
Agency Information

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16250 Bircher Ave.
Granada Hills, Ca.
91344

Jan. 24, 1978

004876

Mr. Donald A. Purdy, Jr.

I have had xerox's made of my tax returns and am enclosing the copies for the years 1967 to 1976.

I and my wife have looked in the various places where we normally keep our important papers and we could not find the tax returns for the years 1962 to 1966.

We have moved four times since we left Dallas in 1966. It is possible that we disposed of them in the process of moving from one place to another. We probably never anticipated any further use for them.

Should there be any other documents that I have in my possession and you are in need of them during the course of your investigation I will be happy to mail them to you.

Sincerely yours
Samuel P. Ruby

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

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.

Name
SAMUEL D RUBY

Address (Number and street)
16250 BIRCHER ST

City or town, State and ZIP code
GRANADA HILLS CA

If you are not required to file a Form 1040 check here

Part I Individual and Retirement Savings Information

1 Type of individual retirement savings arrangement:

- (a) Individual retirement account
- (b) Individual retirement annuity
- (c) Individual retirement bonds

2 Were you during any part of the year an active participant in a qualified pension, profit-sharing or stock bonus plan, including a qualified Keogh (HR 10) plan, or were you covered under a section 403(b) annuity or custodial account or under a government retirement plan other than the Social Security or Railroad Retirement Acts? (Volunteer firemen and military reservists see specific instructions for line 2) Yes No

If "Yes," you are not allowed a deduction for your 1976 contributions to your individual retirement arrangement.

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, this declaration is based on all information of which the preparer has any knowledge.

.....
Your signature Date

.....
Preparer's signature (other than taxpayer) Date
Preparer's identification number (see General Instruction B) **95-2941449**

.....
Preparer's address and ZIP code **13717 VANOWEN ST VAN NUYS CA 91405**

Part II

Attach Copy B of Form 5498 here

Your Social Security Number

JFK Act 6 (3)

3 If filed by surviving spouse or beneficiary of an individual who created this retirement savings arrangement check here and enter name and social security number of individual for whom the arrangement was established

4 Indicate your age as of the end of the year (If you checked item 3 do not complete this item):

- (a) Under age 59 1/2
(b) Age 59 1/2 to 70 1/2
(c) Over age 70 1/2 (if you check item (c) complete Part VI below)

5 (a) If, during the year, you received a distribution of your entire account from a qualified pension, profit-sharing or stock bonus plan, because either (i) you terminated employment or (ii) your employer terminated the plan, and you transferred (rolled over) such distribution to your arrangement, check here

(b) If you checked (a) did you transfer the entire amount of the distribution (less any amounts you contributed to the qualified plan—see instructions) to your arrangement within 60 days of receipt of such distribution (or 12/31/76 if (a)(ii) applies and you received such distribution prior to 11/2/76)?

(c) If (b) was "Yes," complete lines (i) through (iii) below:
(i) Date of transfer to arrangement
(ii) Date distribution was made to you from the plan
(iii) Name of trustee or insurance company to which the transfer was made (If bonds were purchased state "Bonds")

Table with columns: Yes, No, Month, Day, Year

(d) (i) If within one taxable year, you received a distribution of your entire account from your employer's qualified pension, profit-sharing or stock bonus plan because the plan was terminated by your employer did you:
(A) receive such amount on or after July 4, 1974 but prior to January 1, 1976,
(B) transfer such amount, reduced by the amount of the income tax paid on the distribution on your 1974 or 1975 income tax return, to an arrangement and
(C) file a claim for refund of such tax paid? (Check "Yes" only if (A), (B) and (C) ALL apply.)

Table with columns: Yes, No, Month, Day, Year

(ii) If (d)(i) is "Yes," and you have received such refund or credit for such tax paid enter:
(A) Date refund or credit received
(B) Date refund or amount of credit was contributed to your retirement savings arrangement

Note: See Definition C in the Instructions concerning rollover contributions.

6 If, during the year, you transferred any funds from one retirement savings arrangement to another retirement savings arrangement, enter the date of transfer here

Table with columns: Month, Day, Year

Caution: Such a transfer may be a taxable distribution.

7 If, during the tax year covered by this form, you have entered into a prohibited transaction under section 4975 or borrowed any amount from your retirement savings arrangement or pledged any part of your arrangement as security for a loan, check here

Note: See instructions for the tax consequences of such transactions.

Part III Computation of Allowable Deduction

(If you have entered into a prohibited transaction under section 4975, do not complete Part III or Part IV for the retirement savings arrangement with which you entered into such prohibited transaction.)

8 Wages, tips and other compensation from Form 1040 (if a joint return do not include compensation of spouse) (See definition B in the instructions for the meaning of compensation.)

9 15% of line 8 or \$1,500, whichever is lesser (if you are 70 1/2 or over or answered "Yes" to line 2, enter zero)

10 Amount paid by you or on your behalf under all your retirement savings arrangements (do not include any amounts which were considered as "rollover contributions," see lines 5 and 6, or the purchase price of any individual retirement bonds redeemed within 12 months of their date of purchase (see instructions) or life insurance portion of your endowment premium as reported on Form 5498 box 6)

11 Allowable deduction, lesser of line 9 or line 10 (enter here and on Form 1040, line 40a)

Part IV Tax on Excess Contributions

12 Tax on excess contributions (see Part IV of the Specific Instructions if Part III, line 10 exceeds line 11). Enter tax from worksheet here and on Form 1040, line 61

Part V Tax on Premature Distributions

13 Tax on premature distributions (see Part V of the Specific Instructions if you received a distribution from your retirement savings arrangement before you have attained age 59 1/2). Enter tax from worksheet here and on Form 1040, line 57.

Part VI Tax on Undistributed Retirement Accounts and Annuities

(See Instructions before completing this Part.)

14 Tax based on current year distribution method, see worksheet in Instructions

15 Tax based on aggregate distribution methods, see worksheet in Instructions

16 Tax due, lesser of line 14 or 15, enter here and on Form 1040, in your total for line 62. On the dotted line to the left of the line 62 entry space write "4974 tax," and show the amount

For the year January 1–December 31, 1976, or other taxable year beginning _____, 1976 ending _____, 19

Please print or type	Name (If joint return, give first names and initials of both) SAMUEL + PHYLLIS	Last name RUBY	Your social security number JFK Act 6 (3)
	Present home address (Number and street, including apartment number, or rural route) 16250 BIRCHER ST	For Privacy Act Notification, see page 5 of Instructions.	Spouse's social security no. JFK Act 6 (3)
	City, town or post office, State and ZIP code GRANADA HILLS CA	Occupation Yours <input checked="" type="checkbox"/> S/E Spouse's <input checked="" type="checkbox"/> S/E	

Filing Status	1 <input type="checkbox"/> Single (Check only ONE box)	Exemptions	6a Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked <input type="checkbox"/> 2
	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)		b First names of your dependent children who lived with you ELISA Enter number <input type="checkbox"/> 2
	3 <input type="checkbox"/> Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here <input type="checkbox"/>		c Number of other dependents (from line 7) <input type="checkbox"/> 4
	4 <input type="checkbox"/> Unmarried Head of Household. See page 7 of instructions to see if you qualify <input type="checkbox"/>		d Total (add lines 6a, b, and c) <input type="checkbox"/> 4
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died <input type="checkbox"/> 19 <input type="checkbox"/>). See page 7 of Instructions.		e Age 65 or older. <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked <input type="checkbox"/>
			f TOTAL (add lines 6d and e) <input type="checkbox"/> 4

7 Other dependents:	(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) Amount furnished for dependent's support
				By YOU. If 100% write ALL.	By OTHERS including dependent.
				\$	\$

8 Presidential Election Campaign Fund Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse wish to designate \$1? Yes No

Income	9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see page 6 of Instructions.)	9	-0-
	10a Dividends (See pages 9 and 16 of Instructions) 10b less exclusion Balance	10c	-0-
	11 Interest income. (If \$400 or less, enter total without listing in Schedule B. If over \$400, enter total and list in Part II of Schedule B)	11	5195
	12 Income other than wages, dividends, and interest (from line 37)	12	2546
	13 Total (add lines 9, 10c, 11 and 12)	13	7741
	14 Adjustments to income (such as moving expense, etc. from line 42)	14	-6-
	15a Subtract line 14 from line 13	15a	7741
	b Disability income exclusion (sick pay) (attach Form 2440)	15b	0-
	c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.")	15c	7741
	16 Tax, check if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule X, Y or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G <input type="checkbox"/> Form 2555 OR <input type="checkbox"/> Form 4726	16	0
	17a Multiply \$35.00 by the number of exemptions on line 6d 17b Enter larger of a or b	17a	140
	b Enter 2% of line 17a but not more than \$180 (\$90 if box 3 is checked)	17b	
	18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	18	0
	19 Credits (from line 54)	19	
	20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	20	0
21 Other taxes (from line 62)	21	280	
22 Total (add lines 20 and 21)	22	280	
23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front)	23a		
b 1976 estimated tax payments (include amount allowed as credit from 1975 return)	23b	602	
c Earned income credit. (from page 2 of Instructions)	23c		
d Amount paid with Form 4868	23d		
e Other payments (from line 66)	23e		
24 TOTAL (add lines 23a through e)	24	602	

Due or Refund	25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here <input type="checkbox"/> , if Form 2210 or Form 2210F is attached. See page 10 of instructions.)	25	
	26 If line 24 is larger than line 22, enter amount OVERPAID	26	322
	27 Amount of line 26 to be REFUNDED TO YOU	27	222
	28 Amount of line 26 to be credited on 1977 estimated tax <input type="checkbox"/> 28		1000

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature	Date	Preparer's signature (and employer's name, if any)	Date
SAMUEL + PHYLLIS		95-2941449	
Spouse's signature (if filing jointly, BOTH must sign even if only one had income)		Identifying number (see instructions)	Address (and ZIP code)

Part I Income other than Wages, Dividends and Interest

29	Business income or (loss) (attach Schedule C)	29	
30a	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a	3546
b	50% of capital gain distributions (not reported on Schedule D—see page 10 of Instructions)	30b	1000
31	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	31	
32a	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	32a	
b	Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of Instructions)	32b	
33	Farm income or (loss) (attach Schedule F)	33	
34	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	Alimony received	35	
36	Other (state nature and source—see page 11 of Instructions)	36	
37	Total (add lines 29 through 36). Enter here and on line 12	37	2546

Part II Adjustments to Income

38	Moving expense (attach Form 3903)	38	
39	Employee business expense (attach Form 2106)	39	
40a	Payments to an individual retirement arrangement from attached Form 5329, Part III	40a	
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	

Part III Tax Computation

43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 9 of Instructions	43	7741
44a	If you itemize deductions, check here <input type="checkbox"/> , and enter total from Schedule A, line 40, and attach Schedule A		
b	Standard deduction—If you do not itemize deductions, check here <input type="checkbox"/> , and: If you checked the box on line 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400 3, enter the greater of \$1,050 OR 16% of line 43—but not more than \$1,400	44	5686
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	45	2055
46	Multiply total number of exemptions claimed on line 6f by \$750	46	3000
47	Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47	0

• If line 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption of Income Earned Abroad, find your tax in Tax Table. Enter tax on line 16 and check appropriate box.

• If line 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 applicable, the alternative tax from Schedule D, income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16 and check appropriate box.

Part IV Credits

48	Credit for the elderly (attach Schedules R & RP)	48	
49	Credit for child care expenses (attach Form 2441)	49	
50	Investment credit (attach Form 3468)	50	
51	Foreign tax credit (attach Form 1116)	51	
52	Contributions to candidates for public office credit (see page 12 of Instructions)	52	
53	Work Incentive (WIN) Credit (attach Form 4874)	53	
54	Total (add lines 48 through 53). Enter here and on line 19	54	

Part V Other Taxes

55	Tax from recomputing prior-year investment credit (attach Form 4255)	55	
56	Minimum tax. Check here <input type="checkbox"/> , and attach Form 4625	56	
57	Tax on premature distributions from attached Form 5329, Part V	57	
58	Self-employment tax (attach Schedule SE)	58	280
59	Social security tax on tip income not reported to employer (attach Form 4137)	59	
60	Uncollected employee social security tax on tips (from Forms W-2)	60	
61	Excess contribution tax from attached Form 5329, Part IV	61	
62	Total (add lines 55 through 61). Enter here and on line 21	62	280

Part VI Other Payments

63	Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	63	
64	Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	64	
65	Credit from a Regulated Investment Company (attach Form 2439)	65	
66	Total (add lines 63 through 65). Enter here and on line 23e	66	

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

1976

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

S + P. Ruby

Your social security number

JFK Act 6 (3)

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensated by insurance or otherwise) (See page 13 of Instructions.)

1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below)	
2 Medicine and drugs	
3 Enter 1% of line 15c, 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 Enter other medical and dental expenses:	
a Doctors, dentists, nurses, etc.	
b Hospitals	
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶	
7 Total (add lines 4 through 6c)	
8 Enter 3% of line 15c, Form 1040	
9 Subtract line 8 from line 7 (if less than zero, enter zero)	
10 Total (add lines 1 and 9). Enter here and on line 34	<i>1941</i>

Contributions (See page 15 of Instructions for examples.)

21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	
b Other cash contributions. List donees and amounts. ▶	
22 Other than cash (see page 15 of instructions for required statement)	
23 Carryover from prior years	
24 Total contributions (add lines 21a through 23). Enter here and on line 37	<i>100</i>

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	
27 Subtract line 26 from line 25. Enter difference (if less than zero, enter zero)	
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 38	<i>0</i>

Miscellaneous Deductions (See page 15 of Instructions.)

30 Alimony paid	
31 Union dues	
32 Other (itemize) ▶	
33 Total (add lines 30 through 32). Enter here and on line 39	<i>0</i>

Taxes (See page 13 of Instructions.)

11 State and local income	
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) ▶	
17 Total (add lines 11 through 16). Enter here and on line 35	<i>1128</i>

Interest Expense (See page 14 of Instructions.)

18 Home mortgage	
19 Other (itemize) ▶	
20 Total (add lines 18 and 19). Enter here and on line 36	<i>2517</i>

Summary of Itemized Deductions

34 Total medical and dental—line 10	<i>1941</i>
35 Total taxes—line 17	<i>1128</i>
36 Total interest—line 20	<i>2517</i>
37 Total contributions—line 24	<i>100</i>
38 Casualty or theft loss(es)—line 29	<i>0</i>
39 Total miscellaneous—line 33	<i>0</i>
40 Total deductions (add lines 34 through 39). Enter here and on Form 1040, line 44	<i>5686</i>

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

S + P RUDY

JFK Act 6 (3)

Part II Dividend Income

Note: If gross dividends (including capital gain distributions) and other distributions on stock are \$400 or less, do not complete this part. But enter gross dividends less the sum of capital gain distributions and non-taxable distributions, if any, on Form 1040, line 10a (see note below).

1 Gross dividends (including capital gain distributions) and other distributions on stock. (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

Table with 3 columns for dividend entries. The table is mostly empty.

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 distributions (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

Part III Interest Income

Note: If interest is \$400 or less, do not complete this part. But enter amount of interest received on Form 1040, line 11.

7 Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see page 16 of Instructions). (List payers and amounts)

Table with 2 columns for interest entries. Entries include: NOTE ON WOODLEY BISTRO (49.59), WAL (17), TRANSWORLD (11), WORLD (17). Total interest income is 519.5.

8 Total interest income. Enter here and on Form 1040, line 11

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 30b.

Part III Foreign Accounts and Foreign Trusts

1 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign 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.)

2 Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust? If "Yes," attach Form 4683 (For definitions, see Form 4683.)

**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

Name of proprietor

S & P Ruby

JFK Act 6 (3)

- A** Principal business activity (see Schedule C Instructions) ▶ *SERVICE*; product ▶ *SNACK BAR*
B Business name ▶ *WOODLEY BISTRO COFFEE SHOP* **C** Employer identification number ▶ *95-2651578*
D Business address (number and street) ▶ *16055 VENTURA BLVD*
 City, State and ZIP code ▶ *ENCINO CA 91316* **G**
E Indicate method of accounting: (1) Cash (2) Accrual (3) Other ▶
F Were you required to file Form W-3 or Form 1096 for 1976 (see Schedule C Instructions)?
 If "Yes," where filed ▶
G Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1976?
H Method of inventory valuation ▶ Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes," attach explanation) ▶

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Income			
1	Gross receipts or sales \$..... Less: returns and allowances \$.....	Balance ▶	1
2	Less: Cost of goods sold and/or operations (Schedule C-1, line 8)		2
3	Gross profit		3
4	Other income (attach schedule)		4
5	Total income (add lines 3 and 4)		5
Deductions			
6	Depreciation (explain in Schedule C-3)		6
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
10	Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)		10
11	Insurance		11
12	Legal and professional fees		12
13	Commissions		13
14	Amortization (attach statement)		14
15	(a) Pension and profit-sharing plans (see Schedule C Instructions)		15(a)
	(b) Employee benefit programs (see Schedule C Instructions)		(b)
16	Interest on business indebtedness		16
17	Bad debts arising from sales or services		17
18	Depletion		18
19	Other business expenses (specify):		
	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
	(f)		
	(g)		
	(h)		
	(i)		
	(j)		
	(k) Total other business expenses (add lines 19(a) through 19(j))	<i>SCA</i>	19(k)
20	Total deductions (add lines 6 through 19(k))		20

21 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 29. **ALSO** enter on Schedule SE, line 5(a) **21** *3546*

SCHEDULE 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
2	Purchases \$..... Less: cost of items withdrawn for personal use \$.....	Balance ▶
3	Cost of labor (do not include salary paid to yourself)	3
4	Materials and supplies	4
5	Other costs (attach schedule)	5
6	Total of lines 1 through 5	6
7	Less: Inventory at end of year	7
8	Cost of goods sold and/or operations. Enter here and on line 2 above	8

Did you claim a deduction for expenses of an office in your home? Yes No

Part IV Computation of Alternative Tax (See Instruction S to See if the Alternative Tax Will Benefit You)

17 Enter amount from Form 1040, line 47	17		
18 Enter amount from line 15a (or Form 4798, Part IV, line 8(a))	18		
19 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		
<i>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.</i>			
20 Enter \$25,000 (\$12,500 if married filing separately)	20		
21 Add lines 19 and 20	21		
22 Tax on amount on line 17*	22		
23 Tax on amount on line 21*	23		
24 Subtract line 23 from line 22	24		
25 Tax on amount on line 19*	25		
26 Enter 50% of line 18 but not more than \$12,500 (\$6,250 if married filing separately)	26		
27 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		

*If the amount on which the tax is to be computed is \$20,000 or less use the Tax Table; if more than \$20,000 use Tax Rate Schedule X, Y, or Z.

Note: Enter your capital loss carryovers from 1976 to 1977:	Pre-1970	Post-1969
	0	0
	7958	484

