

# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10140-10022  
RECORD SERIES : NUMBERED FILES  
AGENCY FILE NUMBER : 005089

Released under the John  
F. Kennedy Assassination  
Records Collection Act of  
1992 (44 USC 2107  
Note). Case#: NW 64578  
Date: 12-14-2022

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**February 26, 1996**

**Status of Document:** Postponed in Part

**Number of releases of previously postponed information:** 0

**Number of Postponements:** 186

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Postponement # 1 (Page 1):

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Release Date: 2017

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**Board Review Completed: 01/05/96**

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA  
RECORD NUMBER : 180-10140-10022  
RECORDS SERIES : NUMBERED FILES  
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DOCUMENT INFORMATION

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COMMENTS : Box 106

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[R] - ITEM IS RESTRICTED

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

Name (If joint return, give first names and initials of both) **Earl R. and Marge** Last name **Ruby** Your social security number [REDACTED]

Present home address (Number and street, including apartment number, or rural route) **18135 Livernois** For Privacy Act Notification, see page 5 of Instructions. Spouse's social security no. [REDACTED]

City, town or post office, State and ZIP code **Detroit, Michigan 48221** Occupation Yours **Sales** Spouse's **Housewife**

**Filing Status** (Check only ONE box)

1  Single

2  Married filing joint return (even if only one had income)

3  Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here

4  Unmarried Head of Household. See page 7 of instructions to see if you qualify

5  Qualifying widow(er) with dependent child (Year spouse died **19**). See page 7 of Instructions.

**Exemptions**

6a Regular  Yourself  Spouse Enter number of boxes checked **2**

b First names of your dependent children who lived with you

c Number of other dependents (from line 7) **2**

d Total (add lines 6a, b, and c) **2**

e Age 65 or older.  Yourself  Spouse Enter number of boxes checked

Blind.  Yourself  Spouse

f TOTAL (add lines 6d and e) **2**

**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

Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

**Income**

Line	Description	Amount
9	Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see page 6 of Instructions.)	180,700 00
10a	Dividends (See pages 9 and 16 of Instructions) 9,473 62	9,473 62
10b	less exclusion 200 00	
10c	Balance	9,273 62
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 }	11,096 42
12	Income other than wages, dividends, and interest (from line 37)	53,332 95
13	Total (add lines 9, 10c, 11 and 12)	254,402 99
14	Adjustments to income (such as moving expense, etc. from line 42)	
15a	Subtract line 14 from line 13	254,402 99
15b	b Disability income exclusion (sick pay) (attach Form 2440)	
15c	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.")	254,402 99

**Tax, Payments and Credits**

Line	Description	Amount
16	Tax, check if from: Tax Table Schedule G Tax Rate Schedule X, Y or Z Form 2555 OR <input checked="" type="checkbox"/> Schedule D Form 4726	118,337 05
17a	Multiply \$35.00 by the number of exemptions on line 6d	70 00
17b	Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	180 00
17c	Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	180 00
18	Credits (from line 54)	118,157 05
19	Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	483 00
20	Other taxes (from line 62)	117,669 03
21	Total (add lines 20 and 21)	117,669 03
22	Total Federal income tax withheld (attach Forms W-2, or W-2P to front) (Include amount allowed as credit from 1975 return)	53,505 15
23a	1976 estimated tax payments (from page 1 of 1976 return)	50,000 00
23b	Earned income credit (from page 1 of 1976 return)	
23c	Amount paid with Form 1042S	
23d	Other payments (from page 1 of 1976 return)	
23e	Total (add lines 23a through 23e)	8,950 5
24	TOTAL (add lines 23a through 23e)	104,400 20

**Due or Refund**

Line	Description	Amount
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.)	13,268 83
26	If line 24 is larger than line 22, enter amount OVERPAID	
27	Amount of line 26 to be REFUNDED TO YOU	
28	Amount of line 26 to be credited on 1977 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign here**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's signature (and employer's name, if any) **Gordon L. Hollander, CPA** Date **4/8/77**

**GORDON L. HOLLANDER, P.C.** 38-2024838

CERTIFIED PUBLIC ACCOUNTANT Address (and ZIP code)

Reference copy, JFK Collection, ESCA (FG 233)

Reference copy, JFK Collection: HSCA (RG 233)

FOR EMPLOYEE - DO NOT DETACH PERFORATION BEFORE MAILING

**Wage and Tax Statement 1975**  
**Copy C** For employee's records

Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.

State form number  
City form number

Employee's State identifying number

Employee's social security number  
Type or print Employee's name, address, and ZIP code below.

1 Federal income tax withheld  
2 Wages, tips, and other compensation  
3 FICA employee tax withheld  
4 Total FICA wages

5 Was employee covered by a qualified pension plan, etc.?  
6  
7

8 State or local tax withheld  
9 State or local wages  
10 State or locality

11 City or local tax withheld  
12 City or local wages  
13 City or locality

38-1306433  
Cobe Cleaners, Inc.  
18135 Livernois  
Detroit, Michigan 48221

5,640.40  
16,300.00  
324.35  
14,100.00

440.00  
110.00  
Michigan  
Detroit

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. 4/7/75 Department of the Treasury—Internal Revenue Service 13-2678063

**Wage and Tax Statement 1975**  
**Copy C** For employee's records

Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.

State form number  
City form number

Employee's State identifying number

Employee's social security number  
Type or print Employee's name, address, and ZIP code below.

1 Federal income tax withheld  
2 Wages, tips, and other compensation  
3 FICA employee tax withheld  
4 Total FICA wages

5 Was employee covered by a qualified pension plan, etc.?  
6  
7

8 State or local tax withheld  
9 State or local wages  
10 State or locality

11 City or local tax withheld  
12 City or local wages  
13 City or locality

38-1306433  
Cobe Cleaners, Inc.  
18135 Livernois  
Detroit, Michigan 48221

24,723.55  
70,000.00  
324.35  
14,100.00

1,717.50  
229.00  
Michigan  
Detroit

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. 4/7/75 Department of the Treasury—Internal Revenue Service 13-2678063

FOR EMPLOYEE - DO NOT DETACH PERFORATION BEFORE MAILING

**Cobo Cleaners, Inc.**  
**18135 Livernois**  
**Detroit, Michigan 48221**  
**38-1806433**

Type or print  
 EMPLOYER'S  
 name,  
 address,  
 ZIP code  
 and Federal  
 identifying  
 number

**Wage and Tax Statement 1976**

State form number  
 City form number  
**Copy C** For  
 employee's records  
 Employer's State identifying number

Employee's social security number <b>[REDACTED]</b>	1 Federal income tax withheld <b>47,924.93</b>	2 Wages, tips, and other compensation <b>164,200.00</b>	3 FICA employee tax withheld <b>895.05</b>	4 Total FICA wages <b>15,300.00</b>
Type or print Employee's name, address, and ZIP code below.				
<b>Earl Ruby</b> <b>4380 Stony River Drive</b> <b>Birmingham, Michigan 48010</b>				
5 Was employee covered by a qualified pension plan, etc.? <b>YES</b>		6	7	
8 State or local tax withheld <b>6,000.00</b>		9 State or local wages		10 State or locality <b>Michigan</b>
11 City or local tax withheld <b>970.00</b>		12 City or local wages		13 City or locality <b>Detroit</b>

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. Department of the Treasury—Internal Revenue Service 13-2674

**Cobo-Rumar Sales, Inc.**  
**18135 Livernois**  
**Detroit, Michigan 48221**  
**38-1812707**

Type or print  
 EMPLOYER'S  
 name,  
 address,  
 ZIP code  
 and Federal  
 identifying  
 number

**Wage and Tax Statement 1976**

State form number  
 City form number  
**Copy C** For  
 employee's records  
 Employer's State identifying number

Employee's social security number <b>[REDACTED]</b>	1 Federal income tax withheld <b>5,570.20</b>	2 Wages, tips, and other compensation <b>16,500.00</b>	3 FICA employee tax withheld <b>895.05</b>	4 Total FICA wages <b>15,300.00</b>
Type or print Employee's name, address, and ZIP code below.				
<b>Earl Ruby</b> <b>4380 Stony River Drive</b> <b>Birmingham, Michigan 48010</b>				
5 Was employee covered by a qualified pension plan, etc.? <b>No</b>		6	7	
8 State or local tax withheld <b>440.00</b>		9 State or local wages		10 State or locality <b>Michigan</b>
11 City or local tax withheld <b>110.00</b>		12 City or local wages		13 City or locality <b>Detroit</b>

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. Department of the Treasury—Internal Revenue Service 13-267806

Reference copy, JFK Collection: HSCA (RG 233)

# MICHIGAN INCOME TAX RETURN SMALL BUSINESS CORPORATION

FOR CALENDAR YEAR 1975 OR OTHER TAXABLE YEAR BEGINNING

..... 1975 ending ....., 1976  
(PLEASE TYPE OR PRINT)

1975



FILL IN  
BLANKS  
A, B, C,  
AND D  
IF  
THIS IS  
YOUR  
FIRST  
RETURN

A. Employer Identification No. \_\_\_\_\_

B. County in which located \_\_\_\_\_

C. Date of election as small business corporation \_\_\_\_\_

D. Michigan Corporation

Foreign Corporation

Other

COBO CLEANERS, INC.  
1815 LIVERNOIS  
DETROIT, MICHIGAN 48221

E. Principal business activity  
DRY CLEANING

F. Business code number (same as U.S. 1120-S)  
7200

G. Enter total assets from U.S. 1120-S Item E  
232,438-61

Office Use Only

Federal Identification No. 38-1806438

Type	Kind	County	City	File Date

H. Please enter the last year for which your federal return was audited \_\_\_\_\_

I. Have corrected Michigan returns been filed for years audited by IRS? Yes  No

J. Address of business or location of records if different than that above: \_\_\_\_\_

K. Name and phone number of person in charge of records: EARL ROBY 863-0400

### SCHEDULE A

1. Federal taxable income (federal form 1120-S, page 1, line 28) ..... \$ 93,680-09

2. Additions:

(a) All taxes imposed on or measured by income (see instructions) ..... \$ \_\_\_\_\_

(b) Gross interest income and dividends--obligations of states and subdivisions other than Michigan ..... \_\_\_\_\_

(c) Other (explain) \_\_\_\_\_

3. ADD lines 1 and 2 ..... \_\_\_\_\_

4. Subtractions:

(a) Income from U.S. obligations ..... \_\_\_\_\_

(b) Net long-term capital gain reduced by any net short-term capital loss (line 9(b) page 1, U.S. 1120-S) ..... \_\_\_\_\_

(c) Other (explain) \_\_\_\_\_

5. Michigan distributive income (line 3 LESS line 4) ..... 93,680-09

6. Credits (see instructions and fill in Schedule D):

(a) Personal property taxes paid on inventories ..... \_\_\_\_\_

(b) Franchise fee credit ..... \_\_\_\_\_

(c) Single business tax paid ..... \_\_\_\_\_

**CLIENT'S COPY**  
**RETAIN FOR YOUR FILES**  
**GORDON L. HOLLANDER, P.C.**  
**CERTIFIED PUBLIC ACCOUNTANT**  
**10675 WEST TEN MILE ROAD**  
**SOUTHFIELD, MICHIGAN 48075**

If you are subject to apportionment and allocation, carry amount on line 5 to line 1, schedule B, page 2. If not subject to apportionment and allocation, the amount on line 5 is to be distributed to the shareholders on schedule F.

The amount on line 6(a) or the amount on line 6(b) and the amount (if any) on line 6(c) are also to be distributed to the shareholders on Schedule F. If you have inventories, you cannot qualify for the credit for franchise fee paid.

Mail return to--Michigan Income Tax, Treasury Building, Lansing, Michigan 48922. 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 taxpayer, his declaration is based on all information of which he has any knowledge.

Date 3/12/76 Signature of officer \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Individual or firm signature of preparer GORDON L. HOLLANDER, P.C.

GORDON L. HOLLANDER, P.C.  
 CERTIFIED PUBLIC ACCOUNTANT  
 19675 WEST TEN MILE ROAD  
 SOUTHFIELD, MICHIGAN 48075  
**PAGE 1 OF 1**

Reference copy, JFK Collection: ESCA (RG 233)

This space for IRS use only

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) <b>Earl R. and Marge</b>	Last name <b>Ruby</b>	Your social security number [REDACTED]
	Present home address (Number and street, including apartment number, or rural route) <b>18135 Livernois</b>	For Privacy Act Notification, see page 5 of Instructions.	
	City, town or post office, State and ZIP code <b>Detroit, Michigan 48221</b>	Occupation Yours <b>Sales</b> Spouse's <b>Housewife</b>	Spouse's social security no.

Filing Status	1 <input type="checkbox"/> Single (Check only ONE box)	Exemptions	6a Regular <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse Enter number of boxes checked <b>2</b>
	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
	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		c Number of other dependents (from line 7)
	4 <input type="checkbox"/> Unmarried Head of Household. See page 7 of instructions to see if you qualify		d Total (add lines 6a, b, and c)
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died <b>19</b> ). See page 7 of Instructions.		e Age 65 or older. <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked
			f TOTAL (add lines 6d and e)

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. \$

**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	180,700	00
	10a Dividends (See pages 9 and 16 of Instructions) <b>9,473.62</b> 10b less exclusion <b>2.00.00</b> , Balance	10c	9,273	62
	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	11,096	42
	12 Income other than wages, dividends, and interest (from line 37)	12	53,332	95
	13 Total (add lines 9, 10c, 11 and 12)	13	254,402	99
	14 Adjustments to income (such as moving expense, etc. from line 42)	14		
	15a Subtract line 14 from line 13	15a	254,402	99
	b Disability income exclusion (sick pay) (attach Form 2440)	15b		
	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	254,402	99

Tax, Payments and Credits	16 Tax, check if from: Tax Table Schedule G Tax Rate Schedule X, Y or Z Form 2555 OR Schedule D Form 4726 <input checked="" type="checkbox"/>	16	118,337	05
	17a Multiply \$35.00 by the number of exemptions on line 6d	17a	70	00
	b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b	180	00
	17c (If box on line 3 is checked see page 10 of Instructions)	17c	180	00
	18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	18	118,157	05
	19 Credits (from line 54)	19	488	02
	20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	20	117,669	03
	21 Other taxes (from line 62)	21		
	22 Total (add lines 20 and 21)	22	117,669	03

Due or Refund	23a Total Federal income tax withheld (attach Forms W-2, W-2P to front) include amount allowed as credit from 1975 return	23a	53,505	15
	b 1976 estimated tax payments	23b	50,000	00
	c Earned income credit (from page 7 of Instructions)	23c		
	d Amount paid with Form 1044	23d		
	e Other payments (from line 66)	23e	895	05
24 TOTAL (add lines 23a through 23e)	24	104,400	20	

25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here  if Form 2210 or Form 2210F is attached. See page 10 of instructions.)

26 If line 24 is larger than line 22, enter amount OVERPAID

27 Amount of line 26 to be REFUNDED TO YOU

28 Amount of line 26 to be credited on 1977 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Preparer's signature (and employer's name, if any): **Gordon L. Hollander, CPA** Date: **4/8/77**  
**GORDON L. HOLLANDER, P.C.** 38-2024838  
CERTIFIED PUBLIC ACCOUNTANT Address (and ZIP code)

Reference copy, JFK Collection: ESCA (RG 233)

Reference copy, JFK Collection: HSCA (RG 233)

INFORMATION FOR EMPLOYEE-DO NOT DETACH PERFORATION BEFORE MAILING

**Wage and Tax Statement 1975**  
**Copy C** For employee's records

Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.  
 State form number  
 City form number  
 Employer's State identifying number

Employee's social security number  
 1 Federal income tax withheld  
 2 Wages, tips, and other compensation  
 3 FICA employee tax withheld  
 4 Total FICA wages

Type or print Employee's name, address, and ZIP code below.  
 5 Was employee covered by a qualified pension plan, etc.?  
 6  
 7  
 8 State or local tax withheld  
 9 State or local wages  
 10 State or locality  
 11 City or local tax withheld  
 12 City or local wages  
 13 City or locality

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. 4/7/75 Department of the Treasury—Internal Revenue Service 13-2678063

**Wage and Tax Statement 1975**  
**Copy C** For employee's records

Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.  
 State form number  
 City form number  
 Employer's State identifying number

Employee's social security number  
 1 Federal income tax withheld  
 2 Wages, tips, and other compensation  
 3 FICA employee tax withheld  
 4 Total FICA wages

Type or print Employee's name, address, and ZIP code below.  
 5 Was employee covered by a qualified pension plan, etc.?  
 6  
 7  
 8 State or local tax withheld  
 9 State or local wages  
 10 State or locality  
 11 City or local tax withheld  
 12 City or local wages  
 13 City or locality

Form W-2 This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. 4/7/75 Department of the Treasury—Internal Revenue Service 13-2678063

INFORMATION FOR EMPLOYEE-DO NOT DETACH PERFORATION BEFORE MAILING



**Cobo Cleaners, Inc.**  
**18135 Livernois**  
**Detroit, Michigan 48221**  
**38-1806433**

Type or print  
**EMPLOYER'S**  
 name,  
 address,  
 ZIP code  
 and Federal  
 identifying  
 number

**Wage and Tax Statement 1976**

State form number  
 City form number  
**Copy C** For  
 employee's records  
 Employer's State identifying number

Employee's social security number [REDACTED]	1 Federal income tax withheld <b>47,934.95</b>	2 Wages, tips, and other compensation <b>164,200.00</b>	3 FICA employee tax withheld <b>895.05</b>	4 Total FICA wages <b>15,300.00</b>
Type or print Employee's name, address, and ZIP code below.				
<b>Earl Ruby</b> <b>4380 Stoney River Drive</b> <b>Birmingham, Michigan 48010</b>				
5 Was employee covered by a qualified pension plan, etc.? <b>Yes</b>		6	7	
8 State or local tax withheld <b>6,000.00</b>		9 State or local wages	10 State or locality <b>Michigan</b>	
11 City or local tax withheld <b>970.00</b>		12 City or local wages	13 City or locality <b>Detroit</b>	

Form **W-2** This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. Department of the Treasury—Internal Revenue Service 13-2678

**Cobo-Rumar Sales, Inc.**  
**18135 Livernois**  
**Detroit, Michigan 48221**  
**38-1812707**

Type or print  
**EMPLOYER'S**  
 name,  
 address,  
 ZIP code  
 and Federal  
 identifying  
 number

**Wage and Tax Statement 1976**

State form number  
 City form number  
**Copy C** For  
 employee's records  
 Employer's State identifying number

Employee's social security number [REDACTED]	1 Federal income tax withheld <b>5,570.20</b>	2 Wages, tips, and other compensation <b>16,500.00</b>	3 FICA employee tax withheld <b>895.05</b>	4 Total FICA wages <b>15,300.00</b>
Type or print Employee's name, address, and ZIP code below.				
<b>Earl Ruby</b> <b>4380 Stoney River Drive</b> <b>Birmingham, Michigan 48010</b>				
5 Was employee covered by a qualified pension plan, etc.? <b>No</b>		6	7	
8 State or local tax withheld <b>440.00</b>		9 State or local wages	10 State or locality <b>Michigan</b>	
11 City or local tax withheld <b>110.00</b>		12 City or local wages	13 City or locality <b>Detroit</b>	

Form **W-2** This information is being furnished to the Internal Revenue Service. APPROVED I.R.S. Department of the Treasury—Internal Revenue Service 13-2678063

Reference copy, JFK Collection: ESCA (RG 233)

D-1120  
CITY OF  
DETROIT

# CORPORATION RETURN

FOR THE CALENDAR YEAR 1975

# 1975

or other taxable year beginning ..... 1975, ending .....

EXTENSION NUMBER

PLEASE  
TYPE  
OR  
PRINT

Name  
**MARUBY, INC.**

Number and Street  
**18135 LIVERNOIS**

City, Town or Post Office State Zip Code  
**DETROIT MICHIGAN 48221**

Where incorporated **MICHIGAN** Date Incorporated **10/1**

Principal business activity **RENTAL**

Main address in Detroit **SAME**

Location of Detroit records **SAME**

Person in charge of records **EARL ROBY**

Telephone number **863-0400**

Federal employer identification number **38 1801218**

### TAXABLE INCOME COMPUTATION

1. a. Taxable income before net operating loss deduction and special deductions (per attached copy of U. S. Corporation Income Tax Return Form 1120 or 1120S as filed by you with the Federal Internal Revenue Service.) \$ 10,831.95
- b. Income from attached schedule (Reconcile on page 2)
2. Enter gain or loss from sale or exchange of property included in line 1a or 1b
3. Result after excluding line 2 from line 1a OR 1b 10,831.95
4. Enter items not deductible under Detroit Income Tax Ordinance (from p. 2, Schedule E, col. 1, line 5) 128.17
5. Total—add lines 3 and 4 10,970.12
6. Enter items not taxable under Detroit Income Tax Ordinance (from p. 2, Schedule E, col. 2, line 11)
7. Total—line 5 less line 6 10,970.12
8. Amount in line 2 above (after excluding any capital loss carryover) applicable to taxable period (see instructions)
9. Total income—add lines 7 and 8 10,970.12
10. Allocation percentage from p. 2, Schedule D, line 5—if all business was conducted in Detroit, enter 100% on line 10 and DO NOT fill in Schedule D on page 2 100
11. Total—multiply line 9 by % on line 10 10,970.12
12. Less: Applicable portion of net operating loss carryover and/or capital loss carryover (see instructions)
13. Total income subject to tax—line 11 less line 12 10,970.12
14. CITY OF DETROIT TAX—Multiply line 13 by 2% 219.40

### PAYMENTS AND CREDITS

15. a. Tax paid with tentative return \$ 100.00
- b. Payment and credits on 1975 Declaration of Estimated Income Tax
- c. Other Credits—explain in attached statement
16. Total—add lines 15a, b, and c 100.00

### TAX DUE OR REFUND

17. If your payments (line 16) are larger than your tax (line 14) enter amount of OVERPAYMENT \$
18. Amount on line 17 is to be: (A)  credited in 1976 estimated tax or (B)  refunded
19. If your tax (line 14) is larger than your payments (line 16) enter amount of BALANCE DUE \$ 119.40

### A. CONSOLIDATIONS—

Did you file a consolidated return with the Federal Internal Revenue Service?  Yes  No. Is this Detroit return a consolidated return?  Yes  No. If either of the above answers is yes, attach a list indicating the names, addresses, and federal identification numbers of all of the corporations included in each consolidated return.

### B. LOCATIONS—

Total number of location(s) everywhere **TWO** Number of Detroit location(s) included in this return **TWO**  
Attach a list of addresses of Detroit locations included in this (Detroit) return.

### C. LAST FEDERAL AUDIT

Indicate the last fiscal or calendar year audited by the Federal Internal Revenue Service.....  
Was your federal tax liability for any year changed either by a review by the Federal Government or by the filing of an amended federal return?  Yes  No. If yes, list year(s)..... and furnish an explanation of each year's adjustment including date of final determination for those years in which an amended City return was not filed, if not previously furnished. Send under separate cover to: Income Tax Division, Office Audit Section, 512 City-County Building, Detroit, Michigan 48226.

Do Not Write in Space Below

File	ITEMS
S. to I.	
Classifier	

AUDIT RESULTS

Let. D. \_\_\_\_\_  
Auditor \_\_\_\_\_  
Approval \_\_\_\_\_

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.

(Date)

(Signature of officer)

(Title)

3/12/76

(Date)

(Individual or firm signature of preparer)

GORDON L. HOLLANDER, P.C.

(Address)

C of D-15-DIT-E (Rev. 8-75)

O: Finance Department, Treasury Division, 104 City-County Building, Detroit, Michigan 48226

19675 WEST TEN MILE ROAD

PAGE 1 OF 4

Reference copy, JFK Collection, ESCA (RG 233)

**RECONCILIATION**

If you used line 1b on page 1, in reporting income, you must complete the following reconciliation.

1. Taxable income before net operating loss deduction and special deductions per your Federal 1120 or 1120S. ....	\$ .....
2. Income from line 1b, page 1 .....	.....
Difference (Attach detailed explanation of difference) .....	\$ .....

Reference copy, JFK Collection: HSCA (RG 233)

**BUSINESS ALLOCATION FORMULA — SCHEDULE D**

	Located Everywhere I	Located in Detroit II	Percentage II + I
1. Average net book value of real and tangible personal property .....	\$ .....	\$ .....	
a. Gross annual rent paid for real property only, multiplied by 8 .....			
b. TOTAL (add lines 1 and 1a) .....			%
2. Total wages, salaries, commissions and other compensation of all employees .....			%
3. Gross receipts from sales made or services rendered .....			%
4. Total percentages—add the three percentages computed for lines 1b, 2 and 3 which you entered in the last column (you must compute a percentage for each of lines 1b, 2 and 3) .....			%
5. Average percentage (one-third of line 4) — enter here and on p. 1, line 10 .....			%

In determining the average percentage (line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned and, in such cases, the sum of the percentages shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Controller to use one of the special formulae, attach complete computations and furnish the following:

- a. Date of Controller's approval letter ..... b. Percentage used — enter here ..... and on p. 1, line 10.

Are you electing to use the Multistate Tax Compact provisions?  Yes  No If yes, attach supporting schedules.

**SCHEDULE E**

Schedule E is used to adjust the income reported on page 1 on lines 1a or 1b to give effect to the requirements of the Detroit Income Tax Ordinance. The period of time used to compute items for Schedule E must be the same as the time period used to report income on lines 1a or 1b. Schedule E entries are allowed only to the extent directly related to income as shown on lines 1a or 1b on page 1.

**COLUMN 1**  
Add — Items Not Deductible

1. Adjustments to income relating to periods prior to July 1, 1962. (See instructions) .....	\$ .....
2. All expenses (including interest) incurred in connection with derivation of income not subject to Detroit income tax .....	138.17
3. Detroit income tax paid or accrued .....	.....
4. Other (submit schedule) .....	.....

**COLUMN 2**  
Deduct — Items Not Taxable and Allowable Deductions

6. Interest from obligations of the United States, the states or subordinate units of government of the states .....	\$ .....
7. Dividends-received deduction .....	.....
8. Dividend gross up of foreign taxes .....	.....
9. Foreign taxes paid or accrued deduction .....	.....
10. Other (submit schedule) .....	.....



Department of the Treasury  
Internal Revenue  
Service Center

Date of This Notice

AUG. 12, 1974  
Identifying Number

3801 21

CINCINNATI, OH 45298

Document Locator Number

38254-605-20136-4  
Form Number Tax Period

1040 DEC. 31, 1972

◀ If you inquire about  
your account, please  
refer to these numbers  
or attach a copy of this  
notice.

NV 326052183 30 7212 670

EARL & MARGE RUBY  
18135 LIVERNOIS  
DETROIT MI 48221

2

STATEMENT OF ADJUSTMENT TO YOUR ACCOUNT

BALANCE DUE ON ACCOUNT BEFORE ADJUSTMENT \$ .00

ADJUSTMENT COMPUTATION

TAX- DECREASE		1,078.81	
NET ADJUSTMENT CREDIT			1,078.81
OVERPAYMENT			\$1,078.81

*Handwritten:* 100-2-14

R T

The letters in the box at the left identify the statements on the back of this notice that provide further explanations and instructions.

Form 4188 (Rev. 9-73)

Reference copy, JFK Collection: HSCA (RG 233)

22-1832268

