	23 CARRY OVER FROM PRIOR YRS.	-	<del></del>
Cl		<b></b>		150	150
6b HOSPITAL		ļ	24 TOTAL CONTRIBUTIONS		1, 20 h
PROSTHETIC APPLIANCES		<del> </del>	CASUALTY OR THEFT LOSS(ES	3/	<del></del>
HEARING AID		<b> </b>	25 LOSS BEFORE ADJUSTMENT	<del> </del>	
		<b>.</b>	26 INSURANCE REIMBURSEMENT	<del> </del>	<del></del>
6c AMBULANCE		<del></del>	27 Difference (not less than zero)	<b> </b>	<del></del>
LABORATORIES		<del>   </del>	28 (\$100 LIMITATION PER CAS.)	<del> </del>	<del></del>
TRAVEL FOR MED. / のソカ		70	29 TOT, CAS, OR THEFT LOSS		
			MISCELLANEOUS DEDUCTIONS		<del></del>
MEDICARE INS.			30 ALIMONY		1
GLASSES		<del> </del>	31 UNION/PROFESSIONAL DUES	<u> </u>	<del></del>
7 MEDICAL EXPENSES		1504	32 CHILD & DEP. CARE (Form 2441)		
LESS REIMBURSED BY INS.			33 INCOME TAX PREPARATION	<u> </u>	
8 LESS 3% ADJ. GROSS INC.		268	UNIFORMS/PROTEC, CLOTHING		
9		1236	SMALL TOOLS AND SUPPLIES	<u> </u>	
+: ½ (TO \$150) OF H & A INS.		150	LAUNDRY AND CLEANING	<u> </u>	<b>_</b>
10 TOTAL MEDICAL DED.	1386	1386	Auto Use Mi	ļ	<del></del>
TAXES			INVEST, COUNSEL & PUBS, (Sched		_ <del> </del>
11 STATE & LOCAL INCOME		122	EMPLOYMENT AGENCY FLES		
12 REAL ESTATE		1 727	SAFE DEPOSIT BOX		
13 STATE & LOCAL GASOLINE		48	TEL. REQ. IN BUSINESS		
14 GENERAL SALES TAX		197			
15a PERSONAL PROPERTY					
15b PERSONAL PROPERTY AUTO		24		<u> </u>	
16 STATE DIS. INS. H W					
SALES TAX AUTO			34 TOTAL MISC, DED.		<b></b>
				LL	
					···
		<b></b>	SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17 TOTAL TAXES	940	1052	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		
NTEREST (TO WHOM PAID)			36 TOTAL TAXES (From LINE 17)		
18 MORTGAGE		2543	37 TOTAL INTEREST (Line 20)		
			38 TOTAL CONTR. (Line 24)		
			39 CAS. & THEFT LOSS(ES) (Line29)		
19 INSTALLMENT LOANS			40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)		
		263			
MERRIL LYNIA		170			
CAA		1/2	41 TOTAL ITEMIZED DEDUCTIONS	5468	5590
		1 0 -	REMARKS		
	<del>+-</del>	<del></del>	,		
		<del>                                     </del>			
		<del> </del>			
NW 683261 DEE 6 32245535_Page	1891	2992			
NW_68326Doctd:32245535_Page	-189	14/1			

SCHEDULE OF DEPRECIATION / MORTIZATION  KING OF MOTERY  COUNTY								•			191
2 L. 1 P. M. E. N. T. 2/17/4 10.25				l w	1 1	-	ORTIZATION				
2 W I PMENT 2//1/4 10228 S.L. 7/8 (339) 00 W I LL 4//74 55000 -0-	KIND OF PROPERTY	DATE ACQUIRED MO YR	COST OR	0 E		DEPRECIABL BASIS			METHOD	RATE(%) OR LIFE (YRS)	DEPRECIATION FOR THIS YEAR
	Faripment	11/1/2	10228			2001	1	10238	5.4.	71/8	1339
	0-000111111	2	35000			10					
		1								•	
											-
											,
											-
											# ran
13					4	1	1				
	TOTALS						·			,	1339

RESIDENT:



1972

	Carry on the second second second second second second second second second second second second second second		, 1972, en	dina	, 1973	T		<del></del>
12	ar year 1972, or other fanable year	oog minig	LAST NAME	amy	, .,, 0	Your	spelal gare, ity	ntir
	11 11 11 11 11 11 11 11 11 11 11 11 11		RUBY					
	Alfani, ar and clovals to	Incontração Calbula	nuc.bar, or rural routs)			Virs'	snumator, ii jul	11 i
·	<u>162,31 U bre kreins</u>	iaturi 1 p				68		
	A THE RESUMPLE MAN	_		ZIP CODE	OCCU- PATION	Yours	Selr L	2720
· ·	Cr . Italia Califor	nla			107 30 MA NOVE 1 CONT.	Wife's	Hounen	
	in the call gain mark ) the con-	9. Dependents-	-Do not fist yourself, your : clude last name and/or address if o	spouse or person who q different from yours)	uannes you ne	LATIONSH	12	
. 1	od, filling foliat return		Brian, Elica, T					,
· č	1. filling con male return—Enter speuse's socia	!					Fnter	
	c Trumber and first name here		<b></b>				Number ⊳	- 5
	,		to instructions)			-	s claimed D	6-
· [	altri of Marrahold-Complete Part 1, page 2	7. Votal depen	anothemone build bus thebi	(add lines 5 and 6)				7
-	and the second s	AND THE PROPERTY OF THE PARTY O	(Attento Co./ 2 of F	icron(s) 1/-2 to				Ì
•	name year in name of the court	הכול בחבקיתים נכין.	(Anthonic Co./ 2 of F. Strain III of the con-			. 0	<b></b>	75.
	A Command Command Communication of the Communicatio	, 55m [150] CmO C	an Cobadda (OUTAN)			1 10		24
3	1. The post Europe Wild (in over Stoo), C	only for the transfer	in concount (bill-off			11	5,9	
:	, , , , , , , , , , , , , , , , , , ,					. 12	υjt	121
	2 2 3 10 1 2 4 10 10 10 10 10 10 10 10 10 10 10 10 10							
į	→ Fig. 12 and 12 and 15 cm prior 2.	Nec 67)				. 13	numerous entre	De per-a
;					•	. 14	. 6,0	257 7.
*	11. 14 Completed Ilno						-	F1-
:	o Byra E. A. Albail a Cl Fa 1	.) (.) 14 (3 EEG) 1 (- 25) (50) or 6	or \$20,610, that the fill had mare earns to think 19 and	- 12019 0.03 Galor (n. 121 1- <b>1</b> 6.	i3 +7.	ļ	2,€	000 [7]
,			go 2, line 56)			. 15		
	13. Nemrico Carrios (subirest line 15 fro	an Cao 14), Figur	o your ten on this emount	t by using the appropr	lata Tax Ro	to	,·· ,	
	15. Verming linering (subtrept ling 15 from the first of the filter line) and the filter line from	on all 17	and the second s			.   16	4,5	1071
	A TO SAME A SAME DE BOX TO	olo, 💮 🔁 Tax	Nato Cahadule (L.)	C) Schodulo (G(540) .	·	. 17		I.
- ,	र १८८८ - १८६८ - १८५ (१ <del>७) । १८५४ - १८५४ (१८) (१८) ।</del>	i di si			, :	<b>,,</b>		rigijam i i
<u> </u>	19. Le. 19. 1 2 pilon. Singto-025. 1	larried couple or	head of household—ÇBU	18	50 ( 32 (	1 .		
. •	10. Sec. 2 Tr. og Tras—Total on line 7 a		\$5	[13]	321	20		<del>1</del> 21.
:	20. Yeard enturpling (add lines 18 and )	9)	• • • • • • • • •			.   20		· F .
:	21. Tr fally (abtract line 20 from	lina 171				21	21.0	٠أب
	. 22. Ci / cra %s (from page 2, fine 59)					. 22		
82. 63	23. Det tax finally (subtract line 22 fro	(12 enil m			:	. 23		
Ľ.	24. Tax un proference income (see instru	ctions—attach Sc	hedule P(540))		· · · ·	. 24		
TIT,	25. Total tax Rallifty (add lines 23 and 2	4)				. 25		
truck fillskyliere.	The officer of the or they are specified	1 10 to 5	# 0 05 00 to (cost)	[26]	<del></del>			
ني	26. Total California income tax withhold			26		* * ;	independence of the second second second second second second second second second second second second second	
:	27. 1972 California estimated tex payer 29. Eucera Galifornia SDI tex withhold to					0	Care year	:: <sup>*</sup>
ij	29. Total payments (add fines 26, 27 and			<u> </u>		. 29		
तास्त्र ५ त	CO. Total payments and mids 10, 27 am							
j	20. If line 25 is larger than line 29, er	itor CALANCE DUI	E. Poy in full. Mail pay franchise Tax Board, S	Sacramento, CA 95867.		Ø 30		en {   est
5	Bands 31. If line 29 is larger than line 25, er	ter GUSRPAYMENT	T. Mail return to P.O. Bo			▶ 31		
	hring	٠.	escianiento, on soot	1	1	,	Mary I	in the second
4	32. Line 31 to be (a) REFUNDED. (Allow	at least six wee	ks for your refund)		1		ga pandan a ga an sanaha	
เวลแล้	(b) Credited on 1973						time of place	enterrieds.
3	Under namables of perjury, I designs that I have examined the	is return, Including a	accompanying schedules and ctate er, his declaration is based on al	ements, and to the best of	my knowledgo ms any knowle	den.	not write in th	
<u> </u>			EDWARD	L. LAMBERT	-	P		<del></del>
is ex	To Joh Cycur signature—if Aling Jointly, BOTH must si	gn Date	TAX.C	ONSULTANT.		Ε		

SCHEDULE

FC::H: U.19

MECHZED BEDUCTIONS Altach to Form 540

72 YEAR

Sand callylla R	uby		
	to brilling for definition to a collection of a little defined and with,	If one spouse itemizes deductions, the other may not the standard deduction. If you choose to itemize you appropriate items below.	in deductions, complete ti or deductions, complete ti
1 ( Carrier 1971   1971	nourched its clienties) fig	Ccbibutions	
t topony factorina profile	iana, Cilala, nanada, historia iluma feg modical <b>c</b> ara, ela.	22. Cash—Including checks, money orders, etc.	22
. The Contract of the State of the second	A I'		
. He manage concil as	2		1
and the second court of th			
J. Contr. 196 of edjusted green income on in on- Form 640 of the contract of the con-	3		
6. Sepire i line 3 from line 2. Enter diabrance	A .		
(Control of 750), with root in the control of the c	'	23. Total cash contributions	23
The following still a second of	5	13. Other than cach (see instructions). Enter total	24
	3	53 RetailAdd lines 23 earl 24. Eleximum deduction	
		incy not exceed 20% of cajusted gross income.	25 200,63
		pala custo como como como como como como como co	Control of the Contro
·		Libral Empres	23
Contraction of the Contraction o	26 - 20	27. Howard mortgage	27
The Mangagan Company	7	2). Other (Itemire)	23
Company of the state of the sta	3		
1 Maria Bua Baran Bua 7. Dikar Carasansa			
The factor of the file of the first factor of the first o	9		
Fig. 1 and 0. Enter into 1.1 ca	150.00	39. Yot 1 4Add lines 26, 27 and 28. Enter here and	3,232,00
The stand for many the stand of the stand	, i ,	on Form 540, page 2)	23
1. To a committe paid of this in the America to Indicade		Ritualitications Baddefilias :   Cost files or Theft Lessies - See fastructions	1000 000

CHEDULE



## GALIFORNIA

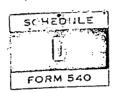
10 72

FOULT 040

# PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Solo Proprietorelilps)

YEAR

17 Pril Tricky Hertschrieben der im 12 de reget auch er de grand in 1800 auch in 18		an vene
Posta orchiga, (alma vantora estata), sur l'a con contra estata, some C. Der Cabra — Posta orchiga, (alma vantora		
Company of the Raby	Epolal Socurity Hama	eseria.
Comment of the Malby		
		٠
11 Manager 12 Word Carvico ; product ; product ; product ; the notes "then As" (for examples retail—hardware; wholesale—tobacco; services -legal; manufacturing—fur	miors; cic.)	
C. Federal employer identification number.		
Leginess address 5410 Van Nuyo Blvd. Von Nuyo California		(0:10)
India : mathod of accounting: [ ] cash; [ ] account; [ ] other.	••	
Vices forms 591, 592, 635 and 523, for the calchildr year filed (if required)?   Yes   No	·	.∷. ⊡:N
is this business located within the boundaries of the city, town, etc. indicated?		
1.5 Did you own this business at the end of the taxable year?	[2], 1	_, ·,~
A STEP STATE OF THE STATE OF TH	Market and the second s	BANKETHAN.
1997. In the control of the control		
secundad of the control of the cont	SCHEDUES	·÷
2 - Cost of goods or M. (Caleddo C-1, line C) and/or operations (attach schodulo)	- 15 m 6 m 2	-
		1.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Service representative transfer recovery and the service service service service services.	i .
5 P. L. Con Carrier Vol. School Cap		
A Construction of the original property (captain in Schoolede C-3)		1
m (Light Ca. In. Calabeleto C-3)		
		<u> </u>
11 m 120 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		.ļ
Clarate parts of productional foestage and a contract and a contra		
The Contribution of the Co		4
To law Allers (inclined controls charbomans) (i		
າ ໃຈປ່າໃນ remains and profilestoring plans (see Instructions for line 15(a))		1
1. Language Light Language (see Instructions for line 15(b))		i
17 1 dobts arising from safet expressions		
10 Parision		_[
AP Co. r Eurinea, etc. ( publish etc.		) and in
(6)		
(c)		1
(d)		1
(0)		
(c)		
(5)		
	,	* - 5 °
(6)	11. 1 Page	100
	. ,	142
(m)		75
(0)		100
(p) Total other business expenses (add lines 19(a) through 19(o))		1 "
20 Total deductions (add lines 6 through 19)		11.
	4 05-	
21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540NR	6,969	40





## CAPITAL GAINS AND LOSSES

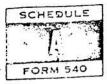
Attach to Form 540 or 540NR

1971

Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NGR					Social Security Humber
Samuel and Phyllis Ruhy				: 49	
SHORT-TERM—ASSETS HELD NOT MORE TH					
a. Kind of property and descriptions (Example, 100 shares of "2" Ca "	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Griss sales price	e. Cost or other bisis, as adjusted, cost of subsequent improvements fill not purchased, attuch explanation) and expense of sale	
1.					
SCHEDULE ATTACHT					(1,248.00)
<ol> <li>Enter your share of net short-term gain</li> <li>Enter net gain (or loss), combine lines 1</li> <li>Enter unused short-term capital loss car</li> <li>Net short-term gain (or loss), combine lines</li> </ol>	and 2	edina taxable	e years (attach state	ement)	
LONG-TERM-ASSETS HELD MORE THAN &	MONTHS	<del></del>		1	
6.					
7. Enter gain if applicable from line 4, Sci 8. Enter your share of net long-term gain 9. Net gain (or loss), combine lines 6 thro 10. Enter unused long-term capital loss carr 11. Net long-term gain (or loss), combine li	ugh 8		years (attach stateme	ent)	(14,274,00
12. Combine the amounts shown on lines 5 13. If line 12 shows a gain—  (a) Enter 50% of line 11 or 50% of line (b) Subtract line 13(a) from line 12. En  14. If line 12 shows a loss—  (a) Add lines 4 and 10 (if lines 4 and	and 11, and enter 12, whichever is stater here and on 10 are blank, ent	er the net gain smaller. Enter line 32, Form ter a zero her	zero if there is a loss 540 (line 33, Form 5	or no entry on line 1 (40NR)	(15,522.00
<ul> <li>(b) Combine lines 3 and 9—if gain, e</li> <li>(c) Enter smallest of (i) line 14(a) less computed without capital gains and (d) Combine lines 3 and 9—if loss, ent</li> <li>(e) Enter smallest of (i) the amount of and or losses, less line 14(c)—deter filing separately); (iii) if line 3 is z</li> </ul>	nter gain; if loss, line 14(b); (ii) the dear losses—dete the loss; if gain, enter the translet income commine this figure were or shows a great lines 3 and 9; if lines 3 and 9;	enter zero he amount of rmine this figure the control of the c	taxable income on ure via a side compute and on line 14(e) a or 540NR, computed inputation; (ii) \$1,000 line 14(d); (iv) if line ine 3 added to 50%	Form 540 or 540NR station; or (iii) \$1,000 and go to line 14/f) without capital gain (\$500 if married and 9 is zero or shows of line 9	d d
(f) Enter here, and on line 32. Form enter an amount greater that	540 (line 33, For	m 540NK), III	e som or lines 14(c)	unu 14(c) (20	

Carryover (1-1) (\$14,572.00)





#### ITEMIZED DEDUCTIONS

Attach to Form 540

19 71

Name as shown on Form 540

Social Security Number

Itemized vs. Standard Deduction—You have a choice between two deduction methods. You can either itemize your deductions or take a standard deduction as explained in the 540 Instructions. On separate returns of a husband and wife,

if one spouse itemizes deductions, the other may not use the Tax Table or c's the standard deduction. If you choose to itemize your deductions, complete rappropriate items below.

		W 199					•00000000000	· •		
dedical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs premiums for medical care, etc.									irance	
1. One half (but not more than \$150) of insurance premiums for medical care		** 15	٠ ۽					<del>i -</del>	1	1
2. Medicine and drugs				2						
2. Medicina and drugs		40 DX		3				-		
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		20 02		4						
5. Enter balance of insurance premiums for medical care not entered on line 1			.	5				ļ		
6. Other medical and dental expenses (attach itemized list)			.	6				4—		
7. Total—/Add lines 4, 5 and 6)				7				272		
8. Enter 3% of adjusted gross income shown on Form 540	4.		.	8				1		Agent Spile Miles
8. Enter 1% of adjusted gross income shown on rolling and of the 9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)		2 04							9	
9. Subtract line 8 from line 7. Enter difference til 1855 tillin 2007.  O. Total(Add lines 1 and 9)									10	150 (
D. Total(Add lines 1 and 9)							Killion.		$\vdash$	
hild Adoption Expense									.,	
1. Total expenses paid or incurred—Attach itemized list				9.00		•			11	····i
2 Foter 3% of adjusted gross income shown on Form 540			•		* *		•		12	
3. Subtract line 12 from line 11—See instructions for maximum limitations				. (*)	8 E	9		. 🎮	13	
axes				388 2 2		11241 6	S 01	10. 0	14	
4. Real estate	300		•	• •	15 S			200 0	15	+ 1
5. State and local gasoline	3 (3 <b>4</b> ) 3*			. s		050		8	16	
8. General sales			•			* * *		77/115Te	17	
7. Auto license—Excess of registration and weight fees (see instructions)						• • • • •		1980 18	18	
8. Personal property	9 10 10 1		•		0000 00	•0.1	• •		19	1.0
19. State disability insurance (SDI)—Employer private disability plans do not qualify	6 • 150.•	M 188 W	•		•	•	٠.		20	
20. Other (specify)				******		11.5		. 🗠	21	743
21. Total taxes—(Add lines 14 through 20)		• • •		• •	• •	<u> </u>			-	
Contributions								90		- 1
22. Cash—Including checks, money orders, etc. (itemize)									22	
22. Cash—Including Checks, money orders, etc. (Remitter										
23. Total cash contributions					* 15				23	
24 Other than each (see instructions) Enter total here					<ul><li>(*)</li></ul>	*		83 95	24	
25. Total—Add lines 23 and 24—Maximum deduction may not exceed 20% of adjusted gros	s incom	е.		36 B				. ▶	25	
			*							
Interest Expense					100	*			26	
28. Home mortgage		* * *						The Control	27	
27. Installment purchases				* *	8 8		9 35			
28. Other (itemize)							515765			
vice (tremite)		***********				•	** **	****	1 .	
	1000 TO		1100					· · · ·	20	2,617
29. Total—(Add lines 26, 27 and 28)			• •	• •	•	•			29	2,017
		3 D			*					
Miscellaneous Reductions									30	
Miscellaneous Deductions  13. For abild and in the control of the										1
30. For child care alimony union dues casualty losses, etc.—See instructions (itemize)				<b></b>						
30. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)										
30. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)						 				
										500





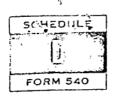
### R PROFESSION

ZJEAXAT 19\_71

YEAR

SCHEDULE	CALIFORN
FORM 540	FROM BUSINESS O

lame at	schedule to your income tax return, Form 540 shown on Form 540 or 540NR					APP (I)	ocial Security No	umber	
	Samuel and Phyllis Ruby					Sale Sep		1910年	-
A. Princip	oal business activity Fond Service	nole: retail—hardware	; wholesale-	; pre-tobarca; services	legal; manutacturing~tur:	ilure; etc.	)		
	Snack Bar			C. Feder	al employer identifica 1 1401	ition nui	mber		
3. Busine 3. Busine	ss location 5418 Van Nuva Blvd. (Number and street or rural route)		Yuvs, (	(City-post office)	(State	•		{ZiP ce	do'
E. Indica	ne method of accounting: 🗔 cash; 🗌	accrual; 🔲 oth	ner (des						
. Was t	here any substantial change in the man	ner of determin ch explanation.	ing quar	itities, costs		n the o	opening an	d clas	in
G. Were	Forms 591, 592, 596 and 599, for the cal-	endar year filed	(if requi	red)? [ Yes	⊠ No				
	s receipts or gross sales \$	Less: Returns	and allo	wances \$ .		\$			
1. Gros	ntory at beginning of year (If different than	last year's closic	ng invent	ory attach		7		1	
Z. inver	planation)	, , , , , , , , , , , , , , , , , , , ,				5	SCHED! LE	. !	
	chandise purchased \$	, less cost	of any i	tems with-		/	TTACHED		
	awn from business for personal use \$							ì	
ar Cont	of labor (do not include salary paid to you	urself)				.			
4. Cost	erial and supplies				1	.			
5. Mai	er costs (explain in Schedule C-1)					_			
	Total of lines 2 through 6								
7.	ntory at end of this year							. [	
8. Inve	ntory at end of this year	htract line 8 from	n line 7)						
9. Cos	ss profit (subtract line 9 from line 1)	Diract line 6 from	,, ,,,,						
10. Gro	OTHER BUSINESS DEDI	ICTIONS						-	
	OINER BOSINESS DEDI	00110143			,				
II. Dep	reciation (explain in Schedule C-2)								
12. Tax	es on business and business property (explain	n in Schedule C-1		<b>.</b>					
13. Rent	on business property		• • •					. :	
14. Rep	airs (explain in Schedula C-1)					-			
<b>15.</b> Sala	aries and wages not included on line 4 (exc	lude any paid to	o yourse	·) . · · ·	'				
16. Insu	rance						. '	.	
17. Lego	al and professional fees				1				
18. Com	missions		• • •			1		.	,
19. Amo	ortization (attach statement)			· · · ·		-			
	Pension and profit-sharing plans (see instru					-		1	
	Employee benefit programs (see instruction					"	-		
	rest on business indebtedness				, ·			. !	
	debts arising from sales or services								
	letion of mines, oil and gas wells, timber,					1		İ	
	er business expenses (explain in Schedule C					-			
25.	Total of lines 11 through 24						7	350	٦
26. Ne	t profit (or loss) (subtract line 25 from line	10). Enter here	and on	pagı: 2, Form	1 540 or 540NR	.   \$		, 350	_
	SCHEDULE C-1.		W	NES 6, 12,				cunt	
Line No.	Explanation	Amount	Line No.	<b> </b>	Explanation		Amo		_
		\$					\$		
	4	·							
			#						
			10	i					
***** ******				!	, , , , , , , , , , , , , , , , , , , ,				
*****			li .	I			1	,	
****							1		
*****			1						
**************************************									





### CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

1971 YEAR

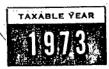
Use this schedule to report gains and losses on stocks, bonds and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 540NR Samuel and Phyllis Rub	ν .				ocial Security Humber
SHORT-TERM-ASSETS HELD NOT MORE	CHTHOM & MAHI		,		
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d G: Hs sales price	e. Cost or other busis, as adjusted, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	f. Gain or loss (3 less e)
1.					
		İ			
SCHEDULE ATTACHED	1	,-			
2. Enter your share of net short-term gain	(or loss) from par	tnerships and	fiduciaries		
3 Enter net agin (or loss) combine lines	l and 2				
4. Enter unused short-term capital loss co	irryover from prece	eding taxable	e years (attach state	ment)	
5. Net short-term gain (or loss), combine	lines 3 and 4				
LONG-TERM-ASSETS HELD MORE THAN					
6.					********
•		L	1		
<ol> <li>Enter gain if applicable from line 4, So</li> <li>Enter your share of net long-term gain</li> </ol>	hedule D-1 (Form )	540) (attach o tnerships and	copy)		
9. Net gain (or loss), combine lines 6 thro	ough 8				
<ol> <li>Enter unused long-term capital loss car</li> <li>Net long-term gain (or loss), combine l</li> </ol>	ryover from preced	ing taxable y	rears (ottach statemer	nt)	(14,274,00)
12. Combine the amounts shown on lines 5	and 11, and enter	the net gain	(or loss) here		(15,522,00)
13. If line 12 shows a gain—					,
(a) Enter 50% of line 11 or 50% of line (b) Subtract line 13(a) from line 12. En	12, whichever is sm	naller. Enter 2 ne 32 Form f	tero it there is a loss of 540 (line 33 Form 54	or no entry on line 11	
14. If line 12 shows a loss—		52, 101	, io (e 00, 10, 0	,	
(a) Add lines 4 and 10 (if lines 4 and	10 are blank, ente	r a zero here	and on lines 14(b)	and 14(c) and go to	
line 14(d))					
<ul><li>(b) Combine lines 3 and 9—if gain, e</li><li>(c) Enter smallest of (i) line 14(a) less</li></ul>	nter gain; it loss, e	enter zero .	taxable income on F	form 540 or 540NR.	
computed without capital gains an	d or losses—determ	nine this figur	re via a side comput	ation; or (iii) \$1,000	
(d) Combine lines 3 and 9—if loss, ent	er loss; if gain, ent	er zero here	and on line 14(e) and	d go to line 14(f) .	
(e) Enter smallest of (i) the amount of	taxable income on	Form 540 or	r 540NR, computed v	without capital gains	
and or losses, less line 14(c)—deter filing separately); (iii) if line 3 is z	rmine this tigure vid ero or shows a gai	n a side comp n. 50% of fir	ne 14(d): (iv) if line (	is zero or shows a	
gain, amount on line 14(d); or (v)	if lines 3 and 9 sh	ow losses, lin	e 3 added to 50% of	of line 9	
(f) Enter here, and on line 32, Form	540 (line 33, Form	540NR), the	sum of lines 14(c) o	and 14(e)—(Do not	( - 000 00)
enter an amount areater that	<b>.</b> \$1.000)				( 1,000,00)

Carryover (1-1) (\$14,502.00)

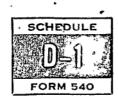






فالمنسب	-	-		I OAH		
r th	e year Jar	nuary	1-December 31, 1973, or other	taxable year beginning	, 1973, ending	, 19
			AND INITIAL(S)	LAST NAME		Your Social Security Number
258		51	MUELLPHYLL	is Kuby.		Spouse's Social Security Number
	PRESENT			uding apartment number, or rural route)		
				HER ST	l accu   Yours	SIE
nt			R POST OFFICE, STATE AND ZIP C	/ M <del></del>	PATION   Spouse's	H/W.
			NADA MIL			
ing		Check	c Only One	Exemption Credits   If line 1 or 3 checked,		6 ra
		ć!!	totak askura	6. Personal Exemption: If line 2, 4 or 5 checker	a, enter \$50 j	1 1 1
9	٧.		joint return	7. Dependents - Do not list person who qualifies you Name (Include last name and/or address if different from you		
	-	_	separate return—Enter spouse's full	+110 M D = - E	RED	
_				ELISA		
			sehold—Enter name of qualifying		Total Number ►	2 X \$8 . 7 24
. г			n dependent child. Enter year spouse	8. Blind (refer to instructions) Number of blind exer	mptions >	X \$8 . 8 /
	died 19		r dependent office. Effet jeur openso	9. Total exemption credits (add lines 6, 7 and 8)	Enter here and on I	ine 20 below 9 7 1
				/ Attach copy 2 of Form(s) W-2 to from		
	Income			yee compensation \if unavailable, attach explanation	7	10 92
A				Capital gain dividends must be included at 100%		246
OF FORM W-2 HERE				ility of federal, state and municipal bonds)		1 101
2				ind interest (from line 50)		11/12/2
Ξ						1 1
5				6)		16 16633
						100
Ĕ		•	If you do NOT itemize deductions Al	ND line 16 is under 10,000, find tax in Tax Table and en	nter on line 19.	
2				6 is \$10,000 or more, complete lines 17 and 18.	•	(ed) 17 5/62
ATTACH COPY 2				OR Standard (\$1,000 if line 1 or 3 checked-\$2,000 i		
¥		18.	Taxable income (subtract line 17 fro	om line 16) Compute tax from Tax Rate Schedule—Ente	er tax on line 19 .	18 11471 <u>.                                    </u>
•				2	shadula C 1	19 249
				ed, check appropriate box 🔲 Schedule G, or 🔲 S	cheudie d-1	20 74
				l, above)	ero)	
	Your	21. 22.	Other credits (from line 66)			22
	Tax			21-if line 22 is greater than line 21, enter zero) .		23
<b>A</b>	and Credits	24.	Special tax credit-from line 75 (	see Instructions, page 2, for allowable credit)		.\. 24 33
끞	Organia	25.	Net Tax liability (subtract line 24 fr	rom line 29—if line 24 is greater th <del>an line 23</del> , enter	zero)	25
ATTACH HERE		26.		ructions—attach Schedule P(540)) . :		26
H		27.	Total tax liability (add lines 25 an	d 26)		27 124
order.		20	Ponter's gradit if you'lived in ren	ited property on March 1, 1973, complete Part I on p	page 2	28
2	Your	28. 29.	Total California income tax withhele	d (attach Form(s) W-2 or W-2P to face of return).		29
money	Pre-	25. 30.	1973 California estimated tax navm	nents (include amount allowable as a credit from 197	2 return)	30
	payment	31.	Excess California SDI tax withheld	(attach Form DE 1964 to face of return)		31
¥	Credits			s 28 through 31) ,		
check				line 32, enter amount of BALANCE DUE		
5	0-1	JJ.	Pay in full and mail with return to-	Franchise Tax Board, Sacramento, CA 95867		Do not write in these spaces
number	Balance Due	34.	If line 32 is larger than line 27,	enter amount OVERPAID	34	P
2	OL		Mail return to: Franchise Tax Board,	P.O. Box 13-540, Sacramento, CA 95813		E
		35.	Amount of line 34 to be REFUNDED	). (allow at least kix weeks for your refund)	35	
security		36.	Amount of line 34 to be credited of	on your 1974 estimated tax	36	M
		alties of	f perjury, I declare that I have examined th	is return, including accompanying schedules and statements, and to on other than taxpayer, his declaration is based on all information	o the best of my knowledge	and A
social	belief it is	true, o	correct and complete. If prepared by a perso	on other than taxpayer, his declaration is based on all information	of which he has any knowle	
rite	SIGN	<b>.</b> :		Date Preparer's signa	ature (other than taxpayer)	Date

Date



NW-88326 Doctd:32245535 Page 200



#### SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

19\_73 YEAR

Identifying number as shown on return

(Sales or Exchanges Including Involuntary Conversions)
(Attach to Form 540, 540NR, 541 or 565)

SAMUEL LIHYLLIS	Ruby		225-A	-2007/200
PART I Gain From Disposition of Property Under Secti		2-18, 18219	, 18220	
Lines 9 and 10 should be omitted if there are no dispositions of f	arm property or far	m land; or, i	f this form is filed	by a partnership
1. Description of Sections 18211, 18212-18, 18219, and 18220 pro			Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
W - ALAA IC DIN O			V/->0	8/13/73
(0)				
(C)		-	.	
(D)				
Correlate lines 1(A) through 1(D) with these columns	Property (A)	Property (B)	Property (C)	Property (D)
2. Gross sales price	28000 -			
3. Cost or other basis and expense of sale	28138-			
4. Depreciation allowed (or allowable)	1			
5. Adjusted basis, line 3 less line 4	15752-			
6. Total gain, subtract line 5 from line 2	12248.			
7. If Section 18211 property:				
(a) Depreciation allowed (or allowable) after applicable date.				
(See Instruction D-3)	12386.			
(b) Line 6 or line 7(a), whichever is smaller	12248.			
8. If Section 18212-18 property:				
(a) Enter additional depreciation after 12-31-63 and before				
(b) Enter additional depreciation after 12-31-70			1	[
(c) Enter line 6 or line 8(b), whichever is smaller	1 !		1	1 ',
(d) Line 8(c) times applicable percentage (Instruction D-4)	i ,			į.
(e) Enter excess, if any, of line 6 over line 8(b)	1 1		i	
	1 5		1	i
	1 1			
(g) Line 8(f) times applicable percentage (Instruction D-4) (h) Add line 8(d) and line 8(g)				<del>                                     </del>
9. If Section 18220 property:				<del> </del>
(a) If farm land, enter soil and water conservation expenses				
for current year and four preceding years				
(b) If farm property, other than land, subtract line 7(b) from			:	
line 6; OR, if farm land, enter line 6 or line 9(a), which-	·			
ever is smaller (see Instruction D-5)				
(c) Excess deductions account (see Instruction D-5) (d) Enter line 9(b) or line 9(c), whichever is smaller				
10. If Section 18219 property:	<del> </del>			
(a) Soil and water conservation expenses made after 12-31-69				
(b) Enter amount from line 9(d), if any; otherwise, enter a zero				
(c) Enter excess, if any, of line 10(a) over 10(b)				†
• • • • • • • • • • • • • • • • • • • •				·
(d) Line 10(c) times applicable percentage (Instruction D-5) .				1
(e) Line 6 less line 10(b)				
SUMMARY OF PART I (Complete Property Columns (A	through (D) up	to Line 100	) before going	to Line 11)
	122 48		, acidic going	
	12248			·
12. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	1 1			
13. Subtract line 12 from line 11, enter here and in appropriate Section in Part II (see Instruction D-2)	-0-			
14 Total of Property Columns (A) through (D) line 12 Fater ha				122 48







	F	or (	Calendar Year 1970 or Fiscal Year Begun		,	1970 a	nd Ended			1971	
	FIRST NAM	E(5)	AND INITIAL(S)		LAST NAME					rity number	S
Pleas	SAN	/UE	CL AND PHYLLIS		RUBY					The state of the s	C
Туре	PRESENT H	OME	ADDRESS (Number and street, or rural route)			COUN		Spouse's so	cial se	curity number	] <del></del>
10	· 162	250	Bircher			Los	Angeles	STEED!		4140	M
Print	CITY, TOW	N O	R POST OFFICE	STATE			ZIP CODE	You	r occu	pation	В
	Gra	na	da Hills	Ca	liforni	а	91344	Self-	-Em	ployed	P
MAM	E AND ADDR	ESS	OF EMPLOYER AT TIME OF FILING					Spous	e's occ	cupation	<b>_</b>
	Sel	f-	Employed					House	ewi	fe	^
	REASON.		ON 1969 CALIFORNIA RETURN. IF SAME AS				Calif.	Return S	8	income on 1970 284-97 m line 11, below	?
		140	Montgomery Avenue					in Part \		age 2.	
	ing Status	1.		3.	Married, filing	g separa	ate return—spouse' household''—Comp	s name:		2	
(c	heck one)	2.	X Married, filing joint return	4.	Unmarried 1	lead of	nousenoio —comp	ete rait i,	hage	<del></del>	
lı	ncome	5.	Wages, salaries, tips, etc. (before payroll deduc	ctions) if	more than two	emplo:	yers, attach schedu re employed (city and	ule state)			
	ioint return,		Employa Thame						5		
	clude all										-
	come of										
	oth husband	٥	Dividends. Enter total here (also list in Sched	lule 8 (5	40) Part I if	total	is over \$100)		6	. 20	60
a	nd wife	0.	Dividends. Enter total nere talso list in Sched	idie D (5	107, 1411 1, 17	1010					
w		7	Interest. Enter total here (also list in Schedule	R (540)	Part II. if to	ntat is	over \$100)		7	•	
EE.		•	interest. Litter total nere talso list in senegation	, D (D 10/ <sub>1</sub>	, , , , , , , , ,	7101 10					
ų	. 1	R	Other income (from page 2, line 30)						8	8,284	97
¥		0.	other meditie (from page 2, fine 50/								
ATTACH REMITTANCE	:	۵	Total (add lines 5, 6, 7 and 8)						9	8,305	57
3		3.	Total (add lines 5, 6, 7 and 67								
CE 		10	Adjustments to Income (from page 2, line 35)						10		
<b>a</b>	•	10.	Adjustments to income than page 2, the 337			. ,			"		
Ħ		11	Adjusted gross income (subtract line 10 from	line (1)					11		.
_		11.	Walnaten Rioss income (annual time to more	iiie 37 .					L	8,305	57
			If you do not itemize deductions AND line 11 i	s under \$	10 000 find v	our tax	in Tax Table in in	structions.	Enter	tax on line 1	12.
			If you itemize deductions OR line 11 is \$10,000								
	our		Tax from (check one): Tax Table, Tax Comp						12		0.0
	AX,		Exemption credits (from page 2, line 43)						13	82	0.0
	nd rodite		Tax liability (subtract line 13 from line 12)						14	No	ne
· ·	redits		Total other credits (from page 2, line 49) .						15		
		16	Net tax flability (subtract line 15 from line 1	14_lf \$1	00 or less e	nter "z	ero")		16	► N.	
		10.	Net tax Hability (Subtract Time 15 Holl Time 1	17-11 41					-	NO	ne
_		17	1970 California estimated tax payment or cred	it from 1	969 (if anv). I	f none	enter "zero"		17	<b>-</b>	
	alanac		Balance due—If any (subtract line 17 from line						18	• No	ne_
_	alance ue or		Overpayment—if any (subtract line 16 from line						19	•	1
	efund		Portion of line 19 you wish to apply on 1971 es						20	<b>&gt;</b>	
•••									21	<b>&gt;</b>	··† ···
		21.	Refund—if any (subtract line 20 from line 19)	· · · ·			· · · · · ·	. REFORD	L		
Under	penalties of per it is true, corre	Jury,	I declare that I have examined this return, including acc d complete. If prepared by a person other than taxpayer,	ompanying his declarat	schedules and sta tion is based on	tements. all inform	and to the best of my action of which he has	knowledge a	ie.	o not write in thes	se spaces
									_	<u>T</u>	
Sia	n 🌭		e—if filing jointly, BOTH must sign Date		innature of neces	ar 566	than taynawar			P	
- 8	Your sig	natu	e-it ning jointly, Boin must sign Date	ا							
ner	Spouse's	sign	ature Date		Addres	LAME	BERT-MARK	Date	_	!	
	ake Rem	itta	nce Payable to FRANCHISE TAX B	OARD-	-Mail to	1663 <b>E</b> NCII	3 VENTURA BLA NO, CALIF. 913	116 116		T	



#### ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE 70

YEAR

Name as shown on Form 540 Samuel and Phyllis Ruby Social Security Number

Itemized vs. Standard Deduction—You have a choice between two deduction methods. You can either itemize your deductions or take a standard deduction as explained in the 540 Instructions. On separate returns of a husband and wife,

if one spouse itemizes deductions, the other may not use the Tax Table or claim the standard deduction. If you choose to itemize your deductions, complete the appropriate items below.

One half (but not more than \$150) of insurance premiums for medical care	Г	т
Medicine and drugs	 	d
Enter 1% of adjusted gross income shown on Form 540		
Other medical and dental expenses. Include balance of insurance premiums for medical care not		
deducted on line 1 (attach schedule)		
	 💸	
Enter 3% of adjusted gross income shown on Form 540		
Subtract line 7 from line 6 (if less than zero, enter zero)	 . 8	
Total—(Add lines 1 and 8)		1.50
ld Adoption Expense		
Total expenses paid or incurred—Attach itemized list	 . 10	
Enter 3% of adjusted gross income shown on Form 540		
Subtract line 11 from line 10—See instructions for maximum limitations		
es Real estate	. 13	
State and local gasoline		1 1
General sales		1
Personal property		1
State disability insurance (SDI)—Employer private disability plans do not qualify		1
Other (specify)	 19	1
Total taxes—(Add lines 13 through 19)		
Cash—Including checks money orders, etc. (itemize)	21	
Submitted and the submitted an	' '	1
Total cash contributions	 . 22	
Other than cash (see instructions). Enter total here	- 1	
Total—Add lines 22 and 23—Maximum deduction may not exceed 20% of adjusted gross income		
	 	200
rest Expense	. 25	
Home mortgage	 . 26	
Installment purchases	 27	
Other (itemize)	'	
Total—(Add lines 25, 26 and 27)	 ▶ 28	1,552
cellaneous Deductions		
	 29	
For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize).		
	 	1
For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize).	 	
	  ▶ 30	100



YEAR

#### PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

Attach	this schedule to your income tax return, Form 5	40 or 540NR		Par	tnerships, joint venture			n 565
	as shown on Form 540 or 540NR					Soc	ial Security Number	- Th
	Samuel and Phyllis Ruby	<i>'</i>						
A. Pri	incipal business activity. Food (For e			; pro	duct			
	(For e	xample: retail—hardware;	wholesale—tob	acco; services	-legal; manufacturing-furn	iture; etc.)	95-	_
B. Bus	siness name Snack Bar			C. Federo	l employer identifica	tion num	ber.26.51.57	18
D. Bus	siness location 5418 Van Nuys Bou	llevard	van	Nuys,	Calliornia	314	() <u> </u>	code)
	(Number and street or rural room	ute)	(City	-posi omce,	(5.5.5)			2000)
E. Ind	dicate method of accounting: 🗷 cash; [	] accrual; 📋 oth	er (descrit	00)				
F. Wo	as there any substantial change in the m	anner of determini	ng quantiti	es, costs o	r valuations betwee	n the op	enin <b>g</b> and <b>cl</b>	osing
i	inventories? 🗍 Yes 🛛 No. If "yes," at	tach explanation.						
G. We	ere Forms 591, 592, 596 and 599, for the c	alendar year filed	(it required)	i Lies	K 140	T		Τ.
1. G	Gross receipts or gross sales \$	Less: Returns	and allowa	nces \$	AA-MATTETT - #1517# #15	. \$		+
2. In	nventory at beginning of year (If different the	an last year's closin	g inventory	attach				
	explanation)							1
3. A	Merchandise purchased \$	, less cost o	of any item	s with-				}
	drawn from business for personal use \$	***********				4		1
<b>4</b> . C	Cost of labor (do not include salary paid to )	ourself)				-		
5. N	Material and supplies	·				1		
<b>6</b> . C	Other costs (explain in Schedule C-1)					┥	COURTAIT	
7.	Total of lines 2 through 6					1	SCHEDUL	
8. In	nventory at end of this year					-	ATTACHE	1
9. C	Cost of goods sold and/or operations (	subtract line 8 from	line 7) .					+
10. G	Gross profit (subtract line 9 from line 1)							· <del> </del> · · · · · ·
	OTHER BUSINESS DE							1
11. D	Depreciation (explain in Schedule C-2)		<b>.</b>			1		
12. T	Taxes on business and business property (expl	ain in Schedule C-1)						
13. Re	lent on business property				,			1
14. R	Repairs (explain in Schedule C-1)					1		
15. S	Salaries and wages not included on line 4 (e	xclude any paid to	yourself)					
	nsurance					·		1
17. Le	egal and professional fees					1		1
18. C	Commissions							
	Amortization (attach statement)							ŀ
20. R	Retirement plans, etc. (other than your share)					1		1
21. In	nterest on business indebtedness							
22. B	ad debts arising from sales or service							1
23. L	osses of business property (attach statement)							-
	Depletion of mines, oil and gas wells, timber,		9)					}
<b>25</b> . C	Other business expenses (explain in Schedule	C-1)				4		
26.	Total of lines 11 through 25							┼
27. N	<b>Net profit (or loss)</b> (subtract line 26 from li	ine 10). Enter here	and on pag	e 2, Part II	, Form 540 or 540NR	\$	9,284	97
	SCHEDULE C-1.	EXPLANATION	OF LINES	6, 12,	14, AND 25			
Line No	e. Explanation	Amount	Line No.		Explanation		Amount	
		\$					\$	
				., .,,,	*******			
					**************************************			
			I		# h = # d = # d = * r = * r = r = r = r = r = r = r = r			,
			I			I		







#### SALES OR EXCHANGES OF PROPERTY

FORM BAO		Attach to	Form 540 or 540NR			L
Name as shown on Form 540 or 540 Samuel and Phyl			,		4	Social Security Number
Part I-CAPITAL ASSETS						· · · · · · · · · · · · · · · · · · ·
SHORT-TERM-ASSETS HELD NOT	MORE THAN 6	MONTHS		1	La Control other basis	
a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition (attach schedule)	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain or loss (d plus e less f)
1.						/3 2 0 0 b
,	1	1	1	1	i	(15,274.00
	1	i .	1	1	ı	1
						ļ
2. Enter your share of net short-te	rm gain (or loss)					
3. Enter unused short-term capital	•	•				
4. Net short-term gain (or loss) fr	om lines 1, 2 and	d 3				
LONG-TERM-ASSETS HELD MORE	THAN 6 MONT	<b>1</b> S				<b>.</b>
5. Enter gain (if any) from line 16	1	1	1	1	l	
	i	1	1	1 '		1
		1	1	1	ĺ	
			<b></b>			
				,		1
6. Enter your share of net long-ter	rm agin (or loss)	from partners				
7. Enter unused long-term capital						
8. Net long-term gain (or loss) from	om lines 5, 6 and	17				(15,274.00
9. Combine the amounts shown or	lines 4 and 9 a	nd antar tha	not gain (or loss	) hara		
10. If line 9 shows a GAIN, enter			_			<del></del>
11. Subtract line 10 from line 9, En					· · · · ·	
<ol> <li>If line 9 shows a LOSS, enter I</li> <li>(a) the amount on line 9; (b) the</li> </ol>					without capital	
gains and losses; or (c) \$1,000						( 1,000.00
Part II—SALE OR EXCHANGE O  13. Enter gain (if any) from line 2						
14. Enter gain (if any) from line 2						
•••••	1 .					
	I .	<u> </u>		i .		
15. Enter your share of gain (or l						
6. Net gain (or loss). If GAIN, en	nter on line 5, I	Part I; if LOS	SS, enter on line	29, Part V	<u></u>	-
PART III-TOTAL NET GAIN OR	LOSS FROM	SALES OF I	EXCHANGES OF	PROPERTY		
17. Net gain (or loss) from line 10						
					[	

## SCHEDULE E-- SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares
(a) GEORGE MARCUS DR. N. MIAMI, FLA 33160		7500
(a) GEORGE MINEUS 1301 MIAMI GARDENS DR. N. MIAMI FLA 33160 (b) EARL RUBY 4380 STONEY RIVER DR. BIRMINGHAM MICH 48010		7500
(c)		
(d)		
(e)		
(g)		
(h)		

(4) Amount taxable as ordinary Income (schedute K. line 9. U.S. 1120-9)	(5)) Distributive income from page 1 line 5, or page 2, schedule 8	(6) Amount to be used by shareholder on Mi-1040 (enter on page 2 : schedule ! line 29 or on page 2 : schedule ! line 37) difference batween column 4 and column 5 (see instructions)
(a) 9: 33: 036:39	8 32 380 38	32.380.38
(a) \$ 32,036.39 (b) 32,036.38	32,380,38	323 <b>86.38</b>
(c)		
(d)		
(e)		
<u>(f)</u>		
<u>(g)</u>		
(h)		
g(0) (i.e., $g(0)$ ).		

# SCHEDULE E-- SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares
(a) GEORGE MARCUS 1301 MIAMI GARDENS DR. N. MIAMI, FLA, 33162	<b>M.S.</b>	7500
(a) GEDRICE MIAMI GARDENS DR, N. MIAMI, FLA 33162 (b) EARL RUBY 4380 STONEY RIJER DR, BIRMINGHAM, MICH 48010	<b>a</b> - <b>Z</b> - <b>M</b>	7500
(c)	and English was	are the second
(d)		5512.5
(e)		
(f)		
(g)		
(h)		
TO THE TAX BEAUTY OF THE PROPERTY OF THE PROPE	CONTRACTOR OF THE PROPERTY OF	and remoderate before an existing

	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	。 2000年的中央中央的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業。 2000年中央中央企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企
(4) Amount taxable as ordinary income (schedule K. line 9; U.8: 1120-8;	(5)  Distributive income from page 1: line 5: or page 2: schedule 8:	(6) Amount to be used by shareholder on Mi-1040 (enter on page 2, schedule 1 line 29 or on page 2, schedule 2. The 37) difference between column
		4) and column 6 (see Instructions):
(a) \$ 32,036.39	32 380 38	3×380.38
(b) 32,036,38	3×,380,38	3×360.38
<u>(c)</u>		
<u>- (d)</u>		)
(e)		
<u>(f)</u>		2
(g)		
(h)		
(j)		
3Docid 32245535 Page 2068 233 723		

# SCHEDULE F - SHAREHOLDERS SHARE OF INCOME AND CAEDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares	(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)
(a) LEARL RUBY	1-0-5% PD	7,500	46,840.04
(b) ESTATE OF GEORGE MARCH GO W. WARD MIGTON #1150 CHICAGO, II.	12. 60602	7,500	46,840.05
(d)			
(e)			
(g)			
(h)	·		
(i)			

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 34 or on page 2, schedule 2, line 43) difference between column 4 and column 5 (See instructions)	Enter here and on form M1-1040, page 1, line 22 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (See instructions)	(8) Enter here and on form M1-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)		
(a) 46,840.04					
(a) 46, 640.05					
c)					
(d)					
e)					
f)					
g)					
h)					
(i)					
(j) -					

# SCHEDULE F - SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares	(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)
(a) EARL RUBY +380 STONEY RIVER BIRM.MI	and the season	500	19,730.16
(b) ESTATE OF GEORGE MARG	-LL. GOLOX	500	19,730.15
(c)			
(d)			* .
(e)			1.
(f)		a e .	
(g)			×
(h)			4
(i)			6 A
(j)		5	

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 34 or on page 2, schedule 2, line 43) difference between column 4 and column 5 (See instructions)	(7) Enter here and on form MI-1040, page 1, line 22 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (See instructions)	(8) Enter here and on form M1-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)
(a) 19,730.16		46.61	
(b) 19,730.15		46.61	
(c)			*
(d)	20		
(e)	4 1		
(f)			
(g)	4		
(h)		34 35	
(i)			
(j)	*** ***		

	,	CITY OF DETROIT	CITY OF	AL RETUR	10N-NO	NRESIDE	VT ]	1973				33)
		First Name and Initial Earl R. and M	r other taxable year b	Last N Rub	lame	, 1976, ending		Security Number	-	EXTENSION	NUM	프 (유G 2
PLEAS		· · · · · · · · · · · · · · · · · · ·	usband and wife, use			of both)		r Occupation		you are		
PRIN	- 1	Home Address (Number			middle minds	01 501117	Sales		lde	er your fed intification b		S S
OR TYPE		18135 Liverno	ois				Spouse's So	cial Security Number		<del></del>		
	1	City, Town or Post Office		State		Zip Code	Spous	e's Occupation	IP	FP	APP.	- 4
		Detroit,	M1	chigan	4	8221	House	wife			OA.	<del>_</del> ;
. <b>А.</b> В.	En	married, is spouse filing ter the name and addre	ess used on your retu					ferent, indicate date		,		 FK Collec
						·			Audit	or		. r
S	сн	EDULE A - EXEMP	TIONS 1. YO	URSELF			Regular	65 or over	Bli		Enter of	70
7			•	OUSE			X		ĺ		emptions hecked	S
a)	2.	Enter first names of each	h of your DEPENDENT	CHILDREN who	lived with you:					En	ter No.	9
Her					·				r	_	<b>-</b>	e l
7-7	3.	)		NAME gure 1 in the last t for each name			Re	lationship		hs lived in ome during 1976		fer
or W-2	٠.	OTHER DEPENDENTS	ngn	Tor each name	iisied					1776		- R
		)	-								-	1
DW-2	4.	Total exemptions from li	ines 1, 2 and 3; enter l	ere and on line	15 below. —						-	2
Copy of For	5.	OME (If joint return, Enter GROSS income fro Employer's Name CoBO CLEANE CoBO -RUMAR	Where	s, salaries, comm employed (City	and State)	Total wag on DW 5 /64, 2	2 or W-2		60 00	\$ 8 £	ETC. E/ DETROI 1.100	00
Attach	6.	TOTALS		· · · · · · · · · · · · · · · · · · ·			700 00	1,080	00	90	, 350	
¥		Rental income (or loss)					ule B, line 4.			4,		72
$\triangle$		Other income (or loss) Gain (or loss) from sale					3 School	dula E lina 10				1
_		Net profit (or loss) from					page 3, sched	Tole 2, Mile 10	· · · · · · · •			
Q.	11.	Income (or loss) - TRUS	TS AND ESTATES ONL	Y — from page 4	, Schedule G,	line 7 (see in	structions for e	xemption to enter or	line 15)			· 
ē	2.		ies 6 through 11 of la							45,	462	77-
Ξ.	13.	Less: Deductions from	page 2, Schedule M, I ! less line 13)							as	462	72
ā	15.									s	200	4
ŏ	16.		ME SUBJECT TO TAX			,					262	172
ney		CITY OF DETROIT TAX		005 (½%)					•	\$	471	3 /
		MENTS AND CRE						7		,	080	أمم
	18.	<ul><li>a. Tax withheld by em</li><li>b. Payments and credit</li></ul>								<b>3</b>		
Check		c. Other Credits — exp						•	4			
	19.		Lines 18a, b, and c						- 1	s/ <sub>1</sub>	080	00
는 T	٩X	DUE OR REFUND						,			<i>/-</i> 0	'/0
<b>∄</b> 7		If your payments (line 1							, . •	\$.·	<b>6</b> 08	167
		Check box if you wish  If your tax (line 17) is le										:
		Make check payable	to: "TREASURER, CITY	eni (יְלִים OF DETROIT." A	balance due	of less than o	one dollar (\$1	n tun with this ret .00) need not be po	oid.	<b></b>	***************************************	A
SIGN		I declare that I have excomplete. If prepared i	xamined this return (in by a person other tha	cluding accompo n taxpayer, his	inying schedule declaration is	s and stateme based on all i	nts) and to the nformation of	e best of my knowled	dae and l	pelief it is (	true, cor	rect and
	-	SIGN HERE D	(Taxnaver'	s signature and c	iate)		(Signate	are of preparer other	than taxp	aver)	(Date	•1

GORDON L HOLLANDER, P.C.

(Spouse's signature and date) (If joint return, BOTH HUSBAND AND WIFE MUST SIGN)

CERTIFIED PUBLIC ACCOUNTANT

NW 88326 Docid: 32245535 Finance 20 partment, Treasury Division, 104 City-County 19679 SWEST FEW MILES ROAD COUNTY 19679 SWEST FEW MILES ROAD

riten.	U491., or	reasury

# Schedule of Partners or Shareholders— Partnership, Subchapter S Corp., Professional Corp. See instructions on reverse side

1976

1 Name:				2 Account Number:				
Cobo-Rumar Sale	es, Inc.				38-1812	707		
SUMMARY								
3 Total Number of Partners or Sha 4 Total Number of Qualified Partne	reholders rs or Shareholders from	m Part II-	enter here and on	C-8000, lin	e 60a 4			
CASH III QUALIFIED PARTNERS	OR SHAREHOLDE	RS		4	•			
A NAME AND ADDRESS	B SOCIAL SECURITY NO.	C % Time	D SHAREHOLDER' SALARY		PARTNER'S or S F Share of Bus. Inc.	SHAREHOLDER'S  G Share of SBT Paid		
Earl Ruby 4380 Stoney River; Birm.		100%	18,000   0	0 100%	. 100	1 00		
	•	%	. 0	0 %	00	00		
		%	0	0 %	00	.   00		
	,	%	0	0 %	00	00		
		%	0	0 %	[ 00.	00		
		%	0	0 %	00	00		
		%	0	) %	06	00		
		%	0	%	00	00		
		%	. [ 0	%	00	.   00		
		%	00	%	00	00		
विकास पार्ग NON-QUALIFIED PARTI	NERS OR SHAREHO	LDERS. I	f more space is need	led submit	separate schedule and	enter totals on line 7.		
3			00	%	1 00			
			. 00		00	00		
			00	%	00	00		
			00	%	00	00		
			00	- %	. 00	00		
			00	%	[ 00	00		
			. 1 00	%	00	00		
			1 00	%	-   00	00		
			1 00	%	00	00		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		00	%	. 100	00		
00106 Village   1,2004 EF25   D	10		. 00		00	.   00		
88326 Doold:82245535 Page-2	(PSD)	7	1 00		1 00	1.00		

leginning	10	i .							;
nding		i'			FOR OFFIC	CE USE ONLY			į
MINDIVIDUAL (Check		'							
☐ FIDUCIARY One)		PURY FA	RL & MARG	T.F			6	0	8 8 5 5
			IVERNOIS					7	005,3
					407				
		DETROIT	ΜŢ		482	21			
						•	Husband	's Soci	al Security No.
							3		
Mo. Day Yr.							Wife's S	ocial S	ecurity No.
09   30   7		8855	007 82	<b>)</b>	111	76   12		00:01	, , , , , , , , , , , , , , , , , , ,
Retroactive Date		count Number	Type Coun		K C	File Date			
this return is for an Estate, give i	Probate.			POSTED	:	AUDITED:	Employer	Identif	ication No.
le No.	County .	-	Date of Death						
						1			
		****				<u> </u>			
LINE						44401	N.T	LINE	744
No. Computatio	n of Tax Du	ie .				AMOU	IN I	NO.	TAX
1. Accounts and Notes Re	eivable (non-income	producing only)	r					1.	. 1
2. Less Accounts and Note	s Payable		b					2.	
3. Balance Taxable @ 1/10								3.	
4. Accounts and Notes Re								4.	
5. Less Accounts and Note		•						5.	
6. Balance Taxable		net pertion, il emp,						6.	1.
7. Income applicable to ba	ance			÷				7.	<i>3</i> *
8. Tax @ 31/2% of income				ater					
9. Stocks and Bonds								B. -	2.3
								9.	
10. Mortgages and Land Co								10.	
11. Annuities Sched								111.	
12. Beneficiary Return (attac		-						12.	2,370
13.	TOTAL		-			* * * * * * * * * * * * * * * * * * * *		13.	375
14,			r S350.00 by husban	ds and wives	s filing joint ret	turn)		14.	کړه چ
15.	BALANCE DUE							15.	ılının hilminin
16. Cash on Hand or in Tran	sit as of retroactive	date (include cash	in safety deposit boxe	es)		·		16.	
<ol><li>17. Bank Deposits in Banks</li></ol>	Located Outside of M	ichigan	for Withdra	wn from M	lich.\			17.	
18. Savings in Building and	oan Ass'ns. Located	Outside of Michigar	RETROA	Ass'ns. aft	Ĕ. }			18.	
19. TOTAL		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					19.	
20. TAX @ 20¢ per \$1000	00 of Line 19							20.	
21.			0)					21.	2,020
22.	Less Advance Payr	ment of Tax						22.	
23.								23.	2,026
24.	Penalties & Interes	t; Penalty	%, \$; Ir	nterest	%	Months, S.		24.	
25. TOTAL AMOUNT DUE V						-	25		2,024
			End of Authorized Fisca				20.		<u>مر</u> ه
Make Remittance Paya									
Mail To: MICHIGAN DI		REASURY, TREA	SURY BUILDING,	Lansing,	MICHIGAN	48922			
siness or Profession of Taxpayer		Amount Single Busi	iness Tax Paid:	Sing	gle Business Tax	Account No.:	Telephon		
SALES		1		1			8	63	.0400
er of Last Return Filed:	Address of Last Ret	,							
1975	SAM	n E				•			
eck which Method your return is	Computed by.			NOTE: I	f this return is fi	rom a Trustee, attach s	list of Nam	nes and	f
RETROACTIVE DATE	MONTHLY	AVERAGE			Addresses of Be	eneficiaries and Date o	of Creation o	of Trust	
solars under the		- · · · · · · · · · · · · · · · · · · ·							
eclare under the panalties in t this return, including any	nosed by Act No.	301 P.A. of 1939	), as Amended,						
mined by me and to the	best of my knowler	lge and belief is	a true, correct	Signature					
i complete return.				Signature					
GORDO	N <del>-L-</del> HOLLAN	DER. P.C.		5					
GORDO CERTI	N-L-HOLLAN FIED PUBLIC ACCO	DER, P.C. DUNTANT		Signature					

Title: (State whether Individual, Owner, Executor, Administrator, Trustee, etc.)

#### AL INCOME TAX RETURN for 1975, or taxable year beginning First name and initial (if joint return, use first names and initials of both) Last name Ruby Earl R. and Marge Your occupation Home address (number and street or rural route) Sales 18135 Livernois Spouse's social security no City, town or post office, and State 48221 Detroit, Michigan Residency Status during tax year: Part-year resident, from \_ Non-resident X Resident 1. Exemptions: O Filing Status: (a) Enter here the number of exemptions claimed on your A Single federal income tax return..... B Married, filing jointly (b) Special exemption for paraplegics & quadriplegics. Unstructions C Married, filing separately (see instructions, page 2) (c) TOTAL EXEMPTIONS, add lines 1(a) and 1(b)..... Name of Spouse -(Give spouse's Soc. Sec. No. in the space provided) NOTE: If you check the 'YES' boxes Do you wish to designate \$2.00 of your taxes for this fund? STATE it will not increase your □YES 🖾 NO If joint return, does your spouse wish to designate \$2.007..... CAMPAIGN FUND 3. Adjusted gross income as defined in the Internal Revenue Code and which should be reported on Federal Form 1040, Attach copies of any Federal schedules that indicate a loss or deduction from gross income. (See page 5 of the instructions) 4. Additions to adjusted gross income, (from page 2, line 35)..... 5. Total, add lines 3 and 4..... 6. Subtractions from adjusted gross income, (from page 2, line 44)..... 8. Residents multiply exemptions claimed on line 1 by \$1,500.00 (part-year and nonresident allowance from line 48) . . . 6,000,00 036 18 9. Income subject to tax (subtract line 8 from line 7)..... CREDITS (See instructions - pages 7-10) AMOUNT PAID 12. Contributions to Michigan colleges & universities (attach receipts). 13. Income tax paid to another state (attach copy of return)...... 13. — 15. Income tax, subtract line 14 from line 10 (if line 14 is greater than line 10, enter 'NONE') Do not complete lines 17 thru 21 if you have claimed a credit on line 16. 18. Enter 1975 homestead property tax or amount from line 59 ..... 🚯 \_\_\_\_\_ 19. Tax not eligible for credit, enter 3.5% (.035) of line 17 . . . . . . . . 19. \_\_\_ 20. Subtract line 19 from line 18, if line 19 is greater, enter 'NONE' . . 20. \_\_\_ 22. Personal property tax paid on inventory. 22. **PAYMENTS** 25. 1974 overpayment credited to 1975..... 27. If line 26 is less than line 15, enter BALANCE OF TAX DUE HERE..... 29. Amount of line 28 to be REFUNDED TO YOU..... REFUND ▶ NOTE: If all of overpayment (line 28) is to be refunded (line 29), make no entry on line 30. 30. Amount of line 28 to be credited to 1976 estimated tax...... This return is due April 15, 1976 or on the 15th day of the fourth month after the close of your tax year. 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. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

NW 88926 Docld:32245535. Page 212 BOTH must sign even if only one had income

GORDON" L'. "HOLL'ANDER," P.C. CERTIFIED PUBLIC ACCOUNTANT

233)	
(AG	
BSCA	
Collection:	
JFK	
, VGOD	
Reference	

	ptions (numbe	of allowable exemptions times \$1,500.00)		· · · · · · · · · · · · · · · · · · ·	
<ol><li>Subtri</li></ol>	ract line 2 from	line 1. (This is your estimated taxable income)			
		times .046 or 4.6%)			
5. LESS:	: Total estimat	ed tax credit for Michigan City income taxes, persona	I property tax on inventories,		
		nestead property taxes and contributions to Michigan			
6. Subtr	ract line 5 from	line 4. Enter here and on line 1 below		· · · · · · · · · · · · · · · · · · ·	
===					
	·	MICHIGAN DECLARATION OF ESTIMA	TED INCOME TAX FOR IN	DIVIDUALS- 1976	1
MIC	HIGAIN		,		FORM MI-1040-E
101	7	For calendar year 1976 or fiscal year ending		_ STATE OF MICHIGAN	WII-1040-E
£8646	1 7	•		Department of Treasury	1
. \$1612	4			Your cocial s	security number
	First name and	initial (if joint declaration, use names and initials of both)	. Last name	. Tour social s	1
					I security number
Please print	Address (numbe	r and street)		Spouse's socia	i security number
or type					l
Ī	City, State, and	ZIP code			
-		•	·		
1 Your	estimate of 10	76 income tax			
2. Estim	estilliate of 15	x withheld and to be withheld during entire year of 1	976		
2. ESUM	MARTED TAY (III	ne I less line 2). (If less than \$100, no declaration is	required)		
				••••••	•••••
4. CUMI	PUTATION OF	NSTALLMENT. Check proper box below and enter am    April 15, 1976, enter 1/4 of line 3;   Septe	ombor 15, 1976, onter 1/2 of line	2)	
		☐ June 15, 1976, enter 1/3 of line 3; ☐ Jan.		· ·	
		ayment on your 1975 income tax return which you el			
credi	it against your	1976 estimated tax, enter the amount here		L	
6. To ag	pply entire ove	payment crèdit to this installment and any excess to	the next, enter here the amount or	line 5. To spread	
		h installment, divide it by number of installments and			• • • • • • • • • • • • • • • • • • • •
		with this declaration at time of filing (line 4 less line 6			
8. Note	: The payment	of the estimated tax (line 3 less any 1975 overpayme	ent credit) with this return eliminat	es the filing of	
quari	terly estimates.	Enter lump sum payment here			
I have	examined this				
		declaration and to the best of my knowledge it	is correct.		
Signatu	ure(s)	s declaration and to the best of my knowledge it	is correct.	ate	19
Signatu	ure(s)	joint estimate, both husband and wife must sign	is correct D	ate	19
Signatu	ure(s)	joint estimate, both husband and wife must sign	D		
<		joint estimate, both husband and wife must sign	D		FORM
MIC	ure(s)	joint estimate, both husband and wife must sign	ATED INCOME TAX FOR IN	NDIVIDUALS- 1976 STATE OF MICHIGAN	FORM
MIC	HIGAIN	joint estimate, both husband and wife must sign	ATED INCOME TAX FOR IN	IDIVIDUALS-1976	FORM
MIC	HTGAIN	joint estimate, both husband and wife must sign MICHIGAN DECLARATION OF ESTIMA For calendar year 1976 or fiscal year ending	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC	First name and	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM
MIC	First name and	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC	First name and	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC	First name and Earl Address (numb	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC Int	First name and Earl Address (numb	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC Int	First name and Ear1 Address (numb 18135 City, State, and	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury	FORM MI-1040-E
MIC INTERPOLATION OF TYPE	First name and Earl Address (numb 18135 City, State, and Detro	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type	First name and Earl Address (numb 18135 City, State, and Detro	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type  1. You 2. Estii	First name and Ear1 Address (numb 18135 City, State, and Detro	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN  Last name  Ruby  of 1976	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E security number al security number
Please print or type  1. Your 2. Estit 3. EST	First name and Earl Address (numb 18135 City, State, and Detro or estimate of imated income	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN  Last name  Ruby  of 1976 on is required)	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E security number al security number
Please print or type  1. Your 2. Estit 3. EST 4. COM	First name and Earl Address (numb 18135) City, State, an Detro Irrestimate of imated income IMATED TAX MPUTATION O	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estit 3. EST 4. COM	First name and Earl Address (numb 18135) City, State, an Detro Irrestimate of imated income IMATED TAX MPUTATION O	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E security number al security number
Please print or type  1. Your 2. Estil 3. EST 4. COM	First name and Earl Address (numb 18135) City, State, an Detro Irrestimate of imated income IMATED TAX MPUTATION O	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estil 3. EST 4. COM if the due	First name and Earl 1 Address (numb 18135 City, State, an Detro or estimate of imated income IMATED TAX MPUTATION 0 his declaration to be filed on	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estil 3. EST 4. COM If the due 5. If yet in the due in	First name and Ear1  Address (numb 18135  City, State, and Detro  or estimate of imated income  IMATED TAX  MPUTATION Of this declaration to be filed on you had an over	MICHIGAN DECLARATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF ESTIMATION OF CALLED OF THE TOTAL OF	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estil 3. EST 4. COM If the due 5. If you cred	First name and Earl Address (numb 18135 City, State, and Detro or estimate of imated income IMATED TAX MPUTATION Of this declaration to be filed on you had an over dit against you dit against you	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estin 3. EST 4. CON if the due 5. If you cred 6. To a	First name and Earl Address (numb 18135 City, State, an Detro or estimate of imated income IMATED TAX MPUTATION On this declaration to be filed on you had an ove dit against you apply entire or	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E security number al security number  (00.00
Please print or type  1. Your 2. Estin 3. EST 4. COM if the due 5. If you cred 6. To a sprint or type 1. The control of the due 5. If you cred 5. If you cred 5. If you cred 6. To a sprint or type 1. The control of the due 5. If you cred 6. To a sprint or type 1. The control of the control o	First name and Earl Maddress (number 18135) City, State, and Detro or estimate of imated income (IMATED TAX) MPUTATION On this declaration in the be filed on you had an over dit against you apply entire or ead credit ever	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E security number al security number  (00.00
Please print or type  1. Your 2. Estin 3. EST 4. COM If the due 5. If you cred 6. To a sprint 7. Amo	First name and Earl 1 Address (numb 18135 City, State, and Detro or estimate of imated income IMATED TAX MPUTATION 0 his declaration to be filed on you had an ove dit against you apply entire or ead credit eve ount to be pai	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estil 3. EST 4. COM if the due 5. If your cred 6. To a sprint 7. Amo 8. Note	First name and Ear1  Address (numb 18135  City, State, and Detro  or estimate of imated income  IMATED TAX  MPUTATION Of this declaration to be filed on you had an ove dit against you apply entire or ead credit ever ount to be paide: The payments	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E security number al security number  (00.00
Please print or type  1. Your 2. Estin 3. EST 4. CON if the due 5. If your cred 6. To a sprint 7. Amo 8. Note of control	First name and Earl Address (numb 18135 City, State, an Detro or estimate of imated income IMATED TAX MPUTATION On to be filed on you had an over dit against you apply entire or read credit eve ount to be paide: The payme quarterly estimated.	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN  ATED INCOME TAX FOR IN  19  Last name  Ruby  of 1976 on is required) er amount indicated. September 15, 1976, enter 1/2 of Jan. 15, 1977, enter amount on you elected to have applied as a last to the next, enter here the am allments and enter results here line 6) payment credit) with this return enter the sum of the	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E security number al security number  (00.00
Please print or type  1. Your 2. Estin 3. EST 4. CON if the due 5. If your cred 6. To a sprint 7. Amo 8. Note of control	First name and Earl Address (numb 18135 City, State, an Detro or estimate of imated income IMATED TAX MPUTATION On to be filed on you had an over dit against you apply entire or read credit eve ount to be paide: The payme quarterly estimated.	MICHIGAN DECLARATION OF ESTIMA	ATED INCOME TAX FOR IN	STATE OF MICHIGAN Department of Treasury  Your social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social Spouse's social	FORM MI-1040-E security number al security number  (00.00

	D-1040 (NR) CITY OF DETROIT	CITY OF D INDIVIDUAL or other taxable year beg	L RETURN -	NONRESIDE	VT _	1975			RG 233)
-	First Name and Initia Earl R. and	ıl	Last Name Ruby		Your Socia	Security Number	Ε	XTENSION NUMB	CA (
PLEASE PRINT OR	(If joint return of husband and wife, use first names and middle initials of both) Home Address (Number and Street or Rural Route)				Sales	Occupation ial Security Number	If y enter Iden		
TYPE	18135 Liver	ffice	State	Postal Zip Code	Spouse	o's Occupation	ΙP	FP APP.	l : ction
		ling a separate return?		If yes, enter spouse					JFK Colle
	moved.) If none filed, g		Same				Audito		copy,
$\Diamond$	HEDULE A - EXE	SPO	USE		Regular	65 or over	Blin	number of	
Here	2. Enter first names of a Denise,	each of your DEPENDENT C Joyce	NAME	in you:	<u></u>	-	Month	s lived in	Reference
or W-2	OTHER DEPENDENTS	Enter figuright	re 1 in the last column for each name listed	to	Re	lationship	your ho	me during 1975	- " "
N-2	4. Total exemptions fro	om lines 1, 2 and 3; enter he	re and on line 15 bel	ow					4
C Atto	7. Rental income (or lo 8. Other income (or lo 9. Gain (or loss) from		in the City of Detroit – from page 2, Sched ble property in the C	FI. S. 70, //G.  Prom page 2, Scheoule F, line 4	page 3, Sche	dule E, line 10	00		13
	<ol> <li>Income (or loss) – Ti</li> <li>Total (add</li> <li>Less: Deductions fr</li> </ol>	RUSTS AND ESTATES ONLY d lines 6 through 11 of last rom page 2, Schedule M, lin	— from page 4, Sched t column) ne 5 (if none, enter zo	dule G, line 7 (see in	structions for e	exemption to enter or	1 line 15)	46,154	1/3
Order	<ol> <li>Less Amount for Exe</li> <li>TOTAL IN</li> </ol>	e 12 less line 13)	xemptions from line 4	l above	and n	nultiply by <u>\$600</u>		\$ 2,400 43,754	00
or Mone	8. a. Tax withheld by b. Payments and c	CREDITS y employer — from line 6 a redits on 1975 Declaration	bove — ATTACH Form	s DW-2 or W-2		· · · · · · · · · · · · · · · · · · ·		\$ 33°	· I. · · · · · · · · · ·
Check		explain in attached statem Add Lines 18a, b, and c							, 200
	21. Check box if you v 22. If your tax (line 17)	JND ine 19) are larger than your wish overpayment on line 2 ) is larger than your paymen tible to: "TREASURER, CITY C	20 to be: (A) 🔲 Cre nts (line 19) enter am	dited on 1976 Estima ount of BALANC	ited Tax <u>or</u> (B) E DUE Pay	Refunded.  y in full with this re	turn•	•	3
SIGN	I declare that I had complete. If prepar	ve examined this return (inc red by a person other than	luding accompanying taxpayer, his declar	schedules and statem ation is based on all	ents) and to the	ne best≤of my knowle which he has any k	dge and l nowledge.		
HERI NW 883	SIGN HERE V	(Taxpayer's 35igनिबधुकार्त्वीकीक) (If joint			CODDON	ture of preparer other L. HOLLANDE D PUBLIC ACCOUN	0 0	ayer) (Da	te)

NW 88326 DocId:32245535 Page 216 ST TEN MILE ROAD

# SCITEDULE F = SHAREHOLDERS SHARE OF INCOME AND CREDITS (if additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares	(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)
(a) . EMRY RUBY	\$288.00°	7,500	46 840,04
(b) ESTATE OF GEORGE MARCH	5 2. 60600	7,500	46,840.04
(c)		01	
(d)			E (4)
(e)		*	14
(f)			
(g)	5		
(h)		5 (1)	
(i)		4	i i
(j)	4		

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 34 or on page 2, schedule 2, line 43) difference between column 4 and column 5 (See instructions)	(7) Enter here and on form MI-1040, page 1, line 22 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (See instructions)	(8) Enter here and on form M1-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)
(a) 46.540.04			
(a) 46,840.04 (b) 46,840.05	* .		
(c)			
(d)			
(e)	*1	10	
(f)	<i>i</i>		
(g)			
(h)			
(i)			
(j)-			

# MICHIGAN INDIVIDUAL INCOME TAX RETURN

	for 1975, or taxable year beginning	, :	975, ending		., 19	
▼ .	First name and initial (if joint return, use first names and initials of both)	Last name			Your social secu	rity number
	Earl R. and Marge	Ruby			2000	
	Home address (number and street or rural route)				Your occupation	
	18135 Livernois			,	Sales	
8	City, town or post office, and State		ZIP co	de	Spouse's social	security no
_			48221		1	
5	Detroit, Michigan				Spouse's occupa	ition .
<u>.</u> E	Residency Status during tax year:	Part-year resident, t	rom t	0		
ᇙ.	X Resident Non-resident	1. Exemptions:	10111			
Please Print or	O Filing Status:	(a) Enter her	e the number of exe	motions claimed o	n vour	
-	A Single	1 ' '	come tax return			4
	B Married, filing jointly		cemption for paraple			
	C Married, filing separately (see instructions, page 2)	(b) Special e	KEMPTIONS, add line	es 1(a) and 1(b)	or Unstruction	<b>4</b> 4
•	Name of Spouse	(C) TOTAL L				
_	2. STATE Do you wish to designate \$2.00 of	your taxes for this fur		اليط دع	will not incre	k the 'YES' boxes ase your tax or
	CAMPAIGN FUND If joint return, does your spouse wi			ES 🛛 NO red	tuce your retur	nd.
-				aral Form 1040		
•	3. Adjusted gross income as defined in the Internal Revenue C	ode and which should that indicate a loss or de	duction	erai rumi 1040,	O 178	,036/8
بة	3. Adjusted gross income as defined in the Internal Revenue C line 15, or 1040 A, line 12 from gross income. (See page 5 of the	instructions)			<u> </u>	· ·
품	4. Additions to adjusted gross income, (from page 2, line 35).			<i></i> .	1.5/	3, 036 18
State Copy of Form W-2 Here	5. Total, add lines 3 and 4			<b>.</b>	J	*
E	6. Subtractions from adjusted gross income, (from page 2, line	e 44)			7 /7	6, 036 18.
چ	7. Subtract line 6 from line 5				/ . <del></del>	6,00000
ō	8. Residents multiply exemptions claimed on line 1 by \$1,500.	.00 (part-year and not	resident allowance i	rom line 40)	<u> </u>	2,036 18
ò	9. Income subject to tax (subtract line 8 from line 7)				J	7,517,98
و د	10. Tax: multiply line 9 by 4.37% (.0437)				10.	<del></del>
Sta	CREDITS (See instructions - pa	ages 7-10) AMOUN	PAID	CREDIT		
Attach	11. Income tax paid to Michigan cities	····· 💆 ———	11a. —		-	
Atta	12 Contributions to Michigan colleges & universities (attach red	ceidis). W	1 Za. —		•	
•	12 Income toward to another state (attach conv. of refurn)	1.5			. 14	20/09
	14 Takal and the Andel Lines 11a 12a and 13a) enter total here				14	149789
	15 Income tax subtract line 14 from line 10 (if line 14 is great	ter than line 10, enter	NUNE )		•	
	16. Credits from any MI-1040 CR form. (see page 9 of instruction	ons)	15 —		•	
	Do not complete lines 17 thru 21 if you have claimed a cre	edit on line 16.	1			
	17 Household income from line 56					
	18. Enter 1975 homestead property tax or amount from line 59	) 📵 ـــــ				
_	19 Tax not eligible for credit, enter 3.5% (.035) of line 17	19				
•	20. Subtract line 19 from line 18, if line 19 is greater, enter 'No	ONE'   20.  ———		1		
Hory	21. Property tax credit, 60% (.60) of line 20, (\$500.00 maximu	nw)	21. <u>—</u>		-	
1	22. Personal property tax paid on inventory. @	X 39% (.39)	22		-	
Money Order Here	PAYMENTS		•	2,157 50		
2	23. Michigan tax withheld (attach State copy of W-2)		🙆 🗕	4,000 00	-	
Š	24. Michigan estimated tax payments			-110	-	
à	5 25, 1974 overpayment credited to 1975				- 26	6,15750
1004	5 26 Add lines 16 22 23 24 and 25 for lines 21, 22, 23, 24.	and 25		PAY ▶		1,340 39
ξ	3 27 If line 26 is less than line 15, enter BALANCE OF TAX DUI	E HERE			. 🕶	
400	28 If line 26 is greater than line 15, enter AMOUNT OVERPAIL	D			. 20	
ŧ	29 Amount of line 28 to be REFUNDED TO YOU			WEI OND P		nt (line 28) is to be
4	and a security and the beautiful to 1076 estimated tax	📵 ـ		refunded (	line 29), make i	no entry on line 30.
_					FFICE USE	
	his return is due April 15, 1976 or on the 15th day of the fourth noder penalties of perjury. I declare that I have examined this return.					
	nder penalties of perjury. I declare that I have examined this foldant latements, and to the best of my knowledge and belief it is true, corre ther than the taxpayer, his declaration is based on all information of w	Ct and Complete. " pro	Da. 00 0, m p 1			
٥	ther than the taxpayer, his declaration is based on all information of w		l.			
	<b></b>	Data.	Signature of nre	parer other than taxos		Date
	Sign Your signature	Date	GORDON"L."H	ollander,	P.C.	
	Here	f cely one had income)	CERTIFIED PUE	ILIC ACÇQUATAI	<b>₹</b> ₹	
IVA	ggane risensay sama prepiditing logity, 80TH must sign even	ii only one nad income)	10676 WEST	TEN MILE DA	240	

		• • • • • • • • • • • • • • • • • • •						
		CITY OF DETROIT INC	OME T	'AX S				
	(	CITY OF INDIVIDUAL RETURN - NO			131/5			33)
	D	ETROIT or other taxable year beginning	. 1975. endi	ing _				53
		or other taxable year beginning		Your Socia	I Security Number	-	EXTENSION NUMB	E 6
	-   '	Earl R. and Marge Ruby	•					$\odot$
			le of both)		r Occupation		you are an EMPL	
PLEAS		(If joint return of husband and wife, use first names and middle inition (In Address (Number and Street or Rural Route)	13 01 50111)	Sales			er your federal EMPL ntification No. here:	ο ü
OR	Ι.			Spouse's So	cial Security Number	<u> </u>		_
TYPE		18135 Livernois  City, Town or Post Office State Posta	Zip Code	Same	e's Occupation	iP	FP APP.	- uo
	1	,	221	Spous	e s Occupation	1 "	OA.	- 0
		Detroit, Michigan 48	22 <u>1</u>	<u> </u>	·	<del>}</del>		- t
		and a second sec		./. G		1	•	H.
A.	If	married, is spouse filing a separate return? 🗌 YES 💢 NO. If y	es, enier spouse	s s mar name	·····			CO CO
						1		
В.		er the name and address used on your return for 1974 (If the same as oved.) If none filed, give reason. Same	above write "	Same". If diff	rerent, indicate date			- E
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Audite	or	
				Regular	65 or over	Blic	nd Enter	Λđ
\$	СН	EDULE A — EXEMPTIONS 1. YOURSELF					exemptions checked	COI
$\triangleright$		SPOUSE		X			) checked	a)
6)	2.	Enter first names of each of your DEPENDENT CHILDREN who lived with you	J:				Enter do.	200
Here		Denise, Joyce						- H
2 F	-	NAME Enter figure 1 in the last column to		. Re	lationship		s lived in	efe
or W-2	3.	OTHER right for each name listed			•	•	1975	— 8 8
5		DEPENDENTS					**	<del>-</del> ,
ņ								<del> </del>
DW-2	4.	Total exemptions from lines 1, 2 and 3; enter here and on line 15 below.						<u> 4</u>
E 1	NC	OME (If joint return, include all income of both husband and wife)			,			٠.
Form	5.	Enter GROSS income from employers for wages, salaries, commissions, tips,	etc. — indicate ('	W) for wife			,,	
<u>u</u>		The second of the second secon	1	ges reported	Detroit Income	Tax	WAGES, ETC. EA	
۲ o		Employer's Name Where employed (City and State).  COSO CLEANERS, INC. DET, MICH.	\$ 70,	-2 or W-2	Withheld スペラ	ba	35,000	
ď		COSO CCENVERS, INC. DET, THIER.	··· \ \$	500 00	1,0		8,250	
Attach Copy		**************************************	7/	500 00	33 9	-	43,250	
访	6.	TOTALS					390	
Ě		Rental income (or loss) from tangible property in the City of Detroit — from					2,508	
入	8.	Other income (or loss) from partnerships, etc. — from page 2, Schedule F.						
	9.	Gain (or loss) from sale or exchange of tangible property in the City of						-
	10.	Net profit (or loss) from business — from page 3, Schedule C, line 8						4
$\Diamond$	11.	Income (or loss) - TRUSTS AND ESTATES ONLY - from page 4, Schedule (	3, line 7 (see in	istructions for (	exemption to enter or	line 15)	46,154	1/3
ø	12.	Total (add lines 6 through 11 of last column)					***************************************	.l
Check or Money Order Here	13.						46.154	1/3
-	14.	Total (line 12 less line 13)	ت					
Ē							43,754	
0	16.	TOTAL INCOME SUBJECT TO TAX					218	
le .		CITY OF DETROIT TAX: Multiply line 16 by .005 (½%)			<u></u>	•	\$	<del></del>
€ 1		MENTS AND CREDITS					3 39	ده
7	18.	a. Tax withheld by employer — from line 6 above — ATTACH Forms DW	-2 or W-2				\$	
×	,	b. Payments and credits on 1975 Declaration of Estimated Detroit Incom	e Tax			•		i
ě		c. Other Credits — explain in attached statement (See Instructions)					, 330	100
ס	19.	TOTAL — Add Lines 19a, b, and c					\$	1
Attach	ΑX	C DUE OR REFUND			_		. 120	in 3
Ĭ	20.	If your payments (line 19) are larger than your tax (line 17), enter amount	nt of OVER	PAYMEN'		•	\$	
	21.	Check box if you wish overpayment on line 20 to be: (A) Credited	on 1976 Estima	ited Tax <u>or</u> (B)	Refunded.			;
$\bigcirc$	22.	If your tax (line 17) is larger than your payments (line 19) enter amount of					\$	
	_	Make check payable to: "TREASURER, CITY OF DETROIT." A balance du					bellef is to some one	
۔ غہ		I declare that I have examined this return (including accompanying sched complete. If prepared by a person other than taxpayer, his declaration	ules and statem is based on all	ents) and to the information of	ne best of my knowle which he has any k	age and nowledge	Deliet if is true, coi	rect an
SIG	N	<b>X</b>						
HER	F	SIGN HERE (Taxpayer's signature and date)		(Signa	ture of preparer other	than taxp	ayer) (Dai	•)
	_	SIGN HERE D		GORDON	L HOLLANDE	R. P.C.	· h	
		(Spouse's signature and date) (If joint return, BOTH HUSBAND AN	WIFE MUST SI	GN) CERTIFIE	D PUBLIC ACCOUN	TANT'		
N 88	326	Docld:32245535: Page 218 epartment, Treasury Division	1, 104 City-C	C0186753W	BB.TEN'MILE	IROAD	48226	<b>~</b> 7

_
7
7
•
, 5
_
-
ESCA
_
S
П
:
П
0
·H
ú
7
ž
a
Collection
ч
0
Ũ
V
7
144
Ë
JFK
Copy, JE
, 7000
, 7000
, 7000
, 7000
, 7000
, 7000
, 7000
, 7000
, 7000
, 7000

4. Estim 5. LESS:	nated tax (line 3 : Total estimat Michigan hor	times .046 or 4.6%) d tax credit for Michigan City in nestead property taxes and contribute 4. Enter here and on line 1	ncome taxes, personal ributions to Michigan	property tax on it	nventories, ersities		:	
MIC	HIGAIN	MICHIGAN DECLARAT					MICHIGAN	FORM MI-1040-E
	First name and	nitial (if joint declaration, use name	es and initials of both)		Last name		Your social se	curity number
								security number
Please print	Address (numbe	and street)		·.			Spoose's social	security number
or type !	City, State, and	71P code	4.				<del> </del>	I
2	City, State, and	217 6000						
due to 5. If you credit	to be filed on: u had an overp t against your l	April 15, 1976, enter 1/4  June 15, 1976, enter 1/3  Syment on your 1975 income tax  976 estimated tax, enter the am	of line 3; 🔲 Jan. x return which you el	15, 1977, enter an ected to have appli	nount on line 3 ied as a			
7. Amou 8. Note: quart 1 have Signatu	it evenly to each unt to be paid to The payment terly estimates. examined this	payment credit to this installment installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best point estimate, both husband MICHIGAN DECLARA For calendar year 1976 or fill	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayment of my knowledge it and wife must sign	the next, enter her enter results here  in credit) with this is correct.	e the amount on services return eliminate	es the filing of	-1976	19
7. Amou 8. Note: quart I have Signatu	it evenly to each unit to be paid of the payment terly estimates.  examined this une(s)	payment credit to this installment installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best of installment in the stimate, both husband MICHIGAN DECLARA	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayment of my knowledge it and wife must sign	the next, enter her enter results here  is correct.	the amount on street return eliminate D. TAX FOR IN	ateIDIVIDUALS-	- 1976 MICHIGAN of Treasury	FORM MI-1040-E
7. Amou 8. Note: quart I have Signatu	it evenly to each unit to be paid it.  The payment terly estimates.  examined this ure(s)	payment credit to this installment installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best point estimate, both husband MICHIGAN DECLARA For calendar year 1976 or fill initial (if joint declaration, use name	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it and wife must sign TION OF ESTIMATION OF ESTIM	the next, enter her enter results here  is correct.	e the amount on services return eliminate	ateIDIVIDUALS-	- 1976 MICHIGAN of Treasury	19
redit 7. Amou 8. Note: quart 1 have Signatu MIC	it evenly to each unit to be paid it.  The payment terly estimates.  examined this ure(s)	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number with this declaration at time of file of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best of installment of the best of the declaration and to the best of the declaration and to the best of the declaration and to the best of the declaration and the best of the declaration and the best of the declaration and the declaration, use name the declaration and the declaration and the declaration and the declaration are named.	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it and wife must sign TION OF ESTIMATION OF ESTIM	the next, enter her enter results here  is correct.	the amount on street return eliminate D. TAX FOR IN	ateIDIVIDUALS-	- 1976 MICHIGAN of Treasury	FORM MI-1040-E
7. Amou 8. Note: quart I have Signatu	it evenly to each unit to be paid to the payment terly estimates.  examined this ure(s)	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number with this declaration at time of file of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best of installment of the best of the declaration and to the best of the declaration and to the best of the declaration and to the best of the declaration and the best of the declaration and the best of the declaration and the declaration, use name the declaration and the declaration and the declaration and the declaration are named.	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it and wife must sign TION OF ESTIMATION OF ESTIM	the next, enter her enter results here  is correct.	the amount on street return eliminate D. TAX FOR IN	ateIDIVIDUALS-	- 1976 MICHIGAN of Treasury	FORM MI-1040-E
7. Amou 8. Note: quart 1 have Signatu	t evenly to each unit to be paid to the payment terly estimates.  examined this ure(s)	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number installment and time of fill of the estimated tax (line 3 less Enter lump sum payment here is declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and the best of the declaration and the best of the declaration and the best of the declaration, use name to and the declaration, use name to and the declaration and the best of the declaration and the best of the declaration and the best of the declaration and the best of the declaration and the best of the declaration and the best of the be	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it is and wife must sign TION OF ESTIMATION OF ES	the next, enter her enter results here  is correct.	the amount on street return eliminate D. TAX FOR IN	ateIDIVIDUALS-	- 1976 MICHIGAN of Treasury	FORM MI-1040-E
redit 7. Amou 8. Note: quart 1 have Signatu MIC	t evenly to each unit to be paid to the payment terly estimates. examined this une(s)	payment credit to this installment installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here declaration and to the best of joint estimate, both husband MICHIGAN DECLARA  For calendar year 1976 or fill initial (if joint declaration, use name and Marge or and street)  Livernois  ZIP code  Lt, Michigan 482	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it if and wife must sign and wife must sign iscal year ending	the next, enter her enter results here (5) ent credit) with this is correct.  ATED INCOME	e the amount on s return eliminate  District TAX FOR IN	s the filing of ate	1976 MICHIGAN of Treasury  Your social se	FORM MI-1040-E
redit 7. Amou 8. Note: quart 1 have Signatu MIC Please print or type 1. Your 1	t evenly to each unt to be paid to the payment terly estimates. examined this ure(s)	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number installment at time of fill of the estimated tax (line 3 less Enter lump sum payment here indeclaration and to the best of declaration and to the best of joint estimate, both husband michigan particles and michigan declaration, use name and street)  Livernois  ZIP code  Lt, Michigan 482  976 income tax	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments of my knowledge it if and wife must sign and wife must sign iscal year ending	the next, enter her enter results here (5) ent credit) with this is correct.  ATED INCOME	e the amount on s return eliminate  District TAX FOR IN	s the filing of ate	- 1976 MICHIGAN of Treasury  Your social se	FORM MI-1040-E
Please print or type  1. Your 2. Estin 3. ESTI 4. CON	tevenly to each unit to be paid in the payment terly estimates.  examined this une(s)	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number installment at time of fill of the estimated tax (line 3 less Enter lump sum payment here is declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and michigan point estimate, both husband MICHIGAN DECLARA  For calendar year 1976 or fill initial (if joint declaration, use name and Marge and Marge and Marge and Marge and Marge and Street)  Livernois  ZIP code  Lt, Michigan 482  976 income tax tax withheld and to be withheld line 1 less line 2). (If less than INSTALLMENT. Check proper	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments and wife must sign TION OF ESTIMATION	the next, enter her enter results here in the correct.  ATED INCOME  Ruby  of 1976 on is required) er amount indicate	e the amount on s return eliminate  D.  TAX FOR IN  19  Last name	is the filing of ate	Your social se Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estir 3. ESTI 4. CON lf th	First name and Earl I Address (numbin 18135) City, State, and Detro: r estimate of mated income IMATED TAX (MPUTATION Of nis declaration in the paid i	payment credit to this installment installment, divide it by number installment, divide it by number installment, divide it by number installment, divide it by number it installment, divide it by number it installment and to the sest of the calculation and to the best of the control of the calculation and to the best of the calculation and to the best of the calculation and the calculation and the calculation and the calculation, use name to the calculation and	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments and wife must sign TION OF ESTIMATION	the next, enter her enter results here (5)	TAX FOR IN	s the filing of ate	Your social se Spouse's social	FORM MI-1040-E
Please print or type  1. Your 2. Estir 3. EST 4. CON If the due 5. If your credit or type 5. If you credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If your credit or type 5. If you credit or type 5. If	r estimate of mated income IMATED TAX (MPUTATION On to be filed on ou had an ove dit against you	payment credit to this installment installment, divide it by number installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here is declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and michigan point estimate, both husband MICHIGAN DECLARA  For calendar year 1976 or fill initial (if joint declaration, use name and Marge or and street)  Livernois  ZIP code  Lt, Michigan 482  976 income tax tax withheld and to be withheld line 1 less line 2). (If less than INSTALLMENT, Check proper is April 15, 1976, enter payment on your 1975 income tax, enter the stream of the stimated tax, enter the	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments and wife must sign to the first and wife must sign to the first and wife must sign to the first and initials of both)  221  d during entire year in \$100, no declaration box below and enter the first and line 3;   1/3 of line 3;   e tax return which year amount here	the next, enter her enter results here (5) ent credit) with this is correct.  ATED INCOME  Ruby  of 1976 on is required) er amount indicate (September 15, 19 Jan. 15, 1977, en ou elected to have	e the amount on some return eliminate.  D. TAX FOR IN	sthe filing of ate	Your social sessions social se	FORM MI-1040-E
Please print or type  1. Your 2. Estin 3. ESTI 4. CON If the due 5. If your cred 6. To a spread or spread	First name and Earl I Address (numb 18135 City, State, and Detro: r estimate of mated income IMATED TAX (MPUTATION Or is declaration to be filed on ou had an ove ead credit everence in the content of t	payment credit to this installment installment, divide it by number installment, divide it by number with this declaration at time of fill of the estimated tax (line 3 less Enter lump sum payment here is declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to the best of declaration and to declaration, use name in the declaration and declaration, use name in the declaration and declaration are declaration and street.  Livernois  ZIP code  Lt, Michigan 482  976 income tax tax withheld and to be withheld line 1 less line 2). (If less than INSTALLMENT. Check proper is April 15, 1976, enter payment on your 1975 income tax payment on your 1975 in	nt and any excess to er of installments and ling (line 4 less line 6 any 1975 overpayments and wife must sign TION OF ESTIMAL is and wife must sign scal year ending estand initials of both)  221  d during entire year in \$100, no declaration box below and enter 1/4 of line 3; in example amount here iment and any excessit by number of installing installing in the same of the same in the sa	the next, enter her enter results here (5)	e the amount on service and service amount on e applied as a service the amount on results here.	sthe filing of ate	Your social se Spouse's social s	FORM MI-1040-E

Revenue	e Division	THIS NUMB	BER WHEN	SUBMITTIN	NG PAYMENT	OR IN	COR	RESPO	NE	Εl
	S TAX RETURN			٠.					, ,	1
Calendar Year 1	.9								,	7
OR FISCAL YEAR Beginning	19			-DO NOT WRITE	ABOVE THIS LINE -				5	ງ ເ
Ending	10 .							0 5		ď
Individual	RUBY EA	RL & MAR				0	4 6	8 5	, <b>5</b> (	SC.
Partnership		IVERNOIS	AVE							III
Michigan Corporation	Check DETROIT	ΜŢ		482	21					
Foreign Corporation	One					POST	ED.	FII	LED	on
Fiduciary	1					¥ II	THIS	RETURN I	S FO	cti -
	• • •					•	ESTAT	E GIVE P		e
MONTH DAY YEA		007	58	11	75 18					<u>بر</u> -
		<del></del>		<del></del>	<del></del>					ပိ -
RETROACTIVE DATE	ACCOUNT NO.	TYPE CO	OUNTY CITY	-к с	FILE DATE	Date of				X
Line Computation o	f Tax Due				AMO	UNT	Line No.		TA:	, J
										2
1. Accounts and Notes Received	vable (non-income producing only)	· · · · · · · · · · · · · · · · · · ·		· · · · · ·			·			55
2. Less Accounts and Notes P							<b></b>   2.		T	ŭ -
3. Balance Taxable @ 1/10th	of 1%				<del>-    </del>		<b>3</b> .	1		e -
	vable (income producing only)				<del>                                     </del>		4.	١ ١	-	. a
	Payable (use only that portion, if any, not						<b>-</b> → 5.			er
6. Balance Taxable			· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>		<b>⊢</b> °			e F
7. Income applicable to balan									T	×-
	Line 7) or 1/10 of 1% of Balance (Line 6), w						→ 8.	2	75	3
	Schedule A, Column 9						10.		12-	T
	tracts · · · · · Schedule B, Column B						10.		1	+
11. Annuities Schedule	C, Column 9						12.			$\top$
13.	TOTAL						13.	2	952	18
14.	Less Statutory deduction (\$175.00 or \$350.	•		,	,		14		350	ی د
15.	BALANCE DUE	•		_			15.	7	-02	ક્રે દ
	it as of retroactive date (include cash in sa						16.			
	ocated Outside of Michigan	,	drawn from Mich	h. ]			17.			
	Loan Ass'ns. Located Outside of Michigan.	Banks	or Ass'ns. after DACTIVE DATE.		į		18.			
19. TOTAL				<u>, , , , , , , , , , , , , , , , , , , </u>			19.			
20. TAX @ 40¢ per \$1000.00	J of Line 19						20.			
21.	TOTAL TAX DUE (Line 15 plus Line 20)						21.		60-	7 %.
22.	Less Advance Payment of Tax	<u> </u>					22.	·		
23.	TOTAL TAX DUE						23.	2	602	<u> </u>
24.	Penalties & Interest; Penalty	%, \$	; Interest	%	_Months, \$		24.	<u>.</u>		
25.	TOTAL AMOUNT DUE				·		25.	<u>_</u>	603	r 8.
MAKE REMITTANCE	PAYABLE TO STATE OF M			-	-				<u>.</u>	
	emittance for Amount S	_	A on or helore	a Andi 30					T	
-	ARTMENT OF TREASURY, L				ur months after e	and of muti	ortrad	fiecal s	l	
TO: MICHIGAN DEPA					-				7 6001	
	IMPORTANT—Be Sure to	Answer the	following (	_						
1. Business or Profession of	TaxpayerSALES	·			Pho	ne No	86	<u>3~ 0                                   </u>	400	
2. Give year of last return file	1674	teturn SA	ME		7					
	omputed on a Retroactive Date Method		or Monthly	v Average Me	thod."					
	on give State and Date of Incorporation			-						-
	Trustee attach list of names and addresses				·					
	n a copy of the Balance Sheet as of the clo									
	Imposed by Act No. 301 P. A. of 1939,	<del></del>			omnanying saladida	Land state	anta /l-	as Jaco	examine	d hu
	e imposed by Act No. 301 P. A. of 1939, dedge and belief is a frue, correct and con			incurity Numbe	9500	Section of the sectio	( The S			- UY
and the five total of the know				·	· ·					
	GORDON L. HOLLANDER	P.C	Signed -		······································					
Return Prepared by	CERTIFIFD PURLIC ACCOUNT	4 4 1 1 1 1	Signed -		1					
UM DOODS D. LLOSSITT	19675 WEST TEN MILE R	POAD								
1VV 8832600 Doctd:322455	JOSHAD MICHICAN A	10075	. Title	Cialabaibis	Individual Owner	#*=	Fire 1			

# SCHEDULE F - SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares	(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)
(a) . EARL RUBY		7,500	46 840.04
(b) . ESTATE OF GEORGE MARCH	5 4.60602	7500	46,840.04
(c)			
(d)			
(e)			
(f)			-
(g)			
(h)			
(i)			
(j)			

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 34 or on page 2, schedule 2, line 43) difference between column 4 and column 5 (See instructions)	(7) Enter here and on form M1-1040, page 1, line 22 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (See instructions)	(8) Enter here and on form MI-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)		
(a) 46,840.04					
(a) 46,840.04 (b) 46,840.05	·				
(c)					
(d)					
(e)		,	•		
(f)					
(g)					
(h)			·		
(i)					
(j)					

# SCHEDULE F — SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares	(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)
(a) EARL RUBY 4380 STONEY RIVER BIRM.MI		500	19,730.16
(b) ESTATE OF GEORGE MARG	os	500	19,730.15
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			0.

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 34 or on page 2, schedule 2, line 43) difference between column 4 and column 5 (See instructions)	(7) Enter here and on form MI-1040, page 1, line 22 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (See instructions)	(8) Enter here and on form M1-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)		
(a) 19,730.16		46.61			
(b) 19,730.15		46.61			
(c)					
(d)					
(e)					
(f)					
(ġ)					
(h)					
(i)					
(j)			-		

Reference copy, JFK Collection: BSCA (RG 233)

# Schedule of Partners or Shareholders— Partnership, Subchapter S Corp., Professional Corp. See instructions on reverse side

1 Name:				2	2 Account Number:				
Cobo-Rumar Sale	es, Inc.					38-1812	707		
BANDO SULIMARY				-					
<ul><li>3 Total Number of Partners or Sha</li><li>4 Total Number of Qualified Partne</li></ul>				on C-	8000, line	60a <b>4</b>			
CVARIATE OF QUALIFIED PARTNERS									
A NAME AND ADDRESS	B SOCIAL	C %	D SHAREHOLD	ER'S		PARTNER'S or S			
	SECURITY NO.	Time	SALARY		Own.	F Share of Bus. Inc.	G Share of SBT Paid		
Earl Ruby 4380 Stoney River; Birm.	500 a con 1 - 21 1 23 5	100%	18,000	00	100%	1 00	1 00		
						1 00	1 00		
		- %		00	- %	· · · · · · · · · · · · · · · · · · ·			
		%		00	%	00	. [00		
		%		00	%	00	00		
		%		00	%	00	00		
		%		00	%	1 00	00		
		%		1 00	%	1 00	1 00		
						` `			
		%		00	- %	00	00		
	·.	%		00	%	00	-   00-		
		%		00	%	00	00		
NON-QUALIFIED PART	NERS OR SHAREHO	LDERS.	If more space is	neede	d submit	separate schedule and	enter totals on line 7.		
				00	%	00	1 00		
		,		00	%	00	00		
			-	00	%	1 00	00		
				00		00	00		
				•	%	,			
		-		00	%	00	00		
				00	%	00	00		
	<u> </u>		·	00	%	00	00		
· · · · · · · · · · · · · · · · · · ·				00	%	-   00	.   00		
				00	%	00	.   00		
				00		00	00		
			<u>:</u>						
TOTALS (Part II and P.	art I(i)	7		00	% %	00	00		
88336 Nocld-32245535 Page 2	1373			·	,-				

	,		
Ĵ-		KÜC	

#### Solvedule of Partners or Shareholders— Partnership, Subchapter S Corp., Professional Corp. See instructions on reverse side

1976 🗆

1 Name:			2	Account	Number:	
. Cobo Cleaners	, Inc.				38-1806	6433
3 Total Number of Partners or Sha 4 Total Number of Qualified Partne  MARKETT QUALIFIED PARTNERS	rs or Shareholders from		enter here and on C-	8000, line	e 60a	
A NAME AND ADDRESS	B SOCIAL SECURITY NO.	C %	D SHAREHOLDER'S SALARY	E % Own.	PARTNER'S or S F Share of Bus. Inc.	HAREHOLDER'S <b>G</b> Share of SBT Paid
Earl Ruby 4380 Stoney River; Birm.		100%	144,600   00	100%	00	00
	•	%	00	%	1 00	00
		%	00	%	1 00	.   00
		%	00	%	00	1 00
		%	00	%	00	1 00
		%	00	%	1 00	00
		% %	00	%	00	00
		%	00	%	00	00
		%		%	00	00
அத் எடி NON-QUALIFIED PART	NERS OR SHAREHO	LDERS.	If more space is need	ed submi	t separate schedule an	d enter totals on line 7.
				%	00	1.00
			00	%	00	00
		· ,	00	. %	00	[ 00
			.   00		00	00
			00   00		00	. 00
			00		100	00
	. , ;		00		00	1 00
			00		00	00
		-	. 100	%	1 00	00
		·	1 00		00	.   00
TOTALS (Part II and F	art III)	7	00	%	00	1 00

733
Э Б
BSCA
Collection:
JFK
'Adoo
rence

	•
G-CCCOM $\equiv$	
	ė i

#### Schedule of Partners or Shareholders-Partnership, Subchapter S Corp., Professional Corp.

See instructions on reverse side

1976

2 Account Number: Name: 38-1806433 Cobo Cleaners, Inc. WATER - SUMMARY 3 Total Number of Partners or Shareholders..... Total Number of Qualified Partners or Shareholders from Part II—enter here and on C-8000, line 60a. MANUEL QUALIFIED PARTNERS OR SHAREHOLDERS PARTNER'S or SHAREHOLDER'S D SHAREHOLDER'S E % NAME AND ADDRESS B SOCIAL C % F Share of Bus. Inc. | G Share of SBT Paid Own. SALARY SECURITY NO. Time Earl Ruby 00 144,600 | 00 | 100% 100% 4380 Stoney River; Birm. 00 00 00 % 00 00 - % 00 00 ! 00 % 00 00 00 % 00, 00 00 ! 00 1 00 00 00 % % 00 00 00 % 00 NON-QUALIFIED PARTNERS OR SHAREHOLDERS. If more space is needed submit separate schedule and enter totals on line 7. 00 00 00 % 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 % 00 1 00 00 00 00 00 00 00 % 00 00 88326 Docid:32245535 Page 225 %

DADE 4 AL

	O. p.,	7	,
, D	7.00	01/	7
<b>U</b> -		1014	<u></u> i

#### Schedule of Partners or Shareholders— Partnership, Subchapter S Corp., Professional Corp. See instructions on reverse side

1976

1 Name: Cobo Cleaners	. Inc.		2	Account	Number: 38-1806	5433
SUMMIARY	,					St. III
3 Total Number of Partners or Sha 4 Total Number of Qualified Partne	reholders rs or Shareholders fror	n Part II–	enter here and on C-	8000, line	e 60a 4	
QUALIFIED PARTNERS						
A NAME AND ADDRESS	B SOCIAL SECURITY NO.	C % Time	D SHAREHOLDER'S SALARY	E % Own.	PARTNER'S or S F Share of Bus. Inc.	HAREHOLDER'S  G Share of SBT Paid
Earl Ruby 4380 Stoney River; Birm.	<b>38</b> A 2003	100%	144,600   00	100%	1 00	1 00-
	•	%	00	%	[ 00	00
		%	00	- %	00	00
		%	00	%	00	00
		%	-00	%	1 00	. 100
		- %	00	%	.   00	00-
		%	- 00	- %	00	00
		. %	00	%	00	00
		%	. 00	%	.   00	00
	3.2	%	00	%	00	.   00
MANAGE HIT NON-QUALIFIED PART	NERS OR SHAREHO		If more space is neede		t separate schedule and	d enter totals on line 7.
4			. [ 00	%	1 00	.   00
			.   00	%	1 00	00
,			00	%	00	00
			00	%	1 00	00
-			00	- %	00	00
			00	%	00	1 00
			. 100	%		100
		72 72	00	10	00	00
		*/_	00	%	T- 4	00
		<del>2</del>	00			100
	2 18 2	**				00
W 88 356 DOTATAS A 6844 I LAINE		. 7	00	%		00

Department of Treasury

7	First name and initial (if joint return, use first names and initials of both) Last na		Your social security number
000	EARL AND MARGE /	? U BY	Total Security number
or Type	Home address (number and street or rural route)	7 - 7,5 7	Your occupation
Ē	ICLISE LIVERNOIS		SALES
ت	City, town or post office, and State	ZIP code	Spouse's social security no.
Please Print	DETROIT, MICHIGAN	4822:	
۵-	1, Exe	mptions-Enter here total number of exemptions 1973 Federal income tax return	1 - 1
2	Filing status - check one. Married Filing Jointly	Resident (full year)	
•	☐ Married Filing Separately - Name of Spouse		to
	Give spouse's social security no. in space provided	Nonresident	
re.	<ol> <li>Adjusted gross income as defined in the Internal Revenue Code and white Line 15 or 1040A, Line 12 from gross income. (See page 5 of the instructions).</li> </ol>	ch should be reported on Federal Form 1040,	n 128: 433107
2 Hg	Additions (from page 2 line 36)		0 7.84, 535 07 0 2.024 97
Form W-2 Here	4. Additions (from page 2, line 36)	• • • • • • • • • • • • • • • • • • • •	5 125 7: 105.
orm	6. Subtractions (from page 2, line 44).		<b>3</b>
of F	7. Balance line(5 less line 6)		7 130,708 02
opy	3. Residents multiply exemptions claimed on line 1 by \$1200.00	· · · · · · · · · · · · · · · · · · ·	
20	Part-year and nonresident allowance from line 48		. <u>13,500,00</u> .
► Attach State Copy	9. Income subject to tax (line 7 less line 8)		9 127, 108 02
ach	10. Tax: multiply line 9 by .039 (3.9%)	_	.10. <u>4:987 = 1</u>
¥	CREDITS	AMOUNT PAID CREDIT	į.*
*	· · · · · · · · · · · · · · · · · · ·	(See pages 8, 9, and 10 of the instructions)	•
	12. Contributions to Michigan colleges and universities (attach receipts).		
	13. Income tax paid to another state (attach copy of return)	- Ba	
	14. Total credits (add lines 11a, 12a, and 13a,) enter total here		14. 27 44
	15. Subtract line 14 from line 10 (If line 14 is greater than line 10, enter NON		· 15. 4.029 77
	Homestead property tax relief - lines 16 thru 20 - senior citizens, veterans and blind persons		
•	16. Enter 1973 homestead property tax or line 51		
Here	17. Household Income from line 58:		
Order Here	19. Difference between line 16 and line 18 (If line 18 is greater		
õ	than line 16, enter NONE)		
опе	20. Enter 60% of line 19 (Maximum \$500.00)		
0r 🖫	21. Credit from MI-1040CR (attach form MI-1040CR)	<u>.</u>	
	22. Personal property tax paid on inventory		
Š	23. Inventory tax credit — 25% of line 22	23.	•
Attach Check	PAYMENTS  24. Michigan tax withheld (attach State copy of W-2)	@ 22(L)20	
¥	25. Michigan estimated tax payments		
_	26. 1972 overpayment credited to 1973	25	
	27. Add line 20 or 21 to lines 23, 24, 25, and 26		27 2.961 = 0
	28. If line 27 is less than line 15, enter BALANCE OF TAX DUE HERE PAY	IN FULL WITH RETURN	<u> 20 7.일도리하기</u>
	29. If line 27 is greater than line 15, enter OVERPAYMENT HERE		29
	30. Amount of line 29 you wish to apply to your estimated tax payments		<b>9</b>
_	31. Amount to be REFUNDED (subtract line 30 from line 29)		<u> </u>
	This return is due April 15, 1974 or on the 15th day of the fourth month after	er the close of your tax year.	
	Under penalties of perjury, I declare that I have examined this return, including a is true, correct and complete. If prepared by a person other than taxpayer, his d	accompanying schedules and statements, and to the best eclaration is based on all information of which he has any	of my knowledge and belief it knowledge.
	- > ·		
	Sign Your signature Date	Signature of preparer other than taxpayer	Date
	Here Spouse's signature (if filing jointly, BOTH must sign even if only one had in	GORDON I MOLLANDED	
	Make checks payable to "State of Michigan." Mail return and payment		T.U. <del>M</del> sing Michigan 62904
	and paymon	17350 TEN MILE ROAD	
LIVA	V 00206 Doold 22245525 Dogg 227	SOUTHERED MICHIGAN AS	P895   Oto

4. ESHI			.9%)					
			Micnigan City income tax	es, personal propert				
	Michigan ho	mestead property	taxes and contributions	io Michigan colleges	and universities			
6. Sub	tract line 5 from	line 4. Enter he	re and on line 1 below					
. ===	<del></del>							
 	hugan.		I DECLARATION O					FORM MI-1040-E
THE ENGAT LARE STATE	, ,	For calendar y	ear 1974 or fiscal year e	ending		_ STATE OF M Department of	Treasury	MI-1040 .
		initial (if joint dec	aration, use names and initia	als of both)	Last name		Your social se	ecurity number
Please	Address (numbe	r and street)	:				Spouse's social	security numbe
print or type					1	h		
	City, State, and	ZIP code				<u></u>		
						٠.	-	
: You	r estimate of 19	74 income tax-						
			be withheld during entire					
			(If less than \$100, no de					
			heck proper box below an					
			1974, enter 1/4 of line 3;			3)		
		<	1974, enter 1/4 of line 3;	-		>		•
		•	1973 income tax return w			′		
_		-		-				
0 0 2				evess to the next		line 5. To soread		
0.  0 a	pply entire over	payment credit to	this installment and any	excess to the next,	enter here the amount on	line 5. To spread		
cred	pply entire over it evenly to eac	payment credit to h installment, div	o this installment and any ide it by number of install	excess to the next, ments and enter res	enter here the amount on ults here	. , ,		······································
cred 7. Amo	pply entire over it evenly to eac ount to be paid t	payment credit to h installment, div with this declarati	o this installment and any ide it by number of install on at time of filing (line 4	excess to the next, ments and enter res less line 6)	enter here the amount on uits here	. , ,		
cred 7. Amo 3. Note	pply entire over it evenly to eac ount to be paid to the payment	payment credit to h installment, div with this declarati of the estimated	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973	excess to the next, ments and enter res less line 6) overpayment credit)	enter here the amount on uits here	es the filing of		
7. Amo 3. Note quar	pply entire over it evenly to eac ount to be paid v e: The payment terly estimates.	payment credit to h installment, div with this declarati of the estimated Enter lump sum	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit)	enter here the amount on uits here	es the filing of		
7. Amo 3. Note quar 1 have	pply entire over it evenly to each ount to be paid to The payment terly estimates. examined this	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correc	enter here the amount on uits here	es the filing of		
7. Amo 3. Note quar 1 have	ipply entire over it evenly to each bunt to be paid vor. The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct	enter here the amount on uits here	es the filing of		
7. Amo 3. Note quar 1 have	ipply entire over it evenly to each bunt to be paid vor. The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration and joint estimate,	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign	enter here the amount on uits here	es the filing of		
7. Amo 3. Note quar 1 have Signat	it evenly to each out to be paid to examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration and joint estimate,	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign	enter here the amount on uits here	es the filing of		, 19
7. Amo 8. Note quar 1 have Signati	ipply entire over it evenly to each bunt to be paid vor. The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an joint estimate,	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here do to the best of my knoboth husband and wife	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign  F ESTIMATED IN	enter here the amount on uits here	as the filing of ate	1974	
7. Amo 8. Note quar 1 have Signat	pply entire over it evenly to each ount to be paid to The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an joint estimate,	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign  F ESTIMATED IN	enter here the amount on uits here	es the filing of	1974 ICHIGAN	, 19
7. Amo 3. Note quar i have Signat	pply entire over it evenly to each ount to be paid to the The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an joint estimate,	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here do to the best of my knoboth husband and wife	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign  F ESTIMATED IN	enter here the amount on uits here	as the filing of  ate	1974 ICHIGAN	, 19
7. Amo 3. Note quar i have Signati	pply entire over it evenly to each ount to be paid to the The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarate of the estimated Enter lump sum declaration an joint estimate, MICHIGAN	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment hered to the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year earation, use names and initial	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign F ESTIMATED IN	enter here the amount on uits here	as the filing of  ate	2974 ICHIGAN Treasury	, 19
7. Amo 3. Note quar i have Signati	pply entire over it evenly to each ount to be paid to the The payment terly estimates. examined this ure(s)	payment credit to h installment, div with this declarati of the estimated Enter lump sum declaration an joint estimate, MICHIGAN For calendar	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here do to the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year e	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign F ESTIMATED IN	enter here the amount on uits here  with this return eliminate  t.  DO  NCOME TAX FOR IN	as the filing of  ate	2974 ICHIGAN Treasury	FORM MI-1040-E
7. Amo 8. Note quar 1 have Signat	pply entire over it evenly to each ount to be paid to the payment terly estimates. examined this ure(s)  First name and Address (number	payment credit to installment, div with this declaration of the estimated Enter lump sum ideclaration and joint estimate,  MICHIGAN  For calendar initial (if joint declaration) and street)	this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign F ESTIMATED IN	enter here the amount on uits here	as the filing of  ate	ICHIGAN Treasury	FORM MI-1040-E
7. Amo 3. Note quar i have Signat	pply entire over it evenly to each ount to be paid to the payment terly estimates. examined this ure(s)  First name and Address (number)	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment hered to the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year earation, use names and initial	excess to the next, ments and enter res less line 6) overpayment credit) wledge it is correct must sign F ESTIMATED IN	enter here the amount on uits here	as the filing of  ate	ICHIGAN Treasury	FORM MI-1040-E
7. Amo 8. Note quar 1 have Signat	pply entire over it evenly to each ount to be paid to the payment terly estimates. examined this ure(s)  First name and Address (number (Sty, State, and	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.	this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here  d to the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year earation, use names and initial marks of the payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN Inding	enter here the amount on uits here  with this return eliminate  t.  NCOME TAX FOR IN  19  Last name	as the filing of  ate	ICHIGAN Treasury	FORM MI-1040-E
7. Amo 8. Note quar 1 have Signat	pply entire over it evenly to each ount to be paid to the payment terly estimates. examined this ure(s)  First name and Address (number (Sty, State, and	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.	this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN Inding	enter here the amount on uits here	as the filing of  ate	ICHIGAN Treasury	FORM MI-1040-E
7. Amo 8. Note quar 1 have Signat 1 have Please print or type	pply entire over it evenly to each unit to be paid with the payment terrly estimates. examined this ure(s)	payment credit to installment, div with this declaration of the estimated Enter lump sum ideclaration and joint estimate,  MICHIGAN  For calendar  initial (if joint declaration) in the street of the estimate of the estimate, and the street of the estimate of the estimat	this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here  d to the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year earation, use names and initial marks of the payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN anding	enter here the amount on uits here  with this return eliminate  t.  NCOME TAX FOR IN  19  Last name	ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
7. Amo 7. Amo 8. Note quar 1 have Signati MIC 1 transfer or type 1. You	pply entire over it evenly to each unit to be paid to the paid to the paid to the paid to the paid to the paid to the payment terly estimates.  examined this une(s)  If  First name and  Address (number 1873  City, State, and	payment credit to installment, div with this declaration of the estimated Enter lump sum ideclaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  r and street)  ZIP code.  974 income tax	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here  d to the best of my knoboth husband and wife I DECLARATION Of year 1974 or fiscal year earation, use names and initial MARGE  ANDISE	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN anding	enter here the amount on uits here.  with this return eliminate to the control of	ateIDIVIDUALS— STATE OF M Department of	CHIGAN Treasury  Your social se	FORM MI-1040-E
Piease print or type  1. You 2. Esti	pply entire over it evenly to each ount to be paid to the payment iterly estimates. examined this cure(s)	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.  774 income tax tax withheld and	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN anding mis of both)	enter here the amount on uits here  with this return eliminate  t.  Divide TAX FOR IN  19  Last name	ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please print or type  1. You 2. Esti 3. EST	pply entire over it evenly to each ount to be paid to examined this examined this ure(s).  First name and Address (number Addr	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration declaration)  r and street)  ZIP code.  974 income tax tax withheld and tine 1 less line 2	o this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here  d to the best of my knoboth husband and wife I DECLARATION Of year 1974 or fiscal year earation, use names and initial MARGE  ANDISE	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN anding the soft both) for the soft both of the soft both	enter here the amount on uits here  with this return eliminate  t.  NCOME TAX FOR IN  19  Last name  20 BY	ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please arint or type  1. You 2. Esti 3. EST 4. COM	pply entire over it evenly to each ount to be paid to each ount to be paid to each ount to be paid to each ount to be paid to examined this ure(s).  First name and Address (number Address (n	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration declaration declaration and street)  I and street  ZIP code.  974 income tax tax withheld and less line 1 less line 2 installment.	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN anding the service of 1974 of declaration is required and enter amount of the service of 1974 of declaration is required and enter amount of the service of 1974 of declaration is required and enter amount of the service of 1974 of declaration is required to the service of 1974 of 1974 of the service of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of 1974 of	enter here the amount on uits here  with this return eliminate  NCOME TAX FOR IN  19  Last name  20 3 7	ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please print or type  1. You 2. Esti 4. COM If the	pply entire over it evenly to each unit to be paid with the payment terly estimates. examined this ure(s)	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate,  MICHIGAN  For calendar  initial (if joint declaration)  r and street)  ZIP code  21P code  11STALLMENT.  is MApril 15	to be withheld during e  of this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here  d to the best of my kno both husband and wife to the best of my kno both husband and wife to the best of my kno both husband and wife to the best of my kno both husband and wife to the best of my kno both husband and wife to the best of my kno both husband and wife to the best of my kno both husband and wife to the both husband and wife to be withheld during e  (If less than \$100, no Check proper box below, 1974, enter 1/4 of line to the best of the	excess to the next, ments and enter res less line 6) overpayment credity whedge it is correct must sign  F ESTIMATED IN anding must sign  And the second sign of the	enter here the amount on uits here.  with this return eliminate to the company of	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please print or type  1. You 2. Esti 3. EST 4. COM If the due	pply entire over it evenly to each unt to be paid to the paid to the paid to the paid to the paid to the paid to the paid to the payment terly estimates. Examined this ure(s)  First name and Address (number of 1 mated income IMATED TAX (MPUTATION OF this declaration to be filed on:	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.  21 V  ZIP code.  974 income tax tax withheld and less line 2 install MENT is June 17	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit)  wledge it is correct must sign  F ESTIMATED IN anding miss of both)  order year of 1974 declaration is required and enter amount and ent	enter here the amount on uits here  with this return eliminate  NCOME TAX FOR IN  19  Last name  23  21  21  21  21  21  21  21  21  21	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please print or type  1. You 2. Esti due 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 5. If you 6. If	pply entire over it evenly to each unt to be paid to the paid to the paid to the paid to the paid to the paid to the paid to the payment terly estimates. Examined this ure(s)  First name and Address (number	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.  774 income tax tax withheld and less line 2 insTALLMENT. is SMApril 15 Unne 17 payment on you	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit)  wledge it is correct must sign  F ESTIMATED IN ending  intire year of 1974 declaration is required and enter amount and	enter here the amount on uits here  with this return eliminate  t.  NCOME TAX FOR IN  19  Last name  20 By  Lindicated.  10 1975, enter amount on lid to have applied as a	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please arint or type  1. You 2. Esti due 5. If you cred	piply entire over it evenly to each ount to be paid to the paid to	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  initial (if joint declaration)  or and street)  ZIP code.  774 income tax tax withheld and less line 2 installment is Mapril 15 may ment on your 1974 estimated.	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here	excess to the next, ments and enter res less line 6) overpayment credit) whedge it is correct must sign  F ESTIMATED IN Inding  Intire year of 1974 declaration is required and enter amount at 3; September 3; Jan. 15, in which you elected ere.	enter here the amount on uits here.  with this return eliminate to the company of	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please Print or Type  1. You 2. Esti 3. EST 4. COM If the due 5. If you cree 6. To a	piply entire over it evenly to each ount to be paid to each ount to be paid to each ount to be paid to examined this examined this ure(s).  First name and Address (number of land to each of land to each ount of the filed on to be filed on to be filed on apply entire over apply entire over the each of the	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate,  MICHIGAN  For calendar  initial (if joint declaration declaration and street)  I and street)  ZIP code.  21 V  ZIP code.  374 income tax tax withheld and tine 1 less line 2 insTALLMENT is SAPril 15  [Dayment on your 1974 estimated erpayment credit	to be withheld during e  The best than \$100, no  Check proper box below, 1974, enter 1/3 of line r 1973 income tax retur tax, enter the amount he to this installment and and to this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this installment and the this	excess to the next, ments and enter res less line 6) overpayment credity whedge it is correct must sign  F ESTIMATED IN anding must sign  F ESTIMATED IN anding must sign  F ESTIMATED IN anding must sign  F ESTIMATED IN anding must sign  F ESTIMATED IN and sign must	enter here the amount on uits here  with this return eliminate  t.  NCOME TAX FOR IN  19  Last name  Last name  1 indicated.  1 16, 1974, enter 1/2 or  1975, enter amount on led to have applied as a mext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext, enter here the amount on ext.	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please print or type  1. You 2. Esti 3. EST 4. COM If the due 5. If ye cree 6. To a sprint sp	piply entire over it evenly to each ount to be paid to each ount to be paid to each ount to be paid to examined this content of the payment o	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate,  MICHIGAN  For calendar  initial (if joint declaration declaration and street)  ZIP code  21P code  21P code  374 income tax withheld and line 1 less line 2 insTALLMENT. Is SAPril 15  payment on your 1974 estimated erpayment creditly to each instal	to be withheld during e  (If less than \$100, no Check proper box below, 1974, enter 1/3 of line r 1973 income tax retur tax, enter the amount he to this installment and liment, divide it by numble ment, divide it by numble metalling in the same and in the r 1973 income tax retur tax, enter the amount he liment, divide it by numble ment, divide it by numble metalling in the same and in the r 1973 income tax retur tax, enter the amount he to this installment and liment, divide it by numble ment, divide it by numble ment, divide it by numble r 1974 in the same and liment and liment and liment and liment and liment	excess to the next, ments and enter res less line 6) overpayment credity whedge it is correct must sign  F ESTIMATED IN ending and enter amount and enter amoun	enter here the amount on uits here.  with this return eliminate to the content of	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E security number
Please print or type  1. You 2. Esti due 5. If you crec 6. To a sprint 7. Amo	piply entire over it evenly to each unit to be paid to the paid to	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  MICHIGAN  For calendar  MICHIGAN  For cale	to this installment and any ide it by number of install on at time of filing (line 4 tax (line 3 less any 1973 payment here.  I to the best of my knoboth husband and wife both husband and wife DECLARATION Of year 1974 or fiscal year eartion, use names and initial management. If the best of my knoboth husband and wife DECLARATION Of year 1974 or fiscal year eartion, use names and initial management. If the withheld during earticles than \$100, no Check proper box below, 1974, enter 1/4 of line in 1974, enter 1/3 of line in 1973 income tax return tax, enter the amount he to this installment and liment, divide it by number attention at time of filing (line of the content of th	excess to the next, ments and enter res less line 6) overpayment credit)  wledge it is correct must sign  F ESTIMATED IN ending  intire year of 1974 declaration is required and enter amount and enter amount and enter amount and enter erof installments are 4 less line 6).	enter here the amount on uits here.  I with this return eliminate to the content of the content	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E
Please arint or type  1. You 2. Esti due 5. If your cree 6. To a spring 7. Amo 8. Note the content of the conte	First name and Address (number of 1 mated income IMATED TAX (in APUTATION Of this declaration to be filed on: ou had an overall against your apply entire over ead credit even ount to be paid e: The payment	payment credit to installment, div with this declaration of the estimated Enter lump sum declaration and joint estimate.  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  For calendar  MICHIGAN  MICHIGAN  For calendar  MICHIGAN  For cale	to be withheld during e  (If less than \$100, no Check proper box below, 1974, enter 1/3 of line r 1973 income tax retur tax, enter the amount he to this installment and liment, divide it by numble ment, divide it by numble metalling in the state of the service	excess to the next, ments and enter res less line 6) overpayment credit)  wledge it is correct must sign  F ESTIMATED In anding  intire year of 1974 declaration is required and enter amount and enter amount and enter amount and enter amount and enter er of installments and enter er of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter enter of installments and enter	enter here the amount on uits here.  with this return eliminate to the content of	sthe filing of  ate	CHIGAN Treasury  Your social se	FORM MI-1040-E security number

	مناوين المساور المناور المناور المناورة	·	. <u></u>		,			•
	y ar other rexable year beginning.	; 1973, end		Security Number	- j . - j . g	KTENSION	SIGN.AT	·9
	di (Sint resur	١)	Your	Decupation	li y	ou are an	TeVAC	ivia —
	RUEY EARL & MARGE		Spouse's Scele	1 Security Number		fication No.		,
TV./4	City, Town or Post 18135 LIVERNOIS		i		-	<del></del>		
	DETROIT, MI 48221	ě	Spouse's	Occupation	į 12	1.52	GA.	
	1				-			THE PERSONNEL PROPERTY.
Ä. 1	f married, is spouse filling a separate return? TYES TO NO. If y	es, enter spouse	s's first name		5			
					-			
	ater the name and address used on your return for 1972. (If the same as a	bove write "Sa	me". If differer	nt, indicate date	i			
	noved.) If none filed, give reason. SAME				Audire	r		
ettiningi <u>inte</u> i	SCHEDULE A - EXEMPTIONS 1 YOURSELF		Regular	65 or over	Blin	id ) 6	nter	-
	SPOUSE		띨			_ ∫exer	nber of nptions ecked	
<u> </u>						)	>_	: ت
	2. Enter first names of each of your DEPENDENT CHILDREN who lived with you	J:				Ente	· No.	1
	NAME					lived in		
5 <sup>3</sup>	Enter figure 1 in the last column to right for each name listed		Relat	ionship		me during 973	Ì	
	DEPENDENTS						<b>-</b> >-	
5 -	. Total exemptions from lines 1, 2 and 3; enter here and on line 15 below.—						<u> </u>	
					-	NOTE OF STREET	-	
5	INCOME (If joint return, in Enter GROSS income from employers for wages, salaries, commissions, tips, or			nd and wife)	.		-	
ე ≽_		Total wage	es reported	Detroit Income	Tax	WAGES,		
5	Employer's Name Where employed (City and State)  CONSTRUCTOR TO THE CONTROL OF TH		2 or W-2 3 5 0 00 1	Withheld من الناسا	12.7	ואו	DETROIT	r -
e/	2030 RUMIR SALES, INC. DET, MI		၁၈ ၁၁	120		\$		i
ž 6	-	100	400		[27]	<del></del>		·
₹ <sub>7</sub>	. Rental income (or loss) from tangible property in the City of Detroit from	,	ule B, line 4					kara.
	. Other income (or loss) from partnerships, etc. — from page 2, Schedule F,					- `	7.4.4	125
	. Gain (or loss) from sale or exchange of tangible property in the City of	Detroit - from p	page 3, Schedul	e E, line 10			·	; }
1 .								<u> </u>
2 12	Income (or loss) - TRUSTS AND ESTATES ONLY - from page 4, Schedule G  Total (add lines 6 through 11 of last column)					Dia. (	1	. 2.
5 .	Less: Deductions from page 2, Schedule M, line 5 (if none, enter zero).							
- 5 14					1	57.		
. 15	. Less Amount for Exemptions: Enter number of exemptions from line 4 above	_				1		
. 16						= /	. 2/1	1 11 .
3 12	CITY OF DETROIT TAX: Multiply line 16 by .005 (1/2%)			<u></u>	3		7	<u> </u>
≃ - '18	PAYMENTS AND CR a. Tax withheld by employer — from line 6 above — ATTACH Forms DW-	EDITS				-	3.3.6	7
: ::	b. Payments and credits on 1973 Declaration of Estimated Detroit Income	2 or W-2 Tax.			\$			
Ę	c. Other Credits - explain in attached statement (See Instructions)							1
12								5.7
Ĭ.	TAX DUE OR REFU		***					- /
20	. If your payments (line 19) are larger than your tax (line 17), enter amount	of OVERP	AYMENT		o s.	!	93.	
. 22	. Check box if you wish overpayment on line 20 to be: (A) $\square$ Credited on . If your tax (line 17) is larger than your payments (line 19) enter amount of	BALANCE	DUF Pay in	etunded. full with this sate	orn a c		!	
	Make check payable to: "TREASURER, CITY OF DETROIT." A balance due	of less than o	ne dollar (\$1.00	) need not be po	id.			
	I declare that I have examined this return (including accompanying schedu	les and statemen	nts) and to the b	est of my knowled	ge and be	elief it is tru	e, corre	ect and
SIGN	complete. If prepared by a person other than taxpayer, his declaration is	s pasea on all in	ntormation of wi	nich he has any kn	owledge.			
1202	SIGN HERE	***************************************		of preparer other t			(Date)	
	SIGN HERE		GORDO	N L HOLLA	NDER,	P.C.		
	(Spouse's signature and date) (If joint return, BOTH HUSBAND AND	WIFE MUST SIGN	4) <b>Ce</b> eti	SIED PHBLIC 飲	الاشتر فقطاباب	47	4	. Are made
	MAIL TO: City Treasurer, 104 City-Cou RETURNS MUST BE FIL	ed BA Ybs:	g, Detroin73 H. 30501992	350 प्रस्ति भ की हैं2 हाहा कि अपन	e ROAS			- ·· ·`
-				FIELD, MICH	CX17 4	5075		

Revenue	Division.	THIS NU	MBER W	/MEN S	UBMI	TTING	S PA	YMENT	, or	in (	ora:	האפכאסקטב באפכאסקטב
	TAA RETURN											
Calandar Year 19												
on Fiscal Year Loginning	19				20 10*							
inding	_19				- DO NOT	WRITE	ABOVE T	HIS LINE				
Individual	RUBY EAR	RL & MA	RGIE							ó 9	3 3	5 5
Partnership	· 18135 L	VERNOI	S AVE									
Michigan Corporation	Check DETROIT	ΜI	r		. 48	3221						
Foreign Corporation	One										-	
Fiduciary Fiduciary		•					•	· -	P	OSTED	)	FILED .
· ·				-					*			TURN IS FOR AN
MONTH DAY YEAR			1		1			·1	Co	ounty		
11 30 73	698855	007	8-2		1	-	73	12		le No		
RETROACTIVE DATE	ACCOUNT NO.	TYPE	COUNTY	CITY	к	С	F18	LE DATE	Da	ite of D	eath	
Line Computation of	Tax Due							AMC	UNT		Line No.	TAX
	•						-	į		$\top$	1,40.	7
1. Accounts and Notes Receive	ible (non-income producing only)	·										
2. Less Accounts and Notes Pa	yable						ļ			<del> </del>	2.	
3. Balance Taxable @ 1/10th (	of 1%									┷	3	
4. Accounts and Notes Receiva	ble (income producing only)						<del>                                     </del>			1	4.	
5. Less Accounts and Notes Pa	yable (use only that portion, if any, no	t used in Line	2)				ļ			┷	5.	
6. Salance Taxable							<del> </del>			-	اه	
7. Income applicable to balance	e	· · · · · · · · · · · · · · · · · · ·			<del></del>		ــــــــــــــــــــــــــــــــــــــ				7.	
	e 7) or 1/10 of 1% of Balance (Line 6), v			<u> </u>		·					8.	0.7//
9. Stocks and Bonds Sch	nedule A, Column 9.			<del></del> -					<del>_</del>		9	119 2610
	cts Schedule B, Column 8			<del></del>							10.	
11. Annuities Schedule C,	, Calumn 9										<b>∤</b> 11-}-	
	opy hereto)										121_	1 4 4 4
	Loss Statutory duduction (\$175.00 or \$350.										, 171	1.
,	BALANCE DUE	oo by nosbands	and wives i	ining joint	(dioin)		<del></del>				-, 14-1 -1 15.1	75.24
	as of retroactive date (include cash in sa	fent denosit h	0.000)			,				T	1	e a como efect el <del>mediane ancida a</del> La Caraca de La Caraca de Caraca de Caraca de Caraca de Caraca de Caraca de Caraca de Caraca de Caraca de Carac
17. Bank Deposits in Banks Loca		,	Withdrawn 1	rom Mich	. 1					1	16.	
	an Ass'ns. Located Outside of Michigan		anks or Ass'		}			II.		1		
19. TOTAL	-		ETROACTIV	E DATE.	,					1		
20. TAX @ 40° per \$1000.00 o	of Line 19										20.	
	TOTAL TAX DUE (Line 15 plus Line 20)							•			21.	1150313
22.	Less Advance Payment of Tax						٠,				22.	<u> </u>
	TOTAL TAX DUE										23.	15741
24.	Penalties & Interest; Penalty	%, \$	;	nterest	%_	۸	Nonths,	\$			24.	
25.	TOTAL AMOUNT DUE										25.	1576
MAKE REMITTANCE	PAYABLE TO STATE OF I	MICHIGAN	1								<u> </u>	Α
	mittance for Amount			or before	April	30.						
	RTMENT OF TREASURY, I						r mont	hs aiter	end of	f autho	rized f	iscal year)
'.	IMPORTANT—Be Sure to				Duesti	on W	/hen	Applic	able.	-		
											۰۰, ۰۰۰	511 513
Business or Profession of Ta     Give ween of last seture filed	xpayerSALES		SAM					Pho	one No.	<u> </u>		
3. Check here if return is com	puted on a Retroactive Date Method	(erorn		e Monthly	Averso	a Math						
	give State and Date of Incorporation.											
1.00	ustee attach list of names and addresses											
6. If this is a Business Return a	a copy of the Balance Sheet as of the cle	ose of the Tax	Year must b	e attached	1.							
I declare under the penalties in	mposed by Act No. 301 P. A. of 1939,	as Amended.	that this ret	urn, inclu	ding an	y accom	panying	_schedule	and s	statemen	ts ines	been examined h
	dge and belief is a true, correct and cor			Social Se	curity N	lumber	***		1155			
Datices Deceased by	GORDON L HOLLAND	K, P.C.		Signed —								
Return Prepared by	CERTIFIED PUBLIC ACCOU	NTANT	<del></del>	Signed _								
Address	17350 TEN MILE RO	JAD		Title				,				
NW 88326 Docld:3224553	SOUTHFIELD, MICHIGAN 5: Page 230N REVESSE SIDE	480/5		V-1-	itate wi	nether I	ndividua	Owner,	Membe	96 96 50	· j i :	retor,
				, 25000	anner are	17QS	, WIG.,	en sand	or of 17	- A1	5 9 7 7	51 *5

TAX COMPUTATION REVISE :

0 0/ 0-1	5-017-J (kev. 8-78)		
A. TOTA	AL DETROIT INCOME EXPECTED IN 1974		\$
в. Ехем	PTIONS (\$600.00 FOR EACH EXEMPTION)		\$ 1
. ESTIM	NATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		5
astin	AATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER 1/2 OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LIN	OF 1% OF LINE C.	\$
D-104	on of princip protection of	ESTIMATED INCOME TAX	167
AME(S)	For Calendar Year 1974 or Fiscal Year End	ing , 19	
JD RESS			CHECK TYPE OF DECLARATIO INDIVIDUAL CORPORATION
TY	STATE POSTAL ZIP CODE		☐ PARTNERSHIP ☐ OTHER
(322	1a. Your 1973 Detroit Income Tax S	of 1974 Detroit Income Tax	
THIS	Amount of Detroit Income Tax to be withheld or other credit expects     ESTIMATED TAX (line 1b less line 2)		\$
(CPY	4. Computation of Installment: Check Due Date of declaration below and  Apr. 30, 1974—1/4; June 30, 1974—1/3; Sept. 30, 1	974-1/2; Jan. 31, 1975-100%	\$
FOR	<ol> <li>Less: Amount of overpayment on 1973 return which you elected to claim</li> <li>AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)</li> </ol>	m as a credit	\$
OUR		, , , , , , , , , , , , , , , , , , , ,	
	AND MAIL WITH DECLARATION TO:  OFFICE OF THE CITY TREASURER — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE
-1040	For Calendar Year 1974 or Fiscal Year Endin	STIMATED INCOME TAY	
ME(S)	CORD CLEANERS, INC.	VOUS COCIAL SECURITY AND THE	HECK TYPE OF DECLARATIO
DRESS	18-135 LIVERNOIS		INDIVIDUAL   CORPORATION
ΓY	STATE POSTAL ZIP CODE		PARTNERSHIP OTHER
LOCATOR NUMBE	100-00	of 1974 Detroit Income Tax  I in 1974  enter portion of line 3 as indicated:  74–1/2;  Jan. 31, 1975–100%  as a credit	s 1,600,00 s 1,600,00 s 400,00
DOCUMENT	IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION N	UMBED	_
00	I CERTIFY THAT THIS IS A CORRECT DECLARATION.	This declaration of estimat	ed tax is not a Tax Return.
	Structure of Taxassure Samuel Structure		
•	Signature of Taxpayer. Spause also if joint declaration.		DAYE .

<u> </u>	1					
real configuration	·		- 24,		. ,	
	/	inva	an ar ay dan ay i manay	1 V		· · · .
	;					
. The model are let by manufacture or san					• • • • • •	
			ess inventary at			
i walio a walio maa walioo aa aa aa aa aa aa aa aa aa aa aa aa a			రి.ఇది దక్షిణ్యంలోని ఇది.ఈ	(unber his	ra chá phulup	•
Communication of		to in which the in	7570 1)	· · · · · ·	· · · · · ·	
	1	- Ginnal - Geledil A		5 850 51		
I. A ma of officer	2. Copial pecurity n	umber 3. Ti	To contract to	traction furnition	й, Ультата I Солграный эл	1. 2
120112244444444444444444444444444444444			······································			***
	alassas and on H					
the second secon	TENTS OF THE OFF	(C (- 15 gu 1)	<del></del>	· · · · ·		
and the control of th	CONTENT ENGE		1 LD) es to receive	-		
Y 2. Trino nillia and seconda re-	ales on account	4. Current year's		5. Am.		7. Reserva for 5 Last is
		noiskon	3. Aecoverias	27,51	ist russins +	10 tha 6, 7 Lf
1000.					t	
19.50						
.370.			1			
1971.				:	i	
1570.1						
1073						·····
DRORECIATION (Solution in Entholory and 1970), or the Guidaling Upstanty or 17th 5000 (Guidanno Class Life Sound regulations steel on 1167(a)-12, the provincial follows: Section this tax	rstern) with your returns of Revenue F able year to use III	iffi. Except as oth Procedures 62–21 Class Life (ADD)	erwise expressly pr and 55–13 are not System and/or []	rovided in re applicable Gridalica	igulations seculo for taxable year fore life System	on 1.167(n)=11.57 (n); ro encling and r 11711
Chack Lon(as) if you made an election this tax	-510 7001 10 100	Oldes Lite (MDR)	ayatem enu/or [ ]	daideiiii c	mas too ejaten	3.4 /
Licens and guideline chap     er materiphen of property	2. Date acquired		4. Depreciation allowed or allowed or allowed in prior years	5. Moth competing de	id of   5. Li	is . 7. se ·
<ol> <li>Loup and guideline chap or suscription of property</li> </ol>	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
1. States and mudeline classe of supersystem of property 2. Yorkel additional first-year depreciation 2. Separational from Form 4332.	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
1. Josephad guideline chap or addition of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 3. Depreciation from Form 5006.	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
1. Disepted middling class of austriphes of property  2. Total additional first-year depreciation  2. Depreciation from Form 4832.  3. Depreciation from Form 5006.  4. Other appreciation:	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
1. Cases and modeline class of absorbance of property  2. Total additional first-year depreciation  3. Depreciation from Form 4832.  3. Depreciation from Form 5006.  4. Other appreciation:  Deficings.	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or ellowable in prior years	5. Meth	id of   5. Li	is . 7. 20
1. Creep and guideline chap or suscription of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006. 4. Other appreciation: Desidings Familiary and fixtures	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing 6.	id of   5. Li	is . 7. 20
1. Crass and mudalities street or absorption of property  2. Total additional first-year depreciation  2. Depreciation from Form 4332.  3. Depreciation from Form 5006.  4. Other appreciation:  Desicles  Transportation equipment  Transportation equipment	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing 6.	ed of 5. Li production or no	7. uk + u - u - u - u - u - u - u - u - u - u
1. Creep and guideline et sub er suscription of property  2. Total additional first-year depreciation  3. Depreciation from Form 4332.  3. Depreciation from Form 5006.  4. Other appreciation:  Desidings  Familiers and fixtures  Transportation equipment  Technology and other equipment.	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing do	d of 5. Li prediction or n	7. 36 - 3
1. Green and mudeline chasses of supersy.  2. Total additional first-year depreciation.  2. Depreciation from Form 4332.  3. Depreciation from Form 5006.  4. Other appreciation:  2. Depreciation:  uipment.	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing do	d of 5. Li prediction or n	7. 36 - 3
1. Charge and guideline class or suscription of property  2. Total additional first-year depreciation of property  3. Depreciation from Form 4832.  5. Depreciation from Form 5006.  4. Char appreciation:  Destinate:  Destinate:  Transportation equipment  Transportation equipment  Cuter (specify)	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing do	d of 5. Li prediction or n	7. 36 - 3
1. Charge and guideline charge of property  2. Total additional first-year depreciation  2. Depreciation from Form 4832.  3. Depreciation from Form 5006.  4. Char appreciation:    Desidings.    Furniture and fixtures    Transportation equipment    Clashinary and other equipment.    Cuter (opecity)  5. Totals.	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing do	d of 5. Li prediction or n	7. 36 - 3
1. Charge and modeling class or absorphing of property  2. Total additional first-year depreciation  2. Separacration from Form 4832.  3. Depreciation from Form 5006.  4. Other appreciation:  Desidings.  Furniture and fixtures  Transportation equipment  Clashinary and other equipment  Other (openity)  5. Totals  5. Loss amount of depreciation claimed	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth computing do	d of 5. Li prediction or n	7. 36 - 3
1. Creep and guideline chap or suscription of property  2. Total additional first-year depreciation  3. Depreciation from Form 4332.  3. Depreciation from Form 5006.  4. Other appreciation:  Dettings.  Familiary and fixtures  Transportation equipment  Caler (specify)  5. Totals  5. Less amount of depreciation claimed  7. Jaunnee—enter here and on line 21,	2. Date acquired  n (do not include	3. Cost or other basis in items below)	-j. Depreciation allowed or allowable in prior years	5. Moth	d of 5. Li prediction or n	7. 36 - 3
1. Creep and guideline chap or exemption of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006.  3. Other appreciation: Destinate Transportation equipment Clacking and other equipment Cuter (specify)  5. Totals 5. Less amount of depreciation claimed 7. Less amount of depreciation claimed 7. Less amount of depreciation claimed 7. Less amount of depreciation claimed 8. SUMMARY OF DES	2. Date acquired  n (do not include	3. Cost or other basis in items below)  er then addition from the second	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Code and middline chies of secretarion of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006.  3. Other appreciation:     Destinate     Paralters and fixtures     Transportation equipment     Coder (opedity)  3. Totals  4. Loss amount of depreciation claimed 4. Lannace—enter here and on line 21.     SUMMARY OF DES	2. Date acquired  n (do not include	3. Cost or other basis in items below)  er than addition sum years	-i. Depreciation allowed or allowed in prior years in prior years	5. Math	d of 5. Li prediction or n	7. 38 1
1. Compared middline chap or suscription of property  2. Total additional first-year depreciation 2. Copreciation from Form 4332. 3. Depreciation from Form 5006. 4. Other appreciation: Destings. Furniture and fixtures Transportation equipment Care (specify)  5. Totals 5. Loss amount of depreciation claimed 7. Jannice—enter here and on line 21. SUMMARY OF DES	2. Date acquired  n (do not include	3. Cost or other basis in items below)  er than addition sum years	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Compared modeline classes of substitute of property  2. Total additional first-year depreciation  2. Depreciation from Form 4832.  3. Depreciation from Form 5006.  4. Other appreciation:  Destinate:  Paralters and fixtures  Transportation equipment  Clashinary and other equipment.  Cuter (appelly)  5. Totals  5. Loss amount of depreciation claimed  7. Jannace—enter here and on line 21,  SUMMARY OF DES  Straight  1. Depreciation from Form 4832.	2. Date acquired  n (do not include	3. Cost or other basis in items below)  Er then sodifications are years.	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Charge and gradeline classes of subscription of property  2. Total additional first-year depreciation  2. Depreciation from Form 4332.  3. Depreciation from Form 5006.  4. Char appreciation:  Cutations  Cu	2. Date acquired  n (do not include	3. Cost or other basis in items below)  Er than addition science Sum years.	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Charge and gradeline classes of subscription of property  2. Total additional first-year depreciation  2. Depreciation from Form 4832.  3. Depreciation from Form 5006.  4. Chair appreciation:  2. Depreciation of from Form 5006.  3. Characteristics:  3. Characteristics:  4. Characteristics:  5. Characteristics:  6. Characteristics:  6. Characteristics:  7. Characteristics:  8. Characteristics:  8. Characteristics:  8. Characteristics:  9. Char	2. Date acquired  n (do not include	3. Cost or other basis in items below)  Er than addition science Sum years.	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Creep and guideline chap or suscription of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006.  3. Other appreciation: Destinate 2. Paralters and fixtures 2. Transportation equipment 2. Cachinary and other againment 3. Cuter (specify)  3. Totals 3. Less amount of depreciation claimed 3. Jannoc—enter here and on line 21, 3. SUMMARY OF DES 3. Straight 3. Depreciation from Form 4832. 3. Depreciation from Form 5003. 3. Other 4. TAX COMPUTATION	2. Date acquired  n (do not include	3. Cost or other basis in items below)  er than addition science Sum years.	-i. Depreciation allowed or allowed in prior years in prior years	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Case and guideline else es suscription of property  2. Total additional first-year depreciation 2. Caparaciation from Form 4332. 3. Depreciation from Form 5006. 4. Other appreciation: Desidings Furniture and fixtures Transportation equipment Case (opecity)  5. Totals 6. Less amount of depreciation claimed 7. Jannace—enter here and on line 21, 3. SUMMARY OF DES Straight 3. Depreciation from Form 4832. 4. Depreciation from Form 5003. 5. Other  TAX COLLECTATION 1. Texable income (line 28, page 1)	2. Date acquired  In (do not include a continuous acquired)  In Schedule A continuous acquired acquire	3. Cost or other basis in items below) er then scalinic summer years.	-i. Depreciation allowed or allowed in prior years  in prior years  nat first-year dop of the Undigits prod	5. Moth	rd of 5, Li president or ra	7. 38 1
1. Comp and guideline class or suscription of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006.  3. Comp supraciation: 2. Comparation of the form 5006.  4. Comp supraciation: 2. Comparation of the supraciation of the supraciation of the supraciation claimed 3. Comparation of the supraciation claimed 4. Comparation from form 4832. 4. Comparation from Form 4832. 5. Comparation from Form 5003. 6. Comparation from Form 5003. 6. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from form 5003. 7. Comparation from 5	2. Date acquired  n (do not include	other basis in items below)  er than addition spience Sum years ups, see instru	in prior years  in prior years  in prior years  in the Undicks prod  ctions)	5. Moths computing 6:	Other (spesify)	7. 38 1
1. Charge and gradeline characteristics of property  2. Total additional first-year depreciation 2. Depreciation from Form 4832. 3. Depreciation from Form 5006. 4. Chair appreciation: 2. Depreciation from Form 5006. 5. Chair appreciation: 2. Depreciation equipment 3. Characteristic equipment 4. Characteristic equipment 5. Characteristic equipment 6. Characteristic equipment 7. Characteristic equipment 8. Characteristic equipment 9. Characteristic	2. Date acquired  In (do not include	other basis in items below)  critian addition paience Sum years  ups, see instru	-i. Depreciation allowed or allowed in prior years  in prior years  nat first-year deport the Underlying product t	s. Math	rd of 5, Li president or ra	7. 38 1
1. Charge and guideline characteristics of property  2. Total additional first-year depreciation 2. Depreciation from Form 4332. 2. Depreciation from Form 5006. 3. Char appreciation: Deticings Paralters and fixtures Transportation equipment Clackings and other againment Clackings and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and other againment Clacking and and and and and and and and and and	2. Date acquired  In (do not include	other basis in items below)  er than addition spience Sum years  ups, see instru capital loss (fro	-i. Depreciation allowed or allowed in prior years  in prior years  nat first-year deport the Underlying product t	s. Math	Other (spesify)	7. 38 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1. Charge and guideline charger assertation of property  2. Total additional first-year depreciation 2. Copreciation from Form 4332. 3. Depreciation from Form 5006. 4. Chair appreciation: Destings Paralters and fixtures Transportation equipment Cachinery and other againment Cater (specify)  5. Totals 5. Leas amount of depreciation claimed 7. Janance—enter here and on line 21, SUMMARY OF DEF Straight 2. Depreciation from Form 4832. 5. September from Form 5003. 5. Other TAX COMPUTATION 1. Taxable income (line 28, page 1). 2. (a) Enter 48% of line 1 (members (b) Subtract \$6,500 and enter diff 3. Not long-term capital gain reduced b 4. Suptract \$25,000. (Statutory minimum)	2. Date acquired  In (do not include a controlled grown c	other basis in items below) er than addition science Sum years ups, see instru capital loss (fro	in prior years  in prior years  in prior years  in prior years  in prior years  in prior years  ctions)  ctions)	s. Math	Other (spesify)	7. 38 1
1. Charge and guideline charger assertation of property  2. Total additional first-year depreciation 2. Copreciation from Form 4332. 3. Depreciation from Form 5006. 4. Chair appreciation: Destings Paralters and fixtures Transportation equipment Cathinary and other againment Cater (specify)  5. Totals 5. Leas amount of depreciation claimed 7. Janance—enter here and on line 21, SUMMARY OF DES Straight 2. Depreciation from Form 4832. 5. September from Form 5003. 5. Other TAX COMPUTATION 1. Taxable income (line 28, page 1). 2. (a) Enter 48% of line 1 (members (b) Subtract \$6,500 and enter diff 3. Not long-term capital gain reduced b 4. Suptract \$25,000. (Statutory minimum) 5. Delance (line 3 less line 4) (see instring	2. Date acquired  In (do not include a controlled acquired)  In Schedule A controlled acquire	other basis in items below) er than addition science Sum years ups, see instru capital loss (fro	in prior years  in prior years  in prior years  in prior years  in prior years  in prior years  ctions)  ctions)	recipition) is of unition is of unition  and the computing of the computin	Other (spesify)	7. 38 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1. Coney and guideline chap or suscription of property  2. Total additional first-year depreciation. 2. Copreciation from Form 4332. 3. Depreciation from Form 5006. 4. Coner appreciation: Desidings. Familiary and fixtures Underly and other againment Coner (specify)  5. Totals 5. Less amount of depreciation claimed 7. Januare—enter here and on line 21, SUMMARY OF DEF Straight 2. Depreciation from Form 4832. 3. September of the Summary of Coner (cone)  7. Taxable income (line 28, page 1). 3. Coner 48% of line 1 (members (b) Subtract \$6,500 and enter diff 3 Not long-term capital gain reduced by Suptract \$25,000. (Statutory minimum)	2. Date acquired  In (do not include a controlled acquired)  In Schedule A controlled acquire	other basis in items below) er than addition science Sum years ups, see instru capital loss (fro	in prior years  in prior years  in prior years  in prior years  in prior years  in prior years  ctions)  in prior years  in prior years  in prior years  in prior years  ctions)  in prior years  in prior yea	s. Mathing 6:	Other (spesity)	7. 38 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

The state of the s						
					,* 	
And the second s	rika, miami					
			<i>.</i> .			*********
<ul> <li>12 (i.e. 1) (i.e.) in many dimensional an alvidentis out of sam</li> </ul>	ilaga anu prolita o	f the taxagle j	:::			
(a) M Empodad on deritifa espital gel	ne (iind 81, pe,	(c 1)				
<ol> <li>Curper tilen's undistributed taxable income.</li> </ol>						
SLIMALY OF DETRICATIONS	FIRST OTFIER	Angelia de la casa de	11. 5. 1. 11. 11. <i>1</i> . 1	. i gradia		
	2. Secul sendrily	J. J.	Siant augricus			
and the second second second	nember	Newton of same	l'agier Estata		l — e. Denganiana I	1
10.10					!	
		8	1 / 1 /			ì
		T	·			
		.~.	1			
	والمتالي والمتالية والمتال					
		į	:		•	4
and the state of t						; i
		!	<u>i</u>			
- Actual Childraid distributions toxable as ordinary income	a (Da poé include r	mounts shown	an ilna 6) .			7
5 Acrust dividend distributions taxable as long-t					-	
J. Actual dividend distributions rexable as ordin	ary income and	qualitying r	ir dividend	exclusion		
7 Mondividend Ciridibutions						
no sa aldasat—amecan, eldasat hata atalan 🗀 🗆	dinary income	or (losa) .				
2 Undiscributed toxable income—texable as let	ng-term bapital	gain (after t				
- Let represent a reserve and a positive on to what amount of his ero re	in sharp of long-tarm	copitel galas r s	y cusiffy no sui	aratesa (d) as	ina. Sepremujan 1907	-11.
LO NOTALIGI CI, INCESCRIZZO MEDIOTZGRIESS:		(2)	Sailread	rolling sto	ck	7.
// invesiment interest expense	Ì		On-the-joi	_	—	
		i ' *	Child care		,	
(a) Nat investment income or (loss).					1	
(a) Excess expanses over rental income	- 5	• • •			ad debts of !	
attributable to net lease property			ancial insti			
(a) Excess of not long term capital gains   over not short-term capital losses	1	(d) (b)	ceso parce	ntaga dep	letien	
atamputable to investment property.		(a) Dát	long-term ca	pital gala (a	itter tex)	
		12 117101	MENT OR	IDİT PRO	PERTY:	
(c) Accelerated depreciation of: (a) Low-Income rental housing		Basis qi	(a) 3 ar m	ore but less	than 6 yours. '	
(2) Other real property		nau Investment			than 7 years	
		property	•			
(3) Personal property subject to a not lease.		Sost of			taan S years	
		2721				
(b) Amortization of		investment			than 7 years	
(1) Cartified pollution control facilities .	i	property	(8) 7 or s		· · · · · ·	
COMPLETE A SEPARATE SCI	KEDULE K-1 5	OR EACH S	MAREHOLE	clif.—File	Cepy A with Fo	into illinio, 700
the rivers and a term of careful deep, and steep Capy C is	er your regord	<del></del>				
*******		K Wara you	: a member	of a contro	lled group subject	to ·
F Bate Incorporated TUNE 1, 1966						. ೧.೪೪ ರವ
Date intollogisted					onses connected w	
	والمداني	,				7. a v. 10 as
C 3x2 the corporation at the end of the taxable year own		(1) 11.10	leader.lone (de	may (Butas)	1 32011, 10,1111, 010,71	🗀
directly, 80% or more of the voting stock of a do		(2) Livi:	g_cocommod	ations (exc:	pt employaes on :	
That I Yes Take. (For rules of attribution, see	section 257(c).)					
If the answer is "Yes," attach a schedule showing:		- (3) Emp	loyeas' famil	es at conv	entions or mostin;	ps? 🖂 Val. 📝 👉
(a) mame, address, and employer identification number	r; and	(4) Imp	layeo or for	nily vacatio	ns not reported	0.7
(b) percentage owned,		- Form	Y/-27			. 🗀 Yes 🗇 🗯
M Sid the corporation during the taxoble year have any o	ontracts or sub-					err il Yes 🗀 Ne
contracts subject to the Renegotiation Act of 1951?			•		e during the taxal	
		yoar, har	e any interes	t in or signa	ture or other author	fily
if "Yes," enter the aggregate gross dollar amount bi	med during the	over a :	eank, securiti	es, or other	financial account	la
year	SS-2171-31111	a foreign	i country?	3082 /5or	definitions, see For	. T. Vr. 1 do.
	05.67	O Answer o	niy if (1) thi	s is the first	: 1120S return filed	Lisinea guar e ulti u
1971	66.67	to be to	cated as a si	nall busines	is corporation and	(2) the same is:
1. Priority same 7 at instructions and state the principal:	•			ie taxable y	er prior to the clac	nion and 'nou lavest-
Business activity SERVICE  2 reduct or service TO PART AND AND AND AND AND AND AND AND AND AND			ait property: careement fili	ed under sec	tion 1,47-4(b) of t	ล้เล
Product or service To Paris To Art	A2 + 15		ans?			.ava ab

4		J. 30111/27/21151.	ಟರು, ಚಿಲ್ಲಿ ಚಿತ್ರ ಆ			
C 5/ 3-15-5.	7-3 (Rev. 0-70)					
A. TOTAL D	ETROIT INCOME EXPECTED IN 1974					
			· ·		Ş	:
D. EKEMPTIC	DNS (3600.00 FOR EACH EXEMPTION)				٤	;
i. Estimat.	ED DETROIT TAXABLE INCOME (LINE A LE	SS LINE B)			\$	
D. ESTIMATI ALL OTH	ED DETAOIT INCOME TAX—NONRESIDENT ER TAXPAYERS ENTER 2% OF LINE C. ENTE	INDIVIDUALS ENTER 1/2 ER TAX HERE AND ON LIN	OF 1% OF LIN	E C. RATION BELOW	\$	
J. = 7/17 - 5	CITY OF DETROIT	223 121 221 22				
J-10-0-1	For Calendar Year 197	DECLARATION OF			3.0	
NAME(S)	(PRINT OR TYPE)	- Orstar rear Ena		SECURITY NUMBER	19	2521 (21212
ADDRESS					Check type of	
10011255			SPOUSE'S SOCI	AL SECURITY NUMBER		
ITY	STATE	POSTAL ZIP CODE			PARTNERSH	12
	•				1-	
KEEP la	Your 1973 Detroit Income Tax \$	; 1b. Your Estimat	e of 1974 Detroi	t Income Tax	\$	i
	Amount of Detroit Income Tax to be withh ESTIMATED TAX (line 1b less line 2)		ed in 1974		-	
	Computation of Installment: Check Due Dat		d enter portion o	of line 3 as indicated		
೦೦೨೪	Apr. 30, 1974-1/4; 🔲 June 30, 19	974-1/3; 🔲 Sept. 30, 1	974-1/2:	Jan. 31, 1975-1009	% S	
5.	Less: Amount of overpayment on 1973 retur	n which you elected to clai	im as a credit		_ S	. !
FOR <u>6.</u>	AMOUNT TO BE PAID WITH THIS DECLAR	ATION (line 4 less line 5)		:	s	
				. ,		
<b>70</b> 0ス						
RECORDS	IF YOU ARE AN EMPLOYER, ENTER E	MPLOYER IDENTIFICATION	NUMBER		<u>.</u> .	
AN AN	KE REMITTANCE PAYABLE TO "TREASURER D MAIL WITH DECLARATION TO:	, CITY OF DETROIT"	, Th	is declaration of est	imated tax is not	a Tax Roturn.
	OFFICE OF THE CITY TREASURE	8 INCOME TAY DIVISI	ON		DATE	
	104 CITY-COUNTY BUILDING	· · · · · · · · · · · · · · · · · · ·	•	· -	2012	
	DETROIY, MICHIGAN 48226					
	DETACH ON PERFORATION	AND SEND FORM	RELOW MIS	FM VOUS BEAM	ETT A MOR	_
		THE SERIES TORM	521007 001	111 100X X2W	HANCE	_
0 <b>-</b> 104 <b>0</b> -2		DECLARATION OF	STIMATED !	XAT EMOON		00.57 Z
AME(S)	For Calandar Year 1974 (PRINT OR TYPE)	or riscal Year Endir			19	<u> </u>
	SALES, SALES, S	D/c.	TOUR SOCIAL	SECURITY NUMBER	CHECK TYPE OF	DECLARATION
DORESS	ST LIVERNINS				INDIVIDUAL	201
17:		POSTAL ZIR CORE	SPOUSE'S SOCI	AL SECURITY NUMBER	CORPORATIO	
75 %	TOWN MICHIGAN	POSTAL ZIP CODE		1	OTHER	
a∠ lo.	Your 1973 Detroit Income Tax \$ 219.5	1b. Your Estimate	of 1974 Detroit	Income Tax	. s 2.	25101
월 2.	Amount of Detroit Income Tax to be withhe					1
	ESTIMATED TAX (line 1b less line 2)				9   \$	
	Computation of Installment: Check Due Date					[
LOCATOR 9 5 4	Apr. 30, 1974—1/4; [] June 30, 19	74-1/3; Li Sept. 30, 19	974—1/2; 🔲 .	Jan. 31, 1975—100%	_ 1	
0 5.	Less: Amount of overpayment on 1973 return			<del>&gt;</del>		
	AMOUNT TO BE PAID WITH THIS DECLARA	ATION (line 4 less line 5).	• • • • • • • • • • • • • • • • • • • •		. · • s	o TT
<u> </u>	-					
DOCUMENT	IF YOU ARE AN EMPLOYER, ENTER EMP	LOYER IDENTIFICATION A	UIMBEB	<u>;</u>	•	
2 -	ERTIFY THAT THIS IS A CORRECT DECLARA					-
	THE TOTAL COURTER DECLARA	non.	161	s declaration of estin	nated tax is not a	i Tax Reluth.
			<del></del>			

# 

(1) Name and Address of Each Shareholder	(2) Social Security Number	(C) Number of Oberos
(a)		
(b) Therefore MASSAS TO THE FLATTER FLATTER		7,1
(c)		*
(d)*		(9)
(e)	4	
(†)		
(g)		
(h)		
(i)		·
(i)i	3	· (

income (schedule K, total of lines 4 and 8, U.S. 1120-S)	line 5, or page 2, schedule 3, line 6	(6) Amount to be used by shareholder on time 25 or on pure 2, sometime 2, line 43) difference between column 4 and column 5 (see instructions)
(a) \$ 3 \( \tau \cdot	\$ 38,707.35	\$
(b) <u>E0,552.34</u>	38,702.36	
(c)		
(d)		
(a)		* * * * * * * * * * * * * * * * * * *
(i)	2 3	
(g)		
(h)		
(i) \		
i)		

TAX COMPUTATION SCHOOLS

C of 0-15-217-J (key. 6-7	3)				•
A. TOTAL DETROIT IN	COME EXPECTED IN 1974				\$
B. EXEMPTIONS (\$600.	00 FOR EACH EXEMPTION)				\$
C. ESTIMATED DETROIT	TAXASLE INCOME (LINE A LES	S LINE B)			S
D. ESTIMATED DETROIT ALL OTHER TAXPAY	I INCOME TAX—NONRESIDENT ERS ENTER 2% OF LINE C. ENTE	INDIVIDUALS ENTER ½ CR TAX HERE AND ON LIN	OF 1% OF LINE C. E 16 OF DECLARATION	ON BELOW	\$
D-1040-ES	CITY OF DETROIT For Calendar Year 1974	DECLARATION OF	ESTIMATED INC	XAT EMO	197.
NAME(S) (PRINT OF	R TYPE)		YOUR SOCIAL SEC	IGITY MILLIPED 1	CHECK TYPE OF DECLARATION
ADDRESS					] INDIVIDUAL
CITY	STATE	POSTAL ZIP CODE	SPOUSE'S SOCIAL SE		CORPORATION PARTNERSHIP
KEEP 1a. Your 1973	Detroit Income Tax \$				OTHER
THIS 3. CSTIMATED 4. Computation COPY Apr. 3. CSTIMATED 4. Computation 5. Less: Amount 5. Less: Amount 5.	Detroit Income Tax to be withher TAX (line 1b less line 2)	e of declaration below and 74—1/3; Sept. 30, 1 which you elected to clai	enter portion of line  974—1/2;  Jan. 3	3 as indicated: 31, 1975—100%	\$
FOR S. AMOUNT	· · · · · · · · · · · · · · · · · · ·	(line 4 less line 5)			\$
(OUR					:
SECORDS IF YO	U ARE AN EMPLOYER, ENTER EA	MPLOYER IDENTIFICATION	NUMBER		
MAKE REMITTA	ANCE PAYABLE TO "TREASURER,	CITY OF DETROIT"	This dec	laration of estima	ted tax is not a Tax Retur
	DIVICE OF THE CITY TREASURER 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226	- INCOME TAX DIVISIO	N .		DATE
)-1040 <b>-</b> E5	CITY OF DETROIT E	ECLARATION OF S	STIMATED INCO	ME TAX	•
	/ 1	JC.	YOUR SOCIAL SECU		ECK TYPE OF DECLARATION
/5/55	LIVERNOIS		SPOUSE'S SOCIAL SEC	URITY NUMBER	CORPORATION
14 DE-16 - 1	STATE MICHIGANI	POSTAL ZIP CODE		· -	PARTNERSHIP OTHER
2. Amount of it and it	Detroit Income Tax \$	1b. Your Estimate d or other credit expected of declaration below and 4–1/3; Sept. 30, 19 which you elected to claim	enter portion of line 3	ne Tax	\$ 1,600,00 \$ 1,600,00 \$ 400,00 \$ \$ 400,00
DOCUMENT OO 4 41	ARE AN EMPLOYER, ENTER EMPLO	OVER IDENTIFICATION	14050		
I CERTIFY THAT	THIS IS A CORRECT DECLARAT	ION.		ration of estimate	d tax is not a Tax Return
Simulation of Tax	Sparse - 1 - 11 1 - 1 - 1				
Tiginarara or raxa	payer. Spouse also if joint declarat	ion.			DATE

TAX COLLECTATION SERVED IN

C el 3 – (5-0-73 (Xev. 0-73)		
AL TOTAL DETROLY INCOME EXPECTED IN 1974		5
S. SASMPTIONS (SAGGEO FOR EACH EXEMPTION)		\$
C. ESTEMATED DETROIT TAXABLE INCOME (LINE & LESS LINE 8)		ş
D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER 1/2 ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LI	OF 1% OF LINE C. NE 16 OF DECLARATION BELOW	s
D-1040-35 CITY OF DETROIT DECLARATION OF For Culendar Year 1974 or Fiscal Year En	ESTIMATED INCOME TAX	1
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	Check type of declaration
ADDRESS		INDIVIDUAL
CITY STATE 20STAL ZIP COD	SPOUSE'S SOCIAL SECURITY NUMBER	☐ CORPORATION ☐ PARTNERSHIP
STATE POSTAL ZIP COD	-1 : !	OTHER
1a. Your 1973 Detroit Income Tax S	nd enter portion of line 3 as indicated:  1974—1/2;  Jan. 31, 1975—100% gim as a credit	\$\$
your		
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:	·	ated rax is not a Tax Return.
OFFICE OF THE CITY TREASURER — INCOME TAX DIVIS 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE
Ö DETACH ON PERFORATION AND SEND FORM  CITY OF DETROIT DECLARATION OF  For Culendar Year 1974 or Fiscal Year Endi	ESTIMATED INCOME TAY	<u>.</u>
ADDRESS LIVERMAIS  STATE POSTAL ZIP CODE	SPOUSE'S SOCIAL SECURITY NUMBER	HECK TYPE OF DECLARATION  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER
2. Amount of Detroit Income Tax to be withheld or other credit expects 3. ESTIMATED TAX (line 1b less line 2) 4. Computation of Installment: Check Due Date of declaration below and 4. Computation of Installment: Check Due Date of declaration below and 5. Loss: Amount of overpayment on 1973 return which you elected to cla 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)	d enter portion of line 3 as indicated: 1974—1/2;  Jan. 31, 1975—100% im as a credix	\$ 928
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION I		
CERTIFY THAT THIS IS A CORRECT DECLARATION.	This declaration of estima	ted tax is not a Tax Return.
Signature of Taxpayer. Spouse also if joint declaration.		DATE

## SCHEDULE A - SHAREHOLDERS SHARE OF INCOME AND CREDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares
(a) GACH RUEY RIVER, BIRM. MICH.		7,5%
(b) 621/06 OF GEORGE MARCUS		7,500
(c)		
(d)		
(e)		
(f)		
(g)		
(h)		
(i)	,,	
(j)		

			•
(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)	(5) Distributive income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 37 or on page 2, schedule 2, line 46) difference between column 4 and column 5 (see instructions)	(7) Enter here and on form MI-1040, page 1, line 25 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (see instructions)
(a) \$ 9,169.69	9,169.69		47.44
(b) 9,69.69	9,169.69		40,00
(c)			
(d)	:		
(e)			
(f)		:	
(g)			
(h)			
(i)			
(j)			
			·

U-104U-25

# CITY OF DEFRUIT DECLARATION OF ESTIMATED INCOME TEX. TAX COMPUTATION SCHEDULE

		4	
4	1	1	ن

ADDRESS  SPOUSE'S SOCIAL SECURITY NUMBER   INDIVIDUAL CORPORATION   PARTNERSHIP   DTHER   POSTAL ZIP CODE   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   POSTAL ZIP CODE   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP   DTHER   PARTNERSHIP				01T-J (Rev. 8-74)	C of D-15
SESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)  D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER 19, OF 196 OF LINE C. ALL OTHER TAXPAYERS ENTER 296 OF LINE C. ENTER TAX HERE AND ON LINE 16 OF DECLARATION BELOW  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  NAME(S)  (PRINT OR TYPE)  VOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INVIDIDUAL CORPORATION PARTIESHED OTHER  SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INVIDIDUAL CORPORATION PARTIESHED OTHER  KEEP 1a. Your 1974 Detroit Income Tax 5  1b. Your Estimate of 1975 Detroit Income Tax 4. Computation of insulinant: Check Ove Date of declaration below and enter partian of line 3 as indicated: 4. Computation of insulinant: Check Ove Date of declaration below and enter partian of line 3 as indicated: 4. Computation of insulinant: Check Ove Date of declaration below and enter partian of line 3 as indicated: 4. Computation of insulinant: Check Ove Date of declaration below and enter partian of line 3 as indicated: 4. Computation of participation of overgrapment on 1974 return which you elected to claim as a credit  FOR 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 9)  YOUR  RECORDS  IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"  AND MAIL WITH DECLARATION TO:  FINANCE OPPARTMENT — INCOME TAX DIVISION  104 CITY-COUNTY BUILDING  DETROIT, MICHIGAN 49226  V DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  FOR Calendar Year 1975 or Fiscal Year Ending  19  NAME(S)  (PRINT OR TYPE)  AND STATE  INDIVIDUAL  SPOUSE'S SOCIAL SECURITY NUMBER  CRECK TYPE OF DECLA  INDIVIDUAL  ADDRESS  2135 LIYER NUMBER  CHECK TYPE OF DECLA  INDIVIDUAL  ADDRESS  2136 LIYER NUMBER  CHECK TYPE OF DECLA  INDIVIDUAL  CORPORATION  This declaration of estimated tax is not a Tax  This declaration of estimated tax is not a Tax  This declaration of es	S		5	DETROIT INCOME EXPECTED IN 1975	A. TOTA
D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  For Calendar Year 1975 or Fiscal Year Ending  19  AME(S)  (PRINT OR TYPE)  CHECK TYPE OF DECLA  ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LINE 16 OF DECLARATION BELOW  SPOUSE'S  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  For Calendar Year 1975 or Fiscal Year Ending  19  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  SOUSE'S SOCIAL SECURITY NUMBER  CHECK TYPE OF DECLA  INDIVIDUAL  CHECK TYPE OF DECLA  STATE  POSTAL ZIP CODE  3  STATE  POSTAL ZIP CODE  4. Computation of installment: Check Due Date of declaration below and enter portion of line 3 as indicated:  5  COPY  APP 30, 1975—1/4; June 30, 1975—1/3; Sept. 30, 1975—1/2; Jan. 31, 1974—1009  S. LSSI Amount of Deveroppment on 1974 testrue which you elected to claim as a credit  S. COPY  AND AND AND AND AND TO BE PAID WITH THIS DECLARATION (line 4 less line 5)  S. COPY  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"  AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION  DATE  This declaration of estimated tax is not a Tax  AND MAIL WITH DECLARATION AND SEND FORM BELOW WITH YOUR REMITTANCE  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  FOR Calendar Year 1975 or Fiscal Year Ending  INDIVIDUAL  COPY  AME(S) (PRINT OR TYPE)  FORM  OTHER  CHECK TYPE OF DECLA  INDIVIDUAL  COPY  AND AND AND AND AND AND SEND FORM BELOW WITH YOUR REMITTANCE  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  INDIVIDUAL  COPY  AND AND AND AND AND	\$		ν) .	IONS (\$600.00 FOR EACH EXEMPTION)	EXEM
ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LINE 16 OF DECLARATION BELOW  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  19  AME(S)  (PRINT OR TYPE)  VOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL INDIVIDUAL INDIVIDUAL COPPORATION PARTNERSHIP OTHER  SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL COPPORATION PARTNERSHIP OTHER CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL SET OF THE CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL SET OF THE CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL COPPORATION COPPORATION COPPORATION COPPORATION CHECK TYPE OF DECLA INDIVIDUAL CHECK TYPE OF DECLA INDIVIDUAL COPPORATION COPPORATION COPPORATION COPPORATION COPPORATION CHECK TYPE OF DECLA INDIVIDUAL COPPORATION	5		A LESS LINE B)	TED DETROIT TAXABLE INCOME (LINE A	. ESTIM
FOR Calendar Year 1975 or Fiscal Year Ending  YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL CORPORATION CORPORATI					
AME(S) (PRINT OR TYPE)  VOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL CORPORATION PARTNERSHIP OTHER  ITY  STATE  POSTAL ZIP CODE  SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL CORPORATION PARTNERSHIP OTHER  THIS  SETIMATED TAX (line 1b less line 2)  4. Computation of Detroit Income Tax to be withheld or other credit expected in 1975  Less: Amount of overpayment on 1974 return which you elected to claim as a credit FOR  AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)  THIS  This declaration of estimated tax is not a Tax AND MAIL WITH DECLARATION TO: FINANCE DEPARTMENT — INCOME TAX DIVISION DETROIT, MICHIGAN 48226  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  DETACH ON PERFORATION SET INCOME TAX FOR Calendar Year 1975 or Fiscal Year Ending  SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL SPOUSE'S SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL CORPORATION PARTNERSHIP OTHER  10. YOUR 1974 Detroit Income Tax 10 Se withheld or other credit expected in 1975  12. Amount of Detroit Income Tax to be withheld or other credit expected in 1975  STATE ORDER  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  SETIMATED TAX (line 1b less line 2)	4 - 1 4				0-1040
SPOUSE'S SOCIAL SECURITY NUMBER   CORPORATION   CORPORATIO					AME(S)
PARTNERSHIP OTHER	- Connentrion	COOLIGER COOLIN SECURITY NUMBER			DDRESS
2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2).  4. Computation of Installment: Check Due Date of declaration below and enter portion of line 3 as indicated:  5. Less: Amount of overpayment on 1974 return which you elected to claim as a credit  6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5).  FOR  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION DETROIT, MICHIGAN 48226  V DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  D-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX FOR Calendar Year 1975 or Fiscal Year Ending  AME(S)  (PRINT OR TYPE)  STATE  POSTAL ZIP CODE  10. YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLARATION PARTINERSHIP OTHER  10. YOUR 1974 Detroit Income Tax S. 367.39, 1b. Your Estimate of 1975 Detroit Income Tax  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975.  ESTIMATED TAX ((line 1b less line 2)).	PARTNERSHIP		POSTAL ZIP CODE	STATE	ITY .
THIS 3. ESTIMATED TAX (line 1b less line 2) 4. Computation of Installment: Check Due Date of declaration below and enter partion of line 3 as indicated: 5. COPY	·	mate of 1975 Detroit Income Tax.	; 1b. Your Estimate	a. Your 1974 Detroit Income Tax \$	KEEP
Apr. 30, 1975—1/4;  June 30, 1975—1/3;  Sept. 30, 1975—1/2;  Jan. 31, 1976—100%  5. Less: Amount of overpayment on 1974 return which you elected to claim as a credit  6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5).  **SOUR**  **COUR**  **ECORDS**  IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER**  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"  AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION  104 CITY-COUNTY BUILDING  DETROIT, MICHIGAN 48226  **DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE**  **DIAGNOSCIAL SECURITY NUMBER**  CHECK TYPE OF DECLARATION OF ESTIMATED INCOME TAX  FOR Calendar Year 1975 or Fiscal Year Ending	<b>\$</b>			. ESTIMATED TAX (line 1b less line 2) .	THIS
FOR 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)  S  OUR  ECORDS  IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"  AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION  104 CITY-COUNTY BUILDING  DETROIT, MICHIGAN 48226  V DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  O-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  For Calendar Year 1975 or Fiscal Year Ending  AME(S)  (PRINT OR TYPE)  AME(S)  (PRINT OR TYPE)  STATE  MICHIGAN  POSTAL ZIP CODE  10. YOUR SOCIAL SECURITY NUMBER  CHECK TYPE OF DECLA  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER  10. YOUR SOCIAL SECURITY NUMBER  PARTNERSHIP  OTHER  11. YOUR 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax  12. Amount of Detroit Income Tax to be withheld or other credit expected in 1975  3. ESTIMATED TAX (line 1b less line 2)  **YOUR SOCIAL SECURITY NUMBER  CHECK TYPE OF DECLA  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER  3. ESTIMATED TAX (line 1b less line 2)			_		OPY
AME(S) CORDING OF DETROIT DECLARATION OF ESTIMATED INCOME TAX  FOR Calendar Year 1975 or Fiscal Year Ending  AME(S) COPONE RUMAN SALES TNC.  DORESS 18.135 LIVER NUIS  DORESS				않는 ^^^ 병원 전 경우 교육 사용 전 회원 등 등 등 사용 ^^ 기계 등 등 기계 하면 하면 하다. 이 경우 기계 등 기계 등 기계 등 기계 등 기계 등 기계 등 기계 등 기계	FOR
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX FOR Calendar Year 1975 or Fiscal Year Ending  AME(S) CIPY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX FOR Calendar Year 1975 or Fiscal Year Ending  AME(S) CIPY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX FOR CALES TNC.  DORRESS / SI3S LIVER NOIS  STATE POSTAL ZIP CODE 10. Your 1974 Detroit Income Tax \$ 400  10. Your 1974 Detroit Income Tax \$ 400  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975  3. ESTIMATED TAX (line 1b less line 2)  **TOO			<del> </del>	7	
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  AME(S) COSO — RUMAR SALES, INC.  DDRESS 18135 LIVERNUS  STATE MICHIGAN POSTAL ZIP CODE 10. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax 2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975  3. ESTIMATED TAX (line 1b less line 2)  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975  STATE POOL  10. YOUR 1974 Detroit Income Tax to be withheld or other credit expected in 1975	a a <sup>a</sup> 300	3.		* *	OUR
AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226  DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  O-1040-ES  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  AME(S)  (PRINT OR TYPE)  ODRESS  POSTAL ZIP CODE  TO IT  STATE MICHIGAN  POSTAL ZIP CODE  10. Your 1974 Detroit Income Tax \$ 400  117  12		TION NUMBER	NTER EMPLOYER IDENTIFICATION	IF YOU ARE AN EMPLOYER, ENT	ECORE
DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE  CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  AME(S) COSO - RUMAR SALES INC.  DDRESS / SI3S LIVER NOIS  STATE POSTAL ZIP CODE  10. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  10. Your 1974 Detroit Income Tax to be withheld or other credit expected in 1975.  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.	of estimated tax is not a Tax Return.	This declaration of esti	SURER, CITY OF DETROIT"		
CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  AME(S) COPONING OF TYPE  AME(S) COPONING SALES TNC.  DDRESS 18135 LIVERNUIS  STATE POSTAL ZIP CODE PARTNERSHIP  TO IT MICHIGAN POSTAL ZIP CODE  10. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2 Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  5 YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA  1 INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER  5 400	DATE		ING	104 CITY-COUNTY BUILDIN	82
CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1975 or Fiscal Year Ending  AME(S) COPONING OF TYPE  AME(S) COPONING SALES TNC.  DDRESS 18135 LIVERNUIS  STATE POSTAL ZIP CODE PARTNERSHIP  TO IT MICHIGAN POSTAL ZIP CODE  10. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2 Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  5 YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA  1 INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER  5 400	REMITTANCE	M BELOW WITH YOUR REMI	**************************************	<u> </u>	
For Calendar Year 1975 or Fiscal Year Ending 19  AME(S) (PRINT OR TYPE)  OBSO-RUMAR SALES, INC.  IDDRESS 18135 LIVER NOIS  STATE POSTAL ZIP CODE PARTNERSHIP  OTHER  10. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  \$ YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLA INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER  \$ 400				1050	)-1040
DDRESS    S   135   L  V EP N U   S   SPOUSE'S SOCIAL SECURITY NUMBER   CORPORATION	, 19	nding , 1		- For Calendar Year 1	
SPOUSE'S SOCIAL SECURITY NUMBER CORPORATION  STATE POSTAL ZIP CODE PARTNERSHIP  OTHER  1a. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  \$ 400		YOUR SOCIAL SECURITY NUMBER	S INC.	OBO-RUMAR SALES	AME(S)
ITY DETROIT, MICHIGAN POSTAL ZIP CODE PARTNERSHIP OTHER  1a. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  \$ 400	M CORROBATION	SPOUSE'S SOCIAL SECURITY NUMBER		8135 LIVERNOIS	DDRESS
1a. Your 1974 Detroit Income Tax \$ 367.39; 1b. Your Estimate of 1975 Detroit Income Tax.  2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  \$ 400	PARTNERSHIP		POSTAL ZIP CODE	STATE	Q VIII
2. Amount of Detroit Income Tax to be withheld or other credit expected in 1975.  3. ESTIMATED TAX (line 1b less line 2)  5. 400	\$ 400,00	nate of 1975 Detroit Income Tax	17 39		
		ected in 1975	withheld or other credit expected	. Amount of Detroit Income Tax to be w	MBE
Apr. 30, 1975-1/4;  June 30, 1975-1/3;  Sept. 30, 1975-1/2;  Jan. 31, 1976-100%  S					
<b>4</b> 1	1. /00:00				10 <sub>R</sub>
5. Less: Amount of overpayment on 1974 return which you elected to claim as a credit	→ °   \$	claim as a credit	4 return which you elected to claim	. Less: Amount of overpayment on 1974 re	CA
	<u>\$ /00 00</u>	5)	ECLARATION (line 4 less line 5)	. AMOUNT TO BE PAID WITH THIS DEC	
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER					X EN
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER		N NUMBER	ER EMPLOYER IDENTIFICATION N	IF YOU ARE AN EMPLOYER, ENTER	)CU
I CERTIFY THAT THIS IS A CORRECT DECLARATION.  This declaration of estimated tax is not a Tax	of estimated tax is not a Tax Return.			<del></del>	۵

# SCHEDULE F — SHAREHOLDERS SHARE OF INCOME AND CAEDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Socurity Number	(3) Number of Shares
(a) EA - RUBY 4380 STONEY RIVER DR. BIRM. MI 48010		7,540
(a) 1380 STONEY RIVER DR. BIRM. MI 48010  (b) ESTATE OF GEORGE MARCUS  69 W. WASHINGTON #1150 CHICAGO, TLL 6060	λ	7,500
(c)		
(d)		
(e)		
(f)		
(g)		
(h)		
(i)		-
(j)	·	

(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)	(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share- holder on MI-1040 (enter on page 2, schedule 1, line 37 or on page 2, schedule 2, line 46) difference between column 4 and column 5 (see instructions)	(7) Enter here and on form Mi-1040, page 1, line 25 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (see instructions)
a) \$ 36,331.38	36, 231.38		91.94
(b) 36, 331.37	36, 331, 37		91.94
(c)			
(d)			
(e) .			
(f)			
(g)	4		
(h)			
(i).			
(j)·			

#### City or bearen becervision or estimated income and

	~ /	.1	-
-	ď	j	·

TΔX	COMPUTATION	SCHEDUES

C or 0-15	5-DIT-1 -Rev. 8-74;		
A TOTA	L DETROIT INCOME EXPECTED IN 1975		\$
B EXEM	PTIONS (\$600.00 FOR EACH EXEMPTION)		\$
C. ESTIM	MATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		\$
	NATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER ½ ( OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LIN		\$
D-104	O-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year End		, 1975
NAME(S)	(PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS			INDIVIDUAL   CORPORATION
CITY	STATE POSTAL ZIP CODE	SPOUSE'S SOCIAL SECURITY NUMBER	PARTNERSHIP OTHER
KEEP THIS	1a. Your 1974 Detroit Income Tax \$	ed in 1975	\$
FOR .	Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept. 30, 1 5. Less: Amount of overpayment on 1974 return which you elected to clai 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)	m as a credit	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
YOUR RECORI	DSIF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"		mated tax is not a Tax Return.
5-104(	FINANCE DEPARTMENT - INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226  DETACH ON PERFORATION AND SEND FORM  O-ES  CITY OF DETROIT DECLARATION OF	BELOW WITH YOUR REMI	TTANCE
AMc(S)	For Calendar Year 1975 or Fiscal Year End	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS,	SIBS LIVERNOIS  STATE POSTAL ZIP CODE TROIT MICHIGAN POSTAL ZIP CODE 48221	SPOUSE'S SOCIAL SECURITY NUMBER	☐ INDIVIDUAL  ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER
DOCUMENT LOCATOR NUMBER	1a. Your 1974 Detroit Income Tax S	d enter portion of line 3 as indicated: 975—1/2;	4/2017/2
	CERTIFI THAT THIS IS A CORRECT DECLARATION.	inis declaration of estin	natea tax is not a Tax Return.
	Signature of Taxpayer. Spouse also if joint declaration.		DATE

# SCHEDULE 7 - UHAREHOLDERS SHARE OF INCOME AND CREDITS ( (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Security Number	(3) Number of Shares
(a) GACL RUBY 4380 STOWEY RIVER, BIRM. MICH. (b) ESTIME OF GEORGE MARCUS		7,500
b) ESTAGE OF GEORGE MARCUS IS W. WASHINGTON HILL. COLOR	·	7,500
c)	-	
d)		
e)	·	
f)		
g)		
h)		
i)		
i)		

(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)	(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 37 or on page 2, schedule 2, line 46) difference between column 4 and column 5 (see instructions)	(7) Enter here and on form MI-1040, page 1, line 25 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (see instructions)
(a) \$ 9,169.69	9,169.69		42.07
(a) \$ 9,169.69 (b) 9,169.69	9,169.69		45.00
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			

ジーエンム・ごろ

# CITY OF DEFRONT DECLARATION OF ESTIMATED INCOME TAX TAX COMPUTATION SCHEDULE

	1. `		-0
	× ,	.;	
- 4	_	1	Acres 1

C of D=15-DIT-J (Rev. 8-74)			
A. TOTAL DETROIT INCOME EXPECTED IN 1975		\$	
B. EXEMPTIONS (\$600.00 FOR EACH EXEMPTION)		\$	
C. ESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE 8)		\$	
D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER } ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON I		S	
D-1040-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year Er		, 197	75
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARA	TION
ADDRESS		☐ INDIVIDUAL ☐ CORPORATION	
CITY STATE POSTAL ZIP CO	- COURT OF COMMENT	PARTNERSHIP OTHER	
KEEP  1a: Your 1974 Detroit Income Tax \$	and enter portion of line 3 as indicated:  0, 1975—1/2;  Jan. 31, 1976—100%	\$	
FOR		\$	<u> </u>
YOUR			
RECORDS IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICAT	ION NUMBER	· <u> </u>	
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:	This declaration of estim	nated tax is not a Tax Re	turn.
FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE	
DETACH ON PERFORATION AND SEND FOR	M BELOW WITH YOUR REMIT	ITANCE	
D-1040-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year En	nding, 19	9 197	75
NAME(S) (PRINT OR TYPE)  COSO-RUMAR SALES INC.		CHECK TYPE OF DECLARA	TION
ADDRESS 18135 LIVERNIUS		☐ INDIVIDUAL ☐ CORPORATION	
CITY DETPOIT, MICHIGAN POSTAL ZIP COL	DE i	☐ PARTNERSHIP ☐ OTHER	
2/7 39	and enter portion of line 3 as indicated:  ), 1975—1/2;	\$ 4000	0 0
	The state of the s		
Viscours of Incomes Supplied to the Supplied t		0.415	

# SCHEDULE F - SHAREHOLDERS SHARE OF INCOME AND CAEDITS (If additional space is needed, attach schedule)

(1) Name and Address of Each Shareholder	(2) Social Socurity Number	(3) Number of Shares
(a) EAN RUBY H380 STONEY RIVER DR. BIRM-MI 48010		7,500
(a) 1980 STONEY RIVER DR. BIRM. MI 48010 (b) ESTATE OF GEORGE MARCUS 69 W. WASHINGTON # 1150 CHICAGO, TLL 6060	· ·	7,500
(c)		
(d)		
(e)		
(f)		
(g)		
(h)		
(i)		
(j)	9 0	

(4) Amount taxable as ordinary income (schedule K, total of lines 4 and 8, U.S. 1120-S)	(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6	(6) Amount to be used by share-holder on MI-1040 (enter on page 2, schedule 1, line 37 or on page 2, schedule 2, line 46) difference between column 4 and column 5 (see instructions)	(7) Enter here and on form MI-1040, page 1, line 25 each shareholder's proportionate share of personal property taxes paid on inventories or the credit for franchise fees paid. (see instructions)
(a) \$ 34,331.38	36, 331.38		91,94
(b) 36, 331.37	36, 331.37	6	91.94
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			8
(i) ·			
(j)		2	3

- ・ じゃじ・ごう

## CITY OF DETROIT DECLARATION OF ESTIMATED INCOME. A. TAX COMPUTATION SCHEDULE

\ ,	. ,	~
Ú	ď	

C of D-15-DIT-J Rev. 8-74;		
A. TOTAL DETROIT INCOME EXPECTED IN 1975		s
B. EXEMPTIONS (\$600.00 FOR EACH EXEMPTION)		\$
C. ESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		S
D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND OR		\$
D-1040-ES CITY OF DETROIT DECLARATION For Calendar Year 1975 or Fiscal Year		, 1975
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS		☐ INDIVIDUAL ☐ CORPORATION
CITY STATE POSTAL ZIP (	SPOUSE'S SOCIAL SECURITY NUMBER	PARTNERSHIP OTHER
KEEP  1a. Your 1974 Detroit Income Tax \$; 1b. Your E.  2. Amount of Detroit Income Tax to be withheld or other credit e  THIS  3. ESTIMATED TAX (line 1b less line 2)  4. Computation of Installment: Check Due Date of declaration below  Apr. 30, 1975—1/4;  June 30, 1975—1/3;  Sept.  5. Less: Amount of overpayment on 1974 return which you elected to	we and enter portion of line 3 as indicated: . 30, 1975—1/2;	\$ \$ \$
FOR 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less if	ine 5).	<u> </u>
YOUR		
RECORDS IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFIC	ATION NUMBER	_
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:	This declaration of estin	nated tax is not a Tax Return.
FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE
DETACH ON PERFORATION AND SEND FO	ORM BELOW WITH YOUR REMI	ITANCE
D-1040-ES CITY OF DETROIT DECLARATION For Calendar Year 1975 or Fiscal Year		9 1975
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS SISS LIVER NOIS	SPOUSE'S SOCIAL SECURITY NUMBER	☐ INDIVIDUAL  ☐ CORPORATION
CITY DETROIT MICHIGAN POSTAL ZIP CONTROL THE CONTROL TO THE CONTROL TO THE CONTROL TO THE CONTROL THE	ODE	PARTNERSHIP OTHER
1a. Your 1974 Detroit Income Tax \$ / 14-7.26; 1b. Your Es  2. Amount of Detroit Income Tax to be withheld or other credit es  3. ESTIMATED TAX (line 1b less line 2)  4. Computation of Installment: Check Due Date of declaration belo  Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept.  5. Less: Amount of overpayment on 1974 return which you elected to  6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less li	stimate of 1975 Detroit Income Tax  xpected in 1975  w and enter portion of line 3 as indicated: 30, 1975—1/2;  Jan. 31, 1976—100% o claim as a credit	\$ 1,600 00 \$ 11600 00
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION.		nated tax is not a Tax Return.
Signature of Taxpayer. Spause also if joint declaration.		DATE

ι,		6.	•
	N /	- /	process.
1	Ú	J	w

TAX COMPUTATION OF DESCRIPTION OF TAX COMPUTATION		1975
C of D=15-DIT-J (Rev. 8-74)		
A. TOTAL DETROIT INCOME EXPECTED IN 1975		\$
B. EXEMPTIONS (\$600.00 FOR EACH EXEMPTION)		\$
C. ESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		\$
D. ESTIMATED DETROIT INCOME TAX-NONRESIDENT INDIVIDUALS ENTER 1/2 (		s
ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LIN	E 18 OF DECLARATION BELOW	
D-1040-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year End		1975
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	
ADDRESS	SPOUSE'S SOCIAL SECURITY NUMBE	INDIVIDUAL CORPORATION
CITY STATE POSTAL ZIP CODE	SPOUSE'S SOCIAL SECURITY NUMBER	PARTNERSHIP
		OTHER!
KEEP 1a. Your 1974 Detroit Income Tax \$; 1b. Your Estimate		<b>\$</b>
Amount of Detroit Income Tax to be withheld or other credit expects  THIS     SESTIMATED TAX (line 1b less line 2)	ed in 1975	s
4. Computation of Installment: Check Due Date of declaration below and	d enter portion of line 3 as indicate	d:
COPY Apr. 30, 1975-1/4; June 30, 1975-1/3; Sept. 30, 1		1 1
<ol> <li>Less: Amount of overpayment on 1974 return which you elected to claim</li> <li>AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)</li> </ol>		<b>►</b> \$
FOR O. AMOUNT TO BE PAID WITH THIS DECLARATION (THE 4 Tess time 5)		<u> </u>
YOUR		
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION	NI NIIMRED	
RECORDS IF 100 ARE AN EMPLOTER, ENTER EMPLOTER IDENTIFICATION	1 110/mbck	
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:	This declaration of es	timated tax is not a Tax Return.
FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE
T DETACH ON PERFORATION AND SEND FORM	BELOW WITH YOUR REN	MITTANCE
D-1040-ES CITY OF DETROIT DECLARATION OF		1075
For Calendar Year 1975 or Fiscal Year End	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
MAPUBY , INC.		☐ INDIVIDUAL
ADDRESS 18135 LIVERNOIS	SPOUSE'S SOCIAL SECURITY NUMBI	ER 反 CORPORATION
CITY DETROIT, MICHIGAN POSTAL ZIP CODE 48221		DARTNERSHIP OTHER
ge 1a. Your 1974 Detroit Income Tax \$ 98.22 ; 1b. Your Estimate	e of 1975 Detroit Income Tax	\$ /00 00
2. Amount of Detroit Income Tax to be withheld or other credit expecte 3. ESTIMATED TAX (line 1b less line 2)		/00100
		di l
Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept. 30, 1  5. Less: Amount of overpayment on 1974 return which you elected to claim  6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)	·	/ 00 10 0
5. Less: Amount of overpayment on 1974 return which you elected to claim		► • s G/G3
	· · · · · · · · · · · · · · · · · · ·	··· • <u>\$ 38-17</u>
, Z		0
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION IS	NUMBER	
CEPTIES THAT THIS IS A CORRECT DECLARATION	This dealers of the	Nonetal Annie and a Year Dalance

IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER . CERTIFY THAT THIS IS A CORRECT DECLARATION. This declaration of estimated tax is not a Tax Return.

DATE

ジー・シャウーごと

# CITY OF DECLARATION OF ESTABLISHED INCOME TAX

**	9	• ,	
	N /	7	prof.
5	Ú	ı/	J

C of D-15-DIT-J (Rev. 8-74)			
A. TOTAL DETROIT INCOME EXPECTED IN 1975		\$	
B. EXEMPTIONS (\$600.00 FOR EACH EXEMPTION)	\$		
C. ESTIMATED DETROIT TAXABLE INCOME (LINE & LESS LINE B)		\$	
D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER ½ ( ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LIN		s	
D-1040-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year End		19	75
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLAR	RATION
ADDRESS		☐ INDIVIDUAL ☐ CORPORATION	
CITY STATE POSTAL ZIP CODE	5,000	PARTNERSHIP OTHER	
KEEP 1a. Your 1974 Detroit Income Tax \$; 1b. Your Estimat	e of 1975 Detroit Income Tax	s	
2. Amount of Detroit Income Tax to be withheld or other credit expects 3. ESTIMATED TAX (line 1b less line 2) 4. Computation of Installment: Check Due Date of declaration below and COPY  Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept. 30, 1 5. Less: Amount of overpayment on 1974 return which you elected to claim	d enter portion of line 3 as indicated: 1975—1/2;	1 :	
FOR 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)		\$ <u>_</u>	
RECORDS IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION  MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT"	N NUMBERThis declaration of estima	— ated tax is not a Tax I	Return.
AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE	
D-1040-ES CITY OF DETROIT DECLARATION OF	ESTIMATED INCOME TAX		75
For Calendar Year 1975 or Fiscal Year End		CHECK TYPE OF DECLAR	RATION
MARUEY, INC.		INDIVIDUAL	
	SPOUSE'S SOCIAL SECURITY NUMBER	CORPORATION     PARTNERSHIP	
DETPAIT, MICHIGAN 48221		OTHER	
1a. Your 1974 Detroit Income Tax \$	d enter portion of line 3 as indicated:  975-1/2;  Jan. 31, 1976-100%  m as a credit	\$ /00   0 \$ /00   0 \$ /00   0 \$ 6/   8 \$ 38/ /	) S
CERTIFY THAT THIS IS A CORRECT DECLARATION.	This declaration of estima	ited tax is not a Tax R	Return.
Signature of Taxpayer. Spouse also if joint declaration.		DATE	