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004876

Mrt Donald a Pundy Jo I have had nevor's made of myeta teturns and am enclosing the copies for the years 1967 to 1976. me wife have look he vateral places w seturns for the linears 1962 to 1966 fleve moved four times since we left Pallas in 1966. It is possible that we disposed of them in to process of moving from one place another Wellson anticebated one further as I Hould thing be and ot you are in need of the em delding

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.

Name			
SAMUEL D RU	by	in the Contract of the Contrac	The second of the second
Address (Number and street)	7		
16250 BIRCHER	ed to file a Form 1040 check here vidual and Retirement Savings Information all retirement savings arrangement: all retirement account all retirement annuity all retirement bonds any part of the year an active participant in a qualified pension, profit sharing of stock bonus any part of the year an active participant in a qualified pension, profit sharing of stock bonus any part of the year an active participant in a qualified pension, profit sharing of stock bonus any part of the year an active participant in a qualified pension, profit sharing of stock bonus and retirement bonds and retirement bonds and retirement retirement plan or were you covered under a section 403(b) annuity or custodial are a government retirement plan other than the Social Security of Railroad Retirement Acts? en and military reservists see specific instructions for line 2). yes No not allowed a deduction for your 1976 contributions to your individual retirements and to the best of my it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is statements and to the best of my it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is statements and to the best of my it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is statements.		
City or town, State and ZIP code	,	* · · · · · · · · · · · · · · · · · · ·	1
GRANADA HILLS			
If you are not required to file a Form 1040 check here	· · · · · · · · · · · · · · · · · · ·		With Maring
Individual and Retirement Savings Informati	on	to the	
1 Type of individual retirement savings arrangement:		· · · · · · · · · · · · · · · · · · ·	no de la constante de la const
(a) Individual retirement account		•	and the second
(b) ☐ Individual retirement annuity (c) ☐ Individual retirement bonds	34.3		San Francisco
plan, including a qualified Keogh (HR 10) plan, or were you cove account or under a government retirement plan other than the (Volunteer firemen and military reservists see specific instruction	ered under a section 403 Social Security or Rai s for line 2)	(b) annuity or custo lroad Retirement A	odial .cts? . Yes 100
Under penalties of perjury, I declare that I have examined this return, i knowledge and belief it is true, correct, and complete. If prepared by a pof which the preparer has any knowledge.	ncluding accompanying scorers on other than the taxpa	hedules and statemen yer, this declaration is	ts, and to the best of my based on all information
		Con Marie	
Your signature		Ď.	ate
	95-291	1449	
Preparer's signature (other than taxpayer)	Preparer's identi (see General I	fication number. D	ate
13717 VANOWEN STVA	A i	H 9/4	
Preparer's address'and ZIP code			
		1 1004	

Form 5329

☆ U.S. GOVERNMENT PRINTING OFFICE: 1976-0-218-176

U.S. Individual Income Tax Return

1	9	7	O
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Fo	r th	è year .	January 1-December 31, 1976, or other taxable year beginn	ng			, 1976 endi	ng			, 19 .
Γ.	.	Name	(If joint return, give first names and initials of both)			Last nam	ne	a comment and	Your soc	ial security	number
2	;		SAMUEL FPH VILLIS		1 7 つ	NOW			322	12 -	7997
1			home address (Number and street, including apartment n	ımber	or rural route)		cy Act Noti	instics		social sec	
i i			16250 BIRCHER ST			see pag	e 5 of Instr	uctions.		181	
1	} -	City. to	wn or post office, State and ZIP code			l	Yours >		2 / E	10:	A Guest
1	:	J., 10	GRANADA HILLS	1	À	Occu- pation	Spouse's		3/2	Direction .	
┡	Ť	1			The second secon	ــــــــــــــــــــــــــــــــــــــ			tor numbe	r of \	VIIIIIII
		→ □	Single (Check only ONE box)		6a Regular	Your	seit [] St	bo	xes checke	id 🕟 🗀	
		4	iviarried filing joint return (even if only one had income)		b First nar		• .		children	who	
Statue	}	3	Married filing separately. If spouse is also filing give spouse's social security number in designated space above	2	lived wit		911	-	Enter	<	
3			and enter full	Ę.		TH	oma	<u> </u>	numbe	er 📐 🚾	- //////
Filing	٥	_	name here D	xemptions	c Number	of other	dependen	ts (fror	n line 7)	• 🕨 🔔	
Œ		4	Unmarried Head of Household. See page 7 of instructions to see if	ă	d Total (ad	id lines	5a, b, and	c) .	• • •		·
	1		you qualify -	_	e Age 65 or	rolder.	☐ Yours	elf 🗌	Spouse	number	
'		5 🗌	Qualifying widow(er) with dependent child (Year		Blind		☐ Yours	elf 🗌	Spouse	number of boxes checked:	.
L	-		spouse died ▶ 19). See page 7 of Instructions.	<u> </u>	f TOTAL (a	add lines	6d and e	e)		<u> Þ</u>	- 4
	7 (Other o			ths lived in your f born or died	(d) Did	dependent me of \$750	(e) Amou	ınt furnished	for dependent	's support
		•			ar, write B or D.	or more?	ile 01 \$750	By YOU. write ALI	. If 100%	By OTHERS	
				:			,	\$	···	\$	ciit.
_					,			¥		*	
	{	B Pres	sidential Election Do you wish to designate \$1 of yo	ur taxı	es for this fund?		Yes 🥢	No		you check	
		Car	npaign rund If joint return, does your spouse i	vish to	o designate \$1?		Yes	NO NO	box(es)	it will not in educe your re	
•		9	Wages, salaries, tips, and other employee compensation (Alab	tach F	orms W-2. If una	vail-	1222	. 9	'		
here		10a	Dividends (See pages 9 and), 10b lo	10, 500	chase e or mstructu	ons.)	Palanco	10		5 =	<u>- </u> `
			(IT gross dividends and other distributions are ove	r \$40	00. list in Part	Lof Sch	edule B.)			0	
W-2		11	Interest income. If \$400 or less, enter total without from the state of the stat	t listii	ng in Schedule E	$\{ \} $. 1	1 <	-196	•
	9	12				-		1:	_	- 21	-
of Forms	Incom	13	Income other than wages, dividends, and interest					1:		-5 76 12 41	-
<u>+</u>	Ĕ		Total (add lines 9, 10c, 11 and 12)					•	_	<u> </u>	-
Во			Adjustments to income (such as moving expense, e					$\cdot \left \frac{1}{15} \right $		-6 -	_
5		15a	Subtract line 14 from line 13	• •				15		791	
ပ္ပ			Disability income exclusion (sick pay) (attach Form						<u>-</u>	- O	
유		: C	Adjusted gross income. Subtract line 15b from lin							-111	
attach Copy	—	!	(If less than \$8,000, see page 2 of Instructions on					_	<u>c</u>	1 1	_
e a		16	Tax, cneck if from:		chedule X, Y or	<u>[</u>	Schedule	·	_	0	_
Please			Schedule G Form				Form 47			line 3 is ch	20124
直		l	Multiply \$35.00 by the number of exemptions on line 6d .		-	\ \O _	large	r s	ee page 10	of Instruc	
	<u>:≅</u>		Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is				ofa orb	J	`	YU	<u>/</u>
	Credii	18	Balance. Subtract line 17c from line 16 and enter d	iffere	nce (but not le	ess than	zero) .	. 18			_
		19	Credits (from line 54)		į	• • •		. 19			
I .	s and	20	Balance. Subtract line 19 from line 18 and enter of	iffere	ence (but not l	ess than	zero) .	. 20	-		
ı	Payments	21	Other taxes (from line 62)					. 21		2-6	2
a ,	Ě	22	Total (add lines 20 and 21)	, .				. 22	! · · · ·	256	<i>)</i>
Please attach Check or Money Order here	, P		lotal Federal income tax withheld, or W-2P to from	t) .	. 23a			\			
- l	Tax,		1976 estimated tax payments (from page 2) (from page 2)	1 LU) •	. 23b		04_	_ ////	full with th	nt on line 2 nis return, V	Vrite ////
2		C	Earned income credit. of Instructions)		. 23c	**	_	_ ////	check or m	urity numbe noney order	and
اچ	Į	d	Amount paid with Form 4868		. 23d		_	////	make paya Revenue S	able to Inte Service.	rnal ///
e l			Other payments (from line 66)		23e						
Σ	!	24	TOTAL (add lines 23a through e)					> 24	. .	60	4
9	힐	25	If line 22 is larger than line 24, enter BALANCE D					> 25	<u> </u>		
ec.	Refund		(Check here \blacktriangleright \square , if Form 2210 or Form 2210F is attach	ed. Se	e page 10 of ins	tructions.)			9	
ວົ	9	26	If line 24 is larger than line 22, enter amount OVE	RPAI	D			∍ 2€	i	367	
동			Amount of line 26 to be REFUNDED TO YOU		L L			27	,	7-2-2	
Ita	Due	28	Amount of line 26 to be credited on 1977 estimated tax	- z	28 / 6	701	<i>''/////</i>				
9	Ī	Unc	der penalties of perjury, I declare that I have examined this return, in orrect, and complete. Declaration of preparer (other than taxpayer) is	luding	accompanying sche	dules and s	tatements, an	d to the b	est of my kn	owledge and b	elief it is
eas	ارم	Luc, C	orizon, and complete, occidiation of preparer (other than taxpayer) is	-a260	on an intermation (or which br	eparer nas an	y knowled	Ke.		
ਕ	je je				I.						
•	Sign here	700	ur signature		Date Prepare	r's signatu	re (and emplo	yer's nan	ne, if any)	· · · · · ·	Date
-	S	N			N 9		9410	140)		
		Spi	ouse's signature (if filing jointly, BOTH must sign even if only one	had in	come) Identify	ing numbe	r (see instruc	tions)		Address (and	ZIP code)
			· ·								-

Form 1	040 (1976)		1080	
Park	Income other than Wages, Dividends and Interest	20	20161	
29	Business income or (loss) (attach Schedule C)	29	(33 7 6 -	-
300	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		
32a	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) .	32a		
h	Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of Instructions)	32b		
	Tawa income or (locs) (attach Schedule F)	33		<u> </u>
33	State income tax refunds (standard deduction—others see page 10 of instructions)	34		
	* · · · · · · · · · · · · · · · · · · ·	35		
35	Alimony received			
. 36	Other (state nature and source—see page 11 or mistructions)	36		
27	Total (add lines 29 through 36). Enter here and on line 12	37	2546	
37	Adjustments to Income			
ten		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	40b		
b	Payments to a Keogh (H.R. 10) retirement plan	41		
41	Forfeited interest penalty for premature withdrawal (see page 12 of Instructions)			
42	Total (add lines 38 through 41). Enter here and on line 14	42	<u> </u>	—
Par	Tax Computation	1	· · · · · · · · · · · · · · · · · · ·	
43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a		22/1	
	dependent on your parent's return, check here \(\bigcup \subseteq \alpha \text{ and see page 9 of instructions } \).	43_		
44a	If you itemize deductions, check here ▶, and enter total from Schedule A, line 40, and attach Schedule A	Ì		
h	Standard deduction—If you do not itemize deductions, check here ▶ ☐, and:		1101	
	(2 or 5 optor the greater of \$2 100 OR 16% of line 43—but not more than \$2,800)	44	5686	
	the box on { 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400			
	line 3, enter the greater of \$1,050 OR 16% of line 43—but not more than \$1,400)		2	
.3	Subtract line 44 from line 43 and enter difference (but not less than zero)	45	4055	
	Substact in the supportions claimed on line 6f by \$750	46	3077	
46	Multiply total number of exemptions claimed on line 6f by \$750		3000	
46 47	Multiply total number of exemptions claimed on line 6f by \$750	47	Jorgan Farned Abroad	find
46 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) ne 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,	find
46 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r tax in Tax Table. Enter tax on line 16 and check appropriate box.	47		
46 47 • If li	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r tax in Tax Table. Enter tax on line 16 and check appropriate box.	47 aption of	e alternative tax from Sche	
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46 47 • If Ii you • If I D, 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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	47 aption of table, the 16 and 48 49 50 51 52 53	e alternative tax from Sche	
46 47 o If II you o If I o D, 120 48 49 50 51 52 53 54 120 55 56	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 57), and attach Form 4625 Minimum tax. Check here name of the difference (but not less than zero) In tax from recomputing prior-year investment credit (attach Form 4255) Minimum tax. Check here	47 aption of table, the 16 and 48 49 50 51 52 53 54	e alternative tax from Sche	
46 47 • If II you • If I D, 48 49 50 51 52 53 54 120 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 aption of table, the 16 and 48 49 50 51 52 53 54	e alternative tax from Schercheck appropriate box.	
46 47 • If II vou • If II D, 48 49 50 51 52 53 54 120 55 55 56	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58	e alternative tax from Sche	
46 47 o If II you o If I D, 48 49 50 51 52 53 54 120 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 Solial security tax on tip income not reported to employer (attach Form 4137)	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59	e alternative tax from Schercheck appropriate box.	
46 47 • If II vou • If II D, 48 49 50 51 52 53 54 120 55 55 56	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exen r tax in Tax Table. Enter tax on line 16 and check appropriate box. Inter 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) 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 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 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 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 thr	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60	e alternative tax from Schercheck appropriate box.	
46 47 o If II you o If I D, 48 49 50 51 52 53 54 120 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 Solial security tax on tip income not reported to employer (attach Form 4137)	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59	e alternative tax from Schercheck appropriate box.	
46 47 o If II you o If II D, 48 49 50 51 52 53 54 12a 55 56 57 58 59 60	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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) Tax from recomputing prior-year investment credit (attach Form 4255) 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 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Schercheck appropriate box.	
46 47 9 If II 9 Jo 16 I 10 Jo 17 Jo 18 49 50 51 52 53 54 17 Jo 18 59 60 61 62	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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{\te	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Scheicheck appropriate box.	
46 47 9 If II 9 Jo 16 I 10 Jo 17 Jo 18 49 50 51 52 53 54 17 Jo 18 59 60 61 62	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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{\te	47 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Scheicheck appropriate box.	
46 47 9 If II 90 0 If II 10 48 49 50 51 52 53 54 170 60 61 62	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 Total (add lines 48 through 53). Enter here and on line 19 Tax from recomputing prior-year investment credit (attach Form 4255) 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 aption of table, the 16 and 48 49 50 51 52 53 54 55 56 57 58 59 60 61	e alternative tax from Scheicheck appropriate box.	
46 47 9 If II 9 D, 16 I 10 D, 17 D, 18 A 49 50 51 52 53 54 17 D, 18 A 49 60 61 62 17 B 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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 aption of table, the 16 and 48 49 50 51 52 53 54 55 60 61 62	e alternative tax from Scheicheck appropriate box.	
46 47 9 If II 90 0 If II 10 48 49 50 51 52 53 54 170 60 61 62	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) ne 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem r 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 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 Total (add lines 48 through 53). Enter here and on line 19 Tax from recomputing prior-year investment credit (attach Form 4255) 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 aption of table, the 16 and 48 49 50 51 52 53 54 55 60 61 62	e alternative tax from Scheicheck appropriate box.	

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

Your social security number

Name(s) as shown on Form 1040

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensated by insurance	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-	receipts, cancelled checks or other
surance premiums for medical care. (Be sure to include in line 10 below)	written evidence
	b Other cash contributions. List donees
2 Medicine and drugs	and amounts. >
3 Enter 1% of line 15c, Form 1040	
4 Subtract line 3 from line 2. Enter differ-	1
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	-M
c Other (itemize—include hearing aids,	23 Carryover from prior years
dentures, eyeglasses, transportation,	23). Enter here and on line 37
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
S/TI	27 Subtract line 26 from line 25. Enter dif-
<u> </u>	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 . D
10 Total (add lines 1 and 9). Enter here and	Miscellaneous Deductions (See page 15 of Instructions.)
on line 34	_ 30 Alimony paid
Taxes (See page 13 of Instructions.)	31 Union dues
11 State and local income	32 Other (itemize) >
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) >	
To other (nomize)	
y div:	
17 Total (add lines 11 through 16). Enter	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	
19 Other (itemize) >	34 Total medical and dental—line 10
19 Other (Identize)	35 Total taxes—line 17
	36 Total interest—line 20
	37 Total contributions—line 24
	38 Casualty or theft loss(es)—line 29
	39 Total miscellaneous—line 33
	40 Total deductions (add lines 34 through
20 Total (add lines 18 and 19). Enter here	39). Enter here and on Form 1040, line
and on line 36	44

Name(s) as shown on Form 1040 (Do not enter not shown on Form 1040 (Do not enter not shown on Form 1040).	ame and social security	number it shown on other side)	322 12 7997
Dividend Income	' }	Interest Income)241-119
Note: If gross dividends (including capital gai	in distributions) änd	Note: If interest is \$400 or less, do	not complete this part. But
other distributions on stock are \$400 or less.	do not complete this	enter amount of interest received on	Form 1040, line 11.
part. But enter gross dividends less the sum tributions and non-taxable distributions, if a	not capital gain dis- nov. on Form 1040.	7 Interest includes earnings from sav	ings and loan associations,
line 10a (see note below).		as well as interest on bank deposi	its, bonds, tax refunds, etc.
1 Gross dividends (including capital gain dist	ributions) and other	Interest also includes original issues other evidences of indebtedness (s	ue discount on bonds and
distributions on stock. (List payers and a (W), (J), for stock held by husband, wife,	or iointly)	(List payers and amounts)	ee page 10 of mstructions).
(11), (5), 101 5150. 110 5)	1	NOTE ON WOODLES	1 4959
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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	1 1	8 Total interest income. Enter here a	
Note: If you received capital gain distribution	s and do not need Sc		ses or to compute
line 30b.	·	person oopital Sam distribution	20,0
Foreign Accounts and Foreign			
1 Did you, at any time during the taxable y			
securities, or other financial account in a f		ot in a U.S. military banking facility opera	ated by a
U.S. financial institution)?			· · · I les A No
If "Yes," attach Form 4683 (For definitions,			
2 Were you the grantor of, or transferor to, being during the current taxable year, whet If: "Yes," attach Form 4683 (For definitions,	her or not you have a		t was in Yes No
	☆ U.S. GOVERNMENT PRINT	ING OFFICE: 1976—O-218-054	218-054-1

SCHEDULE C (Form 1040)

Profit or (Loss) From Business or Profession (Sole Proprietorship) Department of the Treasury Internal Revenue Service

Partnerships, Joint Ventures, etc., Must File Form 1065.

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

Name of proprietor Social security number A Principal business activity (see Schedule C Instructions) > SERVICE ; product > SOMEKBARE

B Business name > WOODLEY 1315TRO COFFEE 5HOP C Employer identification number >95-2851578 D Business address (number and street) \$ 160 53 VENTURA BLUD City, State and ZIP code ► Encino CA 9131 E Indicate method of accounting: (1) ☐ Cash (2) Accrual (3) ☐ Other ▶ G Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1976? . . . the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes," attach explanation) 1 Gross receipts or sales \$..... Less: returns and allowances \$..... Balance ▶ 2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8) 4 Other income (attach schedule) . 5 Total income (add lines 3 and 4) 7 Taxes on business and business property (explain in Schedule C-2) . 9 10 10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself) 11 12 12 Legal and professional fees 13 13 Commissions 14 15(a) 15 (a) Pension and profit-sharing plans (see Schedule C Instructions) (b) (b) Employee benefit programs (see Schedule C Instructions) . . 16 16 Interest on business indebtedness 17 17 Bad debts arising from sales or services 18 19 Other business expenses (specify): (b) (c) _____ (d) (g)____ (h)_____ 19(k) (k) Total other business expenses (add lines 19(a) through 19(j)) . 20 Total deductions (add lines 6 through 19(k)) 21 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 29. ALSO 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) 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 . . . 8 Cost of goods sold and/or operations. Enter here and on line 2 above 218-055-1

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

Line No. Explanati	on	Amount	Line No.	Explanation		Amount	
Line No. Explanation		\$				\$	
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CHEDULE C-3.—Depreciat	ion (See Schedul	e C Instruction	s for Line 6)	<u></u>		<u> </u>	
	more space, use Form		3 101 11110 0)			•	
n you need t	1		d. Deprecia	ition e. Method of	1		
a. Description of property	b. Date acquired	c. Cost or ~ other basis	d. Deprecia allowed or all in prior ye	owable computing ears depreciation	f. Life or rate	g. Depreciation this year	TOF
Total additional first-year de	prociation (do not	include in items	helow)		>		1
Potal additional inst-year de Other depreciation:		melade in items			1		
Other depreciation:						Eye :	_
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4.2						.4	.
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Totals	·		:				-
Less amount of depreciation	claimed in Sched	ule C-1, page 1				101-	-
Balance—Enter here and on	page 1, line 6 .	<u> </u>	<u> </u>	<u> </u>		100	Щ.
CHEDULE C-4.—Expense	Account Informa	tion (See Sche	dule C Instruc	tions for Schedule C	-4)		:
nter information with regard to you	realf and your five		Name	Expense ac	count	Salaries and V	Vages
ighest naid employees. In determini	ng the five highest	Owner .					
aid employees, expense account aldded to their salaries and wages. Ho	llowances must be	1					.
on need not be submitted for any e	employee for whom						.
he combined amount is less than \$2 elf if your expense account allowance	25.000. or for your- 1					1	
, is less than \$25,000.	- L.m 521 baga						
id you claim a deduction for expen	ses connected with:	5				<u> </u>	<u></u>
1) Entertainment facility (boat, res	ort, ranch, etc.)? .			families at conventions o			
2) Living accommodations (except	employées on business)? 🗌 Yes 🔲 No	o (4) Employee	or family vacations not repo	rted on For	n W-2? 🔲 Yes	

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.)

D Attach to Form 1040.
 D 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 Losses e. Cost or other basis, as adjusted (see instruction F) and expense of sale b. Date f. Gain or (loss) (d less e) d. Gross sales price Kind of property and description (Example, 100 shares of "Z" Co.) (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 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) 10 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 E	nter amount from Form 1040, line 47	_17_	· .
8 E	nter amount from line 15a (or Form 4798, Part !V, line 8(a))	18	
9 S	ubtract line 18 from line 17 (if line 18 exceeds line 17, do not complete the rest of this part. The Alterative Tax will not benefit you)	19	
N	lote: 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.		
D E	nter \$25,000 (\$12,500 if married filing separately)	20	-
1 A	dd lines 19 and 20	_21_	
2 T	ax on amount on line 17*		
3 T	ax on amount on line 21*		
l S	ubtract line 23 from line 22	24	
5 T	ax on amount on line 19*	_25_	
6 E	nter 50% of line 18 but not more than \$12,500 (\$6,250 if married filing separately)	_26_	·
7 A	Iternative Tax—add lines 24, 25, and 26. If smaller than the tax figured on the amount on Form 1040, ne 47, enter this alternative tax on Form 1040, line 16. Also check the Schedule D box on Form 1040, ne 16.	27	

, and		*Act.
Note: Enter your capital loss carryovers from 1976 to 1977:	Pre-1970	Post-1969
Short-term (from Form 4798, Part II or Part V)	6	0
Long-term (from Form 4798, Part II or Part V)	7958	484

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).

218-060-1

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. O If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

lm	portant.—The self-employment income reported below will be credited to your social security record and used in f	guring	social secu	rity benefit	ts.	
NA	ME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) Social security numbers of self-employed person sel	er of n ▶	322	12	79	97
Bu	siness activities subject to self-employment tax (grocery store, restaurant, farm, etc.)					
0	If you have only farm income complete Parts I and III. If you have only nonfarm income complete Parts I, II, and III.	omplet	e Parts	il and III	•	
	Computation of Net Earnings from FARM Self-Employment					
You 2, 2 n	u may elect to compute your net farm earnings using the OPTIONAL METHOD, line 3, instead of if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less thoust be completed even if you elect to use the FARM OPTIONAL METHOD.	of usin an \$1	g the Re ,600. Ho	gular Me wever, lir	thod, nes 1	line and
RE	GULAR METHOD a Schedule F, line 54 (cash method), or line 72 (accrual method	12	a			
1	Net profit or (loss) from: b Farm partnerships	11	<u> </u>			
2	Net earnings from farm self-employment (add lines 1a and b)	. 2			_ _	
	RM OPTIONAL METHOD If gross profits a Not more than \$2,400, enter two thirds of the gross profits.	.]]				
12	from farming are: b More than \$2,400 and the net farm profit is less than \$1,600, Enter \$1,600	1/////	<u></u>			o
. ,	¹ Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 70 (accrus 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.	i				
	Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method	. 4	<u> </u>			
	Computation of Net Earnings from NONFARM Self-Employment					:
	a Schedule C, line 21. (Enter combined amount if more than one business.)			546	_ -	
	b Partnerships, joint ventures, etc. (other than farming)	5t	<u>. </u>		_	·
RE	GULAR METHOD c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance fur	:	′			
5	Net profit or nished.) If you filed Form 4361, check here $ ightharpoonup ightharpoonup$ and enter zero on this	3 _		•		
	(loss) from:	50				
•	d Service with a foreign government or international organization (See Form 1040 in organization structions for line 36.) Specify ▶	50			- -	
		5e		CTI.	- -	
	Total (add lines 5a through e)	7	_ ——	<u> </u>	- -	
	Enter adjustments if any (attach statement)	8		SYL	_ -	
. 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	77777				
	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 les 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	s /////				<i>/////////////////////////////////////</i>
	\$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.	1 /////] =
NO	NFARM OPTIONAL METHOD	VIII I			///.	A-comple
9	a Maximum amount reportable, under both optional methods combined (farm and nonfarm) .	. 9a	<u>. </u>	\$1,600)	00
	b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero)	9b	,			
	c Balance (subtract line 9b from line 9a)	90	<u>. </u>	*		<u> </u>
	Enter two-thirds of gross nonfarm profits 2 or \$1,600, whichever is smaller	10	<u>- </u>			
11	² Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3, plus the distribu	11		· 		
	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 14) as explained in instructions for Schedule SE. Also, include gross profits from services reported on line 5c, d, and e, as adjusted					
FT	Big Computation of Social Security Self-Employment Tax	VIIIII			<u> </u>	<u>/////</u>
_	Net earnings or (loss): a From farming (from line 4)	12				
12	b From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)		_	546	- -	
12	Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400	1	<u>-</u>	24 B	- -	
13	you are not subject to self-employment tax. Do not fill in rest of schedule.)	13	ا ع	546		
14	The largest amount of combined wages and self-employment earnings subject to social security of	·		- P 4 P - P - P - P - P - P - P - P - P	-	
_~	railroad retirement taxes for 1976 is	14	1 4	15,300		00
15	a Total "FICA" wages and "RRTA" compensation 15a					
	b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA 15b	-\////				<i>/////</i> ///////////////////////////////
•	c Total of lines 15a and b	15	c mining	<u></u>	:	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
16	Balance (subtract line 15c from line 14)	16		· · ·	_ _	
	Self-employment income—line 13 or 16, whichever is smaller	17	,	3546	5	
	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	18	3	7.01	ו מ	

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 a loss, enter a zero 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 10 Reduce any loss on line 8 to the extent of any gain on line 9 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 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).

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.

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)(li) 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.)

	10/11 1040, line 29a.)		_	
	1 Enter loss shown on your 1975 Schedule D (Form 1040), line 5; if none, enter zero and ignore			1
	lines 2 through 20—then go to line 21	1 1	1 (1741	/
. :	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	~-0-	
3	Reduce loss on line 1 to the extent of any gain on line 2	3	1741	丁
•	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).		*	
	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.	_		
15	Enter any gain from your 1975 Schedule D (Form 1040), line 3			-
٠ 6	Enter smaller of line 4 or 5			
	Enter excess of gain on line 4 over line 6	1		
	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	1		
	Enter loss from your 1975 Schedule D (Form 1040), line 4(a); other-			
	wise enter a zero		17.5	
11	Add the gains on lines 6 and 9	1		
	Reduce the loss on line 10 to the extent of any gain on line 11	12	0	·
13	Pre-1970 short-term capital loss (Enter smaller of line 3 or 12)	13	1 130	7
14	Short term capital loss attributable to years beginning after 1969 (excess of line 3 over line 13).	14	1	
	Enter any loss from line 13, above			— <i>,</i> ,
		I .		
	Enter loss deducted on your 1975 Form 1040, line 29a 16		#	
				:) . '
	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not	17	741)
17 18	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. Enter any loss from line 14, above	17	<u> </u>	
17 18	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. Enter any loss from line 14, above	17	<u>C741</u>	<u>)</u>
17 18 19	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. Enter any loss from line 14, above	17	<u>C741</u>	<u>)</u>
17 18 19	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not	17	(741	<u>)</u>
17 18 19 20	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. Enter any loss from line 14, above	17	(741)	<u>)</u>
17 18 19 20	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 4 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), enter any loss from your 1975 Schedule D (Form 1040).		C741	
17 18 19 20 21	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 4 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 30; otherwise, enter zero		(741 [741	<u>)</u>
17 18 19 20 21	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 4 If you were required to complete Part IV of your 1975 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		<u>(741</u>	
17 18 19 20 21 22	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), enter any loss from your 1975 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 1975 Form 1040, line 29a)		<u>C741</u>	
17 18 19 20 21 22	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), enter any loss from your 1975 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 1975 Form 1040, line 29a) Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not		(2217	<u>)</u>
17 18 19 20 21 22 23	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 4. If you were required to complete Part IV of your 1975 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 1975 Form 1040, line 29a) Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5		(8217)	<u>)</u>
17 18 19 20 21 22 23	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), enter any loss from your 1975 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 1975 Form 1040, line 29a) Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not		(8217)	<u>)</u>
17 18 19 20 21 22 23 24	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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 Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), enter any loss from your 1975 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 1975 Form 1040, line 29a) Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 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		(8217)	<u>)</u>
177 188 199 200 211 222 233 244	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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. Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1975 Schedule D (Form 1040), line 4 of you were required to complete Part IV of your 1975 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 1975 Form 1040, line 29a) Pre-1970 long-term loss carryover to 1976 (excess of line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 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. Enter excess of line 22 over line 21		(8217)	<u>)</u>
177 188 199 200 211 222 233 244	Pre-1970 short-term loss carryover to 1976 (excess of line 15 over line 16—if line 15 does not exceed line 16, enter zero). Enter here and in Part IV, line 2. 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. Post-1969 short-term loss carryover to 1976 (excess of line 18 over line 19—if line 18 does not exceed line 19, enter zero). Enter here and on your 1976 Schedule D (Form 1040), line 4 or line 19—if line 18 does not exceed line 19 over line 19—if line 19 over line 19—if line 19 over line 19 over line 19 over line 21 over line 21 over line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 over line 22 over line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 over line 22 over line 21 over line 22—if line 21 does not exceed line 22, enter zero). Enter here and in Part IV, line 5 over line 22 over line 21 over line 22 over line 22 over line 21 over line 22 over line 23 over line 24 over line 24 over line 25 over line 25 over line 25 over line 25 over line		(8217)	<u>)</u>

Part IV	Capital	Gains	and	Losse
Part IV	Capital	Gains	and	Loss

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	Section A Short term Capital Gains and Losses			. 1, 16.
1 Amount from 1976 Schedule D (Fo	orm 1040) line 5	27 27	• /	_ ^ -
****		1	1741	
3 Net short term gain or (loss), comb	oine lines 1 and 2	2		
A STATE OF THE STA		3	1 (74/	, · · ·
	Section B.—Long term Capital Gains and Losses			/
4 Amount from 1976 Schedule D (For				
TO AND SECULIAR PART III line on		4	(48)	1)
6 Net long term gain or (loss), comb	ne lines 4 and 5	. 5	(82-17	
	2	6	(870	
	Section C.—Summary of Sections A and B			7
7 Combine lines 3 and 6 and enter the	net gain or (loss) hare	¥.		
mile / shows a gain—		7	1944	200
(a) Enter 50% of line 6 or 50% of I	ine 7, whichever is smaller (see Schedule D (Form 1040),		The second second	
IV, for computation of alternativ	e tax). Enter zero if there is a loss or no entry on line 6	, Part	:	
(b) Subtract line 8(a) from line 7. (inter here and on Form 1040, line 30a	8(a)		
9 If line 7 shows a loss—	nero and on Form 1040, line 30a	(b)		1
Otherwise	es 5 and 6, omit lines 9(a) and (b) and go to Sectio	,		
(a) Enter one of the following amount	solution (b) and go to Section	on D.		Topic
21. 140 M 141 M 1 H HDP 3 IS 7010 OF 5 Dot ==		,		
(ii) If line 6 is zero or a net gai (iii) If line 3 and line 6 are n	n, enter amount from line 7; or	,		1.7
(on line 6	of amount on line 3 added to 50% of amount	Ount '		
(b) Enter here and enter as a (loss	on Form 1040, line 30a, the smallest of:	9(a)		2.
(i) The amount on line 9(a);	on Form 1040, line 30a, the smallest of:			·
West of the Company of Assembly	s filing separate returns see Instruction D); or			1
1040)).	s filing separate returns see Instruction D); or ted (see Instruction J in Instructions for Schedule D (F	orm		2.5%
			(I/D)	
TATE OF CHOILD. — Capital Loce				
Topical Loss	Limitation—Where Losses Are Shown on Both Lines	5 AND 6 of F	Part IV	
10 Enter loss from line 3; if line 3 is zero	Limitation—Where Losses Are Shown on Both Lines	5 AND 6 of F	Part IV	
11 Enter loss from line 3; if line 3 is zero of	or a gain, enter a zero	5 AND 6 of F	Part IV	
11 Enter loss from line 3; if line 3 is zero of 11 Enter loss from line 6	or a gain, enter a zero	1.14	Part IV	
11 Enter loss from line 3; if line 3 is zero of 11 Enter loss from line 6	or a gain, enter a zero	. 10	Part IV	- 10 m
11 Enter loss from line 3; if line 3 is zero of 12 Enter gain, if any; from line 3; if line 3 is zero of 12 Enter gain, if any; from line 3; if line 3	or a gain, enter a zero . is zero or a loss, enter a zero . the gain, if any and the sain is a s	10	Part IV	
11 Enter loss from line 3; if line 3 is zero of 11 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 13 Reduce loss on line 11 to the extent of 14 Combine amounts on 1976 Schedule II	is zero or a loss, enter a zero . the gain, if any, on line 12	10 11 12	Part IV	To the second se
11 Enter loss from line 3; if line 3 is zero of 11 Enter loss from line 6 12 Enter gain, if any from line 3; if line 3 13 Reduce loss on line 11 to the extent of 14 Combine amounts on 1976 Schedule Dand if gain, enter gain; if zero or a loss,	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	Part IV	Control of the Contro
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NAME	3		•

calendar year 19° 76

o. 322-12-799

DEDUCTION SCHEDULE

		DEDOCTIO	ON SCHEDULE		
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS	<u> </u>		21a CASH CONTRIBUTIONS		
3 LESS 1% A.G.I. (Line 18 - 1040)	,		21b PARTNERSHIP SHARE	1	1
4 NET MED/DRUGS			GIRL/BOY SCOUTS		1.30
5 H & A INS. (% + EXCESS)		1405	HEART FUND/CANCER FUND		100
6 a DR. ₹			RED CROSS/UNITED FUND		
DR.			XMAS & EASTER SEALS	V	
DR.			MISC. ORGANIZED CHARITIES	3	
DR.			POLITICAL CONTRIBUTIONS		
DR.		548	CHURCHES	1	
DR.					
DR.					
DR.					
			22 OTHER THAN CASH		
ing the state of t			23 CARRY OVER FROM PRIOR YR	S	
6b HOSPITAL			24 TOTAL CONTRIBUTIONS	100	(00)
PROSTHETIC APPLIANCES		1	CASUALTY OR THEFT (LOSS		
HEARING AID			25 LOSS BEFORE ADJUSTMENT		
TICATING AID			26 INSURANCE REIMBURSEMENT		
6c AMBULANCE			27		
LABORATORIES		_	28 (\$100 LIMITATION PER CAS.)	 	
		70.		8	8
TRAVEL FOR MED. 1000		1 20	MISCELLANEOUS DEDUCTION		
MEDICARE			30 ALIMONY	i T	1
MEDICARE INS.	_	/	31 UNION/PROFESSIONAL DUES	+	<u> </u>
GLASSES		2 2 2 2	32 INCOME TAX PREPARATION	 	
7 MEDICAL EXPENSES		2023	_ 		
LESS REIMBURSED BY INS.		 	UNIFORMS/PROTEC. CLOTHING	<u> </u>	1 1
8 LESS 3% ADJ. GROSS INC.		232	SMALL TOOLS AND SUPPLIES	 	
9		17.91	LAUNDRY AND CLEANING	1	
I+:½ (TO \$150) OF H & A INS.		1,150	AUTO USE/DAMAGE		
10 TOTAL MEDICAL DED.	1941	1941	INVEST.COUNSEL & PUBS.(Sched	1)	
TAXES			EMPLOYMENT AGENCY FEES	<u> </u>	
11 STATE & LOCAL INCOME		0	SAFE DEPOSIT BOX		
12 REAL ESTATE		924	TEL. REQ. IN BUSINESS		
13 STATE & LOCAL GASOLINE		42	POLITICAL CONTRIBUTIONS		
4 GENERAL SALES TAX		139			1
15a PERSONAL PROPERTY					
15b PERSONAL PROPERTY AUTO		2-2			
16 SALES TAX AUTO		9			
			33 TOTAL MISC. DED.) W	45
			SUMMARY OF ITEMIZED DED		FEDERAL
17 TOTAL TAXES	1128	1128	34 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		·
NTEREST (TO WHOM PAID)		· · · · · · · · · · · · · · · · · · ·	35 TOTAL TAXES (From Line 17)		***
18 MORTGAGE		2482	36 TOTAL INTEREST (Line 20)		
O WOIT FOAGE		507 04	37 TOTAL CONTR. (Line 24)		
**************************************	· ,.		38 CAS. & THEFT LOSS(ES) (Line 29)	
19 INSTALLMENT LOANS	· ·	35	39 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 33)	1,	
M INSTALLINENT LUANS		 22	DEDUCTIONS (FROM LINE 33)	 	
			 		
		_	AO TOTAL ITEMIZED DEDUCTIONS	7-18-1	8/27
			TO ENTER ON FORM 1040 LINE 44	5686	5686
			REMARKS		· · ·
			<u> </u>		
				·	•
21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	!				
	-	3 4 5	T		
20 TOTAL INTEREST	2517	2517			• •

NAME SOP RUBY	1.D. NO. SOC. SEC. NO. 322-12-79	CALENDAR	YEAR 19 _	16
ADDRESS	SOC. SEC. NO. 3-12-14	47	AL YEAR END	TNG
ADDRESS		, , 5,5	KE MEAN END	
		,	19	
SCHEDULE OF PROFIT (OR	LOSS) FROM BUSINESS OR PRO	FESSION		
PRINCIPAL BUSINESS ACTIVITY				
BUSINESS NAME	EMPLOYERS			
BUSINESS ADDRESS		e .	15947	
* TOTAL RECEIPTS INVENTORY AT BEGINNING OF YEAR		0	1397/	•
MERCHANDISE PURCHASED	·	8856	-	
1 LABOR		-	-	
\$400 miles and \$400 m			-	
The state of the s			-1	
The state of the s		,	7	
TOTAL		8856		
INVENTORY AT END OF YEAR		7400	1 6456	
GROSS PROFIT			19491	
GROSS INCOME			1 9491	
OTHER	BUSINESS DEDUCTIONS		-	
ADVERTISING		208	_	
AUTO AND TRUCK EXPENSE		9000	-	
<u> </u>			1000	
COMMISSIONS			- 	·
DELINVERY			┪	
DEPRECIATION (SCHEDULE ATTACHED)		106	-	
DUES AND SUBSCRIPTIONS			1 .	ò
ENTERTAINMENT AND PROMOTIONAL			1	ė
INSURANCE		637		· :
INTEREST		419		.
JANITOR SERVICE				
LAUNDRY			_	
·· LEGAL AND ACCOUNTING		50	4	
MAINTENANCE			4	
OFFICE SUPPLIES AND EXPENSE		1/08	4 4 1	
RENT		1608	-	
REPAIRS SALARIES AND WAGES		13	-(• :	
SALARIES OFFICERS				
SUPPLIES	1	1551	1 : :	
TAXES AND LICENSES		284	1	
TAXES - PAYROLL			1 :	
TELEPHONE		169]	
STRAVEL			1 1	.'
UTILITIES			1	
	, o'	<u> </u>		
$f^{*}(x)$	<u> </u>		4	
			1 - 10	
W. W. Commission of the Commis	<u> </u>		3745	
NET PROFIT: OR (LOSS) - FEDERAL RETURN			25 7 6	
NET PROFIT OR LOSS) - STATE PETHEN!	SEE DEPREC. SCHEDULE FOR DIFF.)		-	
NET PROFIT OR LOSS) - STATE RETURN (SEE DEFREC, SCHEDULE FOR DIFF.)		1	

PROFESSIONAL STATIONERS INC. FORM 104
LOS ANGELES, CALIF.
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SCHEDULE

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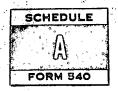
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A	5	i 🗌 Widow(er) with dep	pendent child (Year spous	se died 197) 👊	9 Total exemption	credits (add lines 6, 7 and	8) Ente	r here ar	id on lin	e 20	9 .4	00
L	_ال				the state of the s	the control of the second community was a second control of the se	marry Court of	and and the second		-)	7
	10	D Wages, salaries, tips	s and other employee co	npensation { return.	If unavailable, see ins	tructions, Page 10 }		• • . •	. ed 10	1	5	1
٠, *	11	1 Dividends—before f	federal exclusion. Enter	total (if over \$40	10, complete and att	ach Schedule B(540))		. : .	. 0 11		de Marie de la Companya	}
	A 12	2 Interest. Enter tot	tal (if over \$400, compl	ete and attach Sci	hedule B(540)) .				. C 12	51		
		3 Income other than	wages, dividends and in	terest (from line 4	8)				. 13		4/6	
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10	差 16 2 -											_
	_	o If you do NOT it	temize deductions AND	ine 16 is under \$1	15,000, find tax in T	ax Table and enter on line	19.				:	
	2 -	o If you itemize do	eductions OR line 16 is	\$15,000 or more,	complete lines 17 an	d 18.			1 1	ترسر	21	,
	<u>-</u>					-\$2,000 if line 2, 4 or 5	checked	d)	. e 17	50	86	`
	<u>දි</u> 1	/ Deductions: Items	Let (Irolli line 65) ok 31	16) Compute tay f	rom Tay Rate Schedi	le—Enter tax on line 19 .			. e 18	20	5	
		8 Taxable Income (Sui	otract line 17 from time							7		
	ATTACH	9 Tax from (check on	ne) 🔲 Tax Table	Tax Rate Sch		ne Averaging Schedule (G				- G	د	
	2	O Total exemption cr	redits (from line 9, abo	ve)			٠;		. 20		9	+
	V .2	1 Tax liability (subtra	act line 20 from line 19	—if line 20 is gre	ater than line 19, e	nter zero)		· · ·	. 21			
	· 2	2 Other credits (from	m line 68-Including Sp	ecial Low Income	Tax Credit)				□ 22			+-
	2	3 Net tax liability (s	subtract line 22 from li	ne 21—if line 22	is greater than line	21, enter zero)			. 23	ن –	> ~~	
'.	2	4 Other taxes (from	line 71)						24			
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1	Write social security number	If you do NOT want S	tate income tax forms a	and instructions m	alled to you next ye	ar, check here 🗌 ———————————————————————————————————	e Instru	actions,	Page 9	A	<u> </u>	
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N	MAN (88326 'Doeld:322	45535 Page 21 retu	ern	Date	Address (and Zip code)	•			, ki		•

					
PART I - Renter's Credit - All questions must be answered				1	, <u>, , , , , , , , , , , , , , , , , , </u>
35 Did you, on March 1, 1976, live in rented property which was your principal residence?	□ Yes	□ No		-	claim this credit
36 Was the property you rented exempt from property tax?	□ Yes	□ No			t claim this credi
38 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?		□ No			of instructions
	7				
PART II - Other Income				TasT	3546
39 Business income (or loss) (attach Schedule C(540))			0		1000)
40 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))				N	1000
41 Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540)) 42 Pensions and annuities				41	
		•	,	43	
44 Partnerships SCHEDULE E				44	
45 Estates and trusts			0	45	
46 Farm income (or loss) (attach Schedule F(540))		,	•	46	
47 Miscellaneous income	1	1.			:
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	1	47a			
(b) Alimony	- 1	47b			
(c) Other (state nature and source)	100	47c.	• • • • • • • • • • • • • • • • • • •	47	
Enter total of lines 47(a), 47(b), and 47(c)	50	***************************************	Account Control of	48	20-111
48 Total (add lines 39 thru 47). Enter here and on line 13	· · · · ·	<u> </u>	· · · ·	40 2	23 Y to
PART III - Adjustments to Income					· · · · · · · · · · · · · · · · · · ·
19 "Sick pay," if included in line 10 (see instructions - attach Form FTB 3805T)			0	49	
Moving expenses (see instructions - attach Form FTB 3805U)			👽	50	
Employee business expenses (See instructions - attach Form FTB 3805N)			0	51	
Military exclusion (see instructions)	1		o	52	
53(a) Payments to an individual retirement arrangement (attach FTB 3805P)	,	i3a	,		
(b) Payments to a Keogh (H.R. 10) retirement plan					
Payments to a self-employed "Defined Benefit Plan"				53	
64 Forfeited interest penalty (see instructions)					
55 Total adjustments (add lines 49 thru 54). Enter here and on line 15				55	
PART IV - Itemized Deductions		· · ·			1
			···	.	: . : T :
o Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below 6 Total deductible medical and dental expenses (from Schedule A(540), line 10)			•	56	1941
7 Total taxes (from Schedule A(540), line 17)				57	1128
8 Total interest expense (from Schedule A(540), line 20)				58	2517
9 Total contributions (from Schedule A(540), line 24)				59	100
Total casualty loss (from Schedule A(540), line 29)				60	5 →
1 Total miscellaneous deductions (from Schedule A(540), line 33)				61	9
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	1686
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	
55 Retirement income credit (attach Schedule R(540))			(0)	65	
6 Special low income tax credit (see special instructions)					
7. Solar energy tax credit (see special instructions)				67	
8 TOTAL (add lines 64 thru 67). Enter here and on line 22			<u> </u>	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					. :
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 f				 	
The same of the sa		, , , -0,	-, 5.11.1111		
4.				•;	





ITEMIZED DEDUCTIONS

Attach to Form 540

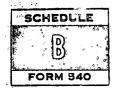
TAXABLE

Name as shown on Form 540

StP Ruby

Social Security Number 322 | 12 | 79 9

USE ONLY IF YOU	DO NOT USE THE TAX 1	ABLE OR TAKE THE STANDARD DEDUCTION	F	MIT .
edical and dental expenses (not compensated by insural medicine and drugs, docto hospital care, insurance pr care, etc.	rs, dentists, nurses,	Contributions 21(a). Cash contributions for which you have receipts, canceled checks, etc.		
Care, etc.	1	(b). Other cash contributions. List donees and		
1. One half (but not more than \$150) of insurance		amounts		† ·····
premiums for medical care		6		† ·····
2. Medicine and drugs				·····
3. Enter 1% of line 16, Form 540				†
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		22. Other than cash.—See instructions for required statement	· · · · · · · · · · · · · · · · · · ·	
5. Enter balance of insurance premiums for medical care not entered on line 1		23. Carryover from 1974 & subsequent years — See instructions		ļ ·
8. Other medical and dental expenses: (a) Doctors, dentists, nurses, etc. (b) Hospitals		24. Total— (Add lines 21a thru 23. Maximum deduction may not exceed 20% of adjusted gross income. Enter here and on Form 540, line 59)	100	,
(c) Other (itemize)		Casualty or Theft Loss(es) 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)		27. Subtract line 26 from line 25, Enter difference (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)	Course	
faxes		Miscellaneous Deductions		
1. Auto license—Excess of registration and weight fees (see instructions)	1 1 1 1 1	30. Alimony paid to:		ļ
2. Real estate	1			+
3. State and local gasoline	1	32. Union dues	1 .	
4. General Sales	·	Other (itemize)	1 .	
15. Personal property (Boat and Aircraft)				
				┷
<u> </u>		33. Total (Add lines 30 through 32. Enter here and on Form 540, line 61)	Que de la constante de la cons	
17. Total taxes—(Add lines 11 thru 16. Enter here and on Form 540, line 57)	1128	Child Care and Adoption Expense		1.
Interest Expense		34. Child care expenses — Attach Form 3805X	-	
18. Home mortgage 19. Other (itemize)		35. Total adoption expense Less 3% of line 16, Form 540 . 36. Net adoption expenses—See instructions		
26. Total—(Add lines 18 and 19. Enter here and on	12th	for maximum limitations	The same of the sa	es* .
Form 540, line 58)	123//	Form 540, line 62)	سر سرا ا	





Name as shown on Form 540

SOLP RUDI Social Security Number

	 		+
<u></u>			i
	 		1
	 	1	
		†	
9. Tatal dividanda			
2. Total dividends	 		1

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.

2. Total Interest Income. Enter here and on line 12, Form 540	1-10	
WOUD	127	ļ
	191	
TRANS WORLD	·	
The state of the s	- <i>j</i>	
UAL	17	
1. Interest income—List payers and amounts NOTE ON WOODLEY BISTRO	4959	
1. Interest income—List payers and amounts		



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



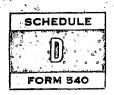
PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Sole Proprietorships)

TAXABLE YEAR

Social Security Number

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

Name as sho	wn on Form 540 or 540NR RUDY	· v					2-799
Nome and				· · · · · · · · · · · · · · · · · · ·	В.	Federal Employ	er I.D. No.
	1. BUTH CITIES C	HOP IL	55 1km	TURA BLUD	Speinaga.	95-265	15-18
MUNIC	business activity (i.e., retail-hardware; wholess	ala toherron serv	ices_legal_etc)	SERVICE -	Snach	BME	
C. Principal	DUSINESS ACTIVITY (I.e., retail—nargwaie; wholesa	crual· □ nth	er			·	
D. Indicate	method of accounting: cash;ac	crual; oth	red)? NYES F	¬ NO			686831
E. Were Forr E. Method of	ms 591, 592, 596 and 599, for the calendar ye f inventory valuation ►						
. Was then	e any substantial change in the manner of dete	ermining quantitie	es, costs, or valua	ations between the openin	g and closing in	ventories?	·;
TT YES	NO If "Yes," attach explanation.						· · ·
,	ceipts, sales, or fees \$Less	returns and all	nwances \$		Balance	₽	<u>:</u>
1 Gross re	ceipts, sales, or fees \$ess y at beginning of year (if different from last yea	ar's closing inven	tory, attach expla	nation)	· · · · · · · · · · · · · · · · · · ·		
2 Inventory	s \$Less cost of items with	hdrawn for perso	nal use \$			·	
3 Purchase	labor (do not include salary paid to yourself)	idiami io poiss					
4 COST OF	s and supplies						
C Other on	osts (explain in Schedule C-2 or attach Schedule	e)	, , , , , , , , , , , , , , , , , , ,				
7 Tetal	of lines 2 thru 6			· · · · · · · · · · · · · · · · · · ·			*
Q Inventor	y at and of this year						· .
D HIVEITUE	goods sold (subtract line 8 from line 7)						
5 GUSC UI	rofit (subtract line 9 from line 1)						
iu uiuss pi 11 Otkar ir	ncome (attach schedule)						· · · · · · · · · · · · · · · · · · ·
ii Julei II 12 Total	Income (add lines 10 and 11)						· · · · · · · · · · · · · · · · · · ·
	OTHER BUSINESS	DEDUCTIONS					
13 Denrecia	ation (explain in Schedule C-1 or attach Schedu	ıle)					
14 Taxes of	n business and business property (explain in Sch	nedule C-2 or att	ach Schedule)				•
15 Pent on	husiness property					 	
16 Renairs	(explain in Schedule C-2 or attach Schedule)			 			The Contract
17 Salaries	and wages not included on line 4 (exclude any	y paid to yoursel	f),,,				
18 Incuranc	:				<u> </u>		
19 Legal a	nd professional fees						
20 Commiss	sions			. , 			
21 Amortiza	ation (attach statement)		, ',				
22 Retirem	ent plans, etc. (other than your share, see ins	tructions)					•
22 Interest	on business indebtedness			, , , , , , , , , , , , , , , , , , ,			
24 Bad det	ots arising from sales or services (Not applicable	le if reporting or	r cast basis)				
25 Denletic	nn (attach schedule)			 			•
26 Other b	usiness expenses (explain in Schedule C-2 or	attach Schedule)			1 .		_
27 Total	of lines 13 thru 26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or EADNID	11	2.	-111
28 Net pro	offit (or loss) (subtract line 27 from line 12), Ent	er here and on	Page 2, Form 540	or 540NK			> 4.6
	Group and guideline class	Date	Cost or	Depreciation	Method of computing	Life or	Depreciation
€	or description of property	Acquired	other basis	allowed (or allowable) in prior years	depreciation	Rate	for this year
: <u>: : : : : : : : : : : : : : : : : : </u>		-					
Schedule C-1 Depreciation Claimed on line		- 					
hed of the control of							106
So E				15/11			
5							
.)				LINE	<u></u>		
S	LINE EXPLANATION		AMOUNT	LINE NO.	EXPLANATION		AMOUNT
7.E. 7	NO.				·	,	
3 5 E				 			
. 5 E				 	•		
Sch 14,				+-+			
Schedule C-2 Explanation of Lines 6, 14, 16, and 26.				+			1
							
(Pow.197	(5) p. 1122245525 p. 05	SCHE	DULE F ON	REVERSE			

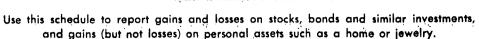


_NW_88326_Docld:32245535_Page-26



CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR





	ins (but flot losses) o	ii personar assers	JOEN GS G HOME	or jeweny.	A 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2
Name as shown on Form 540 or 540NR	Rubi			32	212799
PART I—Assets Held One Year or		:	<u> </u>		į 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.)
1.					
		1	1	·	; •; ·
<u></u>		1 '		1	
 Enter gain (or loss), if applicable, fr Enter your share of net gain or loss Net gain or loss, combine lines 1, 2 	from partnerships a	nd fiduciaries			
PART II—Assets Held More Than C	ne Year But Not	More Than Fiv	e Years		
5.					
- tr)	STALLME	nt si	ILE		5355
 6. Enter gain (or loss), if applicable, fr 7. Enter your share of net gain or loss 8. Net gain or loss, combine lines 5, 6 PART III—Assets Hold More Than 	from partnerships a and 7 (If gain, see 54	nd fiduciaries .			5355
9.	100 10013	T:		-7"3	
				· · · · · · · · · · · · · · · · · · ·	
······································		+			······································
10. Enter gain (or loss), if applicable, fr11. Enter your share of net gain or loss12. Net gain or loss, combine lines 9, 10	from partnerships a	ind fiduciaries .		1	
PART IV—Summary of Capital Ga	ins and Losses				
 13. Enter amount from line 4 14. Enter 65% of the amount on line 8 15. Enter 50% of the amount on line 1 16. Enter unused capital loss carryover for 17. Combine the amounts shown on line 18. If line 17 shows a gain, enter here 	2	ole years (affach	computation)	3481 (15042)	(1561)
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	ind on page 2, Part	II of Form 540 o	or 540NR the sm o gains or losses f		
(c) \$1,000 (\$500 in the case of a h	nusband or wife filin	g a separate re	turn)		(1600).

Your signatu

(if Ailing jointly, BOTH must sign even if only one had income)

here

FORM	1 1040 (1973)							<u>=</u>
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) Amo furnished pendent' port. If write ALI	100%	(f) Amount nished by Olincluding dent.	THERS
ē							<u> </u>	
	27 Total number of dependents			e 6c		<u> </u>	<u> </u>	<u> </u>
P	art I Income other than Wa	ages, Dividends	, and Interest			·		
28	Business income or (loss) (attach	Schedule C)			2	3	559	-
29a	Net gain or (loss) from sale or exc				29)a 🚺	000	
	50% of capital gain distributions (. 29	b		
30	Net gain or (loss) from Supplemen				3	<u>o</u>	<u> 2313</u>	_
	Pensions, annuities, rents, royalties				. 31	ıa		
	Fully taxable pensions and annuitie					b		
32	Farm income or (loss) (attach Sci	* -	1		3	2		
33	State income tax refunds (does no standard	t apply if refund is f	or year in which you took the	·	3	3	:	
34	Alimony received	d deduction-others	see page 9 of Instructions	,,	3	4		
35	Other (state nature and source—S	ee nage 9 of Instr	uctions) >	• • • • •		-		
33	Other (State nature and Source of	ce page 5 or mon			3	5		_
36	Total (add lines 28 through 35). E	nter here and on	line 12		. ▶ 3	6	8872	
P	art Adjustments to Incom							
37	"Sick pay." (attach Form 2440 or	other required sta	itement)		3	7		_
38	Moving expense (attach Form 390				. 3	8		
39	Employee business expense (attack				3	9		
	Payments to a Keogh (H.R. 10) ret	irement plan			40	Da		
	Payments to an individual retireme				. 40	Ob	375	
41	Forfeited interest penalty for prem					1	·	
	Total (add lines 37 through 41).					2	375	-
P	art III Tax Computation (Do	not use this part	if you use the Tax Table	s to find your t	ax.)			
43	Adjusted gross income (from line	15)			. 4	3	8592	_
44	(a) If you itemize deductions, chec	k here 🕨 📋 and	l enter total from Schedu	le A, line 41				
	and attach Schedule A				(')			
	(b) If you do not itemize deduction	s and line 15 is \$1	5,000 or more, check her	e ► [] and:	4	4	5735	<u>. </u>
	If box on line 2 or 5 is checked on line 1 or 4 is checked, enter	, enter 161% of th : \$2.300: if box on	ie 15 but not more than : Lline 3 is checked, enter	\$2,600; if box \$1.300	.			
45	Subtract line 44 from line 43				í <u>4</u>	5	2857	_ _
46	Multiply total number of exemptio	ns claimed on line	7, by \$750		4	6	3000	<u> </u>
47	Taxable income. Subtract line 46				<u> 4</u>	7	-0-	
	(Figure your tax on the amou	nt on line 47 by	using Tax Rate Schedule	X, Y, or Z, or i	f applica	ble, the	alternative .	
	tax from Schedule D, income	averaging from So	hedule G, or maximum t	ax from Form 4	726.) En	er tax o	n line 16a.	
its	48 Retirement income credit (atta	àch Schedule R) .	<u>.</u>			8		
Credits	49 Investment credit (attach Form	1 3468)			4	9		_
ن	50 Foreign tax credit (attach Form	•				0	· .	_
	51 Contributions to candidates fo	r public office cred	dit—see page 10 of Instr	uctions		1		
Part IV	52 Work Incentive (WIN) credit (a	ittach Form 4874)				2		_
동	53 Purchase of new principal resid	lenc <mark>e c</mark> redit (attac	ch Form 5405)		• • •	3		_
	54 Total (add lines 48 through 53). Enter here and	on line 17			i4	£ ?	
Taxes	55 Tax from recomputing prior-ye	ear investment cre	dit (attach Form 4255)	MOI WA		5	0-	
<u>@</u>	56 Tax from recomputing prior-ye	ar Work Incentive	(WIN) crèdit (attach Scho	edule)		6		_
	57 Minimum tax. Check here ►		is attached	• • • •		57	·	_
Other	58 Tax on premature distributions			166		58	·	_
<u>ŏ</u>	59 Self-employment tax (attach			190			598	_
	60 Social security tax on tip incor	ne not reported to	employer (attach Form.	4137)		50		_
Part V	61 Uncollected employee social s	ecurity tax on tips	(from Forms W-2) .			51		_
ā	62 Excess contribution tax from a	attached Form 53	29, Part IV			52		_
	63 Total (add lines 55 through 62	!). Enter here and	on line 19	<u> </u>	. ▶ €	53	548	
13	art VI. Other Payments							
64	Excess FICA, RRTA, or FICA/RRTA tax with	held (two or more em	ployers—see page 10 of Instru	ctions)	· ·	54	<u> </u>	_
65	Credit for Federal tax on special fuels, no	nhighway gasoline an	d lubricating oil (attach Form	4136)		55_	<u> </u>	_
	Credit from a Regulated Investmen					56	18 18 f	_
		ator boro and on			► I 4	57		

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 /2 799 322 12

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensate	ed 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-	;	receipts, cancelled checks or other	
surance premiums for medical care. (Be sure to include in line 10 below)		written evidence	
2 Medicine and drugs		b Other cash contributions. List donees	
3 Enter 1% of line 15, Form 1040		and amounts. ►	
,			
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		SUL	
6 Enter other medical and dental expenses:			
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	10
dentures, eyeglasses, transportation,		24 Total contributions (add lines 21a through 23). Enter here and on line 38	130
etc.) ▶		Casualty or Theft Loss(es) (See page 13 of	Instructions)
		Note: If you had more than one loss, omit li	
		and see page 13 of Instructions for a	
		25 Loss before insurance reimbursement .	
		26 Insurance reimbursement	
		• •	
SCH		27 Subtract line 26 from line 25. Enter difference (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	
1		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	
10 Total (add lines 1 and 9). Enter here and	1521	Miscellaneous Deductions (See page 13 of	instructions.)
on line 35	1221	30 Alimony paid	
Taxes (See page 11 of Instructions.)		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			
16 Other (itemize) ▶			
SCH			, a
17 Total (add lines 11 through 16). Enter	1200	34 Total (add lines 30 through 33). Enter	
here and on line 36	1001	here and on line 40 ▶	
Interest Expense (See page 12 of Instruction	ns.)	Summary of Itemized Deduction	s
18 Home mortgage			
19 Other (itemize) ▶		35 Total medical and dental—line 10	1521
		36 Total taxes—line 17	140/
		_ 37 Total interest—line 20	- 757
		38 Total contributions—line 24	130
		39 Casualty or theft loss(es)—line 29	
		40 Total miscellaneous—line 34	
		41 Total deductions (add lines 35 through	
20 Total (add lines 18 and 19). Enter here	2857	40). Enter here and on Form 1040, line	5735

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 nu	mber	
	SAMUELE THYLLIS KUBY		322 12	22	<u>2</u> _>
A	Principal business activity (see Schedule C Instructions)	N A	LCKB	30	-
В	Business name > WOODLEY BISTRO COFFEESH OF Employer ident	fication	number ► 72=	ا حردا	<u> </u>
D	Business address (number and street) 16055 VENTURA BLVD				C
_	City, State and ZIP code ► ENCINO CA 9/3/6			Van	No
	Indicate method of accounting: (1) ☐ Cash (2) 🔀 Accrual (3) ☐ Other ►			7ES	-110
F	Were you required to file Form W-3 or Form 1096 for 1975? (see Schedule C Instructions)			77777	<u> </u>
	If "Yes," where filed ►		,		<i>911111.</i>
	Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1975?				
Н	Method of inventory valuation ►	attach e	explanation)		1
	1 Gross receipts or sales \$	1		Ì	-
ø	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)	2			
E	3 Gross profit	3			
Income	4 Other income (attach schedule)	4			
	5 Total income (add lines 3 and 4)	5			
_	6 Depreciation (explain in Schedule C-3)	6			
	7 Taxes on business and business property (explain in Schedule C-2)				
	8 Rent on business property	8			·
	9 Repairs (explain in Schedule C–2)	9			<u>-</u> -
	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	13		1	
	14 Amortization (attach statement)				
	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)	(b)			
	(b) Employee benefit programs (see Schedule C Instructions)	16			
Deductions	16 Interest on business indebtedness	17			
ij	17 Bad debts arising from sales or services	18			
ρ	19 Other business expenses (specify):	Willing the second			
٥	(a)				•
	(b)		1 7	.	
	(c)		-		
	(d)		• •		
	(e)				
	(f) (1C9)				
•	(g)				
	(h)				·
	(i)				
	(i)	19(k)	1	.	l
	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 28. ALSO		1 2		
	enter on Schedule SE, line 5(a)	21	155	7	<u> </u>
S	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for	r Line	2)		
	. Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1			
	Purchases \$ Less: cost of items withdrawn for personal use \$	2			
	3 Cost of labor (do not include salary paid to yourself)	3			
	Materials and supplies	4		·	
Ę	Other costs (attach schedule)	5			ļ
•	5 Total of lines 1 through 5	6			
	Less: Inventory at end of year	7		•	
	Cost of goods sold and/or operations. Enter here and on line 2 above	8	1		

SCHEDULE C-2.—Explanation	of Lines 7 a	nd 9			·			
Line No. Explanation		Amount	Line No.		Explanation		Amount	
		\$. \$	
								
					••••••			
								•••
								•••••
SCHEDULE C-3.—Depreciation	ı (See Schedu	de C Instructions	for Line	e 6) If you n	ieed more space	e, you n	nay use Form	4562
Note: If depreciation is computed by	using the Class I	Life (ADR) System for	r assets j	placed in service	e after December	31, 1970	, or the Guideline	e Clas
Life System for assets placed in Class Life System), Except as of	otherwise express	ly provided in income	e tax regu	ulations section	s 1.167(a)-11(b)(o)(vi) and	J 1.167(a)-12, th	he pro
visions of Revenue Procedures	62-21 and 65-	13 are not applicable	e for taxa	ble years endin	ig after December	31, 1970.	. (See Publication	1 534.
Check box if you 'made an election the	nis taxable year t	to use Class Life		stem and/or	'	e System.	,	
a. Group and guideline class	b. Date	c. Cost or other basis	allov	. Depreciation ved or allowable	e. Method of computing	f. Life	g. Depreciation	for
or description of property	acquired ;	- Other basis		n prior years	depreciation	or rate	this year	
 Total additional first-year depre 	eciation (do not	include in items be	elow) —		: Santanananananananananananananananananan	· · · · ·		-
2 Depreciation from Form 4832.			····\ <i>////</i>					
3 Depreciation from Form 5006.	A above		//////					
4 Other depreciation:						1		
Buildings				• • • • • • • • • • • • • • • • • • • •				-
Furniture and fixtures								-
Transportation equipment								
Other (specify)								
one (specify,								-
·····								
		,			гія зі казываваряет			
								-
· · · · · · · · · · · · · · · · · · ·		-		•••••		-		
				PA			7	-
5 Totals	·			> C	17	d	, .	-
6 Less amount of depreciation of	· · · · · · · · · · · · · · · · · · ·	dule C-1 nage 1	·			• • •		-
7 Balance—Enter here and on							974	,
SCHEDULE C-4.—Expense Ac			ule C Ir	structions fo	or Schedule C-	4)		
Enter information with regard to yourse	If and your five h	ighest paid	N	lame ,	Expense a	ccount	Salaries and W	Vages
employees. In determining the five high	-					-		1/////
account allowances must be added to the	neir salaries and w	rages. How-						_
ever, the information need not be sub		• • • •						
whom the combined amount is less that your expense account allowance plus I								
\$25,000.	me ki, page i, is	4						
Did you claim a deduction for expenses	connected with:	5						
(1) Entertainment facility (boat, resort	, ranch, etc.)? .				at conventions or			KW
(2) Living accommodations (except em	alovees on husines	s)? ["] Yes The	(4) Emr	dovee or family	vacations not reports	ed on Form	n W_2? [Yes	N N

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 Form 1040 PHYLLIS KUBY

Social	security	number	
	1		_
322	17	799	7

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 as adjusted instruction f expense of	(see) and	f. Gain or (lo (d less e)	s s)
			\ <u>-</u>	expense of			<u> </u>
			·				
		-					l
						1	
						· · ·	
			-				_
						<u> </u>	
Enter your share of net short-term	gain or (loss) fro	n partnerships	and fiduciaries	<u> </u>	2		\ <u></u>
Enter your share of net short-term Enter net gain or (loss), combine		m partnersmps	and naucianes		3		-
Short-term capital loss component		rs beginning be	fore 1970 (see Ins	truction I)	4(a)	(
Short-term capital loss carryover a					(b)	4741	.
Net short-term gain or (loss), com	bine lines 3, 4(a) a	nd (b)	<u> </u>		5	(1741	L
Long-term Capital Gains	and Losses——	Assets Held N	iore Inan 6 Mc	ontns	, 1		<u>. </u>
		_		-	 [-
		-					-
							-
				1			1
							1
·							
							.
							-
		<u> </u>	<u> </u>		 7		-
Capital gain distributions	4707 1: 44.34				8	5105	- -
Enter gain, if applicable, from For					9		1-
Enter your share of net long-term Enter your share of net long-term					10		1
Net gain or (loss), combine lines		somess corporat			11	5105	
a) Long-term capital loss component		rs beginning bef	ore 1970 (see Inst	ruction I).	12(a)	(13322	
b) Long-term capital loss carryover a					<u>(b)</u>	(5839	-
Net long-term gain or (loss), com) and (b) .	· · · · · · · · · · · · · · · · · · ·	<u> </u>	13	(14028	_
art III Summary of Parts I a			5		1 14	Acro-	• I
Combine the amounts shown on If line 14 shows a gain—	lines 5 and 13, and	I enter the net g	ain or (loss) here	• • • •	14	(13.)7.1	- -
(a) Enter 50% of line 13 or 50°	6 of line 14, which	ever is smaller	(see Part VI for co	mputation	15(a)		
of alternative tax). Enter zer			•	• • •	(b)		- -
(b) Subtract line 15(a) from line If line 14 shows a loss—							-
If losses are shown on BOTH (see Instruction J).	lines 12(a) and 13	3, omit lines 16((a) and (b) and go	to Part IV			
Otherwise.							
(a) Enter one of the following (i) If amount on line 5	is zero or a net ga			14;			
(ii) If amount on line 13 (iii) If amounts on line	is zero or a n et g	ain, enter amou	int on line 14; or,				
(iii) If amounts on line to 50% of amount on	line 13	et iosses, ente	amount on line	adued to	16(a)		- -
(b) Enter here and enter as	a (loss) on Form 1						1
(i) The amount on line (ii) \$1,000 (\$500 if ma	16(a);			wn on line	1		
(W) 4-1-00 (4000 H HI)	nstruction N for a				1	1	

Pá	it 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	1771
18	Enter loss from line 13	18	17056
19	Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19	
20	Peduce loss on line 18 to the extent of the gain if any on line 19	20	14056)
21	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		
24	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)		
27	Enter loss from line 12(a)		
28	Add the gain(s) on line(s) 23 and 26	29	(8217)
29	Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see Instruction L)	30	(82.17)
30	Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	31	(5839)
	Subtract amount on line 30 from the loss on line 20	32	[2920]
32	Add lines 17, 30, and 32	33	(72.878)
	Enter here and enter as a (loss) on Form 1040, line 29a, the smallest of:		
34	(a) Amount on line 33;	İ	
	(b) \$1,000 (\$500 if married and filing a separate return—see Instruction N for a higher limit not to exceed \$1,000); or,		11
	(c) Taxable Income, as adjusted (see Instruction M)	34	(/000)
	Complete Part V if You are Married Filing a Separate Return and Losses are Sh 14 (See Instruction N)		II Lines 4(a) and
35	Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero		
	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	
36	Enter gain, if any, from line 3	37	
37	Enter smaller of amount on line 35 or line 36	38	`.
38		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 B	enefit You)
41	Enter amount from Form 1040, line 47	44	
45	Finter 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	4/	
	If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check here ► _ and omit lines 48 through 54.		-
_	Enter your share of certain long-term gains from partnerships, fiduciaries, and small business cor-		
48	porations referred to as "certain subsection (d) gains" (see Instruction W)	- 48	
	Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger.	49	
49	If line 49 is equal to or greater than line 47, check here \triangleright and omit lines 50 through 54.		
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 55	
55	Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	56	
56	If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49		
57	Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured on the amount on Form 1040, line 47, enter this alternative tax on Form 1040, line 16a	57	
	DE THE ADMINISTRATING TO THE TARGET CHILD UND UNCORNER VAN ON A VIOLENCE VI		

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.t. (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: ¹ 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 Specify (See Form 1040 in Structions for line 35.) 6 Total (add lines 5(a) through (e)) . . . 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 vears. 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 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 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 retirement taxes for 1975 is \$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).

• If you had wages, including tips, of \$14,100 or more that were subject to social security or railroad retired this schedule unless you are eligible for the Earned Income Credit, See Instructions.	ment taxes, do not fill in
• If you had more than one business, combine profits and losses from all your businesses and farms on the	is 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	10. 10.
THYLLIS NUBY	19 18 1420
Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ► SN # C If you have only farm income complete Parts I and III. ■ If you have only nonfarm income complete If you have both farm and nonfarm income complete Parts I, II, and III.	Parts II and III.
Part 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 t 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,60 2 must be completed even if you elect to use the FARM OPTIONAL METHOD.	ne Regular Method, line 0. However, lines 1 and
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))	
from farming are: (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600	
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	<u> Millianininininininininininininininininin</u>
Part II 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 farming)	
REGULAR METHOD (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	
(loss) from: filed Form 4361, check here ▶ ☐ and enter zero on this line	
(d) Service with a foreign government or international organization	
6 Total (add lines 5(a) through (e))	2400
7 Enter adjustments if any (attach statement)	
8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)	<u> 2900 </u>
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.	SE
NONFARM OPTIONAL METHOD	\$1.600 00
9 (a) Maximum amount reportable, under both optional methods combined (farm and nonfarm)	φ1,600
(b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.)	· · · · · · · · · · · · · · · · · · ·
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	
² Gross profits from nontarm business are the total of the gross profits from Schedule C, line 3, plus the distributive share of gross profits from nontarm 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)	VA
(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	2700
subject to self-employment tax. Do not fill in rest of schedule.)	2400
14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1975 is	\$14,100 00
15 (a) Total "FICA" wages and "RRTA" compensation	
(b) Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA	<u>uuuuuuuuuuun uutu, </u>
(c) Total of lines 15(a) and (b)	14/1/2)
17 Self-employment income—line 13 or 16, whichever is smaller	2400
18 Self-employment tax. (If line 17 is \$14,100.00, enter \$1,113.90; if less, multiply the amount on line 17	190
by .079.) Enter here and on Form 1040, line 59	· / / / /

Department of the Treasury Internal Revenue Service

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

SAMUEL 1	HVL	LIS	KUB	y	322-12	7997
Part I Sales or Exchang (Section 1231)	es of Prope	rty Used in	Trade or Bo	Isiness, and I		
SECTION A.—Involuntary Conversions	Due to Casu	alty and The	ft (See Instruct	ion E)		
Kind of property (if necessary, attach additional descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold	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)
1	-					
2 Combine the amounts on line 1. Er				follows		
 (a) For all except partnership return (1) If line 2 is zero or a gain, e (2) If line 2 is a loss, enter the (b) For partnership returns: Enter t 	ns: nter such amo loss on line 5 he amount sh	ount in colum own on line 2	nn g, line 3. above, on Sche	dule K (Form 10		
SECTION B.—Sales or Exchanges of tion A) (See Instruction	Property Used n E)	in Trade or	Business and C	ertain Involunta	ry Conversions (Not	Reportable in Sec
3 LINE	الما ا	1		l .		5105
,						
	ì	1	1		1	
4 Combine the amounts on line 3. Ent	ter here, and o	on the approp	riate line as foll	lows		2/03
 (1) If line 4 is a gain, enter such instruction E. (2) If line 4 is zero or a loss, (b) For partnership returns: Enter the series of the series	enter such an	nount on line	6.			is being filed. Sec
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.)	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 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)						
6 Amount, if any, from line 4(a)(2)						2313.
7 Gain, if any, from page 2, line 21					1	
0						
	. <u> </u>					7217
9 Combine amounts on lines 5 through (a) For all except individual return return (Form 1120, etc.) being (b) For individual returns:	s: Enter the	gain or (loss)	shown on line	9, on the line p	rovided for on the	23/3
(1) If the gain or (loss) on li Schedule A (Form 1040) Schedule A (Form 1040), I	(see instruct	ion F), enter	the total of s	such loss(es) he	re and include on	2313
(2) Redetermine the gain or (and on Form 1040, line 30	loss) on line S	, excluding t	he loss (if any)	entered on line	9(b)(1). Enter here	

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				Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A) WOODLEY BI	STRO C	OFFEE	SHOP	2/1/74	4/2/2
(B)					
(C)	•••••	·	· · · · · · · · · · · · · · · · · · ·		
(D)					
(E)		7		·	
Relate lines 10(A) through 10(E) to thes columns ► ► ►	e Property (A)	Property (B)	Property (C)	Property (D)	Property (E)
11 Gross sales price	· IN Gra				
12 Cost or other basis and expense of sale	1/2///	MENT		-	
13 Depreciation allowed (or allowable)	1.	1110			
14 Adjusted basis, line 12 less line 13		EAT		-	
•	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
15 Total gain, line 11 less line 14				-	
plicable date (see instructions) (b) Enter smaller of line 15 or 16(a)					
17 If section 1250 property:					
(a) Enter additional depreciation after 12/31/6 and before 1/1/70					10 k - 03
(b) Enter additional depreciation after 12/31/6					
(c) Enter smaller of line 15 or 17(5)					
(d) Line 17(c) times applicable percentage (se instruction G.4)	e				
(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 (se instruction 6.4)	:			-	, *
(h) Add lines 17(d) and 17(g)	-				·
(a) If farmland, enter soil, water, and land cleating expenses for current year and the for preceding years					
(b) If farm property other than land, subtract lin 16(b) from line 15; OR, if farmland, entremals smaller of line 15 or 18(a) (see instruction G.5).	er				
(c) Excess deductions account (see instruction (G.5)	n •		,		
(d) Enter smaller of line 18(b) or 18(c)					
19 If section 1252 property: (a) Enter soil, water, and land clearing expense made after 12/31/69	s				· · · · · · · · · · · · · · · · · · ·
(b) Enter amount from line 18(d), if none enter zero	a .				
(c) Enter any excess of line 19(a) over line 19(b))				
(d) Line 19(c) times applicable percentage (se instruction G.5)					# 12 th
(e) Line 15 less line 19(b)					
(f) Enter smaller of line 19(d) or 19(e)		<u> </u>		1000	
Summary of Part III Gains (Complete	Property column	s (A) through (E) through line	19(t) before goi	ng to line 20)
20 Total gains for all properties (add columi	ns (A) through (E), I	ine 15)			7418
21 Add columns (A) through (E), lines 16(t	o), 17(h), 18(d), and	l 19(f). Enter here	e and on line 7 .		2313.
22 Subtract line 21 from line 20. Enter here				and G.2) .	5105
		PRINTING OFFICE - 1975-O			16-92504-1

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.

- 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.

Part I Post-1969 Capital Loss Carryovers

1	Enter loss shown on your 1974 Schedule D (Form 1040), line 5; if none, enter zero and ignore		• • •
	lines 2 through 6—then go to line 7		
2	Enter gain shown on your 1974 Schedule D (Form 1040), line 13. If that line is blank or shows	2	
	a loss, enter a zero		
_	Reduce any loss on line 1 to the extent of any gain on line 2	_3_	
4	Enter amount shown on your 1974 Form 1040, line 29	4	
		E .	
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 1974 to 1975 that is a	ttribut	able 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		

Section A,-Short-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-
8	1040, line 29)	8	
9	Enter gain shown on your 1974 Schedule D (Form 1040), line 5. If that line is blank or shows a loss, enter a zero	9_	
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	2 Excess of amount on line 10 over amount on line 11	12	

Note: The amount on line 12 is your long-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 12(b).

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	,	/
	lines 2 through 20—then go to line 21	1	(2741)
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		
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	2	
	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		
	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 non your 1574 denedure is (10th 1040), time 5		•
	Eliter Smaller of line 4 of 5	·	
	Enter excess of gain on line 4 over line 6		
8	otherwise, enter a zero		
۵	Reduce any gain on line 7 to the extent of any loss on line 8 9		
	Enter loss from your 1974 Schedule D (Form 1040), line 4(a); other-		
	wise enter a zero		
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	
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	(37.91).
	Section B.—Computation of Capital Loss Carryovers to 1975		
_			
15	Enter any loss from line 13, above		
	()		
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)		1000
	Enter any loss from line 14 above		
	Litter any 1033 from fine 14, doore		
19	Enter excess of line 16 over line 15—if line 16 does not exceed line	,	
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	ļ	: '
	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		
25	Enter excess of line 22 over line 21 x 2 (if line 22	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	

DDRESS		12-799 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. (½ + EXCESS)		682	HEART FUND/CANCER FUND		
a DR.		1 0 0 1	RED CROSS/UNITED FUND		150
DR.			XMAS & EASTER SEALS		100
DR.			MISC. ORGANIZED CHARITIES		
DR.		877	CHURCHES		
DR.					
DR.					
DR.			. , , , , , , , , , , , , , , , , , , ,		·
DR.					
		-	22 OTHER THAN CASH		
			23 CARRY OVER FROM PRIOR YRS		1
b HOSPITAL	•		24 TOTAL CONTRIBUTIONS	150	152
PROSTHETIC APPLIANCES			CASUALTY OR THEFT (LOSS(ES	5)	1
HEARING AID			25 LOSS BEFORE ADJUSTMENT		
			26 INSURANCE REIMBURSEMENT		-
C AMBULANCE			27		
LABORATORIES	<u>.</u>		28 (\$100 LIMITATION PER CAS.)		<u> </u>
TRAVEL FOR MED. 1000		70	29 TOT. CAS. OR THEFT LOSS		<u> </u>
			MISCELLANEOUS DEDUCTIONS		1
MEDICARE INS.			30 ALIMONY		
GLASSES	1/ 5 0	1750	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.	1359	258	UNIFORMS/PROTEC. CLOTHING SMALL TOOLS AND SUPPLIES	· · · · · · · · · · · · · · · · · · ·	
	1327	1371	LAUNDRY AND CLEANING		-
+:½ (TO \$150) OF H & A INS.	1609	1 2 2 1	AUTO USE/DAMAGE		
TAXES	1201	11201	INVEST, COUNSEL & PUBS. (Sched)		1
STATE & LOCAL INCOME	-0-	8	EMPLOYMENT AGENCY FEES	· · · · · · · · · · · · · · · · · · ·	
REAL ESTATE		932	SAFE DEPOSIT BOX		
STATE & LOCAL GASOLINE		48	TEL. REQ. IN BUSINESS		
GENERAL SALES TAX		200	POLITICAL CONTRIBUTIONS		
A PERSONAL PROPERTY					
D PERSONAL PROPERTY AUTO		22			
SALES TAX AUTO		-0+			
			34 TOTAL MISC. DED.		-
			<u> </u>		<u> </u>
			SUMMARY OF ITEMIZED DED.	07.475	FEDER
		1 2 0 3		STATE	PEDER
TOTAL TAXES	1207	1207	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10) 36 TOTAL TAXES (From LINE 17)		
TEREST (TO WHOM PAID)		1277	37 TOTAL INTEREST (Line 20)		
MORTGAGE		121/	38 TOTAL CONTR. (Line 24)	-,	
			39 CAS. & THEFT LOSS(ES) (Line 29)		
INSTALLMENT LOANS MISC	·	-	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)		
TRANCWORD D		1 157	DEDUCTIONS (FROM LINE 34)		
TO K WULL		105			1
- SBA		100	41 TOTAL ITEMIZED DEDUCTIONS	(723	573
FELC		100	REMARKS		
	-				
· ·		- 			
1 TOTAL INTEREST	2852	7 257			
					

322-12-	7997	, SO	C. SEC	. NO			FISCAL	YEAR END	ING
DRESS								19	
	· '	-						1 9	
SCHEDULE OF PR	OFIT (OR I	oss)	FROM E	BUSINESS OR	PROFES	SION	<u> </u>		
PRINCIPAL BUSINESS ACTIVITY	<u> </u>								
BUSINESS NAME .					[MPLOYE	ERS NO.		
BUSINESS ADDRESS								V 5 35 U	,
OTAL RECEIPTS							441	48924	
INVENTORY AT BEGINNING OF YEAR						240	00		
MERCHANDISE PURCHASED						170	121		\
	· · ·								
TOTAL						242	31	1021	
ESS INVENTORY AT END OF YEAR							0-1	7383Ī	خنل
GROSS PROFIT								24043	╁—
								24093	
GROSS INCOME	OTHER	BUSINESS	DEDUCTION	ons	<u> </u>			-100	1
ADVERTISING	OTHER I						99	•	
AUTO AND TRUCK EXPENSE						18	00		
BAD DEBTS		-							
COMMISSIONS								,	1.
DELIVERY .						- 4	24		
DEPRECIATION (SCHEDULE BELOW)	•	·			· · · · · ·	7	/] 		
DUES AND SUBSCRIPTIONS							6		1
ENTERTAINMENT AND PROMOTIONAL					·	5	80		1
INSURANCE						11	87		1
INTEREST Janitor and Hauling			 _						
LEGAL AND ACCOUNTING			,			1	50	. •	
OFFICE SUPPLIES AND EXPENSE									
RENT						41	51	,	
REPAIRS AND MAINTENANCE			·			_6	25		
SALARIES AND WAGES	·					56	32		
SUPPLIES							40		İ
TAXES AND LICENSES						- 4	70		1.
TAXES PAYROLL							18		
LINEN						1	58		
CONTRACTLABO	R					4	44		'
						<u> </u>		10000	الم
								1653	4
NET PROFIT OR (LOSS) FEDERAL I				FOR DIFF.	100	9(u	1) LY 01	7557	'
NET PROFIT OR (LOSS') STATE RE	TURN - SEE DI		DEPRECI		1212	177	1 -7 10	<u> </u>	
	DATE	ULE OF	YEARS	COST OR	*添;		PRIOR	DEPRE	
O. KIND AND LOCATION OF PROPERTY	ACQUIRED	METH.	YEARS OR %	OTHER BASIS	k'	•	DEPREC.	THIS	YEAR
EQUIPMENT	2/1/24	SIL	7YR	10228			1339	97	4
Edulista	3/2/			3.6			,		
6000 WILL	14/1/24			35000		·	-0-		0+
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,		GAINS	ON INS	TALLN	IENT	SALES	
SOFOTY	$n \subset$			LLA	P		·

DESCRIPTION OF PROPERTY LOFFEE SHOP

DATE ACQUIRED DATE SOLD 9/2/75

TYPE OF ASSET:	CAPITAL	SEC. 1245	SEC. 1250
1. SELLING PRICE: CASH	\$	\$20148	\$
2. NOTES	· ·	48152	
3. MORTGAGE TRANSFERRED		•	
4. OTHER			
5. GROSS SALES PRICE (1+2+3+4)		68300	
6. COST OR BASIS	\$	\$45228	\$
7. LESS ACCUMULATED DEPRECIATION			te de la la la la la la la la la la la la la
8. PRIOR TO 1-1-62			
9. PRIOR TO 1–1–64			
10. AFTER 12–31–61		2313	gamenta, por
11. ST. LINE AFTER 12–31–63		Section 1	
12. EXCESS OVER S/L 1-64/12-69		Province 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)		1313	
17. TOTAL GROSS PROFIT (5 – 16)	\$		
18. TOTAL GROSS PROFIT — ORDINARY		\$ 13/3	\$
19. TOTAL GROSS PROFIT — OTHER		\$22834	\$
20. CONTRACT PRICE (1 + 2 + 4)	\$	\$ 68300	\$
21. GROSS PROFIT %	. %	36.82%	. %
22. PAYMENTS RECEIVED YEAR OF SALE		\ \	4
23. CASH (1)		20148	
24. PRINCIPAL COLLECTIONS		-0-	
25. EXCESS MORTGAGE OVER BASIS		-0-	
26. OTHER (4)		0	
27. TOTAL PAYMENTS (23 THRU 26)		20148	
28. RECOGNIZED GAIN		\$ 3.1	
29. RECOGNIZED GAIN – ORDINARY		2313	
30. RECOGNIZED GAIN — OTHER ORDINARY INCOME	,	5105	
TAY TOTAL LESS INT CECTION 1945	CTION 1250	CARIT	AL CAIN

	•		1			ORDI	NAK	A INCOME				l	
TAX-	TOTAL	1	LESS INT.					CAPITAL GAIN					
ABLE	PAYMENT	rs	(TO PT. 2. SEC. 3)	REPORTED BALANCE			RÉPORTE	D	BALANC	E	REPORTE	D BALANCE	
ABLE YR.			NONE	74/8		15416.							
								1 4 1					
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				•				14					







Pl En	ACE ter s	PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) ocial security number(s) only if incorrect or not shown on label.		Calendar Ye iscal Year			_1976
		NAME (If joint return, give first names and initials of both) LAST NAME			RIVACY A		
		JAMUEL & PHYLLIS KUBY	CATION	Your Social	Security Nu	mber	UNS
	i	PRESENT HOME ADDRESS (Number and street, including apartment number of rural route)	-32	2 /	7	99	2
		16250 BIRCHER JT	3 🗸	Spouse's Soci	al Security I	Number	
	l	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE	OCCU-	Yours)/E		
		GRANADA HILLS CA	PATION	Spouse's	7		
		STATUS—Check Only One: EXEMPTION CREDITS & If line 1 or 3 checked, enter	¢25)				T
		6 Personal 1 If line 2, 4 or 5 checked en	iter \$50 (<u> </u>	6 گ	.00
. 2	Хı	Married filing joint return (even if only one had income) 7 Dependents — Do not list yourself, your spouse or t	the nerson w		S VOII	1/	1
. 3		Separate return of married person—Enter spouse's as nead or nousehold. Enter name and re	elationship.	quanno	.5 ,00		,
•	S	social security number and full name here					
	·	THOMAS].
4				2	× \$8 ●	7 16	00
_		o blind (refer to instructions) Number of blind exemption	ons >	×	\$8 .	8	00
	י נו	Widow(er) with dependent child (Year spouse died 197) 9 Total exemption credits (add lines 6, 7 and 8) Enter I	here and on	line 20		9 ZZ	00
	1	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 6 }		• 10	j -,		
	1	1 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))				17	
	<u> </u>	2 Interest. Enter total (if over \$400, complete and attach Schedule B(540))	•. • • •	11		66	
	量 1 里 1	3 Income other than wages, dividends and interest (from line 48)		12	2	223	;
				13	00	100	-
	₹ 1	5 Adjustments to income (from line 55)		15			
	≥ 1		· · · ·	13	† <u> </u>		
	FOR	• If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23 (Do not complete			Qa	011	
	<u> </u>	• If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23. 7 lines 17 thru. 22	,	🗖 16	076	5 Y.	
	<u>≻</u>	 If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 1 	9.				
į	COPY	 If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18. 	•				
į	5 1	or 5 el	hecked)	17	57	35	
į	11	8 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19		18	22	U9	
	▼ 19	9 Tax from (check one) Tax Table Cl. Tax Rate School to Income Australia School to Check one)			20	35	
	20					35	<u>.</u>
	21			. 21		4.6	
	22	Z Other credits (from line 65)		22	· · · · · · · · · · · · · · · · · · ·	-0.4	
	▲ ²³	The carrier was the first the carrier with the carrier was the		1 1		0	_
	24 25 25	Tax on preference income (see instructions—attach Schedule P(540))		24			
		lotal tax liability (add lines 23 and 24)		. 25	-	-0-	
ATTAC	5 26	Zb					<u>.</u>
=		1 you need in ferrica property on march 1, 1975, complete Part 1 on page 2					
3	28	▼1.78.1					
	29 5 30	Aligari					
POS MEKE	30	propagation and mas 20 that 257		30		0 -	
7 E	≦ 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	······································				
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	5	SACRAMENTO, CA 95867	IN FULL	> ■ 31	-	0 -+	
בי אנה האלה	32	If line 25 is smaller than line 30, enter amount OVERPAID	i	Do no	t write in th	ese spaces	
E .	33	Amount of line 32 to be REFUNDED TO YOU . Allow at least six weeks.		P			
o de		Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540	,	E			·
		SACRAMENTO, CA 95813		M			
<u> </u>	34	Amount of line 32 to be credited on your 1976 ESTIMATED TAX ■ 34		* A			
Security number on	Un	der penalties of periusy I declare that I have seen I declare that I have s	ESTIMATED '	1 100001			_
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem lief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all	ents, and to	the best o	f my knov	vledge a	nd
e social		GN >	anormation (which he	nas any	knowled	Je.

我不知道我们就是我的教育我的我们就是我们的教育的人类的人名 可以付加的例如明显的 跨過海田中心鎮壓美樓

PA	RT 1 — Renter's Credit — All questions must be answered	•
35 36 37	Was the property you rented exempt from property tax?	may not claim this credit may not claim this credit may not claim this credit
38	Did you or your spouse claim the homeowners' property tax exemption or receive public assistance? Yes No If yes, see	page 6 of instructions
PA	RT II — Other Income	15270
39 40 41 42 43 44 45 46 47	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) Enter total of lines 47(a), 47(b), and 47(c)	41 73/3 42 43 44 45
DA		* 108/6
49 50	### ### ##############################	
51 52 53 54	Employee business expenses (see instructions — attach statement) Military exclusion (see instructions) Payment as a self-employed person to a retirement plan, etc. (see instructions) Forfeited interest penalty (see instructions) Total adjustments (add lines 49 thru 54). Enter here and on line 15	51 52 53
_		
PA —	RT IV — Itemized Deductions —	· ·
57 58 59 60 61	Total interest expense (from Schedule A(540), line 23)	57 58 59 60 60 61
PA	RT V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.	
63 64 65	"Other State" net income tax credit (attach copy of other state return and Schedule S(540))	
PA	RT VI — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from line 16, page	
	DIVEX 17	
	IRA 375	





Attach to Form 540

TAXABLE

Social Security Number

Name as shown on Form 540	11 1/1 1 1 5		l Security Number
If your adjusted gross income is \$8,000 or less and your for \$4,000 or less and your filing status is "Single," or table box.	filing status is "Married, 'Married, Filing Separate	Filing Jointly," "Head of Household," or "Widow(er) With Depend ly," do not itemize, enter zero on Form 540, line 23, and che	ent Child," 🔥
USE ONLY IF YOU	J DO NOT USE THE TAX	TABLE OR TAKE THE STANDARD DEDUCTION	1
Medical and dental expenses (not compensated by insura medicine and drugs, doctor hospital care, insurance p	ors, dentists, nurses,	Interest Expense 21. Home mortgage	
care, etc.	<u>.</u>	22. Other (itemize)	
1. One half (but not more than \$150) of insurance premiums for medical care		SCH	
2. Medicine and drugs	***************************************	23. Total—(Add lines 21 and 22. Enter here and on	
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero).		Form 540, line 59)	2857
5. Enter balance of insurance premiums for medical care not entered on line 1		Contributions	
6. Other medical and dental expenses: (a) Doctors, dentists, nurses, etc. (b) Hospitals		24. Cash contributions for which you have receipts, canceled checks, etc	
(c) Other (itemize)			
	1 .	SLH	
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		27. Carryover from 1974—See instructions	
9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)		28. Total—(Add lines 24, 25, 26, and 27. Maximum deduction may not exceed 20% of adjusted gross	150
10. Total—(Add lines 1 and 9. Enter here and on Form 540, line 56)	1509	income. Enter here and on Form 540, line 60) Miscellaneous Deductions	
Child Adoption Expense		Casualty or Theft Loss(es)—See instructions	
11. Total expenses paid or incurred—Attach itemized list 12. Enter 3% of line 16, Form 540		NOTE: If you had more than one loss, omit lines 29 through 33 and follow instructions for guidance.	
13. Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form 540,		29. Loss before insurance reimbursement	
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	
14. Real estate	1	33. Casualty or theft loss (line 31 less line 32)	ļ
15. State and local gasoline		34. Alimony paid	
16. General Sales		35. Child care—See instructions 36. Union dues	
17. Auto license—Excess of registration and weight fees (see instructions)		37. Employment education expense—See instructions	,
18. Personal property (Boat and Aircraft) 19. Other (itemize)	· •	38. Other—(itemize)	
O p foot			ļ
		20 Table Add Frag 22 28 25 26 27 and 20 /5-bas	
20. Total taxes—(Add lines 14 thru 19. Enter here and on Form 540, line 58)	1207	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 (Solo Proprietorships)

19 25
YEAR

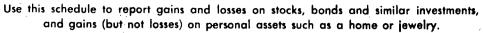
Attach thi	s schedule to your income tax return, Form	540 or 540NI	R	Pa	rtnership	s, joint ventur	s, etc., must	file on Form 565
Name as sh	nown on Form 540 or 540NR	,	0		1			urity Number
	SAMUEL& 1H	YLLIS	KUBY	<i>[</i>				2-7997
MIN	Address of Business	DEFER	SHOP			. 9	1. Federal Emplo 5-265/	578
C. Principa	I business activity (i.e., retail-hardware; whole	sale-tobacco; se	ervices-legal; etc.)	SER	VIC	-S	NACK	BAR
	method of accounting:	ccrual; 🔲 o	ther			·····		
F. Were Fo	rms 591, 592, 596 and 599, for the calendar	eer-filed (if rec	quired)? XYES	□ NO				C
F. Method	of inventory valuation >		• ·					
	ere any substantial change in the manner of det NO If "Yes," attach explanation.	termining quanti	ties, costs, or val	uations between	the openin	g and closing in	ventories?	
	receipts, sales, or fees \$Les	s returns and a	allowances \$	A AVAILA		Balance	9 🕨	
	ry at beginning of year (if different from last ye					:		
	ses \$Less cost of items will							
4 Cost of	f labor (do not include salary paid to yourself)		, , , , , , , , , , , , , , , , , , , ,		.:.			
5 Materia	is and supplies							
6 Other o	osts (explain in Schedule C-2 or attach Schedul	le)						
	of lines 2 thru 6							•
8 Invento	ry at end of this year				· · · L			
	goods sold (subtract line 8 from line 7)							
	profit (subtract line 9 from line 1)							
	income (attach schedule)							
12 Total	Income (add lines 10 and 11)							
	OTHER BUSINESS		•		ſ			
	ation (explain in Schedule C-1 or attach Sched							
	on business and business property (explain in Şc				I	•		
	n business property							
	s and wages not included on line 4 (exclude an							
	ce							
	and professional fees							
	sions							
	ation (attach statement)				I			
22 Retirem	ent plans, etc. (other than your share, see ins	tructions)						
	t on business indebtedness							
24 Bad de	bts arising from sales or services (Not applicab	le if reporting o	on cash basis)					
	on (attach schedule)				•••			
	business expenses (explain in Schedule C-2 or	attach Schedule)		<u>L</u>			
	of lines 13 thru 26					11		100
28 Net pr	ofit (or loss) (subtract line 27 from line 12), En	er nere and on	rage 2, rorm 340	or Saunk	٠٠			<u>. 7 د د</u>
	Group and guideline class	Date	Cost or	Depreciat allowed (or all	ion	Method of computing	Life or	Depreciation
55	or description of property	Acquired	other basis	in prior ye		depreciation	Rate	for this year
Schedule C-1 Depreciation Claimed on line		· ·						
dule ecia								
Seprended and a seprended and								
S Clair								
	LINE		AAAOUNT	LINE		EVDI ANATION		AMOUNT
ines 26.	NO. EXPLANATION		AMOUNT	NO.		EXPLANATION		AMOUNT
255				1.				
dule 16.3								
Schedule G-2 Explanation of Lines 6, 14, 16, and 26.								
6, 12 S				1		31		
ш				1 1 '		•		1 '





CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR



	TAXABLE
	1075
	A D I U X
	YEAR
*	
	Social Security Number
32	2127997
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bse- (if lach ex-	f. Gain or loss (d. less e.)
ex-	(d. less e.)
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PART I—Assets Held One Year or Le	THYLL				2127997
					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.)
1. 1974 Loss CARRYONE	E R				
(20,360)				, 1	
USED 1974 100	70 -				
 Enter gain (or loss), if applicable, from Enter your share of net gain or loss fr Net gain or loss, combine lines 1, 2 an 	om p <mark>art</mark> nerships a	nd fiduciaries ,			
PART II—Assets Held More Than On	e Year But Not	More Than Fiv	e Years		
5.				,	
<u></u>					
<u></u>					
	,				
					5105
7. Enter your share of net gain or loss fr 8. Net gain or loss, combine lines 5, 6 an PART III—Assets Held More Than Fiv	d 7				5105
9	T Tours		· .		
. 		·			
•					The second secon
10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss fr 12. Net gain or loss, combine lines 9, 10 c	om partnerships a	e D-1 (540) (attac			
11. Enter your share of net gain or loss fr	om partnerships a and 11	e D-1 (540) (attac			
 Enter your share of net gain or loss fr Net gain or loss, combine lines 9, 10 c PART IV—Summary of Capital Gain 	om partnerships a and 11	e D-1 (540) (attac nd fiduciaries			
11. Enter your share of net gain or loss fr 12. Net gain or loss, combine lines 9, 10 c PART IV—Summary of Capital Gain 13. Enter amount from line 4	om partnerships a and 11	e D-1 (540) (attac nd fiduciaries		7710	
11. Enter your share of net gain or loss fr 12. Net gain or loss, combine lines 9, 10 c PART IV—Summary of Capital Gain 13. Enter amount from line 4	om partnerships a and 11	e D-1 (540) (attac nd fiduciaries		7710	
11. Enter your share of net gain or loss from 12. Net gain or loss, combine lines 9, 10 compared to 10. Net gain or loss, combine lines 9, 10 compared to 10. Enter amount from line 4	om partnerships a and 11	e D-1 (540) (attach	computation)	7710	(1/04-)
11. Enter your share of net gain or loss from 12. Net gain or loss, combine lines 9, 10 compared to 10. Net gain or loss, combine lines 9, 10 compared to 10. Enter amount from line 4	om partnerships a and 11	e D-1 (540) (attach	computation)	7710	(16042)
11. Enter your share of net gain or loss from 12. Net gain or loss, combine lines 9, 10 compared to 15. Enter amount from line 4	om partnerships a and 11	ple years (attach	computation) .	3318	(16042)
11. Enter your share of net gain or loss from 12. Net gain or loss, combine lines 9, 10 compared to 12. Net gain or loss, combine lines 9, 10 compared to 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 17. Combine the amounts shown on lines 18. If line 17 shows a gain, enter here and 19. If line 17 shows a loss, enter here and	om partnerships a and 11	ple years (attach	computation) .	3318	(16042)
PART IV—Summary of Capital Gains 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 17. Combine the amounts shown on lines 18 18. If line 17 shows a gain, enter here and (a) amount on lines 17;	om partnerships a and 11	e D-1 (540) (attached by the state of the st	computation) or 540NR or 540NR the small	33/8 (1936 0)	(16042)
11. Enter your share of net gain or loss from 12. Net gain or loss, combine lines 9, 10 compared to 12. Net gain or loss, combine lines 9, 10 compared to 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 17. Combine the amounts shown on lines 18. If line 17 shows a gain, enter here and 19. If line 17 shows a loss, enter here and	om partnerships a and 11	e D-1 (540) (attached by the state of the st	computation) or 540NR or 540NR the small	33/8 (1936 0)	(16042)





SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

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

1925
YEAR

		·				· .
Name as shown on Tax Return	- 0			Identifying	number as shown on retur	n
SAMUEL	ELHYLL	ISKUBU		322	-12-799	2
1.		nder Sections 18211,	. ,	_	D	-1
PART I Gain From Dispos	sition of Property U	naer Sections 18211,	18212-18, 18219,	10440	ing a contract to the contract of the contract	

1. Description of Sections 18211, 18212-18, 18219, and 18220 prop	erty.		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A) WOOPLEY BISTRO CO	FFEE	SHOP	2/1/74	9/2/75
(B)				
(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)	MITAL		***************	
5. Adjusted basis, line 3 less line 4	" mu	ALC		* .
6. Total gain, subtract line 5 from line 2				
7. If Section 18211 property:	0.			
(a) Depreciation allowed (or allowable) after applicable date.	121-			
(See Instruction D-3)	PILE			
(b) Line 6 or line 7(a), whichever is smaller			·	
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				
(d) Line 8(c) times applicable percentage (Instruction D-4).				
	i .			
				<u> </u>
(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				
(b) If farm property, other than land, subtract line 7(b) from				1 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)			<u> </u>	
(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)			,	
(f) Enter smaller of line 10(d) or line 10(e)			,	
SUMMARY OF PART I (Complete Property Columns (A)	through (D) u	p to Line 10(f)	before going 1	o Line 11)
11. Enter amounts from line 6	7418	I		
12. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	2313	,		
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	and on line 24	Part III		2313.

Schedule D-1(540)	.*				• • • • • • • • • • • • • • • • • • •	Page 2
PART II Sales or Exchange (Section 18181-	es of Property 82) see Instr	y Used in Tro uction E	ade or Busine	ss and/or Involu	ntary Conversions	
Section A - INVOLUNTARY	ONVERSIONS	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 able Section B Enter gain(s)	rns: (1) If line 1, B-2 or B-3; and loss(es) ir	e 16 is zero or ; (2) If line 16 n Schedule K (F	a gain, enter amou is a loss, enter suc orm 565). See Insti	h amount on line 25 of ruction E.	Part III.
Section B — SALES OR EXCH (Not Reportab	ANGES OF PR le in Section A		IN TRADE OF	R BUSINESS AND	CERTAIN INVOLUNTARY	CONVERSION
		Section B-1 F	Property Held Or	ne Year or Less		
17.						
					,	
18. Combine the amounts on lin	ne 17, enter her	e				
S	ection B-2 Pro	perty Held Mo	re Than One Yed	ar But Not More Than	r Five Years	
19. L/A	1=12					5105
·						1
00 6 1111	10					5105
20. Combine the amounts on lir			narty Hald More	Than Five Years		
21.	7	The section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the	The training the training to t	Than Tive Teals		
22. Combine the amounts on lir						
 Combine the amounts on li (a) For all returns, except and 10, respectively, 2, 7 and 11, respectively (b) For partnership returns 	partnership retu of the Schedule ively, of the Sc	orns: (1) If line e D (Form 540) hedule D (Forr	: 23 is a gain, e), or if filing For n 541). (2) If lir	enter the amounts from 541, enter amount to 541, enter amount to 23 is a loss, ente	om lines 18, 20 and 22, its from lines 18, 20 and r such amount on line 2	22, on lines
PART III Ordinary Gains	and Losses					
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 aflowed (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 14						2313
 Loss, if any, from line 16 Loss, if any, from line 25 		 		· · · · · · · · ·		
27.						
·						
28. Combine lines 24 through (a) For fiduciary and partn return being filed—s (b) For individual returns:	ership returns: see Instruction I	Enter the gain for specific li	(or loss) shown ine reference.	on line 28 on the li	ne provided for on the	2-3/3
	m 540 or 5401	NR) (see Instru	ction F), enter	the total of such	loss(es) here and on	
Schedule A (For	m 540 or 540N	R)—Identify as	loss from line 2	28(b)(1), Schedule D	-1 (Form 540)	2313

			97 soc. sec. no		
ADDRESS			ON SCHEDULE		1
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	<u> </u>	150
DR.			XMAS & EASTER SEALS		
DR.			MISC. ORGANIZED CHARITIES		
DR.		877	CHURCHES		
DR.					_
DR.					
DR.		· · · · · · · · · · · · · · · · · · ·		ļ	
DR.				ļ	-
			22 OTHER THAN CASH		-
		<u> </u>	23 CARRY OVER FROM PRIOR YRS.	100	1-1-4
6b HOSPITAL			24 TOTAL CONTRIBUTIONS	150	150
PROSTHETIC APPLIANCES	ļ 		CASUALTY OR THEFT (LOSS(E	:3/	· 1
HEARING AID			25 LOSS BEFORE ADJUSTMENT 26 INSURANCE REIMBURSEMENT		
					
6c AMBULANCE			27	 	
LABORATORIES			26 (\$100 LIMITATION PER CAS.)		
TRAVEL FOR MED. 1000		70	29 TOT, CAS, OR THEFT LOSS MISCELLANEOUS DEDUCTIONS		
		-	30 ALIMONY	<u> </u>	T T T
MEDICARE INS.			31 UNION/PROFESSIONAL DUES	<u> </u>	_
GLASSES	1/20	1629	32 CHILD & DEP. CARE (Form 2441)	t	
7 MEDICAL EXPENSES	1629	1661	33 INCOME TAX PREPARATION	 	
LESS REIMBURSED BY INS.	- 74	258	UNIFORMS/PROTEC, CLOTHING		
8 LESS 3% ADJ. GROSS INC.	1359	1371	SMALL TOOLS AND SUPPLIES	 	
9	1327	150	LAUNDRY AND CLEANING		
I +: ½ (TO \$150) OF H & A INS.	1500	1521	AUTO USE/DAMAGE		1
10 TOTAL MEDICAL DED.	1201	1 12	INVEST. COUNSEL & PUBS. (Sched		-
	-0-		. EMPLOYMENT AGENCY FEES		
11 STATE & LOCAL INCOME		032	SAFE DEPOSIT BOX		1
12 REAL ESTATE 13 STATE & LOCAL GASOLINE		740	TEL. REQ. IN BUSINESS		
14 GENERAL SALES TAX		2 1	POLITICAL CONTRIBUTIONS		
15a PERSONAL PROPERTY		10>			
15b PERSONAL PROPERTY AUTO		22			
16 SALES TAX AUTO		-0-			
TO SACES TAX ACTO			34 TOTAL MISC. DED.		
			SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17 TOTAL TAXES	1207	1207	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		
INTEREST (TO WHOM PAID)	· · · · · · · · · · · · · · · · · · ·		36 TOTAL TAXES (From LINE 17)	ļ <u> </u>	_
18 MORTGAGE		2517	37 TOTAL INTEREST (Line 20)	<u> </u>	
	. ,		38 TOTAL CONTR. (Line 24)	-	
			39 CAS. & THEFT LOSS(ES) (Line29)	ļ	_
19 INSTALLMENT LOANS MISC	-	50	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)	ļi	
TRANSWORD		186		 	
SBA		7	TEMPTED DEDUCTIONS		
FEDCO		100	41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45	5723	5735
			REMARKS	· · · · · · · · · · · · · · · · · · ·	<u> </u>
					
20 TOTAL INTEREST		2857			

Professional Stationers, Inc.
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SCHEDULE _____

RESS 322-12-	7997	500	SEC.	NU.	FISC	AL YEAR E	NDING
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	20517 / 00 1	000	EDOM B	USINESS OR	PROFESSION		
SCHEDULE OF PI	ROFIT (OR L	.055_1_	FROM B	OSTITUDE OF			
RINCIPAL BUSINESS ACTIVITY USINESS NAME					EMPLOYERS NO.		
JSINESS ADDRESS DTAL RECEIPTS	7.					489	29
NVENTORY AT BEGINNING OF YEAR					800		
ERCHANDISE PURCHASED					24031.		.
							ł
					124021		
TOTAL					-0-	- JyR	31
ESS INVENTORY AT END OF YEAR						2404	52
ROSS PROFIT						679	
						2409	73
ROSS INCOME	отиев я	USINESS	DEDUCTIO	ON S			
OVER TICING	. VINER O				99		
NOVERTISING UTO AND TRUCK EXPENSE					1800		. [
AD DEBTS							
OMMISSIONS	· · · · · · · · · · · · · · · · · · ·						-
ELIVERY							
EPRECIATION (SCHEDULE BELOW)					979		
UES AND SUBSCRIPTIONS					126		
NTERTAINMENT AND PROMOTIONAL			·			_	
NSURANCE,					1285		. 1
NTEREST					1107		}
ANITOR AND HAULING					150		ļ
EGAL AND ACCOUNTING							1.
OFFICE SUPPLIES AND EXPENSE					110		.
PENT					676		
REPAIRS AND MAINTENANCE					5632		
SALARIES AND WAGES							
SUPPLIES					240		.
TAXES AND LICENSES					575		[-
FAXES PAYROLL FELEPHONE AND UTILITIES					168		
					158		
CONTRACTLABO) R				444		."
						11/0	3
						102	28 -
NET PROFIT OR (LOSS) FEDERAL	RETURN			FOR DIFF.	5159(W) LY	100	<u> </u>
NET PROFIT OR (LOSS) STATE R	ETURN - SEE DE	EPREC. S	CHEDULE) 15 1(W) =		
		ULE UF	DEPRECI	COST OR			RECIA
O. KIND AND LOCATION OF PROPERTY	DATE ACQUIRED	METH.	YEARS OR %	OTHER BASIS	DEP	REC. T	HIS YE
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EQUIPMENT	0/1///		1/1	1000	,		
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DESCRIPTION OF PROPERTY	LOFFEES	HOP
DATE ACQUIRED	2/1/74	DATE SOLD 9/2/75

		•	•
TYPE OF ASSET:	CAPITAL	SEC. 1245	SEC. 1250
1. SELLING PRICE: CASH	\$	\$20148	 \$
2. NOTES		48152	
3. MORTGAGE TRANSFERRED		1000	
4. OTHER			
5. GROSS SALES PRICE (1+2+3+4)		68300	
6. COST OR BASIS	\$	\$ 75228	\$
7. LESS ACCUMULATED DEPRECIATION			A STATE OF THE STA
8. PRIOR TO 1-1-62			
9. PRIOR TO 1-1-64			
10. AFTER 12-31-61		23/3	And the same
11. ST. LINE AFTER 12–31–63			
12. EXCESS OVER S/L 1-64/12-69			
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)		43/53	
17. TOTAL GROSS PROFIT (5 – 16)	\$		Y and New York
18. TOTAL GROSS PROFIT – ORDINARY		\$ 23/3	\$
19. TOTAL GROSS PROFIT – OTHER		\$72.84	\$
20. CONTRACT PRICE (1 + 2 + 4)	\$	\$ 683077	\$
21. GROSS PROFIT %	. %	26 82%	. %
22. PAYMENTS RECEIVED YEAR OF SALE			
23. CASH (1)		20148	
24. PRINCIPAL COLLECTIONS		-0	
25. EXCESS MORTGAGE OVER BASIS		_ 0 _	
26. OTHER (4)		-0-	
27. TOTAL PAYMENTS (23 THRU 26)	·	20148	
28. RECOGNIZED GAIN			
29. RECOGNIZED GAIN — ORDINARY	1	23/3	
30. RECOGNIZED GAIN - OTHER	,	5105	

	<u> </u>						3/43	
					YINCOME		1	
TAX- ABLE	TOTAL	LESS INT. (TO PT. 2.	SECTION	ON 1245	SECTIO	N 1250	CAPITA	L GAIN
YR.	PAYMENTS	SEC. 3)	REPORTED	BALANCE	REPORTED	BALANCE	REPORTED	BALANCE
975		NONE	7418	15416.				
					·			
	·						, ,	
						· ·		

1040

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

	- · ·	***	1
	11 C		
	510) - 7	Æ
	112	il 🛮	
٠	ПС	少. 🖪	3

the yea	ar January 1-December 31, 1974, or other taxable year begin	ning	, 1974, ending	, 19
Name	(If joint return, give first names and initials of both) Last	t name	COUNTY OF RESIDENCE	Your social security number
1241	MUEL & PHYLLIS KUB	7	KESIDENCE	322 12 7997
Present	t home address (Number and street, including apartment number or rural tow	(e)	/ /	Spouse's social security no.
	16250 BIRCHER JT			349 18 1420
City, to			Occu- Yours >	SE
			· Spouse s	
Filin	g Status (check only one)	Exemptions 6a Yourself.	Regular / 65 or ov	Enter
	Single Married filing joint return (even if only one had income)	b Spouse .		number of boxes
	Married filing separately. If spouse is also filing give		. (2).	checked
" 🗆	spouse's social security number in designated space above		LIS A	hildren who lived with
	and enter full		10 MAS	
4.	name here ►			Enter 2
, U	(55)	d Number of	other dependents (fro	m line 27)
5 🗍	Widow(er) with dependent child (Year spouse died ► 19)		ptions claimed	7
8 Pre	esidential Election Do you wish to designate \$1 of your	taxes for this fund?	Yes	Note: If you check the "Yes" box(es) it will not increase
Ca	mpaign Fund If joint return, does your spouse wis	h to designate \$1?	Yes	your tax or reduce your refund.
1.45	9 Wages, salaries, tips, and other employee compensation at	kttach Forms W-2. I ole, see instructions or	f unavail- n page 3.)	9
	Can Instructions > 126	1	36	
ne	10a Dividends (on pages 6 and 13)\$	ess exclusion \$		10c -0
псош	11 Interest income. If \$400 or less, enter total		in Schedule BT	
uc	Lif over \$400, enter total an	d list in Part II	ot Scueanie Bil - I	11
- 	12 Income other than wages, dividends, and interes	st (from line 38)	· · · · · · · · · · · · · · · · · · ·	12 8939
	13 Total (add lines 9, 10c, 11, and 12)			13 8934
	14 Adjustments to income (such as "sick pay," mov		.coe +37	14
	15 Subtract line 14 from line 13 (adjusted gross inc			15 6939
	you do not itemize deductions and line 15 is under \$1 you itemize deductions or line 15 is \$10,000 or more,			n line 16.
• C/	AUTION. If you have unearned income and can be claimed as a dep			and see instructions on page 7.
-	16 Tax, check if from: Tax Tables 1-12		edule X, Y, or Z	
	Schedule D	Schedule G 0		16 48
lits	17 Total credits (from line 54)			17
Credits	18 Income tax (subtract line 17 from line 16)			18 -0
	19 Other taxes (from line 61)			19 705
밀	20 Total (add lines 18 and 19)			20 785
S S	21a Total Federal income tax withheld (attach Form	ıs		
Payments	W-2 or W-2P to front)	. 21a		Pay amount on line 23 in full with this return.
Ĕ	b 1974 estimated tax payments (include amount	nt i		Write social security
Pay	allowed as credit from 1973 return)	· b	<i> </i>	number on check or money order and make
٠	c Amount paid with Form 4868, Application for Automa			payable to Internal
Тах,	Extension of Time to File U.S. Individual Income Tax Retu		<i></i> <i>///</i>	// Revenue Service.
	d Other payments (from line 65)	<u>d</u>	<u> </u>	22
	22 Total (add lines 21a, b, c, and d)	 		
a	A W. H. OO I. Laman Alexa Nov. CO. and a DALAMON	DUE IDO		23 785
출절	23 If line 20 is larger than line 22, enter BALANCE			
nce Refu	(Check here , if Form 2210, Form 2210F, or statement is			24
<u>F</u>	24 If line 22 is larger than line 20, enter amount 0 25 Amount of line 24 to be REFUNDED TO YOU	VERFAID .		25
Balaı or				payment (line 24) is to be
Balance Due Tax, Paymen or Refund	26 Amount of line 24 to be cred ited on 1975 estimated tax. ▶ 26		/// refunded (line 25)), make no entry on line 26.
	I theles penalties of perjury I declare that I have examined this return, in	cluding accompanying	schedules and statements, and	to the best of my knowledge and belie
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpay	er) is based on all info	rmation of which he has any ki	nowledge.
here		Date	Preparer's signature (other	than taxpayer)
	Your signature		· ropulor o organiculo (otilisi	2/7-2U B71
	Spouse's signature and tilling pointly, goth must sign even if only on	e had Income)	Address (and ZIP Code)	Preparer's Emp. Ident. or Soc. Sec. No.
	F Spouse 5 Signaturoses Chingpoints, porti muse sign oson il umy on		18717 VANOWED	16-83229-1
F	The state of the s		POLT AVIACIALLY	

WAN NUYS, CA. 91403

Forr	n 1040 (1974)							
-	(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?	furni pend			OTHERS
ē.	ם ט		· · · · · · · · · · · · · · · · · · ·	\$730 G. Midici.		ALL.		
Other	5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			\$		\$	- T-
	<u> </u>							
_	27 Total number of depend			line 6d				·
نا	art less income other than	n Wages, Divide	nds, and interest				Bo # 14	, ,
	Business income or (loss) (atta				•	28	, 4934	
	Net gain or (loss) from sale or					29	(1000	<u> </u>
	Net gain or (loss) from Supple					30		_
	Pensions, annuities, rents, roya		, estates or trusts, etc. (a	ttach Schedule E)		31	<u> </u>	_
	Farm income or (loss) (attach				•	32		
	Fully taxable pensions and ann					33		_
34	50% of capital gain distribution State income tax refunds (standard)	ns (not reported or	Schedule D—see instru	ctions on page 8	3) .	34		
35	State income tax refunds (stan	dard deduction—other	ers see instructions on pa	ge 8)	• •	35	1. 1.0	_
	Alimony received				•.	36		_
37	Other (state nature and source-	—see instructions	on page 8) >	·				
						37	Ga 7 U	- -[
	Total (add lines 28, 29, 30, 31,		, and 3/). Enter nere and	on line 12		38	8727	<u> </u>
	art II Adjustments to I					1 20 1		
	"Sick pay." (From Forms W-2 and		Forms W-2 or W-2P, attach Fo	orm 2440 or stateme	ent.)	39		
40	Moving expense (attach Form					40		_
41	Employee business expense (a				• •	41		
42	Payments as a self-employed p	person to a retireme	ent plan, etc.—see instru	ctions on page 9	• .	42		
	Total adjustments (add lines 3					43		
	art III Tax Computation			es 1-12 to fina	your	1 - 1	002 17	
44	Adjusted gross income (from	line 15)			. , • :	44	<u>8754</u>	•• <u> </u>
45	(a) If you itemize deductions, and attach Schedule A(b) If you do not itemize dedu					45	5590	
	NOT enter more than \$2,0	000. (\$1,000 if line	3 checked)				3-1481	
	Subtract line 45 from line 44				• •	46	234 7	
	Multiply total number of exem		line 7, by \$750			47	300-2	
48	Taxable income. Subtract line	47 from line 46 .				48	-344	
	(Figure your tax on the an tax from Schedule D, income	me averaging from	Schedule G, or maximum	ie X, Y, or Z, or n tax from Form	17 ap	5.) Ente	, the alternative r tax on line 16.	
P	rt IV Credits							
49	Retirement income credit (atta	ach Schedule R) .				49		
	Investment credit (attach For					50	48	
51	Foreign tax credit (attach For	rm 1116)				51		_
52	Credit for contributions to cand	didates for public o		n page 9		52	·	<u> </u>
53	Work Incentive (WIN) credit (attach Form 4874)	<u>.</u>	<u>.</u>		53		_ _
	Total credits (add lines 49, 50	, 51, 52, and 53).	Enter here and on line 1	7	<u> </u>	54	1 AND 177 178 7 8	*> -> -> ->
	art V Other Taxes		The Cast	100	***	,		···
	Self-employment tax (attach 5) 595 (W)	. I.Y D		55	185	_
	Tax from recomputing prior-ye					56		- -
57	Tax from recomputing prior-ye	ar Work Incentive (WIN) credit (attach sche	dule)	• , •	57	•	<u> </u>
	Minimum tax. Check here ►			• • • • • •	• . •	58		_
	Social security tax on tip incor				•	59		
60	Uncollected employee social s	security tax on tips	(from Forms W-2)		• •	60	~~~	_
	Total (add lines 55, 56, 57, 58,	, 59, and 60). Enter	here and on line 19	· · · · · · · · ·	- ▶	61	165	
	art VI Other Payments			· · · · · · · · · · · · · · · · · · ·		T == :		
	Excess FICA tax withheld (two				• •	62		
	Credit for Federal tax on special fuel				•. •	63		_ _
64	Credit from a Regulated Invest	tment Company (at	tach Form 2439)	; .		64		_
	Total (add lines 62, 63, and 64	1). Enter here and c	on line 21d		. ▶	65		
Foreign	Did you, at any time during a bank, securities, or other facility operated by a U.S.	er financial account S. financial institut	t in a foreign country (extion)?	cept in a U.S. n	nilitaı	ry banki	/er ng ▶ ☐ Yes	☐ No
<u> </u>	If "Yes," attach Form 468	3. (For definitions,	see Form 4683.)			·		
	A Committee of the Comm	⊀r u.s. Go	OVERNMENT PRINTING OFFICE: 1974	548-047			16	3229-1

Schedules A&B—Itemized Deductions AND (Form 1040) Department of the Treasury Internal Revenue Service Attach to Form 1040. See Instructions for Schedules A and B (F

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

ame(s) as shown on Form 1049		Ruby
		7

Your social security number 322 12 199

Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compens		Contributions (See instructions on page 11 for examples.)				
or otherwise) (See instructions on page 10).)	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.				
(Be sure to include in line 10 below) .		b Other cash contributions. List				
2 Medicine and drugs		donees and amounts. ►				
3 Enter 1% of line 15, 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:		SC#				
a Doctors, dentists, nurses, etc.		22 Other than cash (see instructions on				
b Hospitals		page 11 for required statement)				
c Other (Itemize—include hearing aids,		23 Carryover from prior years				
dentures, eyeglasses, transportation,		24 Total contributions (add lines 21a, b,	150			
etc.) >		22, and 23). Enter here and on line 38 .	1201			
		Casualty or Theft Loss(es) (See instruction Note: If you had more than one loss, oming 28 and see instructions on page 12	it lines 25 through			
		25 Loss before insurance reimbursement .				
		26 Insurance reimbursement				
		27 Subtract line 26 from line 25. Enter	1 1			
ScH		difference (if less than zero, enter zero)				
7 Total (add lines 4, 5, 6a, b, and c)		- 28 Enter \$100 or amount on line 27,				
8 Enter 3% of line 15, Form 1040		whichever 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 39				
10 Total (add lines 1 and 9). Enter here and on line 35	1386	Miscellaneous Deductions (See instructions) 30 Alimony paid	ns on page 12.)			
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						
16 Other (Itemize) ►						
The second secon						
C 11						
2CH						
17 Total (add lines 11, 12, 13, 14, 15, and 16). Enter here and on line 36	10.62	34 Total (add lines 30, 31, 32, and 33). Enter here and on line 40 ▶				
Interest Expense (See instructions on page	e 11.)	Summary of Itemized Dedu	ections 7.			
18 Home mortgage						
19 Other (Itemize) ►		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.				
SUH		40 Total miscellaneous—line 34				
20 Total (add lines 18 and 19). Enter here and on line 37	2992	41 Total deductions (add lines 35, 36, 37, 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	ocial security number
	SAME PHYLLIS KUBY	22 12 7997
A	Principal hydroge activity (see Schodule Constructions) > SERVICE : product > SN	ACKBAR
R	Rusiness name > U/ACOLE Y PIJTRO COFFEED AVIC Employer identification num	nber ► 2 462 214
n	Rusiness address (number and street) > 16.055 VENTURA BLVD	
	City State and 7IP code ENCINO CA 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 1974? (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 1974?	
Н	Method of inventory valuation	ntial change in
	1 Gross receipts or sales \$ Less: returns and allowances \$, , ,
ø	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)	
Ē	3 Gross profit	
nc	4 Other income (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 Schedulo 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)	
y)	I a control of the c	
5	17 Bad debts arising from sales or services	
Cti	18 Depletion	
Deductions	19 Other business expenses (specify):	
	(a)	
	(b)	
:	(c)	
	(d)	
	(e)	
:	(f)	
• .	(g) (h) 2400	
	(i)	
	(1) 7534	
	(k) Total other business expenses (add lines 19(a) through 19(j))	
- 2	1 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. ALSO	0020
	enter on Schedule SF, line 5(a)	101
	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for Li	ne 2)
	1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	<i></i>
	2 Purchases \$ Less: cost of items withdrawn for personal use \$ Balance ▶	<i>i</i>
:	3 Cost of labor (do not include salary paid to yourself)	
	4 Materials and supplies	:
	5 Other costs (attach schedule)	
•	5 Total of lines 1 through 5	
	7 Less: Inventory at end of year	
1	8 Cost of goods soid and/or operations. Effet fiere and of fine 2 above	16

employees. In determining the five highest paid employees, expense	Owner							
account allowances must be added to their salaries and wages. How-	1							
ever, the information need not be submitted for any employee for	2							,
whom the combined amount is less than \$25,000, or for yourself if	2							:
your expense account allowance plus line 21, page 1, is less than \$25,000.	4		-					
Did you claim a deduction for expenses connected with:	5		+ : .			<u> </u>		
(1) Entertainment facility (boat, resort, ranch, etc.)? Yes	X 9-(3)	Employees'	families at co	nventions	or meetings?] Yes	No
(2) Living accommodations (except employees on business)? Yes	No (4)	Employee o	r family vacat	ions not re	ported on Fo	rm W-2?]Yes 🤻	No
☆ U.S. GOVERNMEI	NT PRINTING OF	ICE : 1974-O-54	18-050				16-83228	s=1
	· · · · · · · · · · · · · · · · · · ·							

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).

Social security number PHYLLIS Short-term Capital Gains and Losses—Assets Held Not More Than 6 Months b. Date c. Date a. Kind of property and description (Example, 100 shares of "Z" Co.) f. Gain or (loss) (d less e) as adjusted (see d. Gross sales price instruction D) and expense of sale sold (Mo., day, yr.) (Mo., day, yr.) SUMMITE AGLE CORPORATION 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(a) 4(a) Short-term capital loss component carryover from years beginning before 1970 (see Instruction G). 74 (b) Short-term capital loss carryover attributable to years beginning after 1969 (see Instruction G) . Net short-term gain or (loss), combine lines 3, 4(a) and (b). -Assets Held More Than 6 Months Long-term Capital Gains and Losses-6 1000 CHIEFTAIN OEXEL 100 CHIEFTAIN DEXEL TESORO 100 OD UNITROPE 1055-Capital gain distributions 8 Enter gain, if applicable, from Form 4797, line 4(a)(1) (see Instruction A) . . . 8 9 Enter your share of net long-term gain or (loss) from partnerships and fiduciaries . 10 10 Enter your share of net long-term gain from small business corporations (Subchapter S). 11 Net gain or (loss), combine lines 6 through 10 11 12(a) 12(a) Long-term capital loss component carryover from years beginning before 1970 (see Instruction 6). (b) (b) Long-term capital loss carryover attributable to years beginning after 1969 (see Instruction G). Net long-term gain or (loss), combine lines 11, 12(a) and (b) 13 13 Part III Summary of Parts I and II Combine the amounts shown on lines 5 and 13, and enter the net gain or loss here If line 14 shows a gain-(a) Enter 50% of line 13 or 50% of line 14, whichever is smaller (see Part VI for computation 15(a) of alternative tax). Enter zero if there is a loss or no entry on line 13. (b) (b) Subtract line 15(a) from line 14. Enter here and on Form 1040, line 29 16 If line 14 shows a loss-If losses are shown on BOTH lines 12(a) and 13; omit lines 16(a) and (b) and go to Part IV. See Instruction H. Otherwise, (a) Enter one of the following amounts: (i) If amount on line 5 is zero or a net gain, enter 50% of amount on line 14; (ii) If amount on line 13 is zero or a net gain, enter amount on line 14; or, If amounts on line 5 and line 13 are net losses, enter amount on line 5 added to 50% of amount on line 13. (b) Enter here and enter as a (loss) on Form 1040, line 29, the smallest of: The amount on line 16(a); (ii) \$1,000 (\$500 if married and filing a separate return—if a loss is shown on line 4(a) or 12(a), see instruction L for a higher limit not to exceed \$1,000); or, Taxable income, as adjusted (see Instruction K)

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.

NAM	E OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)	Social security number of self-employed person	240:10	1420
	PHYLLIS KUBY		A # A	1120
• 1	iness activities subject to self-employment tax (grocery store, restaurant f you have only farm income complete Parts I and III. If you have	only nonfarm income com	plete Parts II a	and III.
	f you have both farm and nonfarm income complete Parts I, II; and II Computation of Net Earnings from FARM Self-Emp		•	
_	irmer may elect to compute net farm earnings using the OPTIONAL MI	-	using the Re	gular Method.
line	2, if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 an ust be completed even if you elect to use the FARM OPTIONAL METHO	d net profits are less than S	\$1,600. Howev	er, lines 1 and
REG	GULAR METHOD (a) Schedule F, line 54 (cash method), or li	ine 74 (accrual method).	. 1	
1	Net profit or (loss) from: (b) Farm partnerships	•		
2	Net earnings from farm self-employment (add lines 1(a) and (b))			
FAR	M 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 the Gross profits from farming are the total gross profits from Schedule F, line 28 (comethod), plus the distributive share of gross profits from farm partnerships (S	ash method), or line 72 (accr	ual ine	
4	15) as explained in instructions for Schedule SE. Enter here and on line 12(a), the amount on line 2, or line 3 if you elect	the farm ontional method		
	Computation of Net Earnings from NONFARM Self-	Employment		-
	(a) Schedule C, iine 21. (Enter combined amount if		<u> </u>	100
	(a) Schedule C, line 21. (Enter combined amount if		,	<u> </u>
RFG	GULAR METHOD (c) Service as a minister, member of a religious order		ac-	
	Net profit or titioner. (Include rental value of parsonage or re		I	
	(loss) from: you filed Form 4361, check here and enter ze	ro on this line		
	(d) Service with a foreign government or international		·	
	(e) Other structions for line 37.) Specify			
	Total (add lines 5(a), (b), (c), (d), and (e))		· 24	66
-	Enter adjustments if any (attach statement)		30	07
8	Adjusted net earnings or (loss) from nonfarm self-employment (line 6, a If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm O	s adjusted by line /) Intional Method omit lines	· \	
	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 less than two-thirds of your gross nonfarm profits, and you had actual net ea	If line 8 is less than \$1,600 a	and of	
	\$400 or more for at least 2 of the 3 following years: 1971, 1972, and 1973. It	ne nonfarm optional method	can	SE
٠.	only be used for 5 taxable years. 2 Gross profits from nonfarm business are the total of the gross profits from Scho	edule C. line 3. plus the distri	bu-	
:	tive share of gross profits from nonfarm partnerships (Schedule K-1 (Form	1065), line 15) as explained	in <i>'////////////////////////////////////</i>	
	instructions for Schedule SE. Also, include gross profits from services reported adjusted by line 7.	1 on lines 5(c), (d), and (e),	as	
NO	NFARM OPTIONAL METHOD			
	(a) Maximum amount reportable, under both optional methods combin	ed (farm and nonfarm) .	\$1	,600 00
	(b) Enter amount from line 3. (If you did not elect to use the farm optio	nal method, enter zero.) .	` • <u></u>	
	(c) Balance (subtract line 9(b) from line 9(a))		•	
10	Enter two-thirds of gross nonfarm profits or \$1,600, whichever is small	er	•	
	Enter here and on line 12(b), the amount on line 9(c) or line 10, whiche art III Computation of Social Security Self-Employment Tax	ever is smaller		 -
-	Net earnings or (loss): (a) From farming (from line 4)			
12	(b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfar	rm Optional Method)	7_1	100
12	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.)			100
	The largest amount of combined wages and self-employment earnings subject to socia		\$13	, 200 00
	(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)			-0-
16	Balance (subtract line 15(c) from line 14)		<u> </u>	00_
	Self-employment income—line 13 or 16, whichever is smaller		. 2	YOU_
	If line 17 is \$13,200, enter \$1,042.80; if less, multiply the amount on li			190
	Railroad employee's and railroad employee representative's adjustment		:	70

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 PERSONALAS 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. REGULAR 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

Computation of Investment Credit

► Attach to your tax return. Name identifying number as shown on page 1 of your tax return 1 Qualified investment in new and used property. (See instructions C and D for eligible property.) NOTE: Include your share of investment in property made by a partnership, estate, trust, small business corporation, or lessor. Type of property (1) (2) Cost or basis (See instruction G) Line (3) Applicable percentage Life years (4) Qualified investment (Column 2 x column 3) (a) 3 or more but less than 5 331/3 New (b) 5 or more but less than 7 Property 662/3 7 or more 100 3 or more but less than 5 Used 331/3 Property (o) 5 or more but less than 7 (See instructions for 662/3 dollar limitation) **(f)** 7 or more 10228 100 2 Total qualified investment—Add lines 1(a) through 1(f) . . 3 Tentative investment credit—7% of line 2 (4% for public utility property) . 4 Carryback and carryover of unused credit(s). (See instruction F and instruction for line 4-attach computation.) 5 Total—Add lines 3 and 4 . 6 (a) Individuals—Enter amount from line 16, page 1, Form 1040 .

(b) Estates and trusts—Enter amount from line 24 or 25, page 1, Form 1041 (c) Corporations—Enter amount from line 5, Schedule J, Form 1120 . . . 7 Less: (a) Foreign tax credit . . . (b) Retirement income credit (individuals only) (c) Tax on lump-sum distributions. (See instruction 7.) 8 Total—Add lines 7(a), (b), and (c) 9 Line 6 less line 8 10 (a) Enter amount on line 9 or \$25,000, whichever is lesser. (Married persons filing separately, controlled corporate groups, estates, and trusts, see instruction for line 10.) (b) If line 9 exceeds line 10(a), enter 50% of the excess . 11 Total—Add lines 10(a) and (b) 12 Investment credit—Amount from line 5 or line 11, whichever is lesser (enter here and on line 50, Form 1040; line 6(b), Schedule J, Form 1120; or the appropriate line on other returns) If any part of your investment in line 1 above was made by a partnership, estate, trust, small business corporation, or lessor, complete the following: (Partnership, estate, trust, etc.) New Used Life years

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

Form 4798 Department of the Treasury

Capital Loss Carryover

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

1974

Name(s) as shown on Form 1040 HYLLIS 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 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	(2241)
	lines 2 through 6—then go to line 7		5///
2	Enter gain shown on your 1973 Schedule D (Form 1040), line 13. If that line is blank or shows		-0-
	a loss, enter a zero		
3	Reduce any loss on line 1 to the extent of any gain on line 2		(2741)
	Enter amount shown on your 1973 Form 1040, line 29		
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

7	Line 4 less line 5 (Note: If you ignored lines 2 through 6, enter amount from your 1973 Form		
	1040, line 29)		
	Enter loss from your 1973 Schedule D (Form 1040), line 13; if none, enter zero and ignore lines		
	9 through 12	8 -	
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	9	
	d 1555, 511th C 2515		7"-
10	Reduce any loss on line 8 to the extent of any gain on line 9	10	-0-
10	Reduce any 1033 on line of to the extent of any gain of this of		
	Multiply amount on line 7 by 2	11	
ΙI	Multiply amount on line 7 by 2		``````````````````````````````````````
_		12	-0-
12	Excess of line 10 over amount on line 11		

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)

Part Pre-1970 and Post-1969 Capital Loss Carryove	ers			
Section A.—Short-term Capita	l Losses ide	ntified	• .	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, ente	r zero and ignore		
lines 2 through 20—then go to line 21			1	
2 Enter gain shown on your 1973 Schedule D (Form 1040), line 13		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, IC a zero on line 12—then go to line 13.		through 11, enter		
4 Combine lines 3 and 11 on your 1973 Schedule D (Form 1040).	Enter			
the gain; or if zero or a loss, enter a zero		1		
Note: If line 4 is zero IGNORE lines 5 through 11, enter on line 1 loss from your 1973 Schedule D (Form 1040), line 4(a)—th	.2. the			
to line 13. 5 Enter any gain from your 1973 Schedule D (Form 1040), line 3	5		1	
5 Enter smaller of line 4 or 5	6		-	
Enter excess of gain on line 4 over line 6	7		-	
Enter loss from your 1973 Schedule D (Form 1040), line 12(a);	other.		-	
wise, enter a zero	8			
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);			-	
	10			
wise enter a zero	11		-	
? Reduce the loss on line 10 to the extent of any gain on line 11	• • • •	<u>'</u>	12	
			13	
Short-term capital loss attributable to years beginning after 1969 (14	
Section B.—Computation of Capital				
	· ·			
Enter any loss from line 13, above	15		_	
Litter dily 1000 from time del address			-	
	16			
Enter loss deducted on your 1973 Form 1040, line 29			- I	
	· · · I ———	eed line 16. enter	1	
Loss carryover to 1974 (excess of line 15 over line 16—if line 15	does not exc	eed line 16, enter	17	
Loss carryover to 1974 (excess of line 15 over line 16—if line 15	does not exc	eed line 16, enter		
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), lin	does not exceed the 4(a)	eed line 16, enter		
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line Enter any loss from line 14, above	does not excee 4(a)	eed line 16, enter		
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line Enter any loss from line 14, above	does not except 4(a) 18 19	eed line 16, enter		
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line need zero	does not except 4(a) 18 19			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line Enter any loss from line 14, above	does not except 4(a) 18 19 19 19 19			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line 18 Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line enter zero Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 4	does not except 4(a) 18 19 19 10 10 10 10 10 10 10 10			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line 15 Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line enter zero Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 41 If you were required to complete Part IV of your 1973 Schedule D	does not exceed the 4(a) 18 19 10 10 10 10 10 10 10 10 10			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line 3 Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line enter zero Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 4 If you were required to complete Part IV of your 1973 Schedule (Form 1040), enter any loss from your 1973 Schedule D (Form 1	does not exceed the 4(a) 18 19 10 10 10 10 10 10 10 10 10			
D Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 4 1 If you were required to complete Part IV of your 1973 Sched (Form 1040), enter any loss from your 1973 Schedule D (Form 1 line 30; otherwise, enter zero	does not exceed a 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line 3 Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line enter zero Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 4 If you were required to complete Part IV of your 1973 Sched (Form 1040), enter any loss from your 1973 Schedule D (Form 1 line 30; otherwise, enter zero Enter excess of line 19 over line 18—if line 19 does not exceed	does not except 4(a) 18 19 19 19 10 10 10 10 10 10 10			
Loss carryover to 1974 (excess of line 15 over line 16—if line 15 zero). Enter here and on your 1974 Schedule D (Form 1040), line 3 Enter any loss from line 14, above Enter excess of line 16 over line 15—if line 16 does not exceed line enter zero Loss carryover to 1974 (excess of line 18 over line 19—if line 18 zero). Enter here and on your 1974 Schedule D (Form 1040), line 4 If you were required to complete Part IV of your 1973 Sched (Form 1040), enter any loss from your 1973 Schedule D (Form 1 line 30; otherwise, enter zero	does not except 4(a) 18 19 19 19 10 10 10 10 10 10 10			

zero). Enter here and on 1974 Schedule D (Form 1040), line 12(a) . 24 If you were required to complete Part IV of your 1973 Schedule D (Form 1040), enter any loss from your 1973 Schedule D (Form 1040), line 31. However, if Part IV was not required, enter any loss from your 1973 Schedule D (Form 1040), line 13 . . .

25 Enter excess of line 22 over line 21 ___ exceed line 21, enter zero.)

26 Loss carryover to 1974 (excess of line 24 over line 25-if line 24 does not exceed line 25, enter zero). Enter here and on your 1974 Schedule D (Form 1040), line 12(b) ☆ U.S. GOVERNMENT PRINTING OFFICE: 1974-O-548-157.

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24

NAME	SAM	l	PHY	/LL 13	Ru	BY, NO.
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FISCA	LYE	AR E	NDI	NG:

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SCHEDULE OF PROFIT (OR LOSS) FROM BUSINESS OR PR	ROFESSION		1.5
PRINCIPAL BUSINESS ACTIVITY	,	· · · · · · ·	
BUSINESS NAME EMPLOYE	RS NO.		
BUSINESS ADDRESS			
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INTEREST	1844		
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REPAIRS SALABLES AND WAGES	6912		
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TRAVEL UTILITIES	 		
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	<u> </u>	1-6855	
NET PROFIT OR (LOSS) - FEDERAL RETURN	41 7534	127	
	W1 2450		
NET PROFIT OR LOSS) - STATE RETURN (SEE DEPREC, SCHEDULE FOR DIFF.)	WILLIAM		

SCHEDULE

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Preparer's signature (other than taxpayer)

23717 VANOWEN STREET 367-3 1-87

Address (and Zip code)

367-34-8729

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Preparer's signature (other than taxpayer)

367-34-8729

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		EADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) security number(s) only if incorrect or not shown on label.		endar year or e year ending		197
	NA	ME (Joint return, give first pones and initials of both) LAST DAME		Your Soc	ial Securit	y Number
	i	JAMUEL SPHYLLIS KUBY		322	اا	7997
	PRE	ESENT HOME ADDRESS (Number and street, including apartment number, or rural route)		Spouse's S		IY20
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1 🖂		e 6 Personal 1 If line 2, 4 or 5 ct		,		6.50
	-	ied filing joint return (even if only one had income) 7 Dependents — Do not list yourself, your spas head of household. Enter n			ifies you	
3		arate return of married person—Enter spouse's al security number and full name here		*.		
	SOCIA	THOMAS				
4 🗇	Head	of Household—Enter name of qualifying	Total Number	· 2	× \$8	7 16
٠,		ridual				8
5 🗆	Wido	ow(er) with dependent child (Year spouse died ► 197) 9 Total exemption credits (add lines 6, 7 and	8) Enter here	and on line 20		966
	10	Wages, salaries, tips and other employee compensation { Attach copy 2 of Form(s) W-2 to face of this } return. If unavailable, attach explanation.			10	13.6
. ,	11	Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(54			11	136
A	12	Interest. Enter total (if over \$400, complete and attach Schedule B(540))			12	2934
#EE	13 14	Total (add lines 10, 11, 12 and 13)			· · · · · · · · · · · · · · · · · · ·	070
H-2	15	Adjustments to income (from line 54)			15	
. E	16	Adjusted gross income (subtract line 15 from line 14)				7070
5		. If you do NOT itemize deductions AND line 16 is under \$10,000, find tax in Tax Table and enter	r on line 19.			
2 0		• If you itemize deductions OR line 16 is \$10,000 or more, complete lines 17 and 18.	•			
COPY	17	Deductions: Itemized (from line 61) OR Standard (\$1,000 if line 1 or 3 checked—\$2,000 if line 2	2, 4 or 5 chec	ked)		1468
_ ₹	18	Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on	line 19 . :		18 3	602+
ATTA	19	Tax from (check one) Tax Table Tax Rate Schedule Income Averaging Schedule (G o	or G-1) □ .		19	36
. 🔻		Total exemption credits (from line 9, above)		• • • • •	20	-8-
	21 22	Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero) Other credits (from line 65—Includes special low income tax credit)			22	
7	23	Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)			23	-0-
	24	Tax on preference income (see instructions—attach Schedule P(540))			24	
HERE .	25	Total tax liability (add lines 23 and 24)	1 1		25 -	-04
	26	Total California income tax withheld (attach Form(s) W-2 or W-2P to face of this return)	1 1 .			
ATTACH	27 28	Renter's credit—if you lived in rented property on March 1, 1974, complete Part 1 on page 2. 1974 California estimated tax payments	27			
	29	Excess California SDI tax withheld (attach Form DE 1964 to face of this return)				
order.	30	Total prepayment credits (add lines 26 thru 29)			30	-0+
ATTACH FORM DE 1964 HERE My number on check or money	31	If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.	* * * .			- ()
964		Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867	PAY	IN FULL>	31	
F 15	32	If line 25 is smaller than line 30, enter amount OVERPAID			P '	ite in these spaces
		Mail return to: FRANCHISE TAX BOARD	32 —	0-	E	10 H. 1
		P.O. BOX 13-540 SACRAMENTO, CA 95813			M	
FACH FORM DE 19 number on check	33	Amount of line 32 to be REFUNDED. (Allow at least six weeks)	33			
FA F		Amount of line 32 to be credited on your 1975 ESTIMATED TAX 34	•	ESTIMATED TAX	A	
	Unc	der penalties of perjury, I declare that I have examined this return, including accompanying schedule	es and stateme	nts, and to the	best of i	my knowledge and

SIGN I

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?		nay not claim this credit
95 Was the property you rented exempt from property tax?		may not claim this credit
37 Did you live with any other person who claimed you as a dependent for income tax purposes?	tand tand	may not claim this credit
38 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance	? Yes No If yes, see	page 3 of instructions
PART II — Other Income		
Business income (or loss) (attach Schedule C(540))		39 9939
Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))		40 (1000)
11 Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))		41
42 Pensions and annuities	· · · · · · · · · · · · · · · · · · ·	42
SCHEDULE E		43
14 Partnerships		45
15 Estates and trusts /		46
47 Miscellaneous income		
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	47a	
(b) Alimony	47ь	
(c) Other (state nature and source)	47c	
Enter total of lines 47(a), 47(b), and 47(c)		47
48 Total (add lines 39 thru 47). Enter here and on line 13		48 8934
PART 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)		52
Payment as a self-employed person to a retirement plan, etc		54
PART IV — Itemized Deductions — ON SEPARATE RETURNS OF MARRIED TAXPAYERS, BOTH DEDUCTIONS OR BOTH MUST TAKE THE STANDARD DEDU • Attach Schedule A(540) and enter sub-totals on lines 55 thru 60, below		1201
55 Total deductible medical and dental expenses (from Schedule A(540), line 10)		55 1386
56 Total child adoption expenses (from Schedule A(540), line 13)		56 57 940
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)		59 150
59 Total contributions (from Schedule A(540), line 29) 60 Total miscellaneous deductions (from Schedule A(540), line 40)		60
61 Total itemized deductions (add lines 55 thru 60). Enter here and on line 17		61 5468
PART V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.		
62 "Other State" net income tax credit (attach copy of other state return and Schedule S(540))		62
63 Retirement income credit (attach Schedule R(540))		63
64 (a) Special Low Income Tax Credit If Adjusted Gross Income does not include net capital gains	s from assets held more than one	
year and is \$8,000 or less (joint return of married couple, head of household or widow(er) views (single or separate return of married person) enter the amount from line 21. If Adjuste	ed Gross Income includes Capital	
Gains, complete Schedule B-1. See Page 3 of Instructions	·	64a
(b) Enter total here from line 4, Schedule B-1. If zero or a loss, enter zero	64b	
85 TOTAL (add lines 62 thru 64a. Enter here and on line 22	<u> </u>	65
PART VI — Reconciliation to Federal Return — If adjusted gross income on Federal Return	n is different from line 16, page	1, explain below.
and the second s		
DIVEX 13C	<u> </u>	The first of the second
	2.00	
	1	4





ITEMIZED DEDUCTIONS

Attach to Form 540



Social Security Number

٩ų	SAMUEL LIHYLL	is K	UBY		122	12	79	<u> 192</u>
				ble or take the standard deduction.			, ,	A
led	ical and dental expenses (not compensated by insuran	ce or otherwis	e) for	Interest Expense				
	medicine and drugs, doctors, d tal care, insurance premiums	entists, nurses,	nospi- j	22. Home mortgage		-		,
	tai care, mourance premiums	ioi incuicai care	-, 0.0.	23. Installment purchases				
1.	One half (but not more than \$150) of insurance	,	, `	24. Other (itemize)				
 	premiums for medical care							
2.	Medicine and drugs							
3.	Enter 1% of adjusted gross income shown on Form 540.				: 			
4.	Subtract line 3 from line 2. Enter difference (if line 3 is greater than line 2, enter zero)	.		Sct	1			
5.	Enter balance of insurance premiums for medical care not entered on line 1	1		25. Total—(Add lines 22, 23 and 24. Enter	here and		00-	- (g)
6.	Other medical and dental expenses:		•	on Form 540, page 2, line 58)	>	1	772	<u> </u>
	(a) Doctors, dentists, nurses, etc.			Contributions				
	(b) Hospitals			, , , , , , , , , , , , , , , , , , ,	into non	1		-
•			:r·	26. Cash contributions for which you have rece celed checks, etc.		1.30		
		,	:	27. Other cash contributions. List donees and a				
			 					
			ļ					
	SCH						3	
7.					<i>4</i>			
8.	Enter 3% of adjusted gross income shown on Form 540			28. Other than cash.—See instructions for				
9.	Subtract line 8 from line 7. Enter difference (if			statement		-	· ·	
	line 8 is greater than line 7, enter zero)			29. Total—(Add lines 26, 27 and 28. Maximum		1	6	
0.	Total—(Add lines 1 and 9. Enter here and on Form 540, page 2, line 55) ▶	1386		may not exceed 20% of adjusted gross Enter here and on Form 540, page 2, line		1.	50	
:hi	ld Adoption Expense			Miscellaneous Deductions	. :			
				Casualty or Theft Loss(es)—See Instructions				
1.	Total expenses paid or incurred—Attach itemized list			NOTE: If you had more than one loss, omit through 34 and follow instructions for guidance	lines 30 e.			
2.	Enter 3% of adjusted gross income shown on Form			30. Loss before insurance reimbursement .		ļ		
	540		+	31. Insurance reimbursement			 	
3.	Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form			32. Subtract line 31 from line 30. Enter diff line 31 is greater than line 30, enter zero				1 1 5 5
	540, page 2, line 56)	-0-		33. Enter \$100 or amount on line 32, whi smaller		1 1		<u> </u>
ax	es			34. Casualty or theft loss (line 32 less line 33	1			
			1 1	35. Alimony paid				
	Real estate State and local gasoline			36. Child care—See instructions	e e je jedi.			
	General sales	 	1	37. Union dues				
				38. Employment education expense—See instr	uctions		· .	
17.	Auto license—Excess of registration and weight fees (see instructions)			39. Other—See instructions (itemize)				.
18,	Personal property		ļ l					+
19.	State disability insurance (SDI)—Employer private disability plans do not qualify							
20	Other SCH							
			 					
21	. Total taxes—(Add lines 14 through 20. Enter here and on Form 540, page 2, line 57)	940		40. Total—Add lines 34, 35, 36, 37, 38 and here and on Form 540, page 2, line 60)	39. (Enter			\$ 35.7°





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

TAXABLE

19 7 /
YEAR

AH	ttach this schedule to your income tax return, Form 540 or 540NR	Partnerships, joint venture	, etc., must file on For	m 565
N	lame as shown on Form 540 or 540NR		Social Security Number	4
<u>`</u>	SAM & PHYLLIS KUBY		322 12 799	
A.	A. Principal business activity. SERVICE	; product _ NA C	KBAR	
	(See Instructions for "Item A.") (For example; retail—hardware; wholesale—tobac	co; services—legal; manufacturing—furi	niture; etc.)	
В.	Business name WOODLEY BISTRO COFFEEC. Federal em Business address 16055 VENTURABLUD - ENC	ployer identification number	15-265157	<u> </u>
				code
	Indicate method of accounting: cash; accrual; other		(21)	code)
r.	Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)? Method of inventory valuation ►	Yes No	i i	C
	Vas there any substantial change in the manner of determining quantities, costs, or		ng and closing invent	
	YES NO. If "Yes," attach explanation.	valuations between the open	ng and closing invent	oriest
<u>=</u>	APORTANT—All applicable lines and schedules must be filled in.			
_				· ·
Æ		·		
₩O.	3 Gross profit	nedule)		+
Ž	4 Other income (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)	and the second s		647.
	8 Rent on business property			
	9 Repairs (explain in Schedule C-2)		\$ 1 mark	
	10 Salaries and wages not included on line 24, Schedule C-1 (exclude any pair	d to yourself)		ļ.:'
	11 Insurance			ļ
	12 Legal and professional fees			
	13 Commissions			
	14 Amortization (attach statement)			
Ž	(b) Employee benefit programs (see Instructions for line 15(b))			
읟	16 Interest on business indebtedness			
5	17 Bad debts arising from sales or services			
	18 Depletion			
	19 Other business expenses (specify):		The state of the s	
ı	(a)			
	(b)			
	(d)		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	(e)			
	(f)			
	(g)			- 1
•	(h) Total other business expenses (add lines 19(a) through 19(g))	· · · · · · · · · · · · · · · · · · ·		
	20 Total deductions (add lines 6 through 19)	SUH		
	21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2,	, Form 540 or Form 540NR	9924	1
			113	<u> </u>
SC	CHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions fo	or line 2)		
22	2 Inventory at beginning of year (if different from last year's closing inventory, at	ttach explanation)	<u> </u>	
	3 Purchases \$ Less cost of items withdrawn for personal use \$			
	4 Cost of labor (do not include salary paid to yourself)		10 j. j. e	ļ
	5 Materials and supplies			
26	6 Other costs (attach schedule)		* * * * * * * * * * * * * * * * * * * *	
27	7 Total of lines 22 through 26			·······
	8 Less: Inventory at end of year			
29	9 Cost of goods sold. Enter here and on line 2, above			l

Line No. Explanation	Lines 7 and 9						
Explanation		Amount	Line No.		Explanation		Amount
	\$						\$
						,	i di ee da da da da da da da da da da da da da
			····				
							t e
·· ································							
						·	
	•	7 st. 1			·		*
	<u>.</u>						
						· · · · · · · · · · · · · · · · · · ·	
				,			
	<u> </u>						
SCHEDULE C-3. DEPRECIATION (using the Asset Guideline Classe	See Schedule C	Instructions f	or line 6). NOTE: [Depreciati Tegardi	on may	be computed by
placed in service. If this method	d is used, do N	IOT use the I	Lower Lin	nit or the	Upper Lir	nit (ADR)	Ranges. Atta
letailed statement of depreciati	, 		T d Denr	eclation e	. Method of	1	
 a. Group and guideline class or description of property 	b. Date acquired	c. Cost or other basis	allowed or	allowable	computing epreciation	f. Life or rate	g. Depreciation for this year
Total additional first-year depreciation	on (do not include	in items below)				→	
Asset Guideline Class System (See	Note above)						
Other depreciation Buildings							
Furniture and fixtures						İ	* t
Transportation equipment					*************		
Machinery and other equipment							
Other (specify)						-:	
<u> </u>						 	
							
		<u> </u>					
				CL	H		133 9
				Se	H		1339
				se	H		/339
Totals Leave Amount of depreciation elaims	d alsowhere in Sch	adula C-1		Sc	H		/33.9
Less: Amount of depreciation claime				Se	<i>t</i> +		1339
Less: Amount of depreciation claime Balance—Enter here and on page 1,	line 6			Se	<i>t</i> †		1339
Totals Less: Amount of depreciation claime Balance—Enter here and on page 1,	line 6		Instruction	s for Schedul			1339
Less: Amount of depreciation claime Balance—Enter here and on page 1, CHEDULE C-4. Expense Account the information with regard to yoursel	Information (If and your five		Instruction	s for Schedul	e C-4) Expense	Account	/339 /339 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account the information with regard to yourseless paid employees. In determining	Information (If and your five the five highest	See Schedule C	Name			Account	/33 9 /33 9 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account ter information with regard to yourselighest paid employees. In determining aid employees, expense account allowed to their salaries and wages. How	Information (If and your five the five highest wances must be vever, the infor-	See Schedule C	Name			Account	/339 /339 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account there information with regard to yourselighest paid employees. In determining aid employees, expense account allowed to their salaries and wages. How attion need not be submitted for any	Information (If and your five the five highest wances must be vever, the infory employee for	Owner 1	Name			Account	/33 9 /33 9 Salaries and Wages
Less: Amount of depreciation claime Balance—Enter here and on page 1, CHEDULE C-4. Expense Account	Information (If and your five the five highest wances must be vever, the informal street or an \$10,000, or	Owner 1	Name			Account	/33 9 /33 9 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account the information with regard to yoursely ghest paid employees. In determining aid employees, expense account allowed to their salaries and wages. How attorn need not be submitted for any nom the combined amount is less that yourself if your expense account the 21, page 1 is less than \$10,000.	Information (If and your five the five highest wances must be vever, the infory employee for an \$10,000, or allowance plus	Owner 1	Name			Account	1339 1339 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account the information with regard to yourselighest paid employees. In determining aid employees, expense account allowed to their salaries and wages. How attorn need not be submitted for any nom the combined amount is less the yourself if your expense account	Information (If and your five the five highest wances must be vever, the infory employee for an \$10,000, or allowance plus	Owner 1	Name			Account	/33 9 /33 9 Salaries and Wages
Less: Amount of depreciation claimer Balance—Enter here and on page 1, CHEDULE C-4. Expense Account ter information with regard to yoursely ghest paid employees. In determining tid employees, expense account allow laded to their salaries and wages. How the combined amount is less that yourself if your expense account the 21, page 1 is less than \$10,000.	Information (If and your five the five highest wances must be vever, the informal straight of the five highest wances must be vever, the informal straight of the five highest wance for allowance plus connected with:	Owner	Name		Expense		



of capital assets; or

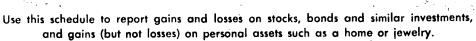
NW 88326 Docld:32245535 Page 71

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



CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR





Name as shown on Form 540 or 540NR SAMUEL HYLI	LIS Ru	вч	: .	3	Social Security Number 2.2. /2. 7997
PART I—Assets Held One Year or Le					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 a adjusted, cost of subse quent improvements (i not purchased, attac explanation) and ex pense of sale	f f. Gain or loss h (d. less e.)
LOANTOSUMMIT	EAGLE	CORF	ORATI	on	(1000)
100 CHIEFTAINDEXEL	בקעווו דר/ענוו	6/10/74	678	1382 1382	(729)
 Enter gain (or loss), if applicable, from Enter your share of net gain or loss for Net gain or loss, combine lines 1, 2 ar 	rom partnerships a nd 3	ind fiduciaries .			(2433)
PART II—Assets Held More Than On	e Year But Not	More Than Fiv	e Years		*
100 TESORO PET 100 UNITROPE 100 CA	5/22/72 5/15/72 2/21/33	2/16/74 9/19/74 9/23/74	1622	2817 432 3052	(225)
3	1: 00 C badd	D 1 (540) (240)			
6. Enter gain (or loss), if applicable, fron7. Enter your share of net gain or loss f8. Net gain or loss, combine lines 5, 6 and	rom partnerships o	ınd fiduciaries .			(4406)
PART III—Assets Held More Than Fi	ve Years	· · · · · · · · · · · · · · · · · · ·	: T		
9. ATT. LOSS GARRYOUEK					
(16063)					
regiono-					
10. Enter gain (or loss), if applicable, from11. Enter your share of net gain or loss for loss for loss, combine lines 9, 10	rom partnerships o	and fiduciaries .			
PART IV—Summary of Capital Gair					
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 17. Combine the amounts shown on lines	om preceding taxa	ble years (attach	computation)	(15063)	(20360)
18. If line 17 shows a gain, enter here and (a) amount on lines 17;(b) the taxable income for the taxable	d on page 2, Par	I II of Form 540	or 540NR the sn		

NAME SAMUEL LINGLIS KUBY CALENDAR YEAR 19 74.

ADDRESS 322-12-7997 SOC. SEC. NO.

DEDUCTION SCHEDULE

MEDICAL	STATE	FEDERAL	CONTR	IBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS		4	21 PART	NERSHIP SHARE		
3 LESS 1% A.G.I. (Line 18 - 1040)				/BOY SCOUTS		
4 NET MED/DRUGS			HEAL	RT FUND/CANCER FUND		
5 H & A INS. (½ + EXCESS)		504	RED	CROSS/UNITED FUND		
Sa DR.			XMA	S & EASTER SEALS	150	· · · · · · · · · · · · · · · · · · ·
DR.			MISC	. ORGANIZED CHARITIES		
DR.				TICAL CONTRIBUTIONS		
DR.		930		RCHES	:	
DR,						
DR.			- 		· · · ·	
DR.						
DR.						
DIT.			22 OTH	ER THAN CASH		
		·		RY OVER FROM PRIOR YRS.	-	
6b HOSPITAL				AL CONTRIBUTIONS	150	150
				LTY OR THEFT LOSS(ES	تتناويب المساب المساب	<u> </u>
PROSTHETIC APPLIANCES				BEFORE ADJUSTMENT	,, 	· 1
HEARING AID				RANCE REIMBURSEMENT	 	
Go AAADUU AAAGE						
6c AMBULANCE				erence (not less than zero)	 	
LABORATORIES				LIMITATION PER CAS.)	 	
TRAVEL FOR MED. 1500		70		CAS. OR THEFT LOSS		
				LLANEOUS DEDUCTIONS) ·	
MEDICARE INS.			30 ALIN			
GLASSES		122.11		N/PROFESSIONAL DUES		
7 MEDICAL EXPENSES		1504		D & DEP, CARE (Form 2441)		
LESS REIMBURSED BY INS.			33 INCC	ME TAX PREPARATION		
8 LESS 3% ADJ. GROSS INC.		26.8	UNIF	ORMS/PROTEC. CLOTHING		
9		1236	SMA	LL TOOLS AND SUPPLIES		
+: ½ (TO \$150) OF H & A INS.	,	150	LAU	NDRY AND CLEANING		
10 TOTAL MEDICAL DED.	1386	1386	. Auto	Use Mi	·	
TAXES			, INVE	ST. COUNSEL & PUBS. (Sched		
11 STATE & LOCAL INCOME	·	122	, EMPI	LOYMENT AGENCY FEES		
12 REAL ESTATE		727	SAF	DEPOSIT BOX		
13 STATE & LOCAL GASOLINE		48	TEL.	REQ. IN BUSINESS		·
14 GENERAL SALES TAX		191				
15a PERSONAL PROPERTY	-					
15b PERSONAL PROPERTY AUTO		24				<u>. </u>
16 STATE DIS. INS. H W						
SALES TAX AUTO			34 гот.	AL MISC, DED.		
				,		
				ARY OF ITEMIZED DED.	STATE	FEDERAL
17 TOTAL TAXES	940	1052	35 TOT.	DEDUCTIBLE MEDICAL & DENTAL INSES (FROM LINE 10)		
INTEREST (TO WHOM PAID)				AL TAXES (From LINE 17)		
18 MORTGAGE		2543	37 TOT.	AL INTEREST (Line 20)		
			38 TOT.	AL CONTR. (Line 24)		
· .			39 CAS.	& THEFT LOSS(ES) (Line29)		
19 INSTALLMENT LOANS				NISCELLANEOUS CTIONS (FROM LINE 34)	· .	
MERRILLANIA		273	- <u>DE</u>	STORY THOM SING 34)		
TRANSMORTO		170	.			
		1177	41 TOTAL	TITEMIZED DEDUCTIONS R ON FORM 1040 LINE 45	5468	5590
J D FF		16	REMAR		-310 F	
			HEIVIAH	N	· · · · · · · · · · · · · · · · · · ·	
			-			
		6 44	`			
20 TOTAL INTEREST	3992	2992			•	and the second of the second

					u		
NAME		ALENDAR	YEAR	.19	<u> </u>	<u>:</u>	
ADDRESS	322-12-7997 SOC. SEC. NO.	·,					`
ADDNESS.				÷	3.	1 1 N	

DEDUCTION SCHEDULE

		DEDUCTI	ON SCHEDULE		
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. (½ + EXCESS)		504	RED CROSS/UNITED FUND		
6a DR.			XMAS & EASTER SEALS	150	
DR.	·		MISC. ORGANIZED CHARITIES		
DR.			POLITICAL CONTRIBUTIONS		
DR.		930	CHURCHES "		
DR.					<u> </u>
		<u> </u>	22 OTHER THAN CASH		
			23 CARRY OVER FROM PRIOR YRS.		
6b HOSPITAL	aura .		24 TOTAL CONTRIBUTIONS	150	150
PROSTHETIC APPLIANCES			CASUALTY OR THEFT LOSS(ES	3)	
HEARING AID			25 LOSS BEFORE ADJUSTMENT		<u> </u>
			26 INSURANCE REIMBURSEMENT		<u> </u>
6c AMBULANCE			27 Difference (not less than zero)		
LABORATORIES			28 (\$100 LIMITATION PER CAS.)	<u> </u>	
TRAVEL FOR MED. 1000		70	29 TOT. CAS. OR THEFT LOSS		
,			MISCELLANEOUS DEDUCTIONS	<u> </u>	
MEDICARE INS.			30 ALIMONY		
GLASSES			31 UNION/PROFESSIONAL DUES		
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		141			
15a PERSONAL PROPERTY		1 2 1			
15b PERSONAL PROPERTY AUTO		24			
16 STATE DIS. INS. H W		 	24		
SALES TAX AUTO			34 TOTAL MISC. DED.	<u> </u>	
		·	SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17.70741 74.750		+1013+	35 TO 1. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)	SIAIE	FEDERAL
17 TOTAL TAXES	940	TUDE	36 TOTAL TAXES (From LINE 17)	ļ	
INTEREST (TO WHOM PAID)		2543	37 TOTAL INTEREST (Line 20)	· · · · · · · · · · · · · · · · · · ·	
18 MORTGAGE		1275	38 TOTAL INTEREST (Line 20)	 	
		 		-	
40		1	39 CAS. & THEFT LOSS(ES) (Line29)	-	+
19 INSTALLMENT LOANS		 	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)	 	
MERRILLYNIA	·	263	· ,		
TRANS WOLLD		1791	44 TOTAL ITEMIZED DEDUCTIONS		
SBA		16	41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45	5468	5590
		1	REMARKS	· · · · · · · · · · · · · · · · · · ·	
		ļ			
		<u> </u>			
		1			
20 TOTAL INTEREST	2992-	12992			4

NAME	SAM	l	PH	YLL	15	Rn	BY	NO.
						200	0	R

CALENDAR YEAR 19 27

FISCAL YEAR ENDING

GROSS PROFIT GROSS INCOME OTHER BUSINESS DEDUCTIONS ADVERTISING AUTO AND TRUCK EXPENSE JURN M A T S AUTO AND TRUCK EXPENSE JURN M A T S AUTO AND TRUCK EXPENSE JURN M A T S AUTO AND TRUCK EXPENSE JURN M A T S BURN SHORT COMMISSIONS DELIVERY DEPRECIATION (SCHEDULE ATTACHED) DUES AND SUBSCRIPTIONS ENTERTAINMENT AND PROMOTIONAL INSURANCE INTEREST JANITOR SERVICE LAUNDRY LEGAL AND ACCOUNTING MAINTENANCE JAFFICE SUPPLIES AND EXPENSE RENT RENT REPAIRS SALARIES AND VAGES SALARIES OFFICERS SUPPLIES TAXES AND LICENSES TOTAL TRUCK TRAVEL UTILITIES **ARK NG **NET PROFIT OR (LOSS) - FEDERAL RETURN **HITTELS **ARK NG **HITTELS **ARK NG **HITTELS **ARK NG **NET PROFIT OR (LOSS) - FEDERAL RETURN		//3
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SCHÉDULE C (Form 1040)

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

> Attach to Form 1040.

	▶ Partnerships, joint ventures, etc., must file Form 1065.			<u> </u>	
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Chief to the contraction of the	acceviiilag: (1) ၍ caoh; (2) ☐ accrual; (3) ☐ other.				·
Mere weutkaaulkod 9	o file Form 1096 for 1972? (See Schedule C Instructions) 🔲 YES 📑 NO. If	"Yes," w	here file	ed? ⊳	
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to thin professe for	ited within the boundaries of the city, town, etc., indicated? 🔁 YES 🔲 NO.			7	
	aincia a tha and of 1978? [3] YES [NO.		:		10
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	business expanses (add lines 19(a) through 19(o))				<u>-</u> -
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	ss) (subtract line 20 from line 5). Enter here and on line 35, Form 1040, ALSO enter				
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SUPPLEMENT TO SCHEDULE C

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ECCURDULE SE (FORM 1000) Department of the Trescury Internet Havenuo Borvico

Computation of Social Security Self-Employment Tax DEcensor-complayed person must 1110 a schedule SE. DAttach to Form 1840.

1972

٩.	Control of the Contro			
[\triangleright If you had weges, including tips, of \$9,000 or more that were subject to social security taxes, do no \triangleright if you had more than one business, combine profits and lesses from all your businesses and farms of	n this	Schodule SE.	
Į	Important.—The self-employment income reported below will be credited to your social security record and used in figuring	social	security banefits.	<u>:</u>
	THE STANDARD CARTE CALLE CALLED TO THE CONTROL OF THE CARD CARD CALL CALLED TO THE CARD CARD CARD CARD CARD CARD CARD CARD		al cocurity numb: olf-employed port	
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-	Dupiness ceth Micorsubject to self-omployment tan (grecory etera; restaurant, farm, etc.) ▷			
1	Somputation of Not Earnings from DUSINESS Self-Employment (other the	han	farming) .	
3 ; 1 V	Net profit (of loss) shown in Schedulo C (Form 1040), line 21. (Enter combined amount If more than business.)	one •	<u>6,969</u>	40
. •	P Not Involved (r 1000) With uncluded corvides or courses included on line 1			
t.,	9 Not carrilling the loop) from budiness colf-comployment (Gubtract line 2 from line 1, and enter here then line (Ga), holow.)	and	6,969	40
7	Semputation of Not Earnings from FARM Solf-Employment			SE
7600000	A firmer may older to compute not farm carnings using the OPTIONAL METHOD (line 6, below) if CERCOD (line 6, Solow) if his gross profits are: (1) \$2,400 or loss, or (2) more than \$2,400 and not provide from forming are not mere than \$2,400 and you elect to use the optional method, and 5.	STE profits you n	AD OF THE RE are less than (eed not complo	GULAI 31,600 to line
()() ()() ()()()()()()()()()()()()()()(Computation under Regular Method O Not form profit (or less) from:	f	·	3
	(a) Sanodulo F, line 54 (cash method), or line 74 (accrual method)			
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it	ত্তি চীবং carming from sciff propleyment from forming. Add finos 4(a) and (b)	•		
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٠.٨	(a) Not from Co. And, contar two-thirds of the gross profits	•		
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Ç.	CCC: Seed prefits Wern larming are the total of the gross profits from Schodule F, line 28 (a അന്നോട്ട്, or line 28 (ascrual mothed), plus the distributive chare of gross profit from fa സ്ത്രാസ്ക്രീൻ മാ omplained in instructions for Schodule SC.	osh orm		
	7 Enter hero one on lino 8(b), below, the amount on line 5 (or line 6, if you use the option method).	nal		
1	Fig. 8 74 (Computation of Social Security Self-Employment Tax			
	B Not cornings (or loss) from self-employment-			
٠	(a) From business (other than farming) from line 3, above	• .	;; 	
1	(b) From Sarming (from line 7, above)	-		
	(c) Fram Dejilharships, joint yantures, etc. (other than farming)	. -		
	(d) From contico as a minister, membor of a religious order, or a Christian Science practitioner. If y			1. *
	filed ropp 4361, check hero [and onfor zero on this line			
£,	(0) From Juleo with a torolog government or international organization		*********	*******
٠.	(7) Other (Alrestor's 1600, otc.). Specify	1	6,969	60
ु (O Fatal not Caralinga (or lend) from soll amployment raported on line 8	•	0,307	
10	O The largest amount of combined wages and self-employment earnings subject			
	to social eseumy tax for x972 is	0		1816
11	2 (a) Total "FICA" wages as indicated on Form W-2.	- 1		
	(b) Unreported tips, if any, subject to FICA tax from			, s ^a
4 e.	Form 4137, lino 9	ļ		
	(c) Total of lines 11(a) and 11(b)		. (-)	•
, Y	2 Dalanco (subtract lino 11(c) from line 10)		6 060	40
	Self-employment incomo-line 9 or 12, whichever is smaller	- -	6,969 522	
	3 If line 13 to \$9,000, onter \$675.00; if less, multiply the amount on line 13 by .075	• -		70_
	Railroad Cupleyco's and railroad employee representative's adjustment for hospital insurance benefit for from Form 4469	,		(~0.2≥= 1 · · · · :
30	Solf-employment tex (subtract line 15 from line 14). Enter here and on Form 1040, line 62		522	70
			,	

SCHEDULE D (Form 1040) Department of the Treesury

Internal Revenue Service

Capital Gains and Losses

> Attach to Form 1049. > 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.

1972

Social security number Name(s) as shown on Form 1060 322 12 7997 Samual and Phyllia Ruby Melorm Cupital Gains and Lossos—Assots Mold Not More Than 6 Months (D) b. How g. C25., doy, yr. (Put data said abovo dotted line and data acquired below e. Cost or other basis, ocquired. Enter letter as adjusted (see instruction E) and expense of sale o. Klied of preparty and congription (Gran. pla. 100 ohares of "d" Eq.) f. Goin (or loos) (d loss o). oyinbol (sco instruction detted Ilno) 0) . . (4,496 DQ) SCHEDULE ATTACHED 4,296 00 2 Enfor your chare of not chart-term goin (or less) from partnerships and fiduciaries 3 Entor not caln (or loca), combine lines 1 and 2 · · · · · 4(a) Shere-earn engital less component carryover from years beginning before 1970 (see Instruction H) (3(0)) 4(b) Short-term expital loca carryover actributable to yours beginning after 1969 (see Instruction H) 200 00 8 Not phose form gold (or loss), complied lines 2, 4(a) and 4(b). Long-term Cepital Gains and Losses-Assots Hold More Than 6 Months 4. 13.00 7 Capital gain distributions Enter (21h of applicable from line 4(a)(1), Form 4797 (coo instruction A). Ø (1) Entor your chord of not long-term goin (or loss) from partnerships and fiduciarios 10 Enter your chero of not long-term gain from small business corporations (Subchapter S). **30** 11 11 Not gain (or loss), combine lines 6 through 10 (14,522 00) 12(a) 12(a) Long-form capital loss component carryover from years beginning before 1970 (see Instruction H) 12(6) 12(b) Long-term capital loca carryover attributable to years baginning after 1969 (see Instruction H). 13 Net long-term gain (or loss), combine lines 11, 12(a) and 12(b) Summary of Parts I and II 1413 (14,322 00) 14 Combine the amounts shown on lines 5 and 13, and enter the net gain or loss here . 14 15(a) 15(b) (b) Subtract line 15(a) If the 34 chews a less Subtract line 15(a) from line 14. Enter here and on line 36, Form 1040. 16 Omit lines 16(0) and 16(b) and go to Part IV if losses are shown on BOTH lines 12(a) and 13. Sou Incernation I. ; Othorwico, (a) Enter one of the following amounts: (1) If amount on line 5 is zero or a not goin, onter 50% of amount on line 14; (ii) If amount on line 13 to zoro or a not gain, onter amount on line 14; or, (iii), If amounts on line 5 and line 13 are not losses, enter amount on line 5 added to 16(a) 50% of amount on line 13. (b) Enter here and enter as a (loss) on line 36, Form 1040, the smaller of: The amount on line 16(a); \$1,000 (\$500 if married and filing a separate return—if a loss is shown on line 1,000 no 4(a) or 12(a), see instruction M for a higher limit not to exceed \$1,000); or, 16(b) (Taxable income, as adjusted (see Instruction 1)

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ā.	Granada Hills, California		obanze z	llousewife
Fili	ng Status—check only one:	Exemptions Regular / 05 or	over / I	Blind Enter
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 dependent chil	dren w	ho lived with
<u> </u>	Give spruse's social security number in space at over and enter first name here	you Fred, Brian, Elisa		1.00
S 4	Unmarried Head of Household	"homas		Enter
2 5	Surviving widow(er) with dependent child		Line 22	number > 4
7 6 7	Married filing separately and spouse is not filing	10 Number of other dependents (from11 Total exemptions claimed		***************************************
≥		13 Total exemptions claimed	7	· · · · · · · · · · · · · · · · · · ·
9 G +				
2	12 Wages, salaries, tips, etc. (Attach Forms W-2 to back	ck. If unavailable, attach explanation) .	12	
5				T. T.
20	13a Dividends (see pages 6 and 11 of instr.) \$ 42.50 13b Less e.	xclusion 3 42.50 Balance	13c	-0-
5	(If gross dividends and other distributions are over \$100.			-1.54
9 6	14 Interest. If \$100 or less, enter total without li		14	178 36
attach ncom	If over \$100, enter total and list in P	Part II of Schedule B		
T at			15	6,350 33
Please attach Copy Income	15 Income other than wages, dividends, and interest	(from line 40)		
<u> </u>			1.0	
-	16 Total (add lines 12, 13c, 14 and 15)		16	6,529 19
		그리고 그는 경찰을 찾는다.		
	17 Adjustments to income (such as "sick pay," moving	(expense, etc. from line 45)	17	
<u> </u>	18 Adjusted gross income (subtract line 17 from line	and the contract of the contra	18	6,529 19
See p	age 3 of instructions for rules under which the IRS will figu	ure your tax.		
Ø ityou Øalfvoi	do not itemize deductions and line 18 is under \$10,000, itemize deductions or line 18 is \$10,000 or more, go	to line 46 to figure tax.	1.50	
, , , , ,	19 Tax (Check if from: Tax Tables 1-13, Tax Rate Sch. X,		19	-0-
Credits			20	
ည	20 Total credits (from line 54)		20	
<u>්</u> ට				
nd	21 Income tax (subtract line 20 from line 19)		21	-0+
ä		사람은 사람이 있을 경험을 가는 것은		
· <u>s</u>	22 Other taxes (from line 60)		22	55 27
- en				15.0
	23 Total (add lines 21 and 22)		23	55127
3a,	24 Total Federal income tax withheld (attach Forms W-2 or W-2F	to hack) 24	11/1/1	//////////////////////////////////////
[-	25 1971 Estimated tax payments (include 1970 overpayment allow	(0 1/46/1)		
ax,		ed as a credit) . 26		11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
<u> </u>	26 Other payments (from line 64)		1111111	Without the State
g	27 Total (add lines 24, 25, and 26)		27	
ם ה כ	28 If line 23 is larger than line 27, enter BALANCE DI	Pay in tull with return. Make check or money	•	551 27
	and it mis as is larger than this ary chief brighted by	Officer payable to Internal Revenue Service	28	
Foreign Bal. Due Tax, Paymaccounts or Refund	29 If line 27 is larger than line 23, enter OVERPAYMEN		29	
aal R	30 Line 29 to be: (a) REFUNDED Allow at least six weeks for your refund check		William.	
8 8 6	(b) Credited on 1972 estimated to			Maria Maria
- S				
Foreign Accounts	31 Did you, at any time during the taxable year, have a ity over a bank, securities, or other financial accordance.	ing interest in or signature or other authount in a foreign country fexcent in a H :	S.	
9 9 5	military banking facility operated by a U.S. finar	icial institution)?	Para I	⊤ Yes 🙀 No
6 - 3	If "Yes," attach Form 4683. (For definitions, see			X X
	Under penalties of perjury, I declare that I have examined this return, including the sourcest, and complete	uding accompanying schedules and statements, and to t	he best o	f my knowledge and beside "
35	it is true, correct, and complete.	FDWARD I		ABERT
Sign here	Your signature Da	te Signature of preparer other changing	en i barad	off Date
္ here		all information of which he has any kn	owledge.	SUITE 510
3	D	LNCINO, CA	LIF 9	1316
-1	Spouse's signature (if filing jointly, BOTH must sign even if only one had in		981 40	

Page 2 Form 1040 (1971)	.y 011	01111 11-2 Here. P
PART I.—Additional Exemptions (Complete only for other dependents claimed on line 1	0)	
32 (a) NAME (b) Relationship (c) Months lived in your home: (d) Did de- (e) Aniount W	10 fur	(f) Amount furnished
write B or D. Income of support, if 100		by OTHERS includ- ing dependent.
\$675 or more? \tau ALL.		
		?
		and the second s
33 Total number of dependents listed above. Enter here and on line 10	<u> </u>	
PART II.—Income other than Wages, Dividends, and Interest		
34 Business income or (loss) (attach Schedule C).	34	7,350 33
35 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	35	(1,000 00
36 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	36	
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E).	37	
38 Farm income or (loss) (attach Schedule F)	38	
39 Miscel- ((a) Fully taxable pensions and annuities not reported on Schedule E-	- 2000	466 466 43
laneous (b) 50% of capital gain distributions (not reported on Schedule D)	- 400 M	
income (c) State income tax refunds (caution—see instructions on page 7)		
(d) Alimony		
(e) Other (state nature and source)	400 W	HARAMA ER
	_2000,900	91111119.9h\30.
(f) Total miscellaneous income (add lines 39(a), (b), (c), (d) and (e))	39	
40 Total (add lines 34, 35, 36, 37, 38, and 39). Enter here and on line 15	40	6,350 00
PART III.—Adjustments to Income		
41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41	
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	
PART IV.—Tax Computation (Do not use this part if you use Tax Tables 1-13 to find your tax.)		
46 Adjusted gross income (from line 18)	46	6,529 19
47 (a) If you iternize deductions, enter total from Schedule A, line 32 and attach Schedule A	.1	
(b) If you do not itemize deductions, and line 46 is: (1) \$10,000 or more but less than \$11,538.43, enter 13% of line 46	47	4,010 99
(1) \$10,000 of more but less than \$11,500.		
Note: deduction under (1) or (2) is limited to \$750 if married and filing separately.		
48 Subtract line 47 from line 46	48	2,518 20
49 Multiply total number of exemptions claimed on line 11, by \$675	49	4,050 00
50 Taxable income. Subtract line 49 from line 48	50	-0-
(Figure your tax on the amount on line 50 by using Tax Rate Schedule X, Y or Z, or if applicab tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Ent	ie, the a	Iternative n line 19.
PART V.—Credits		
51 Retirement income credit (attach Schedule R)	51	1 22.7
52 Investment credit (attach Form 3468)	52	
53 Foreign tax credit (attach Form 1116)	53.	
54 Total credits (add lines 51, 52, and 53). Enter here and on line 20	54	
PART VI.—Other Taxes		
55 Self-employment tax (attach Schedule SE)	55	551 27
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56	
57 Minimum tax (see instructions on page 8). Check here [], if Form 4625 is attached	57	
58 Social security tax on unreported tip income (attach Form 4137)	58	
59 Uncollected employee social security tax on tips (from Forms W-2)	59	
60 Total (add lines 55, 56, 57, 58, and 59). Enter here and on line 22	60	551 27
PART VII.—Other Payments		
61 Excess FICA tax withheld (two or more employers—see instructions on page 8)	61	
62 Credit for Federal tax on special fuels, nonhighway gasokne and lubricating oil (attach Form 4136)	62	
63 Regulated Investment Company Credit (attach Form 2439)	63	
64 Total (add lines 61, 62, and 63). Enter here and on line 26	64	

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

➤ Attach to Form 1040.

	Name(s) as shown on Form 1040			ocial security nu
•	Samuel and Phyllis Ruby		بالمنافع فالمناف أكامه ومنافي والمنافع الأمام والمنافي والمنافي والمنافع والمنافع والمنافع والمنافع والمنافع والمنافع	12 7997
	Schedule	A—Itemized De	ductions (Schedule B on back)	
	Medical and dental expenses (not compen	sated by insurance	Contributions.—Cash—including checks,	money orders
•	or otherwise) for medicine and drugs, doctor	rs, dentists, nurses,	(Itemize—see instructions on page 10 for	1 1 1 1 1 1 1 1
	hospital care, insurance premiums for medic	al care, etc.	examples)	
	1 One half (but not more than \$150) of in-			
	surance premiums for medical care. (Be	The second secon		
	sure to include in line 10 below)			
	•			
	2 Medicine and drugs			
	3 Enter 1% of line 18, Form 1040		and the same of th	
	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 Itemize other medical and dental ex-			
	penses. Include hearing aids, dentures,	1.		
. •				[
	eyeglasses, transportation, etc.			
			18 Total cash contributions	
			19 Other than cash (see instructions on	and the second
			page 10 for required statement). Enter	
			total for such items here	
			. I a compared to the compare	
			20 Carryover from prior years	
•			21 Total contributions (Add lines 18,	
	The second secon		19, and 20. Enter here and on line 29,	
	<u> Caramanaganan aring bagan aring bagan aring bagan aring bagan aring bagan aring bagan aring bagan aring bagan bagan aring ba</u>		below.)	
			Interest expense.	
			22 Home mortgage	
and the second of the			23 Installment purchases	
•			24 Other (Itemize)	
	7 Total (add lines 4, 5, and 6)		2.7 Other (Norman)	
	8 Enter 3% of line 18, Form 1040		The state of the s	
	9 Subtract line 8 from line 7. Enter differ-			
	ence (if less than zero, enter zero)			
	10 Total deductible medical and dental ex-			
	penses (Add lines 1 and 9. Enter here	150 00	25 Total interest expense (Add lines 22,	
	and on line 27, below.) ▶	1 30 00	20, 314 2 11 21161 1161 2114 311 1116 30,	
	Taxes.		below.)	2,617
	11 Real estate		Miscellaneous deductions for child care,	
	12 State and local gasoline (see gas tax tables)	Parameter St. Married M. Pers Larrence of States St. Transactions of	alimony, union dues, casualty losses, etc.	
	13 General sales (see sales tax tables)		(see instructions on page 10).	
	•			
	14 State and local income			
•	15 Personal property			
	16 Other			
	· · · · · · · · · · · · · · · · · · ·			
	17 Total taxes (Add lines 11 through 16. Enter here and on line 28, below.) .	743 31	26 Total miscellaneous deductions (Enter here and on line 31, below.):	500 0
		Summary of It	emized Deductions	
			Committee from the contraction of the contraction o	
	27 Total deductible medical and dental expe	enses (from line 10	»	150
*	28 Total taxes (from line 17)			743
	29 Total contributions (from line 21)			
				2,617
	30 Total interest expense (from line 25) .			500
	31 Total miscellaneous deductions (from lin			
	32 TOTAL ITEMIZED DEDUCTIONS. (Add line	is 27 through 31. En	nter here and on Form 1040, line 47.) S 🗥 ▶	4,010.

AWIAI C		Junior-		1 15 / 324	17000	-
NAME	, ,	() AN 113L	.4	PEYLLIS	KIRY	
	• .	\bigcap_{i}		\;)		

ADDRESS.

FEDER	7.00	STAT	-	CONTRIBUTIONS	FEDERAL &		
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	<u> </u>	· ·		PARTNERSHIP RETURN			
				PAYROLL DEDUCTION			
				OTHER ORGANIZED CHARITIES:			1.
				,			
				TOTAL CONTRIBUTIONS			
		 	 			TATE	
		*****			I LULIUS &	1	
	-				2/10	10	
	-	<u> </u>	 	OLOMOL 1º176	10/)	100	
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				UNIFORMS (NOT GEN. WEAR)			
				LAUNDRY & CLEANING			
				AUTO MILEAGE @			
		,	30	TELEPHONE EXPENSE (NOT REIMB.)			
10	00	100	0	EMPLOYMENT AGENCY FEES			
All the second s		STATI	E	DUES & SUBSCRIPTIONS			
				INCOME TAX PREPARATION	***************************************		
100	Ø	100	Ø	OTHERS			
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18-03	31	(7)?	71	TOTAL MISC DEDUCTIONS	;		
<u> </u>	9/	u / u	1			TATE	
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72			 	DANA CO NUN SAMAGE	3 /00	2	
10	100	10	ζÚ,	V 1/			
	 		ļ	SUB TOTAL			
		•	 	LESS REIMBURSED BY INS.			18P JURG
××	×х			SUB TOTAL	600		
				LESS \$100.00 FOR EACH CASUALTY	100	2	
				TOTAL CASUALTY LOSSES			· ·
						_	STATE
743	1.31	763	31	TOTAL DEDUCTIONS			والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع
	/JO FEDER /OO .S. 70	/JO & FEDERAL /OO &	/10 & /50 FEDERAL STATI /00 & /00 \$\frac{1}{2} \frac{1}{2}	/10 to 10	TOTAL CONTRIBUTIONS INTEREST (TO WHOM PAID) MORTGAGE LOAN INSTALLMENT LOAN INSTALLMENT LOAN INSTALLMENT LOAN INSTALLMENT LOAN INSTALLMENT LOAN ALIMONY (EXPLAIN) SAFE DEPOSIT BOX FEE UNION DUES SMALL TOOLS (GOOD 1 YEAR) TOOLS DEPRECIATION SAFETY EQUIPMENT UNIFORMS (NOT GEN. WEAR) LAUNDRY & CLEANING AUTO MILEAGE @ TELEPHONE EXPENSE (NOT REIMB.) EMPLOYMENT AGENCY FEES FEDERAL STATE DUES & SUBSCRIPTIONS INCOME TAX PREPARATION OTHERS (77 3) (77 3) TOTAL MISC. DEDUCTIONS CASUALTY LOSSES (EXPLAIN) SUB TOTAL LESS REIMBURSED BY INS. SUB TOTAL LESS REIMBURSED BY INS. SUB TOTAL LESS \$100.00 FOR EACH CASUALTY TOTAL CASUALTY LOSSES	SALVATION ARMY/GOODWILL INDUSTRIES RED CROSS XMAS & EASTER SEALS HEART FUND/CANCER FUND PARTNERSHIP RETURN PAYROLL DEDUCTION OTHER ORGANIZED CHARITIES: INTEREST (TO WHOM PAID) MORTGAGE LOAN INSTALLMENT LOAN INSTALLMENT LOAN MISCELLANEOUS DEDUCTIONS ALIMONY (EXPLAIN) SAFE DEPOSIT BOX FEE UNION DUES SMALL TOOLS (GOOD 1 YEAR) TOOLS DEPRECIATION SAFETY EQUIPMENT UNIFORMS (NOT GEN. WEAR) LAUNDRY & CLEANING AUTO MILEAGE @ TELEPHONE EXPENSE (NOT REIMB.) EMPLOYMENT AGENCY FEES FEDERAL STATE DUES & SUBSCRIPTIONS INCOME TAX PREPARATION OTHERS TOTAL INTEREST 76/7 MISCELLANEOUS DEDUCTIONS FEDERAL S. FEDERAL TOOLS DEPRECIATION SAFETY EQUIPMENT UNIFORMS (NOT GEN. WEAR) LAUNDRY & CLEANING AUTO MILEAGE @ TELEPHONE EXPENSE (NOT REIMB.) EMPLOYMENT AGENCY FEES FEDERAL TOTAL CASUALTY LOSSES (EXPLAIN) FEDERAL S. X X X X BARTY DUSSES (EXPLAIN) SUB TOTAL LESS \$100.00 FOR EACH CASUALTY TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA FEDERA FEDERA FEDERA FEDERA FEDERA TOTAL CASUALTY LOSSES FEDERA TOTAL CASUALTY LOSSES FEDERA FEDE	SALVATION ARMY/GODOWILL INDUSTRIES RED CROSS MAMAS & EASTER SEALS HEART FUND/CANCER FUND PARTINERSHIP RETURN PAYROLL DEDUCTION OTHER ORGANIZED CHARITIES: TOTAL CONTRIBUTIONS INTEREST (TO WHOM PAID) MORTGAGE LOAN MISCELLANEOUS DEDUCTIONS ALIMONY (EXPLAIN) SAFE DEPOSIT BOX FEE UNION DUES SMALL TOOLS (GOOD 1 YEAR) TOOLS DEPRECIATION SAFETY EQUIPMENT UNIFORMS (NOT GEN. WEAR) LAUNDRY & CELENNING AUTO MILEAGE @ TELEPHONE EXPENSE (NOT REIMB.) FEDERAL STATE DUES & SUBSCRIPTIONS INCOME TAX PREPARATION OTHERS OF JOD OTHERS CASUALTY LOSSES (EXPLAIN) SUB TOTAL LESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY SUB TOTAL LESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUTO ALLESS SILOMO FOR EACH CASUALTY AUT

ULE C 1040)

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

1971

epartment of the Treasury Internal Revenue Service

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

Attach	to	Form	1040.	

	. Na	me(s) as stiow	n on Form 1040 el and Phyllis R			7			curity numbe
	<u>. 14</u>	Samue	21 and ruyults 6	uny	and the second s	and the second s		322	12 799
	A	Principal busin (See separate	less activity. Food Se instructions)	rvice (For example:	product; product; retail—hardware; whole	salo-tobacco; services-	-legal; manu	facturing—fur	initure; etc.)
•		Dueleges semi	Snack Bar		C Employ	ver Identification Nu	ımber		
		Business name	ess 5418 Van Nuv	s Blvd.	Van Yuvs,	California	91401		
٠.		Business addr	esscd of accounting: (1) X c	ash• ≥(2) [7] accrua	al: (3) [] other.				(ZIP cod
			substantial change in the	and the second of the second o		or valuations bet	ween the c	nening and	closing inve
					ing quantities, costs	, or variations become	ween the o	perming and	4,05,118 11.1C
		T LES M	 If "Yes," attach explaired to file Forms 1096 and 	1000 or 1097 for t	the calendar year 19	1717 (See "Item G"	in separat	e instructio	ons for Scher
					the calculate year 25	71. (000 1.0 0			
		☐ YES [X] L	10. If "Yes," where were	they med?					
					2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				* *
3	1	Gross receipts	s or gross sales \$	Less: R	eturns and allowance	as \$		\$	
4			beginning of year (if diff						
			planation)						
	3	and the second s	purchased \$	* * * * * * * * * * * * * * * * * * * *				٠	
	J		from business for person			1			
	· A		r (do not include salary pa						SCHEDU
			supplies						ATTACH
			(explain in Schedule C-1						
	• /		of lines 2 through 6 .			· [1		
			end of this year						
			s sold and/or operations (s				•		
	10	Gross profit ((subtract line 9 from line	1)	• • • • • • • • • •		•		
	0	THER BUSI	INESS DEDUCTIONS	•					
•	11	Depreciation	(explain in Schedule C-2)						the state of the
*	12	. Taxes on busi	iness and business property	(explain in Schedule	C-1).				
			ness property						
٠.	14	Repairs (expl	ain in Schedule C-1) .						
		-	wages not included on line		•				
•					** *.				
•			ofessional fees					e de desag	
	10	Commissions							
	10	Commissions	/						
	19	Amortization	(attach statement)						
	20	(a) Pension a	and profit-sharing plans (See	Instructions).					
		(b) Employee	benefit programs (See Inst	tructions)					
	21	Interest on b	ousiness indebtedness .					· .	
. •	22	Bad debts aris	sing from sales or services						
* *.	23	Depletion		• • • • •					
	24	Other busines	s expenses (explain in Sch	nedule C-1)		· I			
	25	Total	of lines 11 through 24						
	26	Net profit (or	loss) (subtract line 25 fro	om line 10). Enter h	nare and on line 34,	Form 1040, ALSO	enter on		
		Schedule S	E, Part I, line 1				· · ·		7,350
,			SCHEDULE C-	-1. EXPLANATI	ION OF LINES	6, 12, 14, Al	ND 24		
٠.	- Li	ne No.	Explanation	Amount	Line No.	Explana	tion	T	Amount/
		·		\$				s	
				· · · · · · · · · · · · · · · · · · ·				•	
	:								
		-						·	
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					·				/
. :	••••								
							*.	19,5	- /
							·.	1925 d	_/

SUPPLEMENT TO SCHEDULE C

Income					\$43,479.18
Less: Sales T	ax				174.63
					\$43,304.55
Cost of Goods					
Beginning inv	entory		\$	800.00	
Purchases				•	
Beverage/mil	k i i i i i i i i i i i i i i i i i i i		4	980.70	
Groceries				169,50	e verilie
Meat				570.35	
Bakery/bread				815.62	
	Available			$\frac{336.17}{336.17}$	
Less: Ending	Inventory	en en en en en en en en en en en en en e		800,00	25,536.17
			in the same of the first	7777	23,330,17
Adjus	sted Gross Profit				\$17 769 39
					\$17,768.38
Expenses					
Casual labor			\$	48.12	
Rent				59.87	
Payroll Payroll				640.03	
Telephone				.48.00	
Insurance					
Advertising				.90.50	
Accounting				43.70	
Miscellaneous				75.00	
Equipment				27.04	
Maintenance/re	pairs			74.03	
Taxes/licenses				36.19	
Hosiery				58.06	
Auto				30.04	
Linen				17.14	275
Donations				17.83	
				<u>24.00</u>	6,989.55
Less:	Deprectation				10,778.83
					(3,428.50)
NET PR	OFIT				
				S	7,350.33
	DEP	RECIATION			
Equipment	4/70 \$10,000.00	\$2,000.00	5 Yr. SL		000 00
Covenant not		· · · · · · · · · · · · · · · · · · ·		\$2,	,000.00
to Compete	5,000.00	1,000.00	5 V+ 'Cr		00 0
Leasehold Imp.	3,000.00	428,50	5 Yr. SL 7 Yr. SL	1,	,000.00
(Bal. of Lease)				·	428.50
				\$3 ,	428.50

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.

1071

551: 27

▶ 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 + 7997Business 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 in the control of the control 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 Randilla 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 (b) From farming (from line 7, Part II, 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 (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, line 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	Phvl	lis	Ruby
	- (4111)	1.7 %		

Social security number 2 12 7997 3

Short-term Capital Gains and	d Losses	Assets Held	Not More Than (5 Months		O
Kind of property and description (Example, 100 shares of "Z" Co)	h. How acquired. Enter letter symbol (see instructions)	c. Mo., day, yr. (Put date sold above dotted line and data acquired below dotted line)	d. Gross sales price	e. Cost or other basis as adjusted, cost of sub sequent improvements (if not purchase-f, attacl explanation) and ex- ponse of sale	f. Gain or (!	
SCHEDULE ATTACHED					(1,248	00)
	* 1. 					j.
Enter your share of net short-term gain Enter net gain or (loss), combine lines 1 4(a) Short-term capital loss component carry 4(b) Short-term capital loss carryover attribute	and 2 . rover from table to y	years beginning ears beginning af	before 1970 (see In	tion H) . 4(b)		
5 Net short-term gain or (loss), combine Long-term Capital Gains and		the second of the contract of the second of the second of	More Than 6 Mo	nths		. 1 ± 34 . ≥ 4%
6	and an inches					
						1 12
 7 Capital gain distributions 8 Enter gain if applicable from line 4(a)(1) 	Form 47	107 (can Implemention	A)	7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 Enter your share of net long-term gain or		and the second s		9		
10 Enter your share of net long-term gain fr		business corporat	ions (Subchapter S)			-
11 Net gain or (loss), combine lines 6 throu	•		-fa 1070 (I	uction H) . 12(a)	(14,274	00)
12(a) Long-term capital loss component carryo12(b) Long-term capital loss carryover attribut						-
13 Net long term gain or (loss), combine lin				13	(14, 274	00)
Summary of Parts I and II		· · · · · · · · · · · · · · · · · · ·			(15 500	'00\
14 Combine the amounts shown on lines 5 15 If line 14 shows a gain—	2.			- 14	(15,522	00)
(a) Enter 50% of line 13 or 50% of line alternative tax). Enter zero if there				itation of 15(a)		19.60
(b) Subtract line 15(a) from line 14. Er	4 (4 5 6			15(b)		
16 If line 14 shows a loss—See Instruction						47.5
➤ Omit lines 16(a) and 16(b) and go to ➤ Otherwise,	Part IV if	losses are shown	on lines 12(a) and	^j 13.		
(a) Enter one of the following amounts (i) If amount on line 5 is zero or a (ii) If amount on line 13 is zero or (iii) If amounts on line 5 and lin 50% of amount on line 13	net gain, a net gain e 13 are	, enter amount on	line 14; or.	added to 16(a)		
(b) Enter here and on line 35, Form 10 (i) The amount on line 16(a); (ii) \$1,000 (\$500 if married and 4(a) and 5, see Instruction K for (iii) Taxable income, as adjusted (see the context of the context	40, the sn filing a s or a highei	eparate return—i r limit not to exces	ed \$1,000); or,		(1.000	100)

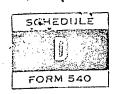
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CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

and gains (but not losses) on personal assets such as a home or jewelry.

Use this schedule to report gains and losses on stocks, bonds and similar investments,

	S. Darie	9	7	E TOTAL B	
_		ÝΕ.	AR		

TAXABLE

Name as shown on Form 540 or 540NR					Social	Security Number
Samuel and Phyllis Ruby	· · · · · · · · · · · · · · · · · · ·				322	12 7997
SHORT-TERM-ASSETS HELD NOT MORE THAN	6 MONTHS					
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 basi adjusted, cost of subsequent improvem (if not perchased attach explanation and expense of sal	ents)	f. Gain or loss (d less e)
1.						
SCHEDULE ATTACHED						(1,248,00)
 Enter your share of net short-term gain (or l Enter net gain (or loss), combine lines 1 and Enter unused short-term capital loss carryov Net short-term gain (or loss), combine lines 	l 2	eding taxable	years (attach states	ment)		
LONG-TERM—ASSETS HELD MORE THAN 6 MC	ONTHS					7
6.						
7. Enter gain if applicable from line 4, Schedu 8. Enter your share of net long-term gain (or l 9. Net gain (or loss), combine lines 6 through 10. Enter unused long-term capital loss carryove 11. Net long-term gain (or loss), combine lines 9	oss) from par 8 r from preced	tnerships and	fiduciaries	1		(14,274,00)
12. Combine the amounts shown on lines 5 and 13. If line 12 shows a gain— (a) Enter 50% of line 11 or 50% of line 12, w (b) Subtract line 13(a) from line 12. Enter h 14. If line 12 shows a loss— (a) Add lines 4 and 10 (if lines 4 and 10 and line 14(d)) (b) Combine lines 3 and 9—if gain, enter of computed without capital gains and or line 14(a) Combine lines 3 and 9—if loss, enter loss (e) Enter smallest of (i) the amount of taxables.	whichever is smere and on line blank, enter the blank, enter the blank, enter the blank, (ii) the blasses—deternings; if gain, enter the blasses—determines; if gain, enter the blasses—determines; if gain, enter the blasses—determines; if gain, enter the blasses—determines; if gain, enter the blasses—determines.	naller. Enter z ne 32, Form 5 r a zero here enter zero e amount of nine this figur er zero here	and on lines 14(b) of taxable income on Free via a side compute and on line 14(e) and on line 14(e) and on line 14(e) and	ond 14(c) and go orm 540 or 540N ation; or (iii) \$1,0	11 to	(15,522.00)
and or losses, less line 14(c)—determine filing separately); (iii) if line 3 is zero or gain, amount on line 14(d); or (v) if line (f) Enter here, and on line 32, Form 540 (lenter an amount greater than \$1,	this figure vides shows a gains 3 and 9 shows in the short should be shown to the short sh	a a side comp n, 50% of lir ow losses, line 540NR), the	outation; (ii) \$1,000 (\$ ne 14(d); (iv) if line 9 e 3 added to 50% o sum of lines 14(c) a	500 if married a is zero or shows if line 9	nd a ot	(1,000.00)

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





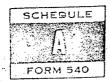
TAXABLE 1971

YEAR

INDIVIDUAL INCOME TAX RETURN

r Fiscal Year Begun 1971 and Ended 197	Yeur social securi	y number	S	pouse's saci	al security	Eu->
FIRST NAME(S) AND INITIAL(S) SAMUEL AND PHYLLIS RUBY	322 12	•		49 1		
lease	Your occupa		- -		s occupation	
16250 Bircher Street	Self Emplo	ved		*.	• •	
TINE CITY, TOWN OR POST OFFICE STATE	COUNTY		ZI	CODE		-
Granada Hills California	Los Angeles				* 1	****
AME AND ADDRESS OF EMPLOYER AT TIME OF FILING		S	C	M B	. Ρ .	A
Self Employed					.	
ILING STATUS—Check Only One: Claim your appropriate BLIND and/or DEPENDE	NT EXEMPTIONS:		:	• .		\top
1. ☐ Single exemption on line 16 5. Blind [Yourself	Your spouse -Enter	number	of boxe	s checked	~	5 6
6 Dependents—Do not its	st vourself, your spous	è, or pei	rson who	qualifies	you	
as nead of non-serous	A CONTRACTOR OF THE PARTY OF TH				SHIP	
social security number in space above and enter first name Fred, Brian	Elisa, Thomas					
here >						6
4. Unmarried "head of household"—Complete Part I, page 2	lent exemptions (add li	nes 5 a	nd 6)	· · · ·		/
8. Wages, salaries, tips, etc. (before payroll deductions) if more than two employers, at	ttach list					not wri is colu
Income Employer's name Where empl	loyed (city and state)					
		. 8 .	5	·	2.2.2	
	C100 1	9		42 50		
9. Dividends. Enter total here (complete and attach Schedule B (540), if total is over		10		178 86	· · · · · · · · · · · · · · · · · · ·	
10. Interest. Enter total here (complete and attach Schedule B (540), if total is over \$		10		350 3:	10.00	
11. Other income (from page 2, line 40)		12	6.			
12. Total (add lines 8, 9, 10 and 11) 13. Adjustments to Income (from page 2, line 46)		13				
13. Adjustments to Income (from page 2, line 46) 14. Adjusted gross Income (subtract line 13 from line 12)		14	. 6.	571 69		
			-			
 If you do not itemize deductions AND line 14 is under \$10,000, find your tax in Tax If you itemize deductions OR line 14 is \$10,000 or more, go to Part IV on page 2 t 	to figure tax. Enter tax	on line	15.			
				25.60		100
15. Tax from (check one): Tax Table, Tax Computation (page 2, Part IV) or Sch 16. Personal Exemption. Single—\$25. Married couple or head of household—\$50						
17. Multiply total number of exemptions on line / above, by \$8.						r III
Tax. 18. Total exemptions (add lines 16 and 17)		18		82 00	1	
and 19. Tax liability (subtract line 18 from line 15—not less than zero)				-None	1-1	
Credits 20. Other credits (from page 2, line 62)		. 1		<u> </u>	-	
21. Net tax (subtract line 20 from line 19)		21				cóir.
22. Tax forgiveness—20% of line 21 (use Part V on page 2, if reporting income on Scho	edule V (540))	22	0		7	
NOTE: You must file your return and pay any tax due (line 27) by the due date to be entitled		23		, ':		
23. Net tax Hability (subtract line 22 from line 21—if \$1.00 or less, enter zero) 24. Tax on preference income (see instructions) check here □, if Schedule P (540) is a		1 - 1	 9			
24. Tax on preference income (see instructions) check here [], it schedule if (340) is a constant tax liability (add lines 23 and 24)		Т	> 1 9 1		- A	
av. Ivial tax Havinty faud lines 25 and 24)		++			- ,	
26. 1971 California estimated tax payment (include 1970 overpayment allowed as a cre	edit)	26	.		. ₩	
Balance 27. Balance due—if any (subtract line 26 from line 25)	N FULL WITH RETURN	27	0	None		
Due or 28. Overpayment—if any (subtract line 25 from line 26)	OVERPAYMENT	28	• •		_	
29. Portion of line 28 you wish to apply on 1972 estimated tax		29	-			
30. Refund—if any (subtract line 29 from line 28)	REFUND	30	• • • •			
ader genalties of negivery 1 declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my know	viedoe and	i	Do not w	rite in the	se 5020
nder penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, a Hief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all informs	ation of which he has any	knowledge.		T		
inn h	erupu L. L. Mid Harringen iyer	LLIVI.		<u> </u>		
Your signature—if filing jointly, BOTH must sign Date Signature of prepares other \$1	han; toxpayer (5, V11, 18)	HTE 51	o	ρ	•	
Spouse's signature Date Address	LESS EN SON	jate				
	emittance Payal					

PART, 1—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	ss inc	ome \$	
Is this person married? If yes, did he or she file a joint return with spouse? Did this person qual the calendar year 1971? Did this person reside in your home for the entire taxable year? If r	ify a	s your dependen	it fo
Total amount necessary to maintain household \$	 		
PART II—Other Income	· .		
31. Business income (or loss) (attach Schedule C (540))	31	• 7,350	33
32. Net gain (or loss) from sale or exchange of capital assets (attach Schedule D (540))	. !	• (1,000	7
33. Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Schedule D-1 (540))	33	1	
34. Pensions and annuities)	34		ļ
35. Rents and royalties Attach Schedule E	35	1	ļ . .
36. Partnerships		9	ļ
37. Estates and trusts /			 -
(a) Fully taxable pensions and annuities (not reported on Schedule D	30		
(b) Alimany	1.:		*
39. Miscel laneous (c) Other (state nature and source)	1		
Income].	1.139a	300
(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 🔾	40	6,350	33
PART III—Adjustments to Income			
41. "Sick pay" if included in line 8 (see instructions—attach statement)	41	•	4-3
42. Moving expenses (see instructions—attach statement)	42	0	104
43. Employee business expense (see instructions—attach statement)	43	0	
44. Military exclusion (see instructions for line 8)	44	0	
45. Payments as a self-employed person to a retirement plan, etc., (attach Federal Form 2950SE) 46. Total adjustments (add lines 41 through 45). Enter here and on page 1, line 13	45	6	200
	46		-
PART IV—Tax Computation—Do not use this part if you use the Tax Table to find your tax	· · · ·	1	* ***
47. Adjusted gross income (from page 1, line 14)	47	6,571	69
48. (a) If you itemize deductions, enter total from Schedule A (540), line 32, and attach Schedule A (60) If you do not itemize deductions, and line 14 is \$10,000 or more, enter	40		00
(1) \$1,000, if single, or married person filing separate return	48	• 4,010	99
(2) \$2,000, if head of household, or married couple filing joint return		2,560	70
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	2,500	
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, and 52, enter on line 53 the amount shown on line 41 of Schedule G (540), and complete lines 54, 55 and 56.	r		13
50. Taxable income from line 49 above, or page 1, line 14 if Tax Table used	50		<u></u>
51. Amount (if any) entered on Schedule D (540), line 13(a) 52. Adjusted taxable income (subtract line 51 from line 50)	.51		<u>درد</u> پرچيد کا د
53. Adjusted tax (use same method as used for determining tax on page 1, line 15)	52 53		المستند الإخادار ا
54. Add lines 18 and 20, page 1, and enter total here	54		
55. Adjusted net tax (subtract line 54 from line 53)	55		1
\$6. 20% of line 55. Enter here and on page 1, line 22	56		
PART VI-Credit for Net Income Tax Paid to Another State-Attach copy of "other state" return -and Retirement Incom	ne 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		
59. California tax liability (from page 1, line 19)	59		
50. Credit limitation—line 57 ÷ line 58	60	•	
51. Retirement income credit (attach Schedule R (540))	V. F	•	
52. Total (add lines 60 and 61). Enter here and on page 1, line 20	62		
RT VII—Reconciliation to Federal Return—If adjusted gross income on Federal Return is different from line 14, page	1, e)	xplain below	
	· • • • • • • • • • • • • • • • • • • •		
W 88326 Docid:32245535 Page 106		72_400 6.71 12 OCCM (Î) 🛆	\ os:
·	5 177		



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ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE 19_71

YEAR

Name as shown on Form 540 Samuel and Phyllis Ruhy	322	ial Security Num
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,	not use	the Tax Table
Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care	, insuranc	
premiums for medical care, etc. 1. One half (but not more than \$150) of insurance premiums for medical care	1	
2. Medicina and drugs		
3. Enter 1% of adjusted gross income shown on Form 540		
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. Other medical and dental expenses (attach itemized list)		
7. Total—(Add lines 4, 5 and 6)		
9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)	9	
10. Total(Add lines 1 and 9)	▶ 10	15
ALUE ALON Promoter and the second sec		
Child Adoption Expense	11	
11. Total expenses paid or incurred—Attach itemized list	. 11	
13. Subtract line 12 from line 11—See instructions for maximum limitations	▶ 13	
		
Taxes		
14. Real estate	. 14	
15. State and local gasoline	. 15	
16. General sales		
17. Auto license—Excess of registration and weight fees (see instructions)	17	19.6
19. State disability insurance (SDI)—Employer private disability plans do not qualify	10	4
20. Other (specify)	20	بالمالية المالية
21. Yotal taxes—(Add lines 14 through 20)		
Contributions .		1
22. Cash—Including checks, money orders, etc. (itemize)	22	
24. Cash—Including Checks, Holley Orders, etc. (Heinte)		
		5000 高 540
23. Total cash contributions	23	
24. Other than cash (see instructions). Enter total here		
25. Total—Add lines 23 and 24—Maximum deduction may not exceed 20% of adjusted gross income	► 25	
Interest Expanse		
28. Home mortgage	. 26	
27. Installment purchases	. 27	
28. Other (itemize)	28	
29. Total—(Add lines 26, 27 and 28)		2 (1
	≥ 29	2,617
Miscollaneous Deductions		
30. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)		
	-	
• • • · · · · · · · · · · · · · · · · ·	▶ 31	500
31. Total miscellaneous deductions		





CALIFORNIA



19 71

YEAR

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

	is schedule to your income tax retur								Soci	al Securit	v Humber	
Name as	shown on Form 540 or 540NR	hv						3			7997	7.
	Samuel and Phyllis Ru									, -,-,-		
A. Princ	ipal business activityFood Se	For example:	ratail_hardu	roze: wholesole	-tobarro: t	.; produ	ct al: manufacturi	na-furniture	: etc.)			
100	a	TO BXCIII DIE.		4,5, 111,5.0,41.						4.14		
	ess name	Pleat	T'ar	Mivs,	C. F Califo	ederal el	nployer ide 91401	ntification	nume	er		
D. Busin	1622 100011011				(City—post			(State)	:		{ZIP c	
A	(Number and street	r or fural route)			(City—posi	Office,		(o.c.c.			(<u>Ziji C</u>	uu • ;
	ate method of accounting: 🔂					,						
	there any substantial change in entories? Yes No. If				ntities, c	osts or v	aluations b	etween t	ne op	ening	and cla	asing
	Forms 591, 592, 596 and 599,				red)? []Yes [⊼ No				3.4	٠.
	oss receipts or gross sales \$			ns and allo				\$; -			
2. Inve	entory at begi <mark>nning of y</mark> ear (If dif	ferent than last	year's clo	osing invent	ory atta	ch 📗						
е	xplanation)						المعلقات بيعيان		SC	HEDUI	E 🦪	1
3. Mei	rchandise purchased \$, less co	st of any i	tems wil	th-			AT	ТАСШ	ED 🛴 🤘	1.5
Ь	rawn from business for personal i	use \$										
	it of labor (do not include salary											2, .
					*						k.	-
	ner costs (explain in Schedule C-1					•						
	Total of lines 2 through 6 .									ا محقان د محقان		
7.						•						交 權
	entory at end of this year .						· · · · · · · · · · · · · · · · · · ·					英雄
	it of goods sold and/or oper							• •			-	*********
10. Gr	oss profit (subtract line 9 from										200	133
	OTHER BUSIN											民族
11. Dep	preciation (explain in Schedule C-	2)								100		
12. Tax	es on business and business prope	rty (explain in S	Schedule (C-1)								
13. Rent	on business property						and the state of t					
	airs (explain in Schedule C-1) .											7.33
-	aries and wages not included on		· .									
16. Insu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,								
	al and professional fees				•	•						
			• • • • •				,				17.50	1.5
	nmissions		• • • •			•						
	ortization (attach statement)		• • •		• • •	•					- 10 (機能) - 10 (機能)	
	Pension and profit-sharing plans									$x \in \mathcal{T}_{k,n}$	7 (41) 22	1
	Employee benefit programs (see											
	rest on business indebtedness .				• • • • •	•			100	er er er er Gelan i Sta	450 c 7 1/24	
	debts arising from sales or service										a jajá jajáve	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	letion of mines, oil and gas wells			edule) .		. ایرا	reginerale.			٠.		
24. Oth	er business expenses (explain in S	ichedule C-1)										· .
25.	Total of lines 11 through 24											
26. Ne	profit (or loss) (subtract line 25	from line 10).	Enter her	e and on p	age 2, l	Form 540	or 540NR	\$		1. 1. 7	7,350	33
	CCUEDI	ur ca rybi	4214710		F.C. /						- 110 see	i santa
Line No.	Explanation	LE C-1. EXPL	Amount	Line No.	E3 0, .		Explanation	· · · · · · · · · · · · · · · · · · ·			mount	1 4 1, 1
	Explanation		Amount				Explanation					
* ****		\$	·							\$ <u>.</u>		
*******	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
·				·				· · · · · · · · · · · · · · · · · · ·			,	
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	the second second											

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*********	**************************************					والمتحاص معاد			-			
						يميم المناز المسام	ساريني المعيق					
	<u></u>			-		and the second s				,	ە بەرگىيىد خىنىدىدىنىيىد	

11.1	1		إيزار	
1	ΓG	1		
1,61	3	112	43,	18
: [ブリ		U	Y,

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

1973)
------	---

the yea	ar January 1-December 31, 1973, or other taxable year be	ginning	, 1973, ending	, 19
Name ((If joint return, give first names/pind initials of both)	Last name	COUNTY OF	Your social security number
	AMNEL & PHYLLIS KU	BV	RESIDENCE	322 12 799
	t home address (Number and street, including apartment number, or rura	l route	1. 1	Spouse's social security no.
	16250 BIRCHER	(+	LOS ANGELES	349 18 1420
City M	own or post office, State and ZIP code		Occu- Yours D	SIE
U.I.J., W				1-7-1
			opodac 3 P	
Filin	g Status—check only one:	Exemptions	Regular / 65 or o	ver / Blind
1 🗆	Single	6a Yourself.	X □	Enter number
2 🗖	Married filing joint return (even if only one had income)	b Spouse .	· · • • • • • • • • • • • • • • • • • •	of boxes checked
з 🗂	Married filing separately. If spouse is also filing give	c First names	s of your dependent c	hildren who lived with
- LJ	spouse's social security number in designated space above		10 MAS.	
· ·		Jou	LISA - FR	Enter 3
4 -	and enter full name here >			- Indiniber of
5 ∺	Unmarried Head of Household Widow(er) with dependent child (Year spouse died ► 19			om line 27) >
	1			
8 Pr	residential Election Campaign Fund.—Check if y neck if spouse wishes to designate \$1. Note: This	ou wish to design	ate \$1 of your taxes	or this fund. If joint return
cn	eck it spouse wisnes to designate \$1. Note: This		ttach Forms W-2. If	di Terdila. See libte below.
	9 Wages, salaries, tips, and other employee co	mpensation. unavails	able, attach explanation)	9
4.	20.0	A.		
. 1	10a Dividends (See instructions)\$	Less exclusion \$	# Balance ▷	10c — Ø —
စ္	/10d (Gross amount received, if different from lin			
6	11 Interest income			11 345
ncome			ļ 	12 16196
	12 Income other than wages, dividends, and inte		· · · · · ·	13 /654/
	13 Total (add lines 9, 10c, 11, and 12)		· · · · · · · · · · · · · · · · · · ·	14 16.3 7 1
	14 Adjustments to income (such as "sick pay," i			
	you do not itemize deductions and line 15 is under		 	15 16541
Credits	Tax, check if from: Tax Tables 1–12 Schedule D Schedule G Total credits (from line 54)	Form 4726 0	——————————————————————————————————————	16 1095
je	18 Income tax (subtract line 17 from line 16)		· · · · · · · · · · · · · · · · · · ·	18 1096
ت ا	*			19 39%
and	19 Other taxes (from line 61)		· · · · · · · · · · · · · · · · · · ·	20 /4/9/
a	, 20 Total (add lines 18 and 19)	1 1		
2	21a Total Federal income tax withheld (attach F			
ents	W–2 or W–2P to front)	21a	<u> </u>	
Paym	b 1973 estimated tax payments (include an	· I - I	-	
Pa)	allowed as credit from 1972 return)	· · b		
	c Amount paid with Form 4868, Application for Aut	omatic		
Тах,	Extension of Time to File U.S. Individual Income Tax	•		
-	d Other payments (from line 65)	d		
. [22 Total (add lines 21a, b, c, and d)			22 - 0 -
- 		Pay in fo	ull with return. Make	
2_	23 If line 20 is larger than line 22, enter BALANO	ahack or	monou order payable	23 1 4 9 1
Refund	· '		mai Nevenue Service	
, 롱ㅣ	(Check here ▶ ☐ , if Form 2210, Form 2210F, or stateme			24
œ	24 If line 22 is larger than line 20, enter amount			25
or Ref	25 Amount of line 24 to be REFUNDED TO YOU			
ž 🎽	26 Amount of line 24 to be credited on 1974			
	mated tax	. ▶ 26		
	: 1972 Presidential Election Campaign Fund Design			
1972	return, but now wish to do so. If joint return, check [
1.	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 believed
ign	It is true, correct, and complete. Declaration of preparer (other than tax	payer) is dased on all info	rmation of which he has any kh	las
iere	>)	About tournium)
	Your signature	Date	Preparer's signature (other	than taxpayer) Dat
	N. Comments of the Comment of the Co		· 	<u> 367-34-87</u>
Į:	Spouse's signature (if filing jointly, BOTH must sign even if only	y one had income).	Address (and ZIP Code)	Preparer's Emp. Ident. or Soc. Sec. No.

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

16-82337-1

SGHEDULE A (Form 1040)

Itemized Deductions

▶ Attach to Form 1040.

Department of the Treasury Internal Revenue Service Your social security number Name(s) as shown on Form 1040 UBY 322 12 799 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: 730 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 10 Total (add lines 1 and 9). Enter here 32 Expenses for child and dependent care and on line 35 ▶ services (attach Form 2441) . . . Taxes 33 Other (Itemize) 11 State and local income 12 Real estate 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 . 36 Total taxes—line 17 . . . Interest Expense 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	Social security no Social Securi		27
	SAMMER SPHYLLIS KUBY 322 12	17	
A	Principal business activity (see Schedule C Instructions) > SNACEBAR ; product > FOOD		
В	Principal business activity (see Schedule C Instructions) ▷ 3/14 □ 5/14		·
D	Business address (number and street)		œ.
	City State and 7IP code D	<u>. </u>	<u> </u>
Ε	Indicate method of accounting: (1) Cash (2) Accrual (3) Other ►	Tes	No ·
F	Were you required to file Form W-3 or Form 1096 for 1973? (See Schedule C Instructions.)	77777	77777
	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?	-	·
Н	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)		
<u>-</u>			,
ø)	1 Gross receipts or sales \$ Less: returns and allowances \$ Balance > Less: Cost of goods sold and/or operations (Schedule C-1, line 8)		
Income	2 Less: Cost of goods sold and/or operations (Schedule C-1, line 6)		
ĕ	3 Gross profit		1
	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)		
	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)		
2.5	15 (a) Pension and profit-sharing plans (see Schedule C Instructions)		-
	(b) Employee benefit programs (see Schedule C Instructions)		.
35	16 Interest on hydroge indehtedness		
Deduction	17 Bad debts arising from sales or services		-
C	18 Depletion		-
E G	19 Other business expenses (specify):	4.1	
ш	(a)	• • • • • • • • • • • • • • • • • • • •	
	(b)		
•	(c)		
	(d)	٠,	
	(e)		
	(f)	*:	
	(g)		
	(h)	v.	
	(i)		
	(i)	:	_
	20 Total deductions (add lines 6 through 19)		
-	1. Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. At 50	10	1
	enter on Schedule SE, line 5(a)	<u>y es</u>	
	CHEDULE C-1.—Cost of Goods Sold and/or Operations (See Schedule C Instructions for Line 2)		
<u> </u>	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		-
_	8 Cost of goods sold and/or operations. Enter here and on line 2 above	16-823	<u> </u> 44-1
		020	

SCHEDULE C-2.—Exp	ianation of Lines	ailu 3	•			
Line No E	xplanation	Amount	Line No.	E	xplanation	Amount
		\$			·····	\$
		÷				
	**************************************	*;*************		******		
			·			
			· 			,-
						
CHEDULE C-3De	preciation (See Sch	edule C Instru	ctions for Line 6) If you nee	d more space, you m	ay use Form 4562.
heck box if you made an elec	ass b. Date	c. Cost or	(ADR) System and/or d. Depreciation allowed or allowe	n e. Mei	uting T. Lite of	g. Depreciation for
or description of propert	y acquired	other basis	in prior years		iation rate	this year
Total additional first-ye	ear depreciation (do i	not include in ite	ems below)			
Depreciation from Form	/ See Note 1	•				
Depreciation from Forr	n 5006 .		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Other depreciation:	,		· ·			
Buildings	• •					
Furniture and fixtures	• •					
Transportation equipment Machinery and other equipment	nont					
Other (specify)	iletir .					-
Other (specify)						
·		·				
Totals						
Less amount of depred			ge 1			
Balance—Enter here a UMMARY OF DEPREC			First Voor Dones	· · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
OWNART OF DEPREC	JATION (Other Tha	in Additional F	rirst-rear Depre	Ciationi	•	1
Straigh	nt line Declining b			nits of duction	Other (specify)	Total
Depreciation from			.			1
Form 4832 Depreciation from			,,			
Form 5006	7)				//////////////////////////////////////	2000
CHEDULE C-4Exp	ense Account Info	rmation (See	Schedule C Ins	structions fo	or Schedule C-4)	
nter information with regard	to yourself and your five	highest paid	Name		Expense account	Salaries and Wages
nployees. In determining the			Owner			
count allowances must be a		wages. How-	1			
ver, the information need no			2			
hom the combined amount i our expense account allowan		for yourself if	3			
10,000.	pies illo Ez, pugo z		4			
id you claim a deduction for	expenses connected wit	h:	5			
l) Entertainment facility (bo			\		nventions or meetings?	*: \
2) Living accommodations (e	xcept employees on busir				ons not reported on Fo	
•			PRINTING OFFICE: 1973-O-			16-82344-1

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.

Itterna	Revenue Service						<u> </u>	
Name(:	s) as shown on Form 1040 SAMUEL PHYL		Ruby	•		Social 2-2-	security numb	er P7
Par	Short-term Capital Gains an			Not More Than	6 Months			<u>D</u>
	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	INTERNATIONALLEC	A	1/17/73	3218	372	9	(511	
707	LEVITZ	<u>A</u>	10/11/72	1281	279	77	(1516	
10	O POTTER INST	<u>A</u> _	3/19/73	348	69	2	(347	_)
107	ESSEX INTER	A	4/3/73	1392	175	9	(367	
							essa.	
2 3	Enter your share of net short-term gain Enter net gain or (loss), combine lines		from partnerships	s and fiduciaries .		3	2741	1
4(a)	Short-term capital loss component carry		years beginning l	before 1970 (see Ins	truction H)	4(a)		
4(b)	Short-term capital loss carryover attribu	utable to y	ears beginning aft	ter 1969 (see Instruc		4(b)	fair.	-
5	Net short-term gain or (loss), combine					5	(279)	· · · · · · · ·
(Part	Long-term Capital Gains and	Losses-	—Assets Held I	More Inan 6 Mo	ntns			
6						**		
:								
		ļ 		,				
					,			
								,
						,		
7	Capital gain distributions					7		ļ
8	Enter gain, if applicable, from line 4(a)				. , . :	8_		 -
9 .	Enter your share of net long-term gain of					9		
10	Enter your share of net long-term gain			tions (Subchapter	S),	10		
11	Net gain or (loss), combine lines 6 th					11 12(a)	12897	
	Long-term capital loss component carry					12(b)	12200	·
12(b) 13	Long-term capital loss carryover attributed Net long-term gain or (loss), combine l					13	(13322	
	Summary of Parts I and II	11103 11, 1	z(u) unu iz(b) .					
	Combine the amounts shown on lines		and onter the net	gain or loss here		14	116063	
14 15	If 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	mputation			
	(b) Subtract line 15(a) from line 14. Er					15(b)		
16	If line 14 shows a loss— ➤ Omit lines 16(a) and 16(b) and go to	o Part IV if	losses are shown	on BOTH lines 12(a) and 13.			ĺ
	See Instruction I. Otherwise,							
	(a) Enter one of the following amour	nts:	rain enter 500/ o	of amount on line 1	۵٠			
	(i) If amount on line 5 is zero (ii) If amount on line 13 is zer (iii) If amounts on line 5 and	o or a net	gain, enter amour	nt on line 14; or,		100	CUACO	
	50% of amount on line 1	3				16(a)	10005	<u> — -</u>
	(b) Enter here and enter as a (loss) (i) The amount on line 16(a);							
	(ii) \$1,000 (\$500 if married at 4(a) or 12(a), see instruction (iii) Taxable income as adjust	on M for a	a higher limit not	—if a loss is show to exceed \$1,000);	wn on line or,	16(b)	(1000	

دس ،	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	(2791)
	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	6-6-
20	Reduce loss on line 18 to the extent of the gain, if any, on line 19	20	(13322)
21	NOTE: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the		100
22	Enter gain, if any, from line 11		,
23	Enter smaller of amount on line 21 or line 22		
24	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		
26	Reduce gain, if any, on line 24 to the extent of loss, if any, on line 25 (see Instruction J) .		
	Enter loss from line 12(a)		
28	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	13325
	Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	31	133
	Subtract amount on line 30 from the loss on line 20	32	
	Enter 50% of the amount on line 31	33	14042
	Add lines 17, 30, and 32		10003
34	Enter here and enter as a (loss) on line 29, Form 1040, the smallest of:		*,
	(a) Amount on line 33;		
	(b) \$1,000 (\$500 if married and filing a separate return—see Instruction M for a higher limit not to exceed \$1,000); or,	3/	(1000)
	(c) Taxable Income, as adjusted (see Instruction L)		
	Complete Part V if You are Married Filing a Separate Return and Losses are Sh	OWILC	III Lilles - (a) allu
	14. (See instruction in).	35	
35	Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero		
	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	
36	Enter gain, if any, from line 3	37	
37		38	
38	Enter excess of gain on line 35 over amount on line 37	39	
39	Enter loss from line 12(a); if line 12(a) is blank, enter a zero	40	
40	Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see Instruction J).	41	
41	Enter loss from line 4(a)	42	
42	Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see Instruction K)	43	
		A !:	(*4 V)
. 3	Computation of Alternative Tax (See Instruction V to See if the Alternative Tax)	WIII B	enemit fou)
	Enter amount from line 48, Form 1040	44	
			t .
45	Finder amount from line 15(a)	45	-
45 46	Enter amount from line 15(a)	46	
46	Subtract amount on line 45 from amount on line 44 (but not less than zero)		
46	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46	
46 47	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46	
46 47	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46 47	
46 47 48	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46 47 48	
46 47 48	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46 47	
46 47 48	Subtract amount on line 45 from amount on line 44 (but not less than zero)	46 47 48 49	
46 47 48 49	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50	
46 47 48 49 50 51	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50	
46 47 48 49 50 51 52	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52	
46 47 48 49 50 51 52 53	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52 53	
46 47 48 49 50 51 52 53 54	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52 53 54	
46 47 48 49 50 51 52 53 54	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52 53 54 55	
46 477 488 499 501 522 533 544 555	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52 53 54	
46 477 488 499 501 522 533 544 555	Subtract amount on line 45 from amount on line 44 (but not less than zero)	48 49 50 51 52 53 54 55	

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

Income Averaging See instructions on pages 3 and 4. Attach to Form 1040.

Name(s) as shown on Form 1040 SAMUEL	& PHYLL	is Ru	BY	322	12 2997
Taxable Income and Adjustmen		(b)	(c)	(d)	(e)
	(a) Computation year	1st preceding base period year	2d preceding base period year	3d preceding base period year	4th preceding base period year
	1973	1972	1971	1970	1969
1 Taxable income (see instruction 1) .	7626	-0-	-0-	- 4-	
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 and 4.) If less than zero, enter zero	7626	-0-	_0-	-0-	
Computation of Averagable Incon	1 e				
6 Adjusted taxable income from line	5, column (a) .			6_	7626-
7 30% of the sum of line 5, column		*			
8 Averagable income (line 6 less line 7	')			8	7626
Complete the remaining	aining parts of this	form only if line	8 is more than \$3, Do not fill in rest o	000. If \$3,000 or	e e
Computation of Tax					*
				9	-0-
9 Amount from line 7					1505
10 20% of line 8			• • • • • •	10	1020
11 Total (add lines 9 and 10)		´	. ,	· · · <u>11</u>	1365
12 Amount from line 3, column (a) which was included in line 3	, less any income	subject to a pen	alty under section	72(m)(5) 12	
13 Total (add lines 11 and 12) .					1525
14 Tax on amount on line 13				14	2/9
•		• • • • •	15 2	19	
15 Tax on amount on line 11	• • • • • •		16	0 —	
16 Tax on amount on line 9			17 2	19	
17 Difference (line 15 less line 16)				871
18 Multiply the amount on line 17	by 4		· • • • • •	18	1088
19 Total (add lines 14 and 18) .				19	1015
20 Tax on income subject to the pe 21 Tax (add lines 19 and 20). Enter Form 1040, line 16	r here and on For	m 1040, line 16. A	was included in li Iso check Schedule	ne 3	1095

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 \$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 figuring social security benefits. Social security number NAME OF SELF-EMPLOYED PERSON (AS SHOWN_ON SOCIAL SECURITY CARD) of self-employed person 322 12 799 Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) O If you have only farm income complete Parts I and III. 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. Page 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. 1 REGULAR METHOD—Net profit or (loss) from: (a) Schedule F, line 54 (cash method), or line 74 (accrual method) . 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), 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 Page Computation of Net Earnings from NONFARM Self-Employment 5 REGULAR METHOD—Net profit or (loss) from: 4948 (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 [(d) Service with a foreign government or international organization . (e) Other (director's fees, etc.). Specify ▶.... 6 Total (add lines 5(a), 5(b), 5(c), 5(d), and 5(e)) . . 7 Enter other adjustments (attach statement) . 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 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: 1970, 1971, and 1972. The nonfarm optional method can only be used for 5 taxable years. 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), 5(d), and 5(e), as adjusted by line 7. 9 NONFARM OPTIONAL METHOD: \$1,600 00 (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

T	Computation of Social Security Self-Employment Tax	·	
12	Net earnings or (loss):		
	(a) From farming (from line 4)	110.10	
	(b) From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)	9978	
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.)	4948	
14	The largest amount of combined wages and self-employment earnings sub-		
	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)		
	10 8000		
16	Balance (subtract line 15(c) from line 14)		
17	Self-employment income—line 13 or 16, whichever is smaller	4948	
		396	
	If line 17 is \$10,800, enter \$864.00; if less, multiply the amount on line 17 by .08 Railroad employee's and railroad employee representative's adjustment for hospital insurance bene-		
13	fits tax from Form 4469		
		396	
20	Self-employment tax (subtract line 19 from line 18). Enter here and on Form 1040, line 55	10	

You may use this space to make any needed computations

Supplemental Schedule of Gains and Losses

Sales, Exchanges and Involuntary Conversions under Sections 1231, 1245, 1250, etc. partment of the Treasury To be filed with Form 1040, 1041, 1065, 1120, etc.—See Instruction A Internal Revenue Service Identifying number as shown on page 1 DAMUE Sales or Exchanges of Property Used in Trade or Business and/or Involuntary Conversions Patell (Section 1231) -Involuntary Conversions Due to Casualty and Theft (See Instruction D) SECTION A .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) e. Depreciation ala, Kind of property (if necessary, attach statement of descriptive details not shown below) d. Gross sales b. Date acquired (mo., day, yr.) c. Date sold owed (or allowable) since acquisition (mo., day, yr.) Combine the amounts on line 1, enter here and also on the appropriate line as follows For all returns, except partnership returns: (1) If line 2 is zero or a gain, enter such amount in column g, line 3. (2) If line 2 is a loss, enter the loss on line 5 (b) For partnership returns: Enter the amount shown on line 2, on line 6, Schedule K (Form 1065). -Sales or Exchanges of Property Used in Trade or Business and Certain Involuntary Conversions (Not Reportable in Section A) (See Instruction D) Combine the amounts on line 3, enter here and also on the appropriate line as follows (a) For all returns, except partnership returns: (1) If line 4 is a gain, enter such gain as a long-term capital gain on the Schedule D (Form 1040, 1120, etc.) that is being filed-see instruction D. If line 4 is zero or a loss, enter such amount on line 6. For partnership returns: Enter the amount shown on line 4, on line 7, Schedule K (Form 1065). Ordinary Gains and Losses · Partill · f. Cost or other basis, cost of subsequent improvements and expense of sale e. Depreciation al-lowed (or allowable) since acquisition a. Kind of property and how acquired (If necessary, attach statement of de-scriptive details not shown below) g. Gain or (loss) (d plus e less f) o. Date acquired (mo., day, yr.) c. Date sold d. Gross sales (mo., day, yr.) 5 Amount, if any, from line 2(a)(2) 6 Amount, if any, from line 4(a)(2) Gain, if any, from line 21 9 Combine lines 5 through 8, enter here and also on the appropriate line as follows.

(a) For all returns, except individual returns: Enter the gain or (loss) shown on line 9, on the line provided for on the return (Form 1120, etc.) being filed—see instruction E, for specific line reference.

(b) For individual returns:

(1) If the gain or (loss) on line 9, includes losses which are to be treated as an itemized deduction on Schedule A (Form 1040) (see instruction E), enter the total of such loss(es) here and include on line 29, Schedule A (Form 1040)—identify as loss from line 9(b)(1), Form 4797.

(2) Redetermine the gain or (loss) on line 9, excluding the loss (if any) entered on line 9(b)(1). Enter here and on line 30, Form 1040

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 partnership. Pani 00

10	O Description of sections 1245, 1250,		roperty:		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
	(A) SNACK BA	7 R.				8/13/73
	(B)					
	(C)					
	(D)					1
	(E)			·		
_	Correlate lines 10(A) through 10(E) with these columns ▶ ▷ ▷ ▷	Property (A)	Property (B)	Property (C)	Property (D)	Property (E)
11	1 Gross sales price	28000 -				
12	2 Cost or other basis and expense of sale	28138-				,
13	3 Depreciation allowed (or allowable)	12386 -			-,	
14	4 Adjusted basis, line 12 less line 13	15752				
	5 Total gain, subtract line 14 from line 11 .	12248.				
16	6 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	:			-2
17	7 If section 1250 property: (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) (h) Add line 17(d) and line 17(g) 					·
10	8 If section 1251 property:		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
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)					
	(d) Enter line 18(b) or line 18(c), whichever is smaller					
19	9 If section 1252 property: (a) Enter soil, water, and land clearing expenses made after 12/31/69	 -		-		
	(b) Enter amount from line 18(d), if any; otherwise, enter a zero .	·				· <u>-</u>
	(c) Enter excess, if any, of line 19(a) over line 19(b)					· · · · · · · · · · · · · · · · · · ·
	(d) Line 19(c) times applicable percentage (see instruction F.5)		·.			
	(e) Line 15 less line 19(b)(f) Enter smaller of line 19(d) or line 19(e)					•
Su	ummary of Part III Gains (Complete	Property colum	ins (A) throug	h (E) up to line	19(f), before go	ing to line 20)
21	Total of Property columns (A) through Total of Property columns (A) through	(E), lines 16(b),	17(h), 18(d), an		and on line 7.	12248
	2 Subtract line 21 from line 20. Enter he					-0-

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 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 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		
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_	
Enter gain from line 13, Schedule D (Form 1040) for 1972; however, if such line is blank or shows a loss, enter a zero		
Reduce loss, if any, on line 1 to extent of gain, if any, on line 2	3	
•	4	
Enter amount from line 36, Form 1040 for 1972	5	
Enter smaller of amount on line 3 or line 4	<u> </u>	
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 havinging after 1969. Enter this amount on line 4(b), Schedule D (Form 1040) for 1973.	6 t is at	tributable to ye
Section B.—Long-term Capital Loss Carryover 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 ye
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 ye
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.	t is at	tributable to ye
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 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction). Benter 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	t is at	tributable to ye
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 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction) . Benter 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	7 8	tributable to ye
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 Line 4 less line 5 (unless you checked the block on line 1, and followed the line 1 instruction). Benter 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	7 8 9	tributable to ye

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		
_	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	
2	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		
	Effet Smaller of amount of line 4 of line 3		
	Efficiences of gain of time 4 over amount of time o		
8	Enter loss from line 12(a), Schedule D (Form 1040) for 1972; otherwise,		
	enter a zero		
9	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	
13	Pre-1970 short-term capital loss (enter smaller of amount on line 3 or on line 12)	13	
	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
	10	l	
15		[. (
	Enter loss, if any, from line 13 above		()
7 ~	Enter loss, if any, non-mic 25 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 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		
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	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.		
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,		
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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, 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		V3322
17 18 19 20 21 22	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	(13322
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 13, Schedule D (Form 1040) for 1972. Otherwise, enter loss, if any, from line 13, Schedule D (Form 1040) for 1972.	20	(3322
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 2	20	(13322
17 18 19 20 21 22 23 24	Enter loss deducted on line 36, 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 2	20	(13322

SAMUEL & PHYLLIS: RUBY
322-12-79

DEDUCTION SCHEDULE

	•	DEDUCTION	SCHEDULE		·
MEDICAL	FEDERAL	STATE	CONTRIBUTIONS	FEDERAL	STATE
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		
DR.					
DR.					
DR.		<u> </u>			
, DR.		<u></u>			
		<u> </u>	OTHER THAN CASH CARRY OVER FROM PRIOR YRS.		
				150	150
PROSTHETIC APPLIANCES			24 TOTAL CONTRIBUTIONS CASUALTY OR THEFT LOSS(ES)		
HEARING AID		 	The state of the s		
HOSPITAL		 	LOSS BEFORE ADJUSTMENT INSURANCE REIMBURSEMENT		
			\$100 LIMITATION (PER CASUALTY)		
AMBULANCE		 	\$100 ENRITATION (FER GROOTE LT)		
LABORATORIES TO A LABORATORIES	7.6		29 TOT. CAS. OR THEFT LOSS		
TRAVEL FOR MED. 1000	60	 	MISCELLANEOUS DEDUCTIONS	<u> </u>	
		 	INCOME TAX PREPARATION		: 1
MEDICARE INS.		 	UNION/PROFESSIONAL DUES		
GLASSES	1265	1265	UNIFORMS/PROTEC. CLOTHING		
MEDICAL EXPENSES	1600	7 - 5	SMALL TOOLS AND SUPPLIES		
LESS REIMBURSED BY INS. LESS 3% ADJ. GROSS INC.	496	499	LAUNDRY AND CLEANING		
EESS 3% ADS. divoso into.	769	1 3/6	AUTO USE DAMAGE		
+: ½ (TO \$150) OF H & A INS.	150	130	ALIMONY (SCHEDULE)		()
10 TOTAL MEDICAL DED.	919	916	INVEST.COUNSEL & PUBS.(SCHED)		
TAXES			EMPLOYMENT AGENCY FEES		
REAL ESTATE	601		SAFE DEPOSIT BOX	,	**!
STATE & LOCAL GASOLINE	105		TEL. REQ. IN BUSINESS		
GENERAL SALES TAX	2/8		CHILD & DEP. CARE (Form 2441)		
STATE & LOCAL INCOME	0	X X X X X ^y			
PERSONAL PROPERTY			·		· · · · · · · · · · · · · · · · · · ·
PERSONAL PROPERTY AUTO	3		N 14.		
STATE DISABILITY INS.	9	^	8		
SALES TAX AUTO	,		34 TOTAL MISC. DED.	Y .	
				1,11	
			SUMMARY OF ITEMIZED DEDUCT.	FEDERAL	STATE
<u> </u>		(1) 2 21	35 TOT. DEDUCTIBLE MEDICAL & DENTAL	TEDERAL	
17 TOTAL TAXES	927	92-7	35 EXPENSES (FROM LINE 10)		
INTEREST (TO WHOM PAID)	7000		37 TOTAL INTEREST (Line 20)		1 .
MORTGAGE	2570		38 TOTAL CONTR. (Line 24)		
SBB	22	+	39 CAS.& THEFT LOSS(ES) (Line 29)		
THE STATE OF THE S		 	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)		1000
INSTALLMENT LOANS	100	+	DEDUCTIONS (FROM LINE 34)	 	
ISTTHRIFT	15,7	-	The state of the s	!	····
BAYAREA	352	+	41 TOTAL ITEMIZED DEDUCTIONS DENTER ON FORM 1040 LINE 45	-5/65	5169
MERRILLLYNCH		 	REMARKS		
WEISVOISIN	9,	 	WEINING THE STATE OF THE STATE	o 2	
	 	+ +	(Au		
N. C. C. C. C. C. C. C. C. C. C. C. C. C.	 	+	200		
20 TOTAL INTEREST	3169.	3/69	·		,
20 TOTAL INTEREST ▶	1.1.9 T.1.				

	•		10	,	0 0	
NAME	CA	MUEL	LIH	YLLIS	Ru By	
					SOC. SEC. N	0

SOC. SEC.	NO.	VEAD END	LNG
* ADDRESS	r I SCAL	YEAR END	ING
322-12-799)	. 10	
322-16-111		19	
	ON DUCKNESS OF PROFESSION		
SCHEDULE OF PROFIT (OR LOSS) FRO	JW BOZINEZZ OK EKOLEZZION		
PRINCIPAL BUSINESS ACTIVITY			
BUSINESS NAME	EMPLOYERS NO.		
BUSINESS ADDRESS		09/2/	
TOTAL RECEIPTS		33636	
INVENTORY AT BEGINNING OF YEAR	800		
MERCHANDISE PURCHASED	19336		
LABOR			,
		[
TOTAL	20136		
INVENTORY AT END OF YEAR		20136	
GROSS PROFIT		13500	:_
		<u> </u>	
		ļ	
GROSS INCOME	·	13500	
OTHER BUSINESS DED	UCTIONS		
ADVERTISING	15 1		
AUTO AND TRUCK EXPENSE	550.		
BAD DEBTS			
CASH SHORT			
, COMMISSIONS		4.77 (2.1	
DELIVERY			
DEPRECIATION (SCHEDULE ATTACHED)	2,000		
DUES AND SUBSCRIPTIONS			(?
ENTERTAINMENT AND PROMOTIONAL			
INSURANCE	257		, * i
INTEREST	120	157	
JANITOR SERVICE			
LAUNDRY			
LEGAL AND ACCOUNTING	600		1
MAINTENANCE	·		
OFFICE SUPPLIES AND EXPENSE	53		
RENT	1660		
REPAIRS			,
SALARIES AND WAGES	2487		
SALARIES OFFICERS			
SUPPLIES		{ ·	
TAXES AND LICENSES	192		
TAXES - PAYROLL	480		
TELEPHONE	91		
TRAVEL	·		
UTILITIES			
SALES TAXINCLUDEP	511.		
			,
		18552	
NET PROFITE OR (LOSS) - FEDERAL RETURN		4948	
A Company of the Comp			
188 Acres 1984 Acres 1			l

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

SCHEDULE

			EDUIPMENT NOTO COVENER HOLD MP.	HOO YN OTHER BASIS HOO YN OTHER BASIS HOOD JOOD HODD HOOD JOOD JOOD JOOD JOOD JOOD JOOD JOOD	SPEC 20% DEP	DEPRECIABLE BASIS 10 0 B D 20 D D 30 D D Add 20% Addi	DEP ALLOWED PRIOR YEARS 6000 1386 10386 tional Depreciation	REMAINING COST COST NO ON ON Items P	S.L. S.L. S.L. Urchased T	
DATE COST OR SPEC 20% DEPRECIABLE DEP ALLOWED REMAINING METHOD DO DWILL 4/70 /0000 DEP DUI PROPERTY WO YR OTHERBASIS DEPRECIABLE DEP ALLOWED REMAINING METHOD DATE OF DWILL 1/70 /0000 DEP DATE OF ALLOWED REMAINING METHOD DEPRECIABLE DEP ALLOWED REMAINING METHOD DEPRECIABLE DEP ALLOWED REMAINING METHOD SOUTH PRIOR YEARS COST DEPRECIABLE DEP ALLOWED REMAINING METHOD SOUTH PRIOR YEARS COST DEPRECIABLE DEP ALLOWED REMAINING METHOD SOUTH PRIOR YEARS COST DEPRECIABLE DEP ALLOWED REMAINING METHOD SOUTH PRIOR YEARS COST	COMPETE ACCUIRED ACCUIRE	CONPERTY ACQUIRED OF PROPERTY ACQUIRED ACQUIRED ALLOWED REMAINING METHOD OF PROPERTY AND ACQUIRED OF ALLOWED REMAINING METHOD OF PROPERTY AND ACQUIRED OF ALLOWED REMAINING METHOD OF ALLOWED REMAIN			SCHEDULE OF DE	DEPRECIATION / AM	AMORTIZATION			
QUIPMENT 470 10000 -0- 10000 5000 5000 5000 5000 50	QUIENENT NOTTO 4/70 10000 -0- 10000 6000 3000 2000 S.C. COMPETE COMPETE ASEHOLD IMP. 4/20 3000 3000 1386 1614 S.L.	DUILL 4/70 1000 -0- 10000 6000 4000 SL. QUILLENT NOTTO 4/70 50000 5000 3000 2000 51.C. COMPETE STOOM 30000 1386 1614 51.C.	KIND OF PROPERTY		SPEC 20%	DEPRECIABI BASIS		REMAINING COST	METHOD	RATE(%) OR LIFE (YRS)
DUILLENE WIT WITTO WITTO WITTO WITTO SORD SORD SORD LORD S.C.	COMPETE 4/70 10000 10000 10000 10000 10000 SC.	QUIPMENT WITTO 4/70 SODD SODD SODD SODD SODD SODD SODD SOD		170		-0-				
COMPETE Yho 3000 3000 3000 1386 1614 S.L.	WENENT NOTTO 4/70 SODD SODD 2000 S.C. S COMPETE SODD 3000 1386 1614 S.C. S	WENENT NOTTO 4/70 SODD SODD SODD 2000 S.L. S COMPETE ASEHOLD IMP. Yho 30DD 30DD 1386 1614 S.L.	1 1			90001	6000	400 P	51.	SYR
1MP. 4/20 SODD 3000 3000 7.C.	1 Mb 3000 2000 3000 3000 3000 3000 3000 300	MAL 4120 2000 adds 74/10 3000 3000 2.7. 2								
1MP 4h0 3000 3000 3000 1386 1614 S.L.	1MP. 4h0 3000 3000 1386 1614 S.L.	1MP 4ho 3000 3000 1386 1614 S.L.				4005	3000	2000	ز	SYR
1MP 4/2000 3000 3000 1386 1614 S.L.	1MP 4h0 3000 3000 3000 1386 1614 S.L.	1MP. 4ho 3000 3000 1386 1614 S.L.								
						2000	7,700		Ç	
							16386			
28001	28001	28001		2		Add 20% Addi	tional Depreciation	on Items P	urchased T	A SIH.
280VI) Add 20% Addition	28000	28000						3	יאר סרססי	TOTAL PERFECUATION TIME VEAD



TAXABLE YEAR

13717 VANOWEN STREET <u>VAN NUYS, CA. 91403</u> 257-34-8729

i l	war 1 December 21 1072 or other	taxable year beginning	1973. ending	, 19.
		LAST NAME	Your Social	l Security Number
FIRST NA	ME(S) AND INITIAL(S)		322 /	> 799
	SAMUELLEHYLL HOME ADDRESS (Number and street, incl	IS KUBY.		ial Security Numb
PRESENT			349 /	8 142
		HERJF	I I Vanna Che	0 10 200
l /	VN OR POST OFFICE, STATE AND ZIP C	. / // / /	OCCU- PATION Spouse's H W	
	CANADA TIL			`
Status - C	Check Only One	1 ⁻	3 checked, enter \$25	
] Single	10 A 15	6. Personal Exemption: If line 2, 4		6 20
🙏 Married 1	filing joint return	7. Dependents - Do not list person who	•	
] Married	filing separate return—Enter spouse's full	Name (include last name and/or address if		
name			I - FRED	
]⊹ Head of	Household—Enter name of qualifying	ELISA	3 v 00	
individua	1		Total Number ► X \$8	1 / /
] - Widow(ei	r) with dependent child. Enter year spouse	8. Blind (refer to instructions) Number	of blind exemptions ► X \$8	8 7
died 19_		9. Total exemption credits (add lines	6, 7 and 8) Enter here and on line 20 below	1. 9 7.9
In a comme		/Attach copy 2 of Form(s) W-2 to front,	
Income		yee compensation ∖if unavailable, attach ∈	explanation /	a,
		Capital gain dividends must be include		345
		ility of federal, state and municipal bo		
	· ·	and interest (from line 50)		6/96
	14. Total (add lines 10, 11, 12 and 13)			6633
e geter :	15. "Adjustments to income (from line 5	i6)		1100
	16. Adjusted gross income (subtract line	15 from line 14)		6633
	 If you do NOT itemize deductions Al 	ND line 16 is under 10,000, find tax in Tax	Table and enter on line 19.	
¥1	The second secon			
		6 is \$10,000 or more, complete lines 17 a	• 1	5162
		OR Standard (\$1,000 if line 1 or 3 check	16α—φ2,000 11 line 2, 4 of 0 of occupant	111000
1,,,,,	18. Taxable income (subtract line 1/ fro	om line 16) Compute tax from Tax Rate Sc	hedule—Enter tax on line 19 18	1771
·		Cohodulo	G or □ Schedule G-1	249
		ed, check appropriate box Schedule	a, or schedule 2.	74
	20. Total exemption credits (from line 9		1 - [175
VALLE	the second of th	line 19—if line 20 is greater than line	15, enter zero,	
_	22. Other credits (from line 66)	of it lies on is must be then line of the		125
	23. Net tax (subtract line 22 from line	21—if line 22 is greater than line 21, ei	AL.	53
Credits	24. Special tax credit—from line /5 (see Instructions, page 2, for allowable	18 4	122
	25. Net lax liability (subtract line 24 ti	rom line 23—if line 24 is greater than li	26	
	26. Tax on preference income (see insti	the state of the s	27	172
·	27. Total tax liability (add lines 25 an	u 20/	- 1	100
1,	28. Renter's credit—if you lived in ren	ited property on March 1, 1973, complete	Pårt I on page 228	
Your	29. Total California income tax withhel	d (attach Form(s) W-2 or W-2P to face	of return)	
Pre-		nents (include amount allowable as a cree		:
payment		(attach Form DE 1964 to face of return)		
Credits		s 28 through 31)		-0-
				117
. ,	33. If line 27 is equal to or larger than	line 32, enter amount of BALANCE DUE		mad with in there
Balance		Franchise Tax Board, Sacramento, CA 958	12/11	not write in these
Due	34. If line 32 is larger than line 27,	enter amount OVERPAID	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Balance Due .or	Mail return to: Franchise Tax Board,	P.O. Box 13-540, Sacramento, CA 95813	nd)	
Refund	35. Amount of line 34 to be REFUNDED). (allow at least six weeks for your refu	11U/ · · · · · 35	1 4
1		on your 1974 estimated tax		• •
Under penal	ties of perjury, I declare that I have examined th	is return, including accompanying schedules and sta on other than taxpayer, his declaration is based on	atements, and to the best of my knowledge and	
belief it is	true, correct and complete. If prepared by a person	on other than taxpayer, his declaration is based on	ari intermetion of white he has any shortester.	
SIGN r	>	Date	Preparer's signature (other than taxpayer)	Date
	Your signature	Date	1 tohara atailaran dama man mahatai	1 AV 00

PART 1 - Renter's Credit - All questions must be answered	See	Instructions	, Page 2, fc	or Allowable Credit
37. Did you, on March 1, 1973, live in rented property which was your principal residence?	☐ Yes	No	If no, you may	not claim this credit
38. Was the property you rented exempt from property tax?	☐ Yes	□No		not claim this credit
39. Did you live with any other person who claimed you as a dependent for income tax purposes?	Yes	□ No	•	not claim this credit
40. Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?	☐ Yes	No	•	e 2 of instructions
PART II - Other Income				
41. Business income (or loss) (attach Schedule C(540))			41	4948
42. Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))			42	(1000)
43. Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))				12248
44. Pensions and annuities . \			1	
45. Rents and royalties			45	
46. Partnerships Schedule E Form (540)			46	
47. Estates and trusts) L To milk (375)			47	
48. Farm income (or loss) (attach Schedule F(540))	. , .		48	
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	. (a)			
Miscel (b) Alimony	. (b)			
49. laneous income (c) Other (state nature and source)	, (c)	**		
Enter total of lines 49(a), (b) and (c)				
50. Total (add lines 41 through 49). Enter here and on line 13			50	16196
PART III - Adjustments to Income	· · · · · · · · · · · · · · · · · · ·			
51. "Sick pay", if included in line 10 (see instructions—attach statement)			51	
52. Moving expenses (see instructions—attach statement)		•		
53. Employee business expenses (see instructions—attach statement)			:1 .	
54. Military exclusion (see instructions)				
55. Payment as a self-employed person to a retirement plan, etc.			55	
56. Total adjustments (add lines 51 through 55). Enter here and on line 15				
ON SEPARATE RETURNS OF MARRIED TAXPAYERS, BOTH MU	ICT ITEM	1175	<u></u>	
PART IV - Itemized Deductions - DEDUCTIONS OR BOTH MUST TAKE THE STANDARD DEDUCTION			· · ·	
• Attach Schedule A(540) and enter sub-totals on lines 57 through 62, below		•		2110
.57. Total deductible medical and dental expenses (from Schedule A(540), line 10)			57	7/8
58. Total child adoption expenses (from Schedule A(540), line 13)			58	
59. Total taxes (from Schedule A(540), line 21)	: • • :		59	74-7
60. Total interest expense (from Schedule A(540), line 25)			. 60	3169
61. Total contributions (from Schedule A(540), line 29)			['-]	150
62. Totals miscellaneous deductions (from Schedule A(540), line 40)			· 1 · .1	
63. Total itemized deductions (add lines 57 through 62). Enter here and on line 17			63	5162
PART V - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW			or the state of th	
64. "Other State" net income tax credit (attach copy of other state return and Schedule S(540))			64	
65. Retirement income credit (attach Schedule R(540))			65	
66. Total (add lines 64 and 65). Enter here and on line 22			66	
PART 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), complete	all lines below.
67. Taxable income from line 18 (or line 16 if Tax Table used)	u oompie		67	
68. Amount of gain or loss (if any) entered on Schedule D(540), line 14				
69. Amount of gain or loss (if any) entered on Schedule D(540), line 15	. 69		,	
70. Combine lines 68 and 69 and enter total here. If zero or a loss, enter zero			70	-0-
71. Adjusted taxable income (subtract line 70 from line 67)				
72. Adjusted tax (use same method as used for determining tax on line 19)				
73. Add lines 20 and 22, and enter total here			P 1	
74. Adjusted net tax (subtract line 73 from line 72)				175
75. Special tax credit—Determine allowable credit using Table on page 2 of instructions. Enter here a				53





ITEMIZED DEDUCTIONS

Attach to Form 540

19 <u>73</u>

								7
lame as shown on	Form 540		• ()	D		•	D	
· · · · · · · · · · · · · · · · · · ·		-	y .	F.	11	415	RIA	Q V
7	AMIU	EL		THI	4 1-	the first	1 0	<i>P //</i>

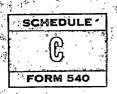
Social Security Number

322 /2 7977

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.

dical and dental expenses (not compensated by insurance	e or otherwise) for	Interest Expense	
medicine and drugs, doctors, de tal care, insurance premiums f	or medical care etc.	22. Home mortgage	
tal care, insurance promisins t	or medical care, etc.	23. Installment purchases	
One half (but not more than \$150) of insurance	100	24. Other (itemize)	
premiums for medical care		21. Otto ((Cont.))	
Medicine and drugs			
. Enter 1% of adjusted gross income shown on Form	*.		
540.	·		
Subtract line 3 from line 2. Enter difference (if line	,	3 C H	
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
Enter balance of insurance premiums for medical care not entered on line 1	475	Contributions	
. Other medical and dental expenses:	72.4	26. Cash contributions for which you have receipts, can-	
(a) Doctors, dentists, etc.	730	celed checks, etc.	150
(b) Hospitals		27. Other cash contributions. List donees and amounts	
(c) Other (itemize)	60	7	
1			:
. 12.00			
Table (Add Care A. E. Co. b. and c)	12-65		
Total—(Add lines 4, 5, 6a, b, and c)			
I. Enter 3% of adjusted gross income shown on	499		
Form 540		28. Other than cash.—See instructions for required	
. Subtract line 8 from line 7. Enter difference (if	766	statement	
line 8 is greater than line 7, enter zero)		29. Total—(Add lines 26, 27 and 28. Maximum deduction	150
. Total—(Add lines 1 and 9. Enter here and on Form 540, page 2)	9/6	may not exceed 20 % of adjusted gross income. Enter here and on Form 540, page 2)	100
nild Adoption Expense		Miscellaneous Deductions	
		Casualty or Theft Loss(es)—See Instructions	
I. Total expenses paid or incurred—Attach itemized		NOTE: If you had more than one loss, omit lines 30 through 34 and follow instructions for guidance.	
		30. Loss before insurance reimbursement	
2. Enter 3% of adjusted gross income shown on Form 540		31. Insurance reimbursement	
	·	32. Subtract line 31 from line 30. Enter difference (if	
3. Subtract line 12 from line 11—See instructions	-0-	line 31 is greater than line 30, enter zero)	
for maximum limitations. (Enter here and on Form 540, page 2)	•	33. Enter \$100 or amount on line 32, whichever is	
0.01 2000 2		smaller	
axes (See tables on reverse)		34. Casualty or theft loss (line 32 less line 33)	
		35. Alimony paid	·
4. Real estate		36. Child care—See instructions	
5. State and local gasoline	i . I	37. Union dues	1 1
6. General sales	}	38. Employment education expense—See instructions .	
7. Auto license—Excess of registration and weight fees		39. Other—See instructions (itemize)	.
(see instructions)		33. Guiei—See histactions (termize)	
8. Personal property			
9. State disability insurance (SDI)—Employer private			1 . 1
disability plans do not qualify			
0. Other			
			
1. Total taxes—(Add lines 14 through 20. Enter here	020	40. Total—Add lines 34, 35, 36, 37, 38 and 39. (Enter	***
and on Form 540, page 2)	961.	here and on Form 540, page 2) ▶	





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

TAXABLE

19 73

YEAR

Attach this schedulo to your income tax roturn, Form 540 or 540NR — Partnership	ps, joint ventures,	Social Securi	
Name as shown on Form 540 or 540NB SAMMEL PHYLLIS RUBY		322 /2	
	FOOL	9	• .
A. Principal business activity NACK BAR; product (See Instructions for "Item A.") (For example: retail-hardware; wholesale-tobacco; services-legal;			
(See Instructions for "Item A.") B. Business name WACK BAR C. Federal employer identification. B. Business address. S. YIB VAN NUYS BLVD — VAN NU	cation number	12	•
D. Business address SY18 VAN NUJS BLUU - VAN NUA	y a ca	7.12	(ZIP code)
E. Indicate method of accounting: accrual; other. F. Were Forms 591, 592, 596 and 599, for the calendar year filed (if required)? Yes	No	· · · · · · · · · · · · · · · · · · ·	
6 Method of inventory valuation > COD/			
Was there any substantial change in the manner of determining quantities, costs, or valuations bet	ween the openin	ig and closing	inventories?
YES NO. If "Yes," attach explanation.			
IMPORTANT—All applicable lines and schedules must be filled in.		£*	,
1 Gross receipts or sales \$ Less returns and allowances \$	_ Balance 🗁		
2 Less: Cost of goods sold (Schedule C-1, line 29) and/or operations (attach schedule)			
2 Less: Cost of goods sold (Schedule C-1, line 29) and/or operations (attach schedule)			
5 TOTAL income (add lines 3 and 4)			. 6
6 Depreciation (explain in Schedule C-3)		ļ	
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 24, Schedule C-1 (exclude any paid to yourself)			
11 Insurance			
13 Commissions		*.	
196 A martine (attach statement)			
15 (a) Pension and profit-sharing plans (see Instructions for line 15(a))			
(b) Employee benefit programs (see Instructions for line 15(b))			
16 Interest on business indebtedness			
18 Depletion			
19 Other business expenses (specify):	•		•
(a)			
(b)		† ·.	· · ·
(c)		1	
(d) (e) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d]	
(e) <u>************************************</u>			
(a)		· .	
(h) Total other business expenses (add lines 19(a) through 19(g))			
20 Total deductions (add lines 6 through 19)	DULE	<u> </u>	
21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 o	r Form 540NR	49	18
SCHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions for line 2)		·	,
22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation	ation)		
23 Purchases \$ Less cost of items withdrawn for personal use \$	Balance ▷		
24 Cost of labor (do not include salary paid to yourself)			
25 Materials and supplies		all bus	
26 Other costs (attach schedule)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de alliforie.	
27 Total of lines 22 through 26		1. NGW	
28 Less: Inventory at end of year	1 1/18		
VV _{6.88.3.26.31} DocId:32245535 Page 129		<u>Ne</u>	
riggeringsprotein, seemsson i age ies		• •	

Schedule C (Fo	orm 540) (Rev. 1973)	·		۴				<u>;</u> ;		Page 2
SCHEDULE C	-2. Explanation of	Lines 7 an	d 9					•		
Line No.	Explanation		Ar	nount	Line No.		Explanation	· · ·	Amoun	nt
			\$	i 					\$	
		· · · · · · · · · · · · · · · · · · ·				1		· · · · · · · · · · · · · · · · · · ·		,
						·				
	·•;									
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		,-,,								
						-				÷
				•••••		-	;;			
• • • • • • • • • • • • • • • • • • • •			}							
placed in se detailed sta	sset Guideline Classervice. If this metho tement of depreciations and guideline classes escription of property	d is used, ion compu	do NO tation.	o. Cost or	Lower	Limit or Depreciation led or allowable	e. Method	Limit (ADR	Ranges.	Attac
		acquir		other basis	ir	prior years	depreciatio	n rate	this year	
	onal first-year depreciat			items belo	w)	200000000000000000000000000000000000000		>		
	eline Class System (See	Note abov	'e)							
Other depre					1,1,11,11		***************************************			•
Buildings .	nd fixtures									
	ion equipment.		·							
•	and other equipment									
Other (spec	ify)					•••••	····			- p`
·	:									. ?
		·								
			- 							
	······································									
	· · · · · · · · · · · · · · · · · · ·		,				· · · · · · · · · · · · · · · · · · ·		* **	
			<u>L</u>		<u>.</u>			• • • •		
	int of depreciation claim									
Balance—E	nter here and on page 1	, line 6	• •			· · · ·		• • • •		
Summary	Straight line	Declining	g balance		n of the rs-digits	Units of product		Other (specify)	Total	
7 Line 2, abo	ove .									
Other		•						·	200	<u>ව</u>
		a Informat	ion (S	ee Schedul	a C Instru	ctions for S	hedule C-4)			
CHEDULE C				Jee Schedor	Nar		· · · · · · · · · · · · · · · · · · ·		Salaries and	Wagoo
nter informat	ion with regard to yours mployees. In determining	elt and your	r tive			•		pense Account	000000000000000000000000000000000000000	mages
ngnest pala e aid employe	es, expense account all	owances mus	st be	Owner		, .				**************************************
idded to their	r salaries and wages. Ho	owever, the i	nfor-							
nátion need	not be submitted for a mbined amount is less	ny employee	e tor						Ţ.	
vnom me cor or vourself i	f your expense accoun	t allowance	plus	1 .						
	1 is less than \$10,000.		•	5						
id you claim	a deduction for expense	s connected	with:	L						<u> </u>
•	nent facility (boat, resort,			((3) Employ			ns or meetings	?	
	ommodations (except em	ployees on b	usiness)?	. (vee or family Ves 🎇 N		ot reported on	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.

and gain	s (but not losses) o	on personal asse	ts such as a home	or jewelry.	
Name as shown on Form 540 or 540NR		1		3.6	Social Security Number
SAMUEL SPH	YLLIS	Nus	J.	<u> </u>	22 12 7897
PART 1—Assets Held One Year or	Less				
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.)
140D INTERRECTIFI 100 LEVITZ 100 POTTER INST	ER 1/17/73 10/11/72 3/19/73	4/3/73	3218 1281 348	3729 2797 695	(516) (347)
100 ESSEX INT	4/3/73	6/29/73	1392	1759	(367)
			,		:
 Enter gain (or loss), if applicable, from Enter your share of net gain or loss f Net gain or loss, combine lines 1, 2 	rom partnerships o	and fiduciaries .			(2741)
PART II—Assets Held More Than Or	ne Year But Not	More Than Fi	ive Years		*:
5.					
				-	
4	,				
· · · · · · · · · · · · · · · · · · ·		`			
					, , ,
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			
PART III—Assets Held More Than Fi	ive Years				<u> </u>
9.					
`					
, <u></u>					
·		·			
10. Enter gain (or loss), if applicable, from11. Enter your share of gain or loss from12. Net gain or loss, combine lines 9, 10	partnerships and f	îduciaries			
PART IV—Summary of Capital Gair	ns and Losses				· · · · · · · · · · · · · · · · · · ·
13. Enter amount from line 4				67411	
14. Enter 65% of the amount on line 8					
15. Enter 50% of the amount on line 1216. Enter unused capital loss carryover from	1972 LOSS	· /4.322.	- 1000 ·	(13322)	
17. Combine the amounts shown on lines 1					(16063)
18. If line 17 shows a gain, enter here and					
19. If line 17 shows a loss, enter here and (a) amount on line 17;				lest of:	
(b) the taxable income for the taxable of capital assets; or					(
(c) \$1,000 (\$500 in the case of a hu	sband or wife filir	ng a separate re	eturn)		(1000)

SCHEDULE

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

SAMUEL LIGHTLIS RUBY

Identifying number as shown on return

322-12-7997

PART I	Gain	From	Disposition	of Propo	erty Under	Sections	18211,	18212-18,	18219, 1	8220		
											•	
								٠.				
lines 9	and 10	should	be omitted if	there are	no disposition	s of farm	property	or farm land	d: or, if thi	is form is fil	led by a	partnership

٦.	Description of Sections 18211, 18212-18, 18219, and 18220 prop	perty.	• *	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A	SNACK BAR			4/70	8/13/73
(B))		· 		
(C)					
(D)		r			
	Correlate lines 1(A) through 1(D) with these columns	Property (A)	Property (B)	Property (C)	Property (D)
	Gross sales price	28000 -	,		
	Cost or other basis and expense of sale	28138-			
	Depreciation allowed (or allowable)	12386-	·÷;; ;, -,;		
	Adjusted basis, line 3 less line 4	15752-			
	Total gain, subtract line 5 from line 2	12248.			
/.	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		, . 		(-4
	(c) Enter line 6 or line 8(b), whichever is smaller			-	
	(d) Line 8(c) times applicable percentage (Instruction D-4)			; ;	
	(e) Enter excess, if any, of line 6 over line 8(b)	ļ			
	(f) Enter line 8(a) or line 8(e), whichever is smaller	}			
	(g) Line 8(f) times applicable percentage (Instruction D-4) (h) Add line 8(d) and line 8(g)				<u> </u>
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)	·		†	1
	(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)	ļ			
. "	(e) Line 6 less line 10(b)		· 		
	(f) Enter smaller of line 10(d) or line 10(e)	shrough (D)	to line 10/6\	hoforo -cir-	he line 11)
	Enter amounts from line 6	122 48	TO LINE TO(Y)	netore going	Line II)
	Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	12248	·		
	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. Enter here	and on line 24,	Part III		12248-
_					

chedule D-1(540)			*		me · ·	Page
ART II Sales or Exchange	es of Propert	y Used in Tr	ade or Busine	ss and/or Involu	ntary Conversions	
(Section 1818)			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.)
•						
·····					· 	
·						
(b) For partnership returns:	partnership retuable Section Berter gain(s)	orns: (1) If line -1, B-2 or B-3; and loss(es) in	e 16 is zero or ; (2) If line 16 n Schedule K (F	a gain, enter amou is a loss, enter suc orm 565). See Instr	h amount on line 25 o uction E.	Part III.
ction B SALES OR EXCH	ANGES OF PR le in Section A	OPERTY USED	IN TRADE OF	BUSINESS AND	CERTAIN INVOLUNTAR	(CONVERSION
			roperty Held On	e Year or Less		
		ř				
Combine the amounts on lin	ie 17, enter her	e				
So	ection B-2 Pro	perty Held Mor	e Thạn One Yea	r But Not More Than	Five Years	. ,

					,	,
Combine the amounts on lin	e 19, enter her	8				1
### ###	Se	ction B-3 Pro	perty Held More	Than Five Years		· · · · · · · · · · · · · · · · · · ·
			!			
					· · · · · · · · · · · · · · · · · · ·	
·		-				
Combine the amounts on lin	e 21. enter her	.] B	J			
line 26 of Part III. (b) For partnership returns:	oartnership retu of the Schedule Enter amount	rns: (1) If line D (Form 540 c	23 is a gain, ei or 541) that is b	nter the amounts fro eing filed. (2) If lin	m lines 18, 20 and 22, e 23 is a loss, enter suc	on lines 2, 6 h amount on
ART III Ordinary Gains	and rosses	T				
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	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.)
Gain, if any, from line 14						1224
Loss, if any, from line 16		• • • •				· · ·
Loss, if any, from line 23	\					
			1 '	1 1		
**		ì		1		
Combine lines 24 through (a) For fiduciary and partne return being filed—se (b) For individual returns: (1) If the gain (or loss	27, enter here ership returns: l ee Instruction F	and also on the Enter the gain of for specific lin	ne appropriate (or loss) shown one reference.	line as follows . on line 28 on the lin	e provided for on the	12248
Schedule A (For	m 540 or 540N	IR) (see Instruc	tion F), enter	the total of such	loss(es) here and on 1 (Form 540).	

1040

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

*W	19	70
		_ '

	year January 1-December 31, 1970, or other taxable year beginning	Last name	· Vous socie	l security number	
First	name and initial (If joint return, use first names and middle initials of both)	RUBY	322	5	07
Ö	SAMUEL AND PHYLLIS ont home address (Number and street or rural route)			ocial security num	
prin	16250 Bircher		349	18 14	20
S City,	town or post office, State and ZIP code			rsSelf-E	mp.
Plea	Granada Hills, California	American control of the state o	pation Spo	ouse's Hous	<u>ewi</u>
	ing Status—check only one:	Exemptions Regular / 65	or over/		1
	Single; 2 Married filing jointly (even if only one)	7 Yourself		number of boxe checked	S
3 [Married filing separately and spouse is also filing. If this item checked give spouse's social security number in	8 Spouse (applies only if item)	<u></u>		-
	space above and enter	9 First names of your dependent of your Fred, Brian, E	ligren wi Lisa.	no livea with	
4	first name here > Unmarried Head of Household	Thomas		Enter number	4
' l	Surviving widow(er) with dependent child	10 Number of other dependents (fro	m line 34		
ļ*	☐ Married filing separately and spouse is not filing	11 Total exemptions claimed		_	6
		The second secon			'
	12 Wages, salaries, tips, etc. (Attach Forms W-2 to be	ack. If unavailable, attach explanation)	12		
	thing o of mostal	exclusion \$ 20.60 Balance	13c		ļ
<u>a</u>	(Also list in Part I of Schedule B, if gross dividends and other		14		
ncome	14 Interest. Enter total here (also list in Part II of Sc	chedule B, if total is over \$100)			i
Income	15 Income other than wages, dividends, and interest	(from line 40)	15	7,284	97
	and the state of t			وهاد الماد	
	16 Total (add lines 12, 18c, 14 and 15)		16	7.284	97
	17 Adjustments to income (such as Big Pay," mov	ing expense, etc. from line 45)	17		ļ
	18 Adjusted gross income exportage 7 from in	16)	18	7.284	97
See pa	age 2 of instructions for rules and A half the IRS will g	our tax and surcharge.	-		-26
if you If you	age 2 of instructions for rules under your the life will ag do not itemize deductions and line 18 s under 20,000 Itemize deductions or line 18 is \$10,000 and year to le	Marketay in Tables. Enter tax on line 19 Marketay income tax.	'		
0.	19 Tax (Check it from: Tax Tables 1-15 [], Tax Rate sphedgle	X, Y, or Z(A), Schedule D [], or Schedule G [])	19	117	.53
P g	20 Tax surcharge. See Tax Surcharge Tables A, Band	C in instructions. Que claim retire			
x and	ment income credit, use Schedule R to figure su		20		<u> </u>
Tax	21 Total (add lines 19 and 20)		21	117	53
	El Total (add lines 19 and 20).		-	<u> </u>	رر
·. '	22 Total credits (from line 55)		12/2		
ح	The folding the state of the st				
Credits	23 Income tax (subtract line 22 from line 21)		23		<u> </u>
and	24 Other taxes (from line 61)		24	538	20
	OF Total (add lines CO and CA)		25	655	73
Payments	25 Total (add lines 23 and 24)	-2 to back) 26	1//////////	check or mon	VIIIII.
ay n	27 1970 Estimated tax payments (include 1969 overpayment allow	-2 to back)	/// order	payable to int	er- 🅢
رقر	28 Other payments (from line 65)	28		Revenue Servic	
	29 Total (add lines 26, 27, and 28)		29		
al. Due Refund	20 1/11 10 10 10 10 10 10 10 10 10 10 10 10 1	Nic Barra Charles	30	ر بر بر ک	22
cefr.	30 If line 25 is larger than line 29, enter BALANCE I		30	655	<u>73</u>
Pal Ral	31 If line 29 is larger than line 25, enter OVERPAYN 32, Line 31 to be: (a) Credited on 1971 estimated tax		\$		
	Under penalties of perjury, I declare that I have examined this return, inclu	uding accompanying schedules and statements, and to		ny knowledge and	belief
	It is true, correct, and complete.	1.		-	
Sign here	Your signature Date	Signature of preparer other than taxp	ayer, based	on . Date	
S E	*	all information of which he has any kn	owledge.		
	Spouse's signature (If filing jointly, BOTH must sign even if only one had in	come) Address 16633 VE			-1
		ENCINO, C	ALIF. 9	1316	

Foreign Accounts

Did you, at any time during the taxable year, have any interest in	or sig	nature	e or o	oth er a	utho	rity ove
a bank! securities, or other financial account in a foreign country	/ (exc	ept in	a U	.S. mil	itary	panking
facility operated by a U.S. financial institution)? .				. 🗆	Yes	∐ No
If "Yes," attach Form 4683. (For definitions, see Form 4683.)						

1	facility operated by a U.S. financial institution)? appropriate box) If "Yes," attach Form 4683. (For definitions, see Form 4683.)		. Yes No
1	PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10) .	· · · ·
14 Total number of dependents listed above. Enter here and on line 10.	ship home. If born or died ent have income for depe during year write "B" of \$625 or more? 100% w	ndent's support, if rrite ''ALL''	ing dependent.
ART II.—Income other than Wages, Dividends, and Interest PART II.—Come other than Wages, Dividends, and Interest PART II.—Come other than Wages, Dividends, and Interest PART III.—Adjustments on the stand royalties, partnerships, estates or trusts, etc. (attach Schedule E). PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments to Income PART III.—Adjustments (add lines 41, 42, 43, 43, 44). Enter here and on line 15 PART III.—Tax Computation of exceptions, and line 46 is \$10,000 or more, enter PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation PART III.—Tax Computation			
ART II.—Income other than Wages, Dividends, and Interest	E. Abi	•	-
ART II.—Income other than Wages, Dividends, and Interest			
15 Business income (or loss) (attach Schedule C) 35 8 , 284 5 16 Sale or exchange of property (attach Schedule D) 36 (1,000	34 Total number of dependents listed above. Enter here and on line 10.	· · · ·	D
36 31 32 33 34 34 34 34 34 34	PART II.—Income other than Wages, Dividends, and Interest		
16 Sale or exchange of property (attach Schedule D) 36 1,000	35 Business income (or loss) (attach Schedule C)	35	
17 Pensions and annutities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E) 38 38 38 38 38 38 38 3			(1,000 00
### Farm income (or loss) (attach Schedule P) ### Special Special Properties of the Computation of the Com		TE L) .	
30 7 284 5 36 37 38 38 39 28 39 39 30 39 30 39 30 30	38 Farm income (or loss) (attach Schedule F)	38	
Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 15	39 Miscellaneous income (state nature and source)		
**PART III. — Adjustments to Income **Add **Add **Adjustments to Income **Adjustments to Income **Adjustments to Income **Adjustments (attach Form 3903) **Adjustments (attach Form 3903) **Adjustments (attach Form 3903) **Adjustments (attach Form 2950SE) **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 41, 42, 43, and 44). Enter here and on line 17 **Adjustments (attach Ines 42) **Adjustments (attach Ines 43, and Ines 44). Enter here and on line 17 **Adjustments (attach Ines 44). Enter here and on line 18 **Adjustments (attach Ines 46). Enter Ines 46 **Adjustments (attach Ines 46). Enter Ines	26 · · · · · · · · · · · · · · · · · · ·		0 2011 01
11 "Sick pay" if included in line 12 (attach Form 2440 or other required statement) 41	40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 15	. > 40	7.204 191
22 Moving expense (attach Form 3903)	PART III.—Adjustments to Income	and proceedings of the control of th	
2 Moving expense (attach Form 3903) 42 43 3 3 3 5 44 45 3 3 4 45 3 3 4 45 3 3 3 5 5 5 5 5 5	41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41	3,
### Simployeb business expense (attach Form 2106 or other statement) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4255) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4137) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4137) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4137) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4137) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed person to a retirement plan, etc. (attach Form 4137) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payments as a self-employed social security tax on tips (from Forms W-2) ### A Payment as a self-employed plan and filling self-and on line 24 ### A		42	· · · · · · · · · · · · · · · · · · ·
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE) 44 5 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17 45 ART IV.—Tax Computation 6 Adjusted gross income (from line 18)	43 Employee business expense (attach Form 2106 or other statement)	43	
ART IV.—Tax Computation 6 Adjusted gross income (from line 18): 7 (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 \$1,000 (\$500 if married and filing separately) 8 Subtract line 47 from line 46 9 Multiply total number of exemptions claimed on line 11, by \$625 10 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51 1 Tax. Enter here and on line 19 ART V.—Credits 2 Retirement income credit (attach Schedule R) 3 investment credit (attach Form 3468) 4 Foreign tax credit (attach Form 1116) 5 Total credits (add lines 52, 53, and 54). Enter here and on line 22 ★ Foreign tax credit (attach Schedule SE) 7 Tax from recomputing prior-year investment credit (attach Form 4255) 8 Minimum tax. See instructions on page 7. Check here □, if Form 4255 is attached 9 Social security tax, on unreported tip, income (attach Form 4137). 9 Uncollected employee social security tax on tips (from Forms W-2) 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24 ★ Figure 1 Tax form recomputing prior-year investment credit (attach Form 4137). 9 Uncollected employee social security tax on tips (from Forms W-2) 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24 ★ Figure 1 Tax form recompany Credit (attach Form 2439).	44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	• •	
46 Adjusted gross income (from line 18) (7 (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 \$1,000 (\$500 if married and filing separately) \$1,000 (\$500 if married and filing separately) \$2,745 4 \$3 Subtract line 47 from line 46 \$3 Multiply total number of exemptions claimed on line 11, by \$625 \$49 3,700 6 \$10 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51 \$1 Tax. Enter here and on line 19 \$2 Retirement income credit (attach Schedule R) \$3 Investment credit (attach Form 3468) \$4 Foreign tax credit (attach Form 1116) \$5 Total credits (add lines 52, 53, and 54). Enter here and on line 22 **PART VI.—Other Taxes** 6 Self-employment tax (attach Schedule SE) \$7 Tax from recomputing prior-year investment credit (attach Form 4255) \$8 Minimum tax. See instructions on page 7. Check here □, if Form 4625 is attached \$9 Social security tax, on unreported tip income (attach Form 4137) \$0 Uncollected employee social security tax on tips (from Forms W-2) \$1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24 **ART VII.—Other Payments** \$2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7) \$6 Call to the Payments of the payments of the promature of the payments of the payment of the p	45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17	. ▶ 45	
17 (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 \$1,000 (\$500 if married and filling separately) 18 Subtract line 47 from line 46 19 Multiply total number of exemptions claimed on line 11, by \$625 10 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51 11 Tax. Enter here and on line 19 11 Tax. Enter here and on line 19 12 Retirement income credit (attach Schedule R) 13 Investment credit (attach Form 3468) 14 Foreign tax credit (attach Form 1116) 15 Total credits (add lines 52, 53, and 54). Enter here and on line 22 16 Self-employment tax (attach Schedule SE) 17 Tax from recomputing prior-year investment credit (attach Form 4255) 18 Minimum tax. See instructions on page 7. Check here □, if Form 4625 is attached 19 Social security tax, on unreported tip income (attach Form 4137) 10 Uncollected employee social security tax on tips (from Forms W-2) 11 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24 10 ART VII.—Other Payments 11 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136) 16 A Regulated Investment Company Credit (attach Form 2439)	PART IV.—Tax Computation		
17 (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 \$1,000 (\$500 if married and filing separately) 48 48 4, 539 59 59 50 50 50 50 50 5	46 Adjusted gross income (from line 18)	46	7.284 97
(b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter \$1,000 (\$500 if married and filing separately) 8 Subtract line 47 from line 46. 19 Multiply total number of exemptions claimed on line 11, by \$625. 10 Taxable income. Subtract line 49 from line 48. (Figure your tax on this amount by using Tax Rate Schedule X, Y, or Z unless the alternative tax or income averaging is applicable.) Enter tax on line 51. 1 Tax. Enter here and on line 19. ART V.—Credits 2 Retirement income credit (attach Schedule R). 3 Investment credit (attach Form 3468). 4 Foreign tax credit (attach Form 1116). 5 Total credits (add lines 52, 53, and 54). Enter here and on line 22. ART VI.—Other Taxes 6 Self-employment tax (attach Schedule SE). 7 Tax from recomputing prior-year investment credit (attach Form 4255). 8 Minimum tax. See instructions on page 7. Check here □, if Form 4625 is attached. 9 Social security tax on unreported tip income (attach Form 4137). 0 Uncollected employee social security tax on tips (from Forms W-2). 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24. ART VII.—Other Payments 2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7). 6 Candidate in the first of the form 4136). 6 Candidate in the first of the form 4136. 6 Candidate in the first of the form 4136. 6 Candidate in the first of the first of the form 4136. 6 Candidate in the first of			
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88 Subtract line 47 from line 46	· · · · · · · · · · · · · · · · · · ·		
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12 Retirement income credit (attach Schedule R)	51 Tax. Enter here and on line 19	. ▶ 51	117 53
3 Investment credit (attach Schedule R) 4 Foreign tax credit (attach Form 3468) 5 Total credits (add lines 52, 53, and 54). Enter here and on line 22. ART VI.—Other Taxes 6 Self-employment tax (attach Schedule SE) 7 Tax from recomputing prior-year investment credit (attach Form 4255) 8 Minimum tax. See instructions on page 7. Check here □, if Form 4625 is attached 9 Social security tax on unreported tip income (attach Form 4137). 0 Uncollected employee social security tax on tips (from Forms W-2). 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24. ART VII.—Other Payments 2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7) 3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136) 4 Regulated Investment Company Credit (attach Form 2439).	PART V.—Credits		**
3 Investment credit (attach Form 3468)	52 Retirement income credit (attach Schedule R)	52	
4 Foreign tax credit (attach Form 1116)		53	
Total credits (add lines 52, 53, and 54). Enter here and on line 22. ▶ 55 PART VI.—Other Taxes 6 Self-employment tax (attach Schedule SE)			
6 Self-employment tax (attach Schedule SE)	55 Total credits (add lines 52, 53, and 54). Enter here and on line 22	. ▶ 55	
6 Self-employment tax (attach Schedule SE)	PART VI.—Other Taxes	•,	
7 Tax from recomputing prior-year investment credit (attach Form 4255). 8 Minimum tax. See instructions on page 7. Check here, if Form 4625 is attached. 9 Social security tax on unreported tip income (attach Form 4137). 0 Uncollected employee social security tax on tips (from Forms W-2). 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24. ART VII.—Other Payments 2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7). 3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136). 4 Regulated Investment Company Credit (attach Form 2439).		. 56	538 20
8 Minimum tax. See instructions on page 7. Check here, if Form 4625 is attached		57	
9 Social security tax on unreported tip income (attach Form 4137). 1 Uncollected employee social security tax on tips (from Forms W-2). 1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24. ART VII.—Other Payments 2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7). 3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136). 4 Regulated Investment Company Credit (attach Form 2439).		58	
0 Uncollected employee social security tax on tips (from Forms W-2)		59	
1 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24		60	
ART VII.—Other Payments 2 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7) 3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136) 4 Regulated Investment Company Credit (attach Form 2439)	61 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24	. ▶ 61	538 20
3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136)	PART VII.—Other Payments		
3 Credit for Federal tax on gasoline, special fuels, and lubricating oil (attach Form 4136)	62 Excess F.I.C.A. tax withheld (two or more employers—see instructions on page 7)	. 62	
4 Regulated Investment Company Credit (attach Form 2439)			
5 Total (add lines 62, 63, and 64). Enter here and on line 28	64 Regulated Investment Company Credit (attach Form 2439)	1 - 4 1	
	65 Total (add lines 62, 63, and 64). Enter here and on line 28	. ▶ 65	<u></u>

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

Department of the Treasury Internal Revenue Service

 Attach to Form 1040. 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) 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 8 for examples) ____ hospital care, insurance premiums for medical 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 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 . . Installment purchases 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 150 00 on line 17, below.) ▶ 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.) . . . ▶ **Summary of Itemized Deductions** 150 00 663 26 280 00 ,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. A	T ====					R ENDED	
MEDICAL	FEDE	RAL	STA	TE	CONTRIBUTIONS	FEDERAL &	
1. ONE HALF OF MEDICAL INSURANCE (NOT OVER \$150.00)	3 ~ 0		ر سر د		CHURCHES	150	100
2. DRUGS AND MEDICINES	150	00	150	100	The same of the sa	-	
3. LESS: 1% OF ADJ. GROSS INCOME					COMMUNITY CHEST/UNITED CRUSADE		-
4. NET DRUGS AND MEDICINES	 	-			SALVATION ARMY/GOODWILL INDUSTRIES	-	
5. DOCTORS/DENTISTS	+	<u> </u>			RED CROSS XMAS & EASTER SEALS		
DR.	1	-			HEART FUND/CANCER FUND	·	
DR.	 	-			PARTNERSHIP RETURN	 	
DR.		-		_	PAYROLL DEDUCTION		
DR.		-			OTHER ORGANIZED CHARITIES:	100	00
· DR.	 	+			Boy Scouts		00
DR.	 	+		-	Girl Scouts	15	_i
DR.		+		+	1	L	+
DR.							
DR.	 -	 			TOTAL CONTRIBUTIONS	200	0.0
	 	+	****			Transaction in the last of the	-
	 				INTEREST (TO WHOM PAID)	FEDERAL &	SIAIL
83	 			-	MORTGAGE LOAN	1 300	1
		 		+	Colonial Mtg. Co.	1,133	10
	 	 			INCTAL LAFAT LOAN		
		+			INSTALLMENT LOAN		-
		+	·		Goodbody Co.	120	
MEDICADE		+		 	Bache Co.	119	
MEDICARE HOSPITAL		 	······································		First Thrift	89	
HOSPITAL		┼──┼		 	Transworld		44
LABORATORY		┼┼	 	 	Revolving Charges (6%)	39_	10
LABORATORY BALANCE OF MEDICAL INSURANCE			·	+			
NOT DEDUCTIBLE ON TOP LINE					TOTAL INTERES	1 225	1.0
TRAVEL FOR MEDICAL				+	TOTAL INTEREST	1,552	TR
AMBULANCE		 +		-	MISCELLANEOUS DEDUCTIONS	PEUEKAL &	SIATE
GLASSES		 		 	ALIMONY (EXPLAIN)		
GLAGOLO		 -		 	SAFE DEPOSIT BOX FEE		<u> </u>
PROSTHETIC ARRIVANCES					UNION DUES	· · · · · · · · · · · · · · · · · · ·	
PROSTHETIC APPLIANCES		 		-	SMALL TOOLS (GOOD 1 YEAR)		
MEDICAL EXPENSES LESS: REIMBURSED BY INSURANCE			-		TOOLS DEPRECIATION		
TOTAL		 		 	SAFETY EQUIPMENT		
LESS: 3% OF ADJ. GROSS INCOME				 -	UNIFORMS (NOT GEN. WEAR)		
BALANCE (NOT LESS THAN ZERO)				1	LAUNDRY & CLEANING		
TOTAL MEDICAL DEDUCTIONS				-	AUTO MILEAGE (6)		
(LINE 1 PLUS LINE 8)	150	00	150	00	TELEPHONE EXPI'NSE (NOT REIMB.)		
AXES	FEDER/		STAT	_	EMPLOYMENT AGENCY FEES		
AUTO LICENSE (LESS REG. FEE)	42		JIAI ムク	00	DUES & SUBSCRIPTIONS		00
sales tax + Large Items	170		170		INCOME TAX PREPARATION	50 50	
SALES TAX AUTO	1/0	00	1/0	0.0	отнек Financial Publ.	<u></u>	UU
REAL ESTATE TAX	311	26	311	26	TOTAL MICO DEDUCTIONS	300	00
	וונ	20	וונ	20	TOTAL MISC. DEDUCTIONS	100	
PERSONAL PROPERTY TAX					CASUALTY LOSSES (EXPLAIN)	FEDERAL & S	IATE
GAS TAX 2000GAL. @ •07 c GAL.	140	00	140	X X			<u></u>
	T40	00	140	00			
				<u></u>	SUB TOTAL		
DISABILITY INSURANCE		_		_ <u></u>	LESS REIMBURSED BY INS.		
MISC. TAX	х×	x x		L	SUB TOTAL		
OTHERS:					LESS \$100.00 FOR EACH CASUALTY		
-					TOTAL CASUALTY LOSSES		
et a constant of the constant						FEDERAL	
TOTAL TAXES	663	26	663	المحيجي	TOTAL DEDUCTIONS		

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.

1970

Social security number Name as shown on Form 1040 322 12 7997 Samuel and Phyllis Ruby A Principal business activity FOOd ; product ; product (For example: retail—hardware; wholesale—tobacco; services—legal; manufacturing—furniture; etc.) B Business name Snack Bar C Employer Identification Number 95-2651578 D Business address 5418 Van Nuys Boulevard Van Nuys, California E Indicate method of accounting: (1) 🙇 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? TES 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 instructions for Schedule C.) ☐ YES 🔀 NO. If "Yes," where were they filed? 1 Gross receipts or gross sales \$..... Less: Returns and allowances \$. 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 \$...... Cost of labor (do not include salary paid to yourself) Other costs (explain in Schedule C-1) SCHEDULE Total of lines 2 through 6 ATTACHED Inventory at end of this year Cost of goods sold and/or operations (subtract line 8 from line 7) OTHER BUSINESS DEDUCTIONS 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 20 Retirement plans, etc. (other than contributions made on your behalf-see separate 21 Interest on business indebtedness . 22 Bad debts arising from sales or services . 24 Other business expenses (explain in Schedule C-1) . 25 Total of lines 11 through 24 26 Net profit (or loss) (subtract line 25 from line 10). Enter here and on line 35, Form 1040. ALSO enter on 9,284 SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24

SCHEDULE SE (Form, 1040).

Computation of Social Security Self-Employment Tax

▶ If you had wages, including tips, of \$7,800 or more that were subject to social security taxes, do not fill in this page.

1970

Department of the Treasury Internal Revenue Service Each self-employed person must file a separate Schedule SE
 ► Attach to Form 1040.

If you had more than one business, combine profits (or losses) from all Important.—The self-employment income reported below will be credited to your soc					
Name of self-employed person (as shown on social security card) Samuel Ruby	Social	security number	r	Check applicable	block
Business activities subject to self-employment tax (grocery store, restaura	322	12 799	<u>/ </u>	1 💢 Male 2	
Parties Computation of Net Earnings from BUSINESS Self-			an fa	rming)	
				0 201	197
1 Net profit (or loss) shown in Schedule C (Form 1040), line 26. (Enter combined an			ess.)	0,204	- 77
2 Net income (or loss) from excluded services or sources included on line 1		• • •	• •		
3 Net earnings (or loss) from business self-employment (Subtract line 2 from line		hara and an lin	 a. 1(a)	•	
Part III, below.)				1	
Partilled Computation of Net Earnings from FARM Self-Emp					83
A farmer may elect to compute net farm earnings using the OPTIONAL METHOD (line if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits not more than \$2,400 and you elect to use the optional method, you need not complet	are less that	1,600. If you			
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			<u> </u>		
2 Net earnings from self-employment from farming. Add lines 1(a) and (b)		. .			
Computation under Optional Method			4,	₹.	
3 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 lin e		
67 (accrual method), plus the distributive share of gross profit from farm pai	rtnership s a:	s explained in i	nstruc-		
tions for Schedule SE.			* .		ļ
4 Enter here and on line 1(b), Part III, below, the amount on line 2 (or line 3, if yo		ptional method)	• •		-
Part Computation of Social Security Self-Employment Ta	1X				
1 Net earnings (or loss) from self-employment—			.2	0 201	0.0
(a) From business (other than farming—from line 3, Part I, above)			· • • •	8,284	97
(b) From farming (from line 4, Part II, 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	ence practiti	oner. If you filed	Form		
4361, check here 🔲 and enter zero on this line				.	
(e) From service with a foreign government or international organization					ļ
(f) Other (director's fees, etc.). Specify				0 001	0.53
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 res	t of page.)			
3 The largest amount of combined wages and self-employment earnings subject	to social	#17: O 0 0	مما		
security tax is		\$7,800	00		
4 (a) Total "FICA" wages as indicated on Form W-2		*		3 3	
(b) Unreported tips, if any, subject to FICA tax from Form 4137,					
line 9		•			
(c) Total of lines 4(a) and 4(b)	· · · -				
Balance (subtract line 4(c) from line 3)	!.			0.000	00
6 Self-employment income—line 2 or 5, whichever is smaller			• .•	7,800	
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 hos		nce benefits tax	from		
Form 4469		• • • •		<u> </u>	20
5 Con Chipaymont tax (auxiliate mile o nom mile /). Enter nere and on POINI 1040, line				538 16-81171-1	20

SUPPLEMENT TO SCHEDULE C

Income:		\$32,	657.34	
Less: Sales Tax			<u> 153.39 - </u>	\$32,503.95
				•
Beginning inventory				
Purchases - Beverages/milk		\$ 1 .	988.55	•
Groceries	*		761.69	
Meat			893.83	
Bakery/bread			412.82	
			056.89	
Less: Ending inventory	•		800.00	14,256.89 \$18,247.06
Adjusted Gross Pro	fit			\$18,247.06
Expenses:		# 3	100 16	
Rent	5		172.16	· ·
Payroll towar	* *		046.30 202.92	
Payroll taxes			215.00	
Travel to employees Miscellaneous expense			219.40	•
Interest	•		419.10	
Accounting			225.00	
Telephone		* .	78.45	
Repairs		:	121.40	
Insurance			150.00	
Linen			21.00	
Auto - 3,000 M.			360 .0 0 📜	
Office	•		360.00	(a. • •
Cleaning/maintenance			50.00	
Depreciation	e Silveria de Silv	_3.	<u>321.36</u>	(<u>8,962.09</u>)
No. 4. The a C.S. 4.				dk o ook oo
Net Profit			*	\$ 9,284.97
DEDI	RECIATION			•
<u>DEF</u> 1	MOTULION			
Equipment 4/70	\$10,000.00)	5 Yr.	\$2,000.00
Covenant Not To	π, •	4		ii *
Compe te	5,000.00		5 Yr.	1,000.00
Leasehold Imp.	3,000.00)	7 Yr.	428.50
(7 Yr. Balance Lease)	* .	: .		
	April-Dec	ember, l	970	\$4,428.50

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 7997

Part II Cap	oital Assets—Shor	t-term	capital ga	ins and los	sses—assets	held not mo	re than 6 month	s D
a. Kind of prop- orty. Indicate security, real estate, or other (specify)	b. Description (Examples: 100 sh. of ''2'' 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			1					
			cri	EDIT.E	ATTACHED			(15 274 00
			501	EDONE		1	1	(15,274.00
						1		1
3 Enter net ga 4 Enter unuse 5 Net short-te	share of net short to hin (or loss) from line ed short-term capita rm gain (or loss) fror	s 1 and l loss c n lines :	arryover from 3 and 4	om precedir	erships and fi	duciarles rs (attach stat		
Long-term ca	pital gains and lo	sses-	-assets he	ld more t	han 6 month	is		
6					,		,	
			4 					
								
7 . Oit-l main	distributions	l					I	
	from Part VII, line 4							
- ,	share of net long-ter							
	hare of net long-tern	_						
	r loss) from lines 6							
	d long-term capital l m gain (or loss) from				taxable years (ent)	(15,274.00
14 Combine the	e amounts shown on	lines 5	and 13, an			,		
15 If line 14 she								
(a) Enter 50	0% of line 13 or 50%	6 of lin	e 14, which	ever is smal	ller (see Part IV	for computati	on of alternative	
	ter zero if there is a		- •				e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l La companya de la companya de	
	t line 15(a) from lin	e 14, E	nter here a	nd on line	17, Part II .		• • • • •	
16 If line 14 she	ows a loss— es 4 and 12 (if lines	1 and	I 2 ara blasi	c onter a se	aro here and o	n lines 16(h) a	nd 16(c) and go	
	16(d))					ii iiiles 10(b) d	ind 10(c) and go	· .
	e lines 3 and 11—i							<u>;, </u>
	mallest of (i) line 1						orm 1040 if tax	
table us	sed) disregarding ca							
, ,	\$1,000					K 16/a		
_	e lines 3 and 11—If	ioss, en	iter loss; if i	gain, enter :	zero nere and d	on line 16(e),		
(e) Enter sr gains ar if marrid 11 is ze	to line 16(f) mallest of (i) line 44 nd/or losses, less line ed and filing separation or shows a gain, of line 11.	ie 16(c telv); (i)—determir li) if line 3	ne this figu is zero or s	re via a side co shows a gain, s	omputation; (ii 50% of line 1	i) \$1,000 (\$500 6(d); (iv) if line	
(f) Enter he	re, and on line 17, ,000)	Part II,	the sum of	lines 16(c)	and 16(e)—(l	Do not enter an V.e.r. (I.+ , .	amount greater	(1,000.00
	nmary of Schedule							
	loce) from line 15/					<u> </u>		

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

P	
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SCHEDULE	
J J	
¥	
SUPPLEMENT	
国	
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ij	
L.O.	

Shares	Description		Sale Price	Pur	Purchase Price		Gain (Loss)
200	Trans America Inc.		\$1,738,00		\$1.681.00		\$ 58,00
200	Tool Research and Eng.		. ´`a				(1.387.00)
100	Nat'l Health Ent.		615.00		1,724.00		(1,109,00)
100	Botany Ind.	-	541.00		1,105.00		(564,00)
100	Datatron Processing	-	336.00		529.00		(193.00)
200	Castleton Ind.		814.00		1,479.00		(665.00)
100	Computer Equipment		492.00		1,219.00		(727.00)
001	Computer Equipment	<i>:</i>	984.00		2,463.00	:	(1,479.00)
100	Computer Inv.		857.00		1,648,00		(00.16/
100	Computer Inv.		830.00	-	1,661,00		(831.00)
100	Adams Russell		492.00		1,194,00		(702.00)
100	Cinerama Inc.	-	432,00	3	967.00		(535.00)
001	Summit Org.	·	358,00		840,00		(482,00)
100	Summit Org.		480.00		840.00		(361.00)
001			1,685.00		1,660.00		25.00
001	Asamere Oil Co., Ltd.		1,512,00		1,507.00		5.00
007			2,078:00		2,041.00		38.00
100			2,078,00		2,041.00		38.00
100	Telex Corp.		1,980.00		2,269.00		(289,00)
007	Telex Corp.		1,980.00		2,269.00		(289.00)
100	Salem Corp.		1,193,00		1,495.00		(00,305,00)
001			2,250.00		2,584.00		(334,00)
3 Units			3,301,00		3,011,00		290.00
200	Nat'l Health Enterprises		1,107.00		3,499.00		(2,392,00)
100	Botany Industries		517,00		1,105.00		(589.00)
001	Computer Equip.		456.00		1,219.00	-	(763,00)
100	Technicolor Inc.		1,403.00		2,465.00		(1,062.00)
				NET LOSS			(\$15,274.00)







For Calendar Year 1970 or Fiscal Year Begu	n .	1970 and Ended			1971			
FIRST NAME(S) AND INITIAL(S)		LAST NAME			Your social security number			
Please SAMUEL AND PHYLLIS	RUB	RUBY			322 12 7997		C	
Type: PRESENT HOME ADDRESS (Number and street, or rural route)		COUNTY			Spouse's social security 349 18		M	
or 16250 Bircher		Los	Angeles	349				
Print CITY, TOWN OR POST OFFICE	STATE	· • ·	ZIP CODE		r occur		В	
, diameter lives						ployed	P	
NAME AND ADDRESS OF EMPLOYER AT TIME OF FILING				House			A	
Soll Employed						income on 1970	Endass	
GIVE REASON. 11346 Montgomery Avenue	Granada			Return \$	8	284.97 n line 11, below,)	
Filing Status 1. Single (check one) 2. X Married, filing joint return	3. Married,	iling separ	ate return—spouse household''—Comp	's name:				
5. Wages, salaries, tips, etc. (before payroll ded	uctions) if more than	two emplo	yers, attach sched	ule state)				
		•	ire employee (ore) and		5	•		
If joint return, Include all						k.:		
income of								
both husband 8. Dividends. Enter total here (also list in Sch	edule B (540), Part I	, if total	is over \$10 0) .		6	• 20	60	
7. Interest. Enter total here (also list in Sched)	ule B (540). Part II. i	f total is	over \$100)		7	•		
7. Interest. Enter total here (also list in Schedu			•			6 - 61		
8. Other income (from page 2, line 30)					8	8,284	97	
Z								
8. Other income (from page 2, line 30) 9. Total (add lines 5, 6, 7 and 8)					9	8,305	5 57	
					10			
10. Adjustments to Income (from page 2, line 35)					1			
11. Adjusted gross income (subtract line 10 from	n line 9)				11	*8,305	57	
• If you do not itemize deductions AND line 11	is under \$10,000, fir	ı d y our tax	in Tax Table in i	structions.	Enter	tax on line 1	2.	
• If you itemize deductions OR line 11 is \$10,0					,			
Your 12 Tay from (check one): Tax Table [7]. Tax Co.					12		0.0	
Tax, and 13. Exemption credits (from page 2, line 43)					13	82 No	00 ne	
Credits 14. Tax liability (subtract line 13 from line 12)	Tax liability (subtract line 13 from line 12)							
15. Total other credits (from page 2, line 49)					15			
16. Net tax liability (subtract line 15 from line	14—If \$1.00 or less	s, enter "z	ero'')		16	No	ne	
					,			
17. 1970 California estimated tax payment or cre	edit from 1969 (if any	n). It none,	enter "zero"		17 18	No	ne	
	Balance due—If any (subtract line 17 from line 16)							
	3. Overpayment—if any (subtract line 16 from line 17)							
20. Folder of the 15 years to apply on 1571								
21. Refund—if any (subtract line 20 from line 19)				. KEPUNU	21			
Under penalties of perjury, I declare that I have examined this return, including a belief it is true, correct and complete. If prepared by a person other than taxpaye	ccompanying schedules and	statements,	and to the best of m	knowledge ar	ıd D	o not write in thes	e spaces	
belief it is true, correct and complete. If prepared by a person other than taxpaye	r, nis declaration is based	un an intorn	nation of Which he has	any knowledg	· [T		
Sian >						D		
Sign Nour signature—if filing jointly, BOTH must sign Date Signature of preparer other than taxpayer						· .		
here Spouse's signature Date Addred AMBERT-MARKELL Date						<u> </u>		
e Make Remittance Payable to FRANCHISE TAX		1663	3 VENTURA BL'	/D.		T		

	Final divorce/dissolution Separate maintenance		☐ Widow(er)		4-	
one: Da Individual who qualified you as head	of household	Date	Date	<u></u>	* a.	
Name	, wa	Relationship	Age	Gross in	come \$	
Is this person married?						
the calendar year 1970?						
Total amount necessary to maintain h	ousehold \$	How much did you	contribute \$			
PART II—Other Income						
22. Business income (or loss) (attach Schedu					8,284	
23. Sale or exchange of property (attach S						00
24. Pensions and annuities	_		\			
25. Rents and royalties Attach Schedule	E	,		25		
					[
28. Farm income (or loss) (attach Schedule				t		
29. Miscellaneous income (state nature and						
		**************************************		29	1 1	
30. Total (add lines 22 through 29). Enter he	ere and on page 1, line 8			30	7,284	97
PART III—Adjustments to Income		·				<u></u>
31. "Sick pay" if included on page 1, line				- 1	•	
32. Moving expenses (attach statement) .					1	
33. Employee business expense (attach st				. i		
34. Military exclusion (maximum \$1,000—\$50						
35. Total adjustments (add lines 31 through 3				35		
PART IV—Tax Computation—If you do 38. Adjusted gross income (from page 1, lin))	. 36	7.305	<u></u>
37. If you itemize deductions, enter total from	· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · ·	, . 30		-
If you do not itemize deductions, and line		1		37	2,745	44
(a) \$1,000, if single, or married person						
(b) \$2,000, if head of household, or mari				:	1, 520	-i-0
38. Taxable income (subtract line 37 from lin	e 36)			38		33
39. Tax from Tax Rate Schedule in Instruction	ns. Enter here and on page 1, line	2 12		39	51	00
PART V—Exemption Credits						
40. Single—\$25. Married couple or head of		•		. 40		00
 Blind ☐ Yourself ☐ Your spouse— Dependents—Do not list yourself, your spouse 		on head of household		41	-	-
NAME (and address if different from yo		as nead or nousehold	RELATIONSHIP	.,		
Fred, Brian, El	isa, Thomas	chi	ldren			
<u>.</u>		4.				
					22	^^
Number of dependents listed4				- 1	. 32 (<u> </u>
43. Total exemption credits (add lines 40, 4	l and 42). Enter here and on pa	ge 1, line 13		43	82 (00
PART VI—Credit for Net Income Tax Pa	id to Another State—Attach	copy of "other state" return—	-and Re tir ement Ir	come Cre	dit	
14. Income derived from sources within State						
15. California adjusted gross income (from p				I		·
16. California tax liability (from page 1, line	14)			46		-
17. Credit limitation—line 44 ÷ line 45					•	—
18. Retirement income credit (attach Schedule					•	
19. Total (add lines 47 and 48). Enter here a	·					_
PART VII—Reconciliation to Federal Ret	urn—it adjusted gross incom	e on Federal return is differen	t from line 11, pa	ge 1, expl	ain below	_
· · · · · · · · · · · · · · · · · · ·	Dividend Exclusi	on	~~~~	-, 	·····	-





ITEMIZED DEDUCTIONS

Attach to Form 540

19 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.

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.	urance)
1. One half (but not more than \$150) of insurance premiums for medical care	1	
2. Medicine and drugs		
3. Enter 1% of adjusted gross income shown on Form 540	_	
4. Subtract line 3 from line 2 (if less than zero, enter zero)		
5. Other medical and dental expenses. Include balance of insurance premiums for medical care not		
deducted on line 1 (attach schedule)	-	
6. Total—(Add lines 4 and 5)		
7. Enter 3% of adjusted gross income shown on Form 540	1	T
8. Subtract line 7 from line 6 (if less than zero, enter zero)	8	
9. Total—(Add lines 1 and 8)	9	150 00
Child Adoption Expense		
10. Total expenses paid or incurred—Attach itemized list	10	
11. Enter 3% of adjusted gross income shown on Form 540	11	
12. Subtract line 11 from line 10—See instructions for maximum limitations	12	
Taxes		
13. Real estate	13	
14. State and local gasoline	14	
15. General sales	15	
16. Auto license—Excess of registration and weight fees (see instructions)	16	
17. Personal property	17	
18. State disability insurance (SDI)—Employer private disability plans do not qualify	18	
19. Other (specify)	19	
20. Total taxes—(Add lines 13 through 19)	20	663 26
Contributions		
	21]
21. Cash—Including checks, money orders, etc. (itemize)	-1	
		-
22. Total cash contributions	22	
23. Other than cash (see instructions). Enter total here	23	
24. Total—Add lines 22 and 23—Maximum deduction may not exceed 20% of adjusted gross income	24	280 00
	1	20000
Interest Expense		
25. Home mortgage	25	
26. Installment purchases	26	
27. Other (itemize)	27	
20 Table (Add East 25 20 and 27)	28	3 5 50 30
28. Total—(Add lines 25, 26 and 27)	20	1,552 18
Miscellaneous Deductions		
29. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)	29	
30. Total miscellaneous deductions	30	100 00
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	31	2,745 44





PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

70 YEAR

TAXABLE

(Sole Proprietorships)

Attach th	is schedule to your income tax return, Form 5	40 or 540NR		Pai	tnerships, joint venture		cial Security Numb										
	shown on Form 540 or 540NR Samuel and Phyllis Ruby					322	12 799										
A. Princ	ipal business activity Food (For e			; pr	oduct												
• • • • • • • • • • • • • • • • • • • •	(For e																
B. Busin	ess name Snack Bar			C. Feder	al employer identificat	ion num	ber.26.51.5	78									
D. Busin	ess location 5418 Van Nuys Bou	ılevard	Va	in Nuys,	Calliornia	914	F() I	IP code)									
, · L.,	(Number and street or rural rol	JTO) 1 ₂		City-post office,				r code)									
E. Indice	ate method of accounting: 🗶 cash; [accrual; 🗀 otl	ner (des	cribe)													
E Was	there any substantial change in the m	anner of determin	ina auar	itities, costs	or valuations between	the of	pening and	closing									
inv	entories? Yes No. If "yes," at	tach explanation.		·													
G. Were	Forms 591, 592, 596 and 599, for the c	alendar year filed	(if requir	ed)? 🔲Yes	X No												
								T									
1. Gro	oss receipts or gross sales \$	Less: Returns	and allo	wances \$.] \$											
2. Inve	entory at beginning of year (If different the	an last year's closi	ng invent	ory attach													
: e	xplanation)					1											
3. Me	rchandise purchased \$, less cost	of any i	tems with-													
	leaven from business for nersonal use \$					-	•	1									
4. Cos	at of labor (do not include salary paid to)	ourself)															
5. Ma	terial and supplies																
6. Oth	ner costs (explain in Schedule C-1)				<u></u>	1											
7.							SCHEDU										
	entory at end of this year					1	ATTACL	ŒD									
9. Co.	st of goods sold and/or operations (subtract line 8 from	n line 7)														
10 Gr	oss profit (subtract line 9 from line 1)																
	OTHER BUSINESS DE		÷			1											
11 Der	preciation (explain in Schedule C-2)																
12 Tax	es on business and business property (explo	nin in Schedule C-1)			ļ											
12 Pani	t on business property					ľ											
14 Pon	pairs (explain in Schedule C-1)																
10. Kep	aries and wages not included on line 4 (e	volude any naid to	vourself	1].		- 1									
	irance																
17 100	al and professional fees	• • • • •	• • •														
17. red	nmissions	• • • • • • •					••										
To. Con	nmissions		• • •	• • •	CAMPAGNATURE IN COMMISSION FARMS												
	ortization (attach statement)							ľ									
	rement plans, etc. (other than your share)				1	1											
	1031 OII DOSINOSS INGODIOGNOSS I I I I		•		***************************************	1.											
	debts arising from sales or service.			• • • •													
	ses of business property (attach statement)			• • • •													
	pletion of mines, oil and gas wells, timber,	i i		• • • •				- 1									
	er business expenses (explain in Schedule			• • • • .		1	-										
26.	Total of lines 11 through 25				L E 540 an 540ND	4	0 29/	07									
27. Ne	t profit (or loss) (subtract line 26 from li	ne IU). Enter nere	ana on p	oage Z, Fari i	1, FORM 340 OF 34014K	ΙΨ	9,284	790									
	SCHEDULE C-1.	EXPLANATION	OF LIN	ES 6, 12,	14, AND 25												
Line No.	Explanation	Amount	Line No.		Explanation		Amount										
		•					\$										
		D					V										
**************************************	AN SOLAND ARRIVANT ÜERSTUNGE ARRONINEN BEÜG SES SIN FRISHARIN HARRIS ANG ARRIVAT DIE STREET	化水溶液 医动物副脉冲性韧带的 化甲基酚医甲基酚 医实验原生疗教育			(Managaran ang Panasana 1967年 から、 en se se se se se se se se se se se se se			11.00 to \$1.00			***********						
							t										
·																	
							t										
<u>-</u>																	
		*****		·			 										
							<u> </u>										





SALES OR EXCHANGES OF PROPERTY

Attach to Form 540 or 540NR



Social Security Number. Name as shown on Form 540 or 540NR 322 Samuel and Phyllis Ruby 12! 7997 Part I-CAPITAL ASSETS SHORT-TERM-ASSETS HELD NOT MORE THAN 6 MONTHS f. Cost or other basis, cost of subsequent e. Depreciation allowed a. Kind of property (if necessary, attach statement of descriptive details not shown below) improvements (if not purchased, attach explanation) and expense of sale c. Date sold (or allowable) since acquisition (attach schedule) h Date senuired . Gain or loss d. Gross sales price (d plus e less f) 2. Enter your share of net short-term gain (or loss) from partnerships and fiduciaries 3. Enter unused short-term capital loss carryover from preceding taxable years (attach statement) LONG-TERM-ASSETS HELD MORE THAN 6 MONTHS 5. Enter gain (if any) from line 16, Part II 6. Enter your share of net long-term gain (or loss) from partnerships and fiduciaries 7. Enter unused long-term capital loss carryover from preceding taxable years (attach statement) . . . (15,274.00)9. Combine the amounts shown on lines 4 and 8 and enter the net gain (or loss) here 10. If line 9 shows a GAIN, enter 50% of line 8 or 50% of line 9, whichever is smaller. (Enter zero if there is a 11. Subtract line 10 from line 9, Enter here and on line 17, Part III 12. If line 9 shows a LOSS, enter here and on line 17, Part III the smallest of the following: (a) the amount on line 9; (b) the amount of taxable income on Form 540 or 540NR, computed without capital gains and losses; or (c) \$1,000 Carryover Loss (14,274.00) (1,000:00) Part II—SALE OR EXCHANGE OF PROPERTY UNDER SECTIONS 18181-82 13. Enter gain (if any) from line 22, Part IV 14. Enter gain (if any) from line 25, Part IV 15. Enter your share of gain (or loss) of Section 18181–82 items from partnerships and fiduciaries 16. Net gain (or loss). If GAIN, enter on line 5, Part I; if LOSS, enter on line 29, Part V PART III-TOTAL NET GAIN OR LOSS FROM SALES OR EXCHANGES OF PROPERTY 17. Net gain (or loss) from line 10 or 11, Part I 18. Net gain (or loss) from line 31, Part IV 19. Total net gain (or loss)—Combine lines 17 and 18. Enter here and on Form 540 or Form 540NR, page 2, Part

Combined with Form 1040A

MINISEPUIVER 989-2700 SSINED US Department of the Treasury / Internal Revenue Service Individual Income Tax Return IN 1969



For the ye	ar January 1-December 31, 1969, or other taxable year beginning	, 1969,	ending	19
ge First nar	no and initial (If joint return, use first names and middle initials of both)	Last name		Your social security number
nt or typ				
Home ad	dress (Number and street or rural route)			Your occupation
City, tow	n or post office, State and ZIP code			Spouso's social security number
Enter reason	below name and address used on your return for 1968 (if same a If changing from separate to joint or joint to separate returns,	s above write "Same"). If non enter 1968 names and addres	e filed, give ses.	Spouse's occupation
Your p	resent employer and address		<u>'</u> _	
Your	1 Single	4 🗌 Unm	arried Head o	of Household
Filing Status (Chec only o	If this item checked give spouse's social security number in	filing a return. 6 🗌 Marr		er) with dependent child arate return and spouse file
ons	Check boxes for exemptions which apply 7a Yourself	ad no income)	65 or over	Blind Enter number of boxes checked >
<u>इ</u>	8 First names of your dependent children who lived with y	/ou		
Your Exemption	9 OTHER DEPENDENTS (a) NAME—Enter figure 1 in the last column to right for each name listed (if more space is needed, use other side) (b) Relation ship?	No Months lived (d) \$600 in four, home? See or more page 3 of instr.	(e) Support you furnished, if 1009 write "ALL."	Enter number D (f) Support furnished by dependent and others
Your			\$	\$ >
5	10 /Total exemptions from lines 7, 8, and 9 above.			
Please attach Copy our Income		2b Exclusion \$200-	Balance 1	2c 0 -
Your	13 Interest (If over \$100, list in Schedule B, Part II) 14 Other income from Schedule C □, Schedule D □,			4
	(Add lines 11 thru 14) (see back) 15a Total \$ / 6 ? 7 — Less 15b Adjustments \$	ブラク , Adjusted Gross		5c 907 -
ance Due Your Credits Your Tax and Surcharge	In the second se	itemize deductions; or claim ret x from recomputing prior year is redule T. Complete lines 16a, 1 a)	irement income nvestment credit 6b, and 16c. Se	t. (Omit lines 16a and 16b.)
š	16c Total add lines 16a and 16b OR enter amount from		line 11 . 16	6c /
Credits	17 Total Federal income tax withheld (attach Forms V 18 Excess F.I.C.A. tax withheld (two or more employers—see page	5 of instr.) 18		Make check or money order pay-
Your C	19 ☐ Nonhighway Federal gasoline tax—Form 4136, ☐ Reg. Inv. 20 1969 Estimated tax payments (include 1968 overpayment allowe			Revenue Service.
Rease arrac	21 Total (add lines 17, 18, 19, and 20)	——— ▶ enter BALAN	NCE DUE 2	
<u>a</u> a	23 If line 21 is larger than line 16c, 24 Line 23 to be: (a) Credited on 1970 estimated tax		ınded ⊳ \$	90 -
	Under penalties of perjury, I declare that I have examined this return, including is true, correct, and complete.	<u> </u>		
Sign	Spouse's signature (If filing jointly, BOTH must sign even if only one had inco	Signature of preparer all information of which	th he has any know	er, based on Date ledge.

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

964 After December 31, 1	993				
964 After December 31, 1	993				
964 After December 31. 1	953			(
1962 1-2. After December 31	(e less sum c	ted basis of f-1 and f-2)	h. Total gain (d less g)	(lesser of 1-2 or h) (see instructions)	J. Other gain (h less i)
		' 		Ordinary sain	
*****				******************	
-					
and how acquired (if necessa	ry, attach statement	1 .		d. Gross sales price	e. Cost or other basis, cost subsequent improvements not purchased, attach explication) and expense of sa
ire than 6 months (s	ce instructions	for definition	(an		C
rorm 1040, page 1, 466	■1b, computed w	ithout regard to	capital gains or loss	es; or (c) \$1,000 Lim	63 (
11 from line 10. Enter	here and in Part	IV. line 1; on	reverse side . ,		(6,35
9.) (See reverse side	for computation (of alternative to	ax.)	* * * * * * *	
vs a GAIN-Enter 50% c	of line 9 or 50% of	line 10, whiche	şanı (or ioss) here ever is smaller. (En	ter zero if there is a lo	s or no
	the same of the sa	Market Committee of the			173F
ividends (see Form 1040	Instructions, page	5)	years (attach statem	· · · · · · · · · · · · · · · · · · ·	
are of net long-term gain	from small busin	ess corporations	(Subchapter S) .	on4):	• • •
are of net long-term gain	(or loss) from pa	rtnerships and i	flduciaries	· • • • • • •	
Tot	al long-term gross	sales price			
		• • • • • • • • • • • • • • • • • • •			
					to see the set of the
***************************************					******
•			_		
tal gains and losses-	assets held mo	re than 6 mon	ths (12 months o	r more for certain I	ivestock)
short-term capital loss	carryover from p	receding taxable	e years (attach state	ement)	
are of net short-term ga	in (or loss) from	partnerships ar	d fiduciaries		

	-			4	(6)
500 50	0 0 11/0	, A +	1/2/1/2	expense	of sale
etc.)	symbol (mo., day,		1 price	lowable) since purchase	d, attach (f plus g less
b. Description (Examples: 100 sh. of	quired.		t Gross sales E	. Depreciation subsequen	east of t improve-
	(Examples: 100 sh. of ''Z'' Co., 2 story brick, etc.) See Scale S	(Examples: 100 sh. of letter symbol (See instr.) See SCA DA DA DA DA DA DA DA DA DA DA DA DA DA	b. Description (Examples: 100 sh. of Pate of Pate) (Examples: 100 sh. of Pate) (See Pate) See Pate Scarp brick, state of Pate of Pate of Northern Capital loss carryover from proceeding taxable main (or loss) from lines 1, 2, and 3. Total long-term gross sales price. Total long-t	b. Description (Examples: 100 sh. of 2" Co., 2 story brick, spinol (Enter 100, dey, yr.) See. School (Mo., dey, yr.) See. School (Mo., dey, yr.) See. School (Mo., dey, yr.) See. School (Mo., dey, yr.) Instr.) Total long-term gain (or loss) from partnerships and fiduciaries short-term capital loss carryover from precading taxable years (attach statem gain (or loss) from lines 1, 2, and 3 and losses—assets held more than 6 months (12 months of more of net long-term gain (or loss) from partnerships and fiduciaries are of net long-term gain (or loss) from partnerships and fiduciaries are of net long-term gain from small business corporations (Subchapter S). Long-term capital loss carryover from preceding taxable years (attach statem widends (see Form 1040 Instructions, page 5). Igain (or loss) from lines 5, 6a, 6b, 7, and 8. Amounts shown on lines 4 and 9, and enter the net gain (or loss) here was GAIN.—Enter 50% of line 9 or 50% of line 10, whichever is smaller. (En 9.) (See reverse side for computation of alternative tax.) 11 from line 10. Enter here and in Part IV, line 1, on reverse side was a LOSS—Enter here and in Part IV, line 1, the smallest of the following: (in Form 1040, page 1, iso-11b, computed without regard to capital gains or loss from 1040, page 1, iso-11b, computed without regard to capital gains or loss from 1040 page 1, iso-11b, computed without regard to capital gains or loss from 1040 page 1, iso-11b, computed without regard to capital gains or loss from 1040 page 1, iso-11b, computed without regard to capital gains or loss from 1040 page 1, iso-11b, computed without regard to capital gains or loss from 1040 page 1, iso-11b, computed without regard to capital gains or loss into appara, use the first heading for section 1245 and the second heading for conditions in the shown below—write 1245 or 1250 b. Date acquired (mo., day, yr.)	Description (Campings: 100 sh. of special content of the content o

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

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

	s snown on Form 1040)			
Tax Co	mputation		0.00	
Not inst in t	r adjusted gross income (from line 15c, Form 1040). e.—If your adjusted gross income is less than \$5,000 and you choose to take the standard ded tead of itemizing your deductions, omit lines 2, 3, 4, and 5. Find your tax in the tables on pages he instructions and enter it in line 6a instead of making a percentage rate computation.	10-12	967	
met	er on the line at the right the amount of your deduction figured under one of the following thods:	ng]	1 Tay 1 2 - 2 15	
OR	er on the line at the right the amount of your deduction figured under one of the following thods: If you itemize deductions, enter the total from Schedule A (Form 1040), line 14 If your standard deduction as follows:			
—F	not more than \$1,000 (\$500 if married and filing separately).		1392	<u></u>
	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		
3 Sub	stract the amount on line 2 from the amount on line 1 and enter the balance here	٠, ١	100	
4 Ent	er number of exemptions claimed on line 10, Form 1040,	0, and	3/200	
5 Sub	er the amount on this line . Attract the amount on line 4 from the amount on line 3 and enter the balance here. This is able income	s your		
6a Tax line	: Use the appropriate Tax Rate Schedule on page 9 of instructions to figure your tax on the amo 5	unt on	<u> </u>	1
5b Tax is \$	surcharge. If line 6a is less than \$7.30, find surcharge from tables on page 10 of instructions. If 67.30 or more, multiply amount on line 6a by .05 and enter result. (If you claim retirement in the first line in the surcharge			مسيد،
6c Tot	al (add lines 6a and 6b)		:/^)	
Special	7a Retirement income credit			
		1 1		-
	7b Investment credit			
	7b Investment credit			•
			70	
8 Inc	7c Foreign tax credit		<u>, 0</u>	
9 Self	7c Foreign tax credit		<u>, 0</u> 20 20	Service of the servic

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

Dividends and Interest Income Schedule

Attach this schedule to your income tax return, Form 1040

Name (as shown on page 1 of Form 1040)	Social Section	inty Number
PAR	T I—Dividends Income	-
Gross dividends and other distributions on stock (I held by husband, wife, or jointly)	ist payers and amounts—write (H), (W), (J), for stock	

		* 18.
. <u>4 </u>		
		-
3 1 2 3		
a Ri	3	
		-
S P JAM	Total line 1	
Q E	2 Capital gain distributions (see	
B 112	page 5 of instructions)	
ore in the	3 Nontaxable distributions (see page 5 of instructions)	
	4. Total (add lines 2 and 3)	
	5 Dividends before exclusion (line 1 less 4—not	- 1
	less than zero). Enter here and on Form 1040, line 12, in space provided	<i>+</i>
PART II—Interest I	ncome (list payers and amounts below)	
Earnings from savings and loan associations and credit	unions	
(1/1	Tipo-ty Fedoral Savinos	
	IL oak Assoc Afely coop	525-
(3)	11	395 -
		158
\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		40
	<u> </u>	
Other Interest (on bank deposits, bonds, tax refunds, e	tc.)	
<u> </u>	Contral National Bank	513 -
7 V	7 (1111) 1990	1
N 1974		p.
	· · · · · · · · · · · · · · · · · · ·	
	Total interest income. Enter here and on line 13.	1637 -

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

1969

Attach this schedule to your income tax return, Form 1040

Name (as shown on Form 1040)

Itemized Deductions-You have a choice between two

Social Security Number

amount equal to 10 percent of the income you report on line

deduction methods. You can either item			15c of Form 1040, but not less than \$2	200 plus	\$100) for
deductions or take a standard deduction. De			each exemption claimed on line 10 of Fo			
itemized for charitable and other contributi			\$100 if married and filing separately	/). The	maxin	num
pense, medical expense, certain taxes, casu care, and other items described in the			standard deduction is \$1,000 (\$500 if separately). If you choose to itemize you			
back. If you take the standard deduction,			in the appropriate spaces below.	iui dedu	Ctions	,
Medical and dental expense (not compens			Contributions.—Cash—including checks,	money o	rders	etc
•			(Itemize) BOY		15	F-0.0
or otherwise) for medicine and drugs, doctors		50 5,	Girl Scouts of Amo	مرأ	16	
hospital care, medical insurance premiums,	etc.		0111 30005 0 701	"	1-1	
1 One half of insurance premiums for medi-	150		Catholic Cuaritio	[-	10	
cal care (but not more than \$150)	130	1	Cacher Comment		-70	
2 Medicine and drugs	16			ļ	!	
3 Enter 1% of line 15c, Form 1040	7			· · · · · ·		
4 Subtract line 3 from line 2 (not less than	40					
zero)	<u> </u>	-				
5 Itemize other medical, dental expenses		İ	(b) /2)	<u> </u>	·	
(Include balance of insurance premiums	•	Ì				
not deducted on line 1)	,			-	30.4	
			$\mathcal{G}_{\mathcal{J}}$			
	120			· ·		
	1/1/2	-	11a Total cash contributions	· ·	40	
	1/2/2		11b Other than cash (see instructions for			
100	120		required statement). Enter total of			
2/2	2		such items here			
@10			11c Carryover from prior years (see in-			
HOSD. THE Province	0)00	_	structions on back)			
+1607-1131-1-13			11d Total contributions (add lines 11a,	,		
Dr. Reis	60		11b, and 11c—see instructions for	, ,		
	- 50		limitation)		7.4	1
Dr. Strauss	42		Initiation)		40	
· · · · · · · · · · · · · · · · · · ·			Interest expense—Home mortgage			
Dr. Mendel	406	-6253000.	Installment purchases			
			Other (Itemize)			
Dr. RABINSON	25	A TOWN		<u> </u>		
	7		Auto Loan Devon BK		20	-
DY FOX(EYe, EXOLA)	75	_	prog.		11	
(Bylan, Fredy Sam)			<u> </u>		2	
YVELAEN DELCE	00					
(4 Pair Glasses)	7.0				-;;	
6 Total (add lines 4 and 5)	939					
7 Enter 3% of line 15c, Form 1040	17		12 Total interest expense		12/6	
8 Subtract fine 7 from line 6	912	_	Miscellaneous deductions for child care,			
9 Total (line 1 plus line 8)	1.062		alimony, union dues, casualty losses, etc.			•
Taxes.—Real estate			See instructions. 1968			
State and local gasoline	22		Income Tex Preparation	1	25	-
General sales (See page 15 of instructions)	118		7 7 7			
State and local income	700					
Personal property			·			
			;		1	
10 Total taxes ▶	130		13 Total miscellaneous		25	
14 Total deductions (add lines 9, 10, 11d		ente		12	40	
The state of the s	,,,		2. 25. 25. 25. 25. 25. 25. 25. 25. 25. 2	-// -	10	

1969 Samuel and thyllis kuny All Stocks 11346 MONTGOMERY AcquirediA Granada HILLS CALIF To be attached to and made part of 4.5 Individual Income Tax FORM 1040, 1969 PRICE PRICE (LOSS) SHARES DESCRIPTION ACQUIRED SOLD E. F. HUTTON and Co. 10-68 1-69 3,303-2994- 309-MERICANTILE INDUSTRIES 11-68 2.69 4,010- 3,726- 284 BOTANY INDUSTRIES 2.00 10-68 2-69 1,466-1,832- (366) MIDWESTERN FINANCIAL 200 MOWESTERN FINANCIAL VTR, INC. 10-68 2.69 1,416 - 1,832- (416-) 3.69 5.69 5,325 4,458 867-200 200 MCDONNELL & Co 8-68 2-69 943- 853- 90-8-68 6-69 1,672-1,749 (77) /oo WEST BURY FASHIONS IMPERIAL CURP of AMER 100 GOODBODY & Co. OO VOLUNE MERCHANDISE 11-68 1-69 2,563-2,645 82-12-68 1-69 4,646 3,809- 837-HENNSYLVANIA ENG. CORP. **ာ** 11-68 2-69 4,010- 3,726 284 BOTANY LNDUSTRIES 1-69 2.69 2,627-2,428 189-CINERAMA, INC. HENRY'S DRIVE-IN 200 10-69 2,463 828- (1,635) 200 2.69 10-69 10-69 875- 873- 2-PENTRON ELECTRONIOS CO. 200 FOR YCHROME 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-LEVIT HELENE CURTIS INDUSTRIES 12-68 10-69 1, 338-2,153 (815-) ALLIED ARTISTS PICTS VANGUARD INT., INC. 3-69 10-69 1,078-1,257- (179) 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)
6-69 12-69 1,722-2,431- (709) NYRONIES, INC. 100 100 DIVERSIFIED IND. BACHE & Co. 100 UNITED PIECE + DYE WILS. 1-69 2314-2343 (29) 2-69 609- 588- 21-8-68 1-69 2-69 609- 600- 9-100 SIBONEY CORP 1-69 400 MIDWESTERN FINANCIAL 8-68 2-69 2,932-4,220- (1,288-100 GENERAL BATTERY + CERMIC 1.623-1,484- 139-1-69 5.69 2-69 5-69 979 739 246-100 GSC ENTERPRISES, INC. 6-69 1,573-1,749+ (176-) 10-69 3,394-2,893 501-8-68 100 INPERIAL CORP & AMER 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 64902-64,155-(6,357-) TOTAL NW-88326-Docld;32245535-Page-153

1346 MONTGOMERY GRANADA HILLS, CALIC Tobe 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 a Co. E.F. HUTTON + Co. TOTAL INTEREST BOOKS FERIODICALS & SERVICES AUTO EXPENSE 6,000 MILES LESS KERSONAL 5,000 MUES BUSINESSMUCES AT 10 April 1000 MILES TOTAL EXPENSES NW 88326 Docld:32245535 Page 154

	ar January 1–D	th Form 40A evember 31, 1969, or	S Inc		Income		renue Service Return	im 1	96
	**************************************	Co 322 =	12-7997		34	9-18-14		Your social securit	y number
		SAMUELY	F PHYLLIS	RUBY			4		y. 11
; . , ,		SAMUEL Y 11346 MG GRANADA	INT GOME	TO G	aizda.			322 /2	79
9 - 18 - A		GRANA DA	141663	i py corr	77-27-7-			Your occupation	
ļ.								Spouse's social se	(Pio)
. ,								349 18	14
reason	below name and If changing f	d address used on y rom separate to join	nt or joint to sepa	068 (if same as	enter 1968 names	ng!'); If non and addres	e filed, give	Spouse's occupation	
		employer at time of t		<u>, C. 771</u>	CHSE, 77 O			115000	
Your		ngle	C) C to to		*		arried Head		
Filing Status (Check only o	k 3 ☐ Ma	arried filing joint re arried filing separ his item checked give ove and enter first nan	ate return and spouse's social sec	spouse is also	filing a return.	5 🔲 Marr	iving widow(e led filing sepa of filing a retu	rate return a	
		es for exemptions	which apply	•	, 6	Regular	65 or over		
ons	7a Yourself 7b Spouse	(applies only if lin	e 2 or line 6 is a	hecked)		· 🔄		Enter numl	ber
Exemptions		es of your depend			ou	• • • • • • • • • • • • • • • • • • • •	٠. ا		ked Þ ́
tem	FRED-	A 2 3 4 6 6 7 10 10 10	ELISA - T	and the second s	4 E	* 3		Enter number	· D 2
ú	9 OTHER DEPENDENTS	(a) NAME—Enter figure column to right for each	name listed	(b) Relationship	(c) Months lived in your name. See	or more	(a) Support you furnished. If 1009		nished and
ā		(if more space is needed	i, use other side)		Instructions, B-2.	income?	write "ALL."	others \$	
_		*.		J			Ψ .		D
	10 Total ex	cemptions from lir	nes 7, 8, and 9	above					D
Inc		s [Total before] \$ d							
Your		come: Total from att	ached schedules (c	check schedules	. •	Part II) . Ā, E□, I	F □) 1	1	37 - 0 -
Your	14 Other in	dd lines 11,] \$ //.	عري , 15b	Less Adjustmen	used—C [], D E	ब, E□, । 730-	F □) . 1. Adjusted Gross , income ▶ 1	1	0-
Your	14 Other in 15a Total [1 6 If line 15c 9 Go to Sch	dd lines 11.] \$ 2c. 13 & 14] \$, 15b	Less Adjustmen to figure tax an	used—C [], D [] ts [1040-1] \$ d surcharge. (Orthors; or claster, or	Z, E	F □) . 1. Adjusted Gross , income ▶ 1	4 5c 90	7 -7 -7 -
an ge	14 Other in 15a Total [1 6 If line 15c Go to Sch ment cred	idd lines 11, 2c, 13 & 14 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	27 , 15b 20 to Schedule T, d surcharge if you if employment tax	Less Adjustmen to figure tax an i itemize deduc x or tax from r	used—C [], D ts [See 1040-1] \$ d surcharge (Ornations; or claim recomputing prior	Z, E	F □)	4 5c 90	7
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ar Tax an Surcharge	15a Total [1 9 If line 15c 9 Go to Sch ment cred of If neither cred 16 Tax fro	is \$5,000 or more. To figure tax and it; or if you owe sel of above two items a max Table (see rcharge on line 16	, 15b go to Scheuule T, d surcharge if you fremployment tax polies, go to Tax 1 tables on T—2 a 6 (see T—1 for t	Less Adjustmen to figure tax and itemize deduct or tax from rables instead and T-3).	used—C [], D [] ts [1040-1] \$ d surcharge (Orbitions; or claim recomputing prior of Sch. T. Complet 16 tables). 17	Tines 16 a stirement in year investige lines 16,	F □) . 1. Adjusted Gross , income ▶ 1 nd 17.) còme credit, foment credit (017, & 18.	feign tax credii mit lines 16 an	d 17.) ///////// les under ill tigure
ar Tax an Surcharge	15a Total [1 9 If line 15c 9 Go to Sch ment cred of I neither cred 16 Tax fro 17 Tax sur 18 Enter to	is \$5,000 or more. To figure tax and it; or if you owe seld above two items a max Table (see rcharge on line 16 otal of lines 16 ar	, 15b go to Scheuule T, d surcharge if you fremployment tax polies, go to Tax 1 tables on T—2 a 6 (see T—1 for the and 17 OR amount	Less Adjustmen to figure tax and itemize deduct or tax from rables instead and T-3)tax surchargent from Sche	used—C □, D ts [1040-1] \$ d surcharge (Orbitions; or claim recomputing prior of Sch. T. Complet 16 tables) 17 dule T. line 18	Times 16 a stirement in year investige lines 16, in the state of the s	F □) . 1. Adjusted Gross , income ▶ 1 nd 17.) come credit, to ment credit, (0 17, & 18.	deign tax credit mit lines 16 and See 1040-1 for ru which the IRS w your tax and sure	d 17 //////// les under ill tigure
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Credits Your Tax an Surcharge	14 Other in 15a Total [1	is \$5,000 or more, T to figure tax and it; or if you owe self above two items a m Tax Table (see rcharge on line 16 or Tax Table A, ederal income tax I.C.A. tax withheld highway Federal gasol imated tax payments (see 12 or 12 or 12 or 13 or 13 or 14 or 15 or 1	include 1968 over	Less Adjustmen to figure tax an itemize deduct or tax from r Tables instead and T-3). tax surcharge nt from Sche Tax Rate Sci h Forms W-2 ployers—see R- G; Reg. Inv., payment allowed	used—C □, D ts [See 1040-1] \$ a surcharge (Orfactions; or claim recomputing prior of Sch. T. Complet tables) . 17 dule T, line 18, 1, □, Sch. D □ to back) 19 20 Form 2439 21	Times 16 a stirement in year investige lines 16, in the state of the s	F □) . 1. Adjusted Gross , income ▶ 1 nd 17.) come credit, to ment credit. (0 17, & 18. lee (check 1. G □) . 10	reign tax credit mit lines 16 and See 1040-1 for ru which the IRS we your tax and sure when the see that the	d 17. les under ill figure harge. k or r pay- iternal
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Balance Due Your Credits Your Tax an or Refund	14 Other in 15a Total [1	dd lines 11.] \$ 2c. 13 & 14] \$ 2s. \$5,000 or more, T to figure tax and it; or if you owe self above two items a m Tax Table (see rcharge on line 16 otal of lines 16 an Tax Table A, ederal income tax I.C.A. tax withheld highway Federal gasol imated tax payments (add lines 19, 20, 18 is larger than lines 23 is larger than lines (a) Credite	ine 23, enter Odd on 1970 estin	Less Adjustmen to figure tax and i itemize deduct or tax from r rables instead and T-3). tax surcharge nt from Sche Tax Rate Sch h Forms W-2 ployers—see R- i;	used—C □, D □ ts [See 1040-1] \$ q surcharge (Ortholions; or claim recomputing prior of Sch. T. Complet tables) . 17 dule T, line 18, 1, □, Sch. D □ to back) 19 20 Form 2439 21 as a credit) 22 Pay in full with re	if lines 16 a tirement investi e lines 16, i if applicab , or Sch	F □) . 1. Adjusted Gross , income ▶ 1 nd 17.) come credit, forment credit, 10 17, & 18. le (Check 1. G □) . 11 AC □ 2 unded ▶ \$	seign tax credit mit lines 16 an See 1040-1 for ru which the 18% which the 18% which the 18% money orde able to In Revenue Ser	les under ill figure harge. k or r paysternal vice.
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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Dealections > See instructions on A-1 and A-2. > If you use this schedule, attach it to Form 1040.

1969

Samuel 4 PHYLLIS Ru	W			cial Securi コートユ		
Medical and dental expenses (not compensa	ted by insure	nce	Gentributions.—Cash—Including checks			
or otherwise) for medicine and drugs, doctors	, dentists, nui	ses,	(Itemize)		Ordoin	,, Ctc.
hospital care, insurance premiums for medical				•		
1 One half of insurance premiums for modily		-	- ENISCOUTS & AMER		15	-
cal care (but not more than \$150)	150	-				
2 Medicine and drugs	48		GIRL Sours & AMER.		15	
3 Enter 1% of line 15c, Form 1040	9		•			
4 Subtract line 3 from line 2. Enter differ-	20				٠,	
ence (if less than zero, enter zero)	<u> </u>	-	CATHOLIC CHARITIES		10	40
5 Itemize other medical and dental ex-					. •	
penses (include balance of insurance					· ·	
premiums for medical care not deducted		1		1 3 3		
on line 1)				1		

HOSP INS PREMS	<u> </u>	 				J
TOSK INS. MERIS.	200	788		 	<u> </u>	
De REIS				+	-	-
JO: NEIS	00	-				
DR STRAUSS	42	<u> </u>	11 Total cash contributions		40	
- U U. 1033			12 Other than cash (see instructions on			
De MENDEL	406		A-1 for required statement). Enter	1 1		
	-100		total for such items here			+
DR KOBINSON	25	***	13 Carryover from prior years (see in-			,
			structions on A-2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DR. FOX (EYE EXAM)	75		12, and 13—see instructions on A-2		*	
(FRED BRIAN, SAMUEL)			for limitation)		40	
	. *		Interest expense Home mortgage	+		TY
WEINER OFFICAL	92	<1300F	Installment purchases	<u> </u>	7	1,
(4 poir GLESSES)			Other (Itemize)			† · · ·
Control of the contro	-					
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and the things of the second			HUTO LOAN DEVON BANK	1	120	98
Mark and the second				1 . 1		
1881			SEARS		15	00
			The second secon			
					1'	
				 		
E Tabel (add the A. J. 19)	939		15 Total interest expense >		/	CITS
6 Total (add lines 4 and 5)	27		Miscellaneous deductions for child care,			
7 Enter 3% of line 15c, Form 1040	912	• • • • • • • • • • • • • • • • • • •	alimony, union dues, casualty losses, etc.			
ence (if less than zero, enter zero)			(see instructions on A-2)	ļ.,		
9 Total deductible medical and dental ex-			1968 INCOME TAX TREPARATION		25	
penses (add lines 1 and 8)	1.062	-	The TANKE THE TRETAKE TOWN		<u>⊃√(⊕)</u>	œ>
Taxes, Real estate	- marine of receive or			 		
State and local gasoline	22	-		 		
General sales (see sales tax tables)	108	4		1		
State and local income		7		1	-	
Personal property			16 Total miscellaneous deductions >	· ·	25	
			17 TOTAL ITEMIZED DEDUCTIONS (add	 		
And the second s			lines 9, 10, 14, 15, and 16—enter		.	
10 Total taxes	130	-	here and on Schedule T, line 2) . >	1	392	
		I	The state of the s		4 6 cm	

SCHEDULE B (Form 1040)

Dividend and Interest Income

▶ See instructions on B-1

If you use this schedule, attach it to Form 1040

Department of the Treasury Internal Revenue Service 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) FEDERAL DAVINES 2 Other Interest on bank deposits, bonds, tax refunds, etc. (list payers and amounts) (W) CENTRAL NAT'L BX & CHGR Total of line 1 ... Capital gain distributions (see instructions 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

	ASSETS—Short-te			CAMPACATION IN THE PROPERTY OF THE PARTY OF	aldt		22 12 799
Part I—CAPTIAL			ams and to	sses—assets n	ield not mor	e than 6	months
a. Kind of property. Indicate security, real estate, or other (Specify)	b. Description (Examples: 100 sh. of '2" Co., 2 story brick, etc.)	ac: ac: ac: ac: ac: ac: ac: ac: ac: ac:	(mo., day,)	r.) pride	g. Depreciation allowed (or allowable) since acquisition	h. Cost or o basis, cost subsequent in ments (if purchased, a explanation) expense of	t of prove i. Gain or loss nut i. Gain or loss ttuch (f plús g'less h and
1 366	PCHED	ULE 7	HTTAC	(رية ۲۲			(6,359
Enter unused shor	of net short-term gain (rt-term capital loss car in (or loss) from lines	ryover from pre-	ceding taxable	d fiduciaries . years (attach sta			. (6, 357
	gains and losses—as					certain live	
Enter gain from Pa							
						·	
S. Bai			·				
	Total I	long-term gross s	ales price .				
Enter your share	of net long-term gain (c	or loss) from par	tnerships and	fiduciaries			
Enter your share of	of net long-term gain fr	om small busine	ss corporation	s (Subchapter S).			
Capital gain divid	g-term capital loss carr	yover from prec	eding taxable	yearş (attach stati	ement)		
	n (or loss) from lines 5		8				
•	ounts shown on lines			عيوس بين بيدون ورسيس مستحدها المستحديدة والمستحد	re		(6, 359
IF LINE 10 SHOW	S A GAIN—Enter 50%	of line 9 or 50	% of line 10, v	vhichever is smalle	er. (Enter zero	if there is a	loss
or no entry on lin	e 9.) (See reverse sid	le for computation	on of alternati	ve tax.)		• • •	
IF LINE 10 SHOW	rom line 10. Enter her S A LOSS—Enter here	e and in Part IV.	ine 1, on re- ine 1 the em-	/erse side	O. (b) line 2 Co	· · · · ·	6,359
Form 1040, if tax	table used) computed v	vithout capital ga	ins or losses;	or (c) \$1,000	o, (b) and s, sc	, (line)	, o O =
sets nela more ti	OM DISPOSITION (han 6 months (see i s appear, use the first h	nstructions or	ı D–1 for de	finitions)		45 AND 1	1250—
of descriptive detail	how acquired (if necessary, is not shown balow—write 1 indicate type of asset)	attach statement 245 or 1250	b. Date acquire (mo., day, yr.	c. Date sold (mo., day, yr.)	d, Gross sa	les price	e. Cost or other basis, cost subsequent improvements not purchased, attach expla nation) and expense of sal
	or allowable) since acquisition			tie en servicioni de la companya de la companya de la companya de la companya de la companya de la companya de	i. Ordin	nary gain ,	
f. Depreciation allowed (fil a Adiust	ed basis	n. Yotal gain	(lesser o	f f-2 o; h)	
f. Depreciation allowed (d	2 1-2. After December 31, 19	(e less sum of	1-1 and 1-2)	(d less g)			j. Other gain
f. Depreciation allowed (d	1-2. After December 31, 19	(e less sum of	1-1 and 1-2)	(d 1925 g)		ructions)	j. Other gain (h less i)
f. Depreciation allowed (d	2 1-2. After December 31, 19	(e less sum of	7-1 and 1-2)	(d 1925 g)			j. Other gain (h less i)
f. Depreciation allowed (co.	2 1-2. After December 31, 19	(e less sum of	f-1 and f-2)	(d less g)			j. Other gain (h less i)
f. Depreciation allowed (co.	2 1-2. After December 31, 19	(e less sum of	7-1 and 1-2)	(d less g)			j. Other gain (h less i)
f. Depreciation allowed (c) 1. Prior to January 1, 1962 Prior to January 1, 1964 Total ordinary gain.	2 1-2. After December 31, 19 OR—After December 31, 1963	t IV. line 2, on r.	everse side .		(see insi	ructions)	j. Other gain (h less i)

1040)

of the Treasury

Tax Computation

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 Social Security shown on Form 1040 372 12 SAMUEL & PHYLLIS 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 deduction of itemizing your deductions, omit lines 2, 3, 4, and 5. Find your tax in the appropriate table and 5. Find your tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropriate tax in the appropria r.B on T-2 or C on T-3). Enter tax on line 6 below. r on the line at the right the amount of your deduction figured under one of the following 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 Enter the larger of b(1) or b(2) on the line at the married and filing separately) right. It your spouse files (2) Enter the sum of: \$200 (\$100 if a separate return, determarried and filing separately) plus mine your deduction in \$100 for each exemption claimed in the same manner that line 10 of Form 1040, but do not she (he) has. enter more than \$1,000 (\$500 if married and filing separately) . stract the amount on line 2 from the amount on line 1 and enter the balance here. . . . 600 er the amount here stract the amount on line 4 from the amount on line 3 and enter the balance here. This is your able income. Figure tax on this amount by using the appropriate Tax Rate Schedule (I, II, or III) on ou claim the retirement income credit, enter amount from Schedule R, line 12, here . . surcharge. If line 8 is less than \$735, find surcharge from tax surcharge tables on T-1. If line 8 is 35 or more, multiply amount on line 8 by .10 and enter result here . tal (Add lines 6 and 9) . tirement income credit from Schedule R, line 17 (attach Schedule R). vestment credit (attach Form 3468). reign tax credit (attach Form 1116) . . . 0 tal credits (add lines 11, 12, and 13) 0 come tax (subtract line 14 from line 10) . elf-employment tax (attach Schedule SE)

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

ax from recomputing prior-year investment credit (attach Form 4255) .

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.

otal tax (add lines 15, 16, and 17). Enter here and on line 18, Form 1040 (make no entry on line 16 r 17, Form 1040). Attach Sch. T to Form 1040 only if you made an entry on line 14, 16, or 17 above. To claim tax-free covenant bonds credit, enter the amount of credit above line 14, and write "covenant bonds" to left of the entry.

0

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.

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26	39	39

Good Bodyo, Co. 1970 Dividents 20.60 Interest 18,24 1937 1848 2323 1809 845 100 171 269 100

wage and tax statement 1968 Copy C-For employee's records 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. ⁸ 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. 6 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 \$7,800. Fd.CA. employee Total Fl.CA. wages tax withheld 3 paid in 1968 4 2,250,00 SOCIAL SECURITY INFORMATION Uncollected Employee Tax on Tips . 69,00 Other compensa-tion paid in 1968 2 Chicago III. 60612
Type or print BMPLOYIE'S identification number, name, and address above. 7997 Type or print EMPLOYEE'S name and address (including ZIP code) above. The Stanley-Oliver Mfg. Co. FEDERAL INCOME TAX INFORMATION Wages paid subject to with-holding in 1968 1 322 12 Samuel D. Ruby 6123 N. Hoyns Ave. Chicago, Ill. 60645 2,250,00 1001 S. California BMPLOYER'S social security number DD Federal income tax 156.00 withheld

FORM WI-2-0.8. Treauty Department, Internal Revenue Service

36~2586182

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 Spouse's social security number 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 tous ewi Your present employer and address Your Filing Status-check only one: Your Exemptions Regular 65 or over la 🗆 Single 2a Yourself . M 1b Married filing joint return (even if only one had income) of boxes checked 2b Spouse . 1c 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 Enter Themas 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-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: œ 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). 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 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 ğ 1968 Estimated tax payments (include 1967 overpayment allowed as a credit) 20 21 Total (add lines 17, 18, 19, and 20) 21 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 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 propared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge. Sign Signature of preparer other than texpayor Your algnature here Beauso's signature (if filing jointly, BOTH must sign even if only one had income) -80159-1

U.S. Treasury Department, Internal Revenue Service

			,		, and a second		
(a) NAME (If more space is needed attach schedule)	or dependen (b) Relationship			a, page 1 (d) Did depend-	(a) Amount VOII furnished	1040—1968—-	shed
(9) MAINE (11 MINIS SPACE IS HERDER STREET, SCHOOLS)	(b) nejanonamp	home. If bo	lived in your orn or died dur- ite "B" or "D"	ent have income of \$600 or more?	for dependent's support, If 100% write "ALL"	by OTHERS inclu	ıd-
1					\$	\$	-
Total number of dependents listed above	Enter he	re and or	n page 1. li	ne 3b			
Pall Income from sources other					deductions—Use o		notuse
1a Gross dividends and other distributions and amounts—write (H), (W), (I), for stock hel	on stock (lis	t payers	Medical ar otherwise)	tax table or d dental expe Attach item	standard deduction. ense (not compensatized list. premiums for medi-		
Jun Elect. 20,00 //eu.		<u> </u>		•	than \$150)		
Coburn 52.50 Mass	eg Ferg	4/38		•	e and drugs		
Atlas 2000 East Diversitied Metals	I.rnju.e.	6.00	4 Subtract 5 Other n	t line 3 from lin nedical, denta	ne 2 (not less than zero) I expenses (include premiums for medi-		
H11 (H)		7(,-70	cal care	not deductible	e on line 1)		
Total line 1a		<u>57 58</u>			5)		
	<u> </u>		8 Subtract I	ine 7 from line	6 (not less than zero) .		
1c Capital gain distributions (see page 5 of instructions).	_\\\\\\\		9 Total (a	dd lines 1 and	8)		
1d Nontaxable distributions (see page 5 of instructions).		<u> </u>	(itemize) .		ncluding checks, m		
1e Total (add lines 1b, 1c, and 1d)			•	•			
not less than zero)	> (0758				***********	
Interest (list payers and amounts below)		i					•••••••
Earnings from savings and loan assoc. a			10 Total o	cash contribut	ions		
	•		11 Other to statement	than cash (see nt). Enter total	instructions for required of such items here.		
***************************************					years (see page 7 of instr.)		
			13 Total	contributions	(add lines 10, 11, tions for limitation)		
Other interest (on bank deposits, bonds, ta	x refunds, e			eal estate	Fig. 1	-	- .
	•••••••••••••		1. ' .		soline		
••••	•••••	•••••	1	, -	ige 15 of instructions) .		
	N			•	me		
2 Total interest income		15 60	Person	al property	• • • • • • • •		-
nerships, estates or trusts, etc. (attach Sch. B)	•	· .	14 Total t	axes		>	
4 Business income or loss (attach Schedule C) .					ne Mortgage		
5 Sale or exchange of property (attach Schedule D)		25622					
6 Farm income or loss (attach Schedule F)			Other (Iter	mize)		**:************************************	
Miscellaneous income (state nature and sou						****************	••••••
OLiver J. Isenberg	7.	<u> </u>					
7 Total miscellaneous income	× 17	50 00			e Þ		
8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7)		<u> </u>	1.		s.—(see page 8 of in		
		39 40	,				
Max III Adjustments to income			16 T-1-1	mlandlanas:-			 _
1 "Sick pay" if included in line 5, page 1 (at tach Form 2440 or other required statement)	. <i> </i>		17 TOTAL	DEDUCTION	S (add lines 9, 13, 14,		-
					nd on page 1, line 11a. ▶	1	<u> </u>
2 Moving expenses (attach Form 3903) . 3 Employee business expense (attach Form 2106 or other statement)	• //	16 83	1 Retirem		redit (Schedule B) .	1	
4 Payments by self-employed persons to re tirement plans, etc. (attach Form 2950SE)	•		ſ		rm 3468) rm 1116)	/	<u>(32</u>
			11.	•	page 1, line 13) . >	- 7	1/57-
B TOTAL ADJUSTMENTS (lines 1 through 4) Enter here and on page 1, line 8	7/	16 83	EXPENSE expenses t	ACCOUNTS—if	you had an expense in the check here and see	allowance or o	charged uctions.
	호호호호 U.S. GO					c89-18-40	

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 III The below listed expenses are in connection with my Schedule Interest paid on margin accounts. McDanald 13107 2884 Bache 7939 Total Interest 25458 Book, Periodiak and Services Huto Miles Travelled 6000 Less Persona 4500 Business 1500 at 1.0d 15000 Telephone 96 CO. Rent-Use of 14 of room 7200 Desk and Book Case \$165.00 at 10 years Total Expenses 7 716.93

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 Partin The below listed expenses are in connection with my Schedule D. F. Interest paid on margin accounts! Mc Do nald 13107 1538 2884 Bache Total Interest 25458 Book, Periodiak and Services Auto Miles Travelled Less Personal 6000 4500 Business 1500 at 104 15000 Telephone 9600 Rent-Use of 14 of room 7200 Desk and Book Case 16500 at 10 years Total Expenses 7 74.83

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

samuel a		\mathcal{L}	*				al Security Number
				<u> </u>			2 12 799/
art I—CAPITAL A	SSETS—Short-te	erm capital gá	ins and los	ses—assets h	eld not mor	e than 6	months
e. Kind of property. Indicate security, real estate, or other (Specify)	b. Description xamples: 100 sh. of "Co., 2 story brick.	c. How ac quired. Enter letter symbol (See Instr.)	e. Date sold (mo., day, yr.		g. Depreciation allowed (or allowable) since acquisition	h. Cost or o basis, cost subsequent im ments (if n purchased, al explanation) expense of s	of prove- ot tach and
			_				
	Sec S	hedule	> DH	chel			\$ 036
				i .			
Enter unused short	net short-term gain term capital loss ca (or loss) from line	rryover from pre	ceding taxable	years (attach st	tatement)	,••••••	
	ins and losses—a						
Enter gain from Par	t II, line 3						
	•						
	iotai	long-term gross s	ales price	ļ	*	* ** - * * * *	
	net long-term gain (
	net long-term gain f						
	erm capital loss car					•	• •
	ds (see Form 1040 Ir (or loss) from lines						
	nts shown on lines						14.75
a contract of the contract of	AIN-Enter 50% of						
	(See reverse side fo					*	
							5036.
Subtract line 11 fro	m line 10. Enter i		. •				, , , , , , , , , , , , , , , , , , ,
If line 10 shows a L	.OSS—Enter here an						
If line 10 shows a L							
If line 10 shows a L the amount on Form t II—GAIN FRO ets held more th	.OSS—Enter here an	OF DEPRECIA e instructions	hout regard to BLE PROPE for definition	capital gains or I RTY UNDER ns)	SECTIONS 1	245 AND	1250
If line 10 shows a L the amount on Form II—GAIN FRO ets held more the re double headings a Kind of property and he of description details	OSS—Enter here and 1040, page 1, line 3 M DISPOSITION tan 6 months (see	OF DEPRECIA e instructions	hout regard to BLE PROPE for definition	capital gains or I	SECTIONS 1 or section 1250.	245 AND	e. Cost or other basis, cost subsequent improvements not purchased, attach expla
If line 10 shows a Line amount on Form II—GAIN FRO ets held more the double headings: Kind of property and head description details.	OSS—Enter here and 1040, page 1, line M DISPOSITION tan 6 months (see appear, use the first in the standard shown helpw—write	OF DEPRECIA e instructions	BLE PROPE for definition 1245 and the	capital gains or I	SECTIONS 1 or section 1250.	.000	e. Cost or other basis, cost subsequent improvement, not purchased, attach explanations and provide the explanation of purchased, attach explanations are provided to the explanation of purchased, attach explanations are provided to the explanation of purchased attach explanations are provided to the explanation of t
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If line 10 shows a Line amount on Form II—GAIN FRO ets held more the redouble headings at the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details to in the complex details details the complex details details the complex details details the complex details detail	OSS—Enter here and 1040, page 1, line M DISPOSITION and 6 months (seappear, use the first I own acquired (if necessary not shown below—write dicate type of asset) allowable) since acquisition [-2, After December 31, 1	OF DEPRECIA e instructions neading for section , attach statement 1245 or 1250	hout regard to BLE PROPE for definitio 1245 and the b. Date acquire (mo., day, yr.)	capital gains or I	osses; or (c) \$1 SECTIONS 1 or section 1250. d. Gross t	,000	e. Cost or other basis, cost subsequent improvements (not purchased, attach explanation) and expense of sale
If line 10 shows a L the amount on Form I II—GAIN FRO ets held more the re double headings a Kind of property and he of descriptive details to in Depreciation allowed (or Prior to January 1, 1962	OSS—Enter here and 1040, page 1, line M DISPOSITION an 6 months (seappear, use the first in line and stown acquired (if necessary not shown below—write dicate type of asset)	OF DEPRECIA e instructions reading for section , attach statement 1245 or 1250	hout regard to BLE PROPE for definitio 1245 and the b. Date acquire (mo., day, yr.)	capital gains or I	i. Ord (lesser	.000	e. Cost or other basis, cost subsequent improvements not purchased, attach expla
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If line 10 shows a L the amount on Form I II—GAIN FRO ets held more the redouble headings a Kind of property and he of descriptive details to in Depreciation allowed (or Prior to January 1, 1962	OSS—Enter here and 1040, page 1, line M DISPOSITION IN A CHARLES AND AND AND AND AND AND AND AND AND AND	OF DEPRECIA e instructions reading for section , attach statement 1245 or 1250	hout regard to BLE PROPE for definitio 1245 and the b. Date acquire (mo., day, yr.)	capital gains or I ERTY UNDER ns) second heading for the desired (mo., day, yr.) h. Total gain	i. Ord (lesser	245 AND	e. Cost or other basis, cost subsequent improvements (not purchased, attach explanation) and expense of sale

	Income Tax Return for or other taxable year beginning	967, ending 19	Your soc	lal security numb	er
rat name and in	tial (if joint return, use first names and middle initials of both)	Last 'name			
, ,			2	1,5 700	77
	Land Dhillis	Kubu!	322	1/2 1/7/	Z .,.,
<u>Jamue</u>	mber and street or rural route)		Your occu	•	
ome address (Ni	1 11			social security number	<u> </u>
0 23	office, and State	ZIP code	Spouse's		" F)
~ · ·	1 / 1 '		<u> </u>	occupation	
CA CA	for 1966 (if same as above, write "S	Same''). If none filed, give reason. If changing	<i>i /</i>	`	: .
rom separate to	and address used on your return to 1900 (manner and addresses.	me		sewite	
Your present	employer and address Stunley - Uliver H	16g. Co. Chicage +	-/// <i>m</i>	.073	<u> </u>
Spouse's pres	ent employer and address, if joint return			Blind	
	Status check only one:	Your Exemptions Regular 65 or	OVOI L	Enter	- 27
	·	2a Yourself 🖸 🔲	. L	of boxes	2:
la □ Sing Ib ∀ Mari	ied filing joint return (even if only one had income)	2b Spouse X	ا. ۱۰۰ د مسلمال	- ''	ets.
io '⊟ Mari	ed filing separately. If spouse is also filing a return,	3a First names of your dependent ch			
enter	her (his) social security number in space provided above	you tred Brian.		Enter	4
and g	ve first name here	3b Number of other dependents (fro	m page 2	number D	
ld 🗆 Unn	arried Head of Household	doimod			6
le 🗍 Surv	ving widow(er) with dependent child	4 Total exemptions claimed	5	6,750	00
ncome	5 Wages, salaries, tips, etc. If not shown on att	ached Forms W-2 attach Capital	6	(3	36)
if joint re- turn include -	6 Other income (from page 2, Part II, line 8)		7	6.746	64
all income	7 Total (add lines 5 and 6)	lina El	8		
of both husband	8 Adjustments to income (from page 2, Part III, I	line 5)	9	6,746	64
and wife	9 Total income (subtract line 8 from line 7)	loss than \$5,000, find your tax from	10		
Find tax from table	10 If you do not itemize deductions and line 9 is tables in instructions. Do not use lines 11a,		10		
OR	11a If you itemize deductions, enter total from page If you do not itemize deductions, and line 9	e 2, Part IV, line 17 is \$5,000 or more enter the larger of	:	1,186	28
,	If you do not itemize deductions, \$200 (\$10	00 if married and filing separate return) 11a		
21.	plus \$100 for each exemption claimed on Deduction under (1) or (2) limited to \$1,000 (i line 4, above. (\$500 if married and filing separately)	.]		
Figure tax	Deduction under (1) or (2) littled to \$1,000	(4555 1. 1.1.2.1.1.2.1.1.2.1.1.2.1.1.1.1.1.1.	11b	5.560	136
using tax rate	11b Subtract line 11a from line 9	h. #600	11c	3.600	
schedules	11c Multiply total number of exemptions on line 4,	, above, by \$600		1	
	11d Subtract line 11c from line 11b. Enter balance amount by using tax rate schedule on page 11			1,960	36
	12 Tax (from either Tax Table, see line 10, or Tax	x Rate Schedule, see lines 11a-11d)	12	288	02
	13 Total credits (from page 2, Part V, line 4)		13	700	165
	The Jacomo tay (subtract line 13 from line 12)		14a	٥٥مص	100
Your	14b Tax from recomputing prior year investment of	credit (attach statement)	14b		
Tax,	15 Self-employment tax (Schedule C-3 or F-1)		15 16	288	05
Credits,	16 Total tax (add lines 14a, 14b, and 15)	2161			iiiiiiii.
and	17 Total Federal income tax withheld (attach For	rms W-2) $\frac{17}{19}$ $\frac{34/9}{19}$	/////یا		///////
Pay-	10 Evenes F.I.C.A. tax withheld (two or more employers—se	ee page 5 of instr.)	\////		
ments	19 Nonhighway Federal gasoline tax—Form 4136, 🔲 R	leg. Inv.—Form 2439 19			
•	20 1967 Estimated tax payments (include 1966 overpayme	ent allowed as a credit) 20	21	349	1.0
and Pay- ments	17 19 19 and 20)	the state of the s			
	and the summer (line 21) are less than tax (line 16); er	nter Balance Due. Pay in full with this fetter	23	61	27
Balance Due or Refund Under penal true, correct	22 If payments (line 21) are larger than tax (line	e 16), enter Overpayment	24		
Due or	24 Amount of line 23 you wish credited to 1968	Estimated Tax	niv 25	61	5
Refund	24 Amount of line 25 you wish cleatest 25 Subtract line 24 from 23. Apply to: U.S. Saving les of perjury, I declare that I have examined this return, including and complete. If prepared by a person other than taxpayer, his declarated	gs Bonus, with excess retuined of by Refund o	e best of I	my knowledge and be	olief it is
		accompanying schedules and statements, and co of			

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

		term c	capital gain	s and lo	sses—assets	held not mor	e than 6 mo	nths
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.)	1	e. Date sol (mo., day, y		g. Depreciation allowed (or allowable) since acquisition	h. Cost or other basis, cost of subsequent improv ments (if not purchased, attact explanation) and expense of sale	i. Gain or loss (f plus g less h)
						-	-	
Stock	Zero MEG	A	9-29-6	10-16-6	7 3 93592		4483.26	(54730
Stock	Pike Corp	<i>A</i>			67 2,600,25		2.694.81	(94.57
		-						
2 Enter your st	hare of net short-term ga	din (or l	oss) from par	tnerships a	and fiduciaries .			
	short-term capital loss							
	m gain (or loss) from li							. (64/.90
ong-term capi	ital gains and losses—	-assets	held more	than 6 mo	onths (12 mont)	ns or more for	certain livesto	ock)
Enter gain fr	om Part II, line 3			: i i i i	د. ه د نسر نسر :		- نەرزىنىرىنىن	•
Stack	Beth Steel	/}	-2-62	9-67	52336		5,504.01	34.4
Stock	HMF		6-63	9-6/	7.75 کاکورکت		1,873.50	376.45
Steck	Dupiter	. <i>ft</i>	4-63	10-62	559.73		537.2	5 23.42
				·				
	To	tal long-l	term gross sa	les price .				
Enter the full	in amount of your share		•		from partnership	- s and fiduciaries	.	
						•		
			r from brecer	ling taxable	e vears (atrach s	statement)		
					e years (attach s	statement)		
3 Capital gain o	lividends (see Form 1040	Instruct	tions, page 6)		e years (attach s	statement)		453.42
Capital gain of Net long-term	dividends (see Form 1040 n gain (or loss) from line	Instruct s 5, 6, 7	tions, page 6) 7, and 8	· · · ·				453.42
Capital gain of Net long-term Combine the	lividends (see Form 1040	Instruct s 5, 6, 7 es 4 ar	tions, page 6) 7, and 8 nd 9, and en	ter the net	gain (or loss) h			(188.48)
3 Capital gain of Net long-term Combine the If line 10 sho	dividends (see Form 1040 n gain (or loss) from line amounts shown on lin	Instruct s 5, 6, 7 es 4 ar of line 9	tions, page 6) 7, and 8 nd 9, and en or 50% of lin	ter the net	gain (or loss) h			(188.48)
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Exemptions Complete onl	y for dependen	ts claime	d on line 31	o, page 1	<u> </u>	n 1040—1967—Page
NAME (if more space is needed attach schedule)	(b) Relationship	(c) Months home. If bo ing year wi	lived in your ite "B" or "D"	of \$200 or more; (q) Did debaud-	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnishes by OTHERS including dependent.
					\$	\$
				no 3h		▶
Total number of dependents listed ab			i page I, ii	'3	d - decadions - Uso	anly if you do not us
Income from sources oth	ier than wag	es, etc.	****	Any table or	deductions—Use standard deduction	•
a walk stands and other distribution	ns on stock (lis	st payers	Medical ar	nd dental expo —Attach item	ense (not compense	ated by insurance
and amounts-write (H), (W), (J), for stock	nelo by musbanu,	, 4116, 01	1 One-half	Attach item	re than \$150) of in	11119
Bethlehem Steel (H)	16	8.75	surance	premiums to	r medical care .	
Amer. Mich & Found (1					e and drugs	•
. IIII Circuit					age 1	•
			5 Other r	nedical denta	ne 2 (not less than zero il expenses (includ	ei al.
		•	halance	of insurance	premiums for mea	! / Y/ !'/
		7710c	cal care	not deductible	e on line 1)	686 7
Total line 1a		36/25		dd lines 4 and		2021/
Exclusion (see Instructions).	-				age 1	
Capital gain distributions			9 Total (a	dd lines 1 and	18)	D 599 C
(see page 6 of instructions).	· · · · · · · · //////////////////////		1	·	including checks,	
Nontaxable distributions			(itemize)			
(see page 6 of instructions).	· · · · ·	10C 00	1	lise Char	Hes	257.00
Total (add lines 1b, 1c, and 1d) Taxable dividends (line 1a less line 1	e			1. H.		-16.00
not less than zero)	. > /	<u> 36 21</u>]	1. S. Y.		20.00
erest (list payers and amounts below)						
rnings from savings and loan asso	c. and credit	unions.		•••••		
mings from savings and			. 10 Total	cash contribu	itions	•
			11 Other	than cash (see	instructions for require	ed.
			statom	ent). Enter tota	al of such items here	3 ·
					r years (see page 8 of ins	
her interest (banks, bonds, tax refun	ds, etc.)	48.87	. 13 Total and 1	contributions 2—see instru	(add lines 10, 1 ctions for limitation)	6/
st Nutl Bancot Linco	10 01 0001				· · · · · · · · · · · · · · · · · · ·	
				Real estate .	asoline	40.0
			Gene	ral tales Isee	page 15 of instructions	
		48187		and local inc		
Total interest income	nart.		- 1			
nerships, estates or trusts, etc. (attach Sch	B) .				<u> </u>	▶ 215.0
Business Income or loss (attach Schedule C)			Interest	expense.—Ho	me Mortgage	
Sale or exchange of property (attach Schodul	e D)	188 4	Other (it	emize)		
Farm income or loss (attach Schedule F) .			Key.	N 0/01 7		
scellaneous income (state nature and	source)		tree	<u>hling</u>		29.40
scenarious moone (oraș	·····		M.1.S.C			
	·····			interest exper	nse	D 254
						f instructions)
Total miscellaneous income	l l		Miscellar	reous deduction	ons.—(see page 9 o S	57.00
TOTAL (add lines 1f, 2, 3, 4, 5, 6, an	d 7) .	(3 3)	J			
Enter here and on page 1, line 6			911	· · · · · · · · · · · · · · · · · · ·	•••••	
Adjustments to inco			16 Total	miscellaneou	ıs	<u>▶ 57</u>
"Sick pay" if included in line 5, page	1 (at-		17 TOT/	L DEDUCTIO	NS (add lines 9, 13,	14,
tach Form 2440 or other required statem	101117		15, at	nd 16). Enter hor	e and on page 1, line 11	a. P. 1, 1861
Moving expenses (attach Form 3903			"Parked	Credits		
Employee business expense (attach 2106 or other statement)	rorm		1 Retire	ment income	credit (Schedule B	
	ì				Form 3468)	
Payments by self-employed persons tirement plans, etc. (attach Form 295)	OSE) .				Form 1116)	
TOTAL ADJUSTMENTS (lines 1 throu			4 TOTA	L CREDITS (fo	or page 1, line 13). f you had an expen er, check here and i	se allowance or cha
z mentar arministration is flippe i totoli	gn 4). ▶	1	LEVORNSE	ACCOUNTS—	t you naα an expen	SA BUCASILAS OL ALIS

Chicago, Ill. 60612	WAGE AND TAK STAILMEN! 3 OD S
- P	Copy C—For employee's records
FEDERAL INCOME TAX INFORMATION	SOCIAL SECTIBITY INCORMATION
Wages' paid subject to with- Cother compensal-holding in 1967 tion paid in 1967	F.I.C.A. employee Total F.I.C.A. wages tax withheld paid in 1967
	290.40 6.600.00
322 12 7997 to	Includes tips reported by employee. This amount is before payroll deduc-
	² Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.
Chicago III. 606/15	³ The social security (F.I.C.A.) rate of 4.4% includes .5% 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.
code) above.	Uncollected Employee Tax on Ting
u Cunible du - L U.S. Treasury Department, Internal Revenue Service	

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LAI	CE F	PREADDRESSED LABEL HERE, if availa ial security number(s) only if incorrect or n	bie. (Correct ot shown on lab	name and address, if necessary) el.	Check One:		ar Year Year Ending	ICATION	1977
PR	S ESEN	(If joint return, give first names and initials of AMUEL PHYULS IT HOME ADDRESS (Number and street, including 16250 BIRCH:	iding apartment r	cub/		SEE PAGE Your	OF INSTE	RUCTIONS	
cī	TY, I	OWN OR POST OFFICE, STATE AND ZIP (TILLS	CF		PATION Spot			
FILING STATUS	2,4% 3 [4 [5 [Married filing joint return (even if only one) Separate return of married person—Enter system is social security number and full name here Head of Household—Enter name of qualifying individual Widow(er) with dependent child (Year spouse	had income) pouse's MBLION (SEDITA e died 197_)	8 Blind (see instructions) Number of blind ex 9 Total exemption credits (add lines 6, 7 and	er \$50 s head umber E	of household	2 × \$8 • _ × \$8 _ line 20	/ [33.54	00
W-Z MEICE	11 12 13 14 15	Interest. Enter total (if over \$400, completencement of the standard of the st	total (if over \$4 te and attach \$ erest (from line of the content	100, complete and attach Schedule B(540)			11	95 95 46	
H COPY Z U	17 18	• If you itemize deductions OR line 16 is 9 Deductions: Itemized (from line 63) OR STA Taxable income (subtract line 17 from line	NDARD (\$1,000 it 16) Compute tax	f line 1 or 3 checked—\$2,000 if line 2, 4 or 5 from Tax Rate Schedule—Enter tax on line 19	• •		18 20	55	,
▲ ATTAC	19 20 21 22 23 24	Other credits (from line 68-Including Spe	if line 20 is gr cial Low Income le 21—if line 22				24) -) -	
ATTACH HERE 🔊	25 26 27 28 29	Total tax liability (add lines 23 and 24). Total California income tax withheld (attack Renter's credit—if you lived in rented prop 1976 California estimated tax payments Excess California SDI tax withheld (see ins	th W-2 or W-2P perty on March 1	, 1976, complete Part 1 on page 2 ■ 27		6	23	0 -	<u> </u>
	30	Total Credits	LANCE DUE. If I NCHISE TAX BOA RAMENTO, CA	it is equal to line 30, enter zero. RD P		· · · · · · · · · · · · · · · · · · ·	30 — O 31 — C Do not write	in these space	ies
security number on check or money order.	32 33	P.O	mount OVERPAID Allow at least sinchise TAX BOA . BOX 13-540 RAMENTO, CA	33 E 33	(P E M		
umber	34	Amount of line 32 to be credited on your					R		·
rity n		you do NOT want State income tax forms a				uctions, Pag	 		
l secu	Ur an	nder penalties of perjury, I declare that I had belief it is true, correct, and complete.	nave examined the Declaration of p	his return, including accompanying schedules ar preparer (other than taxpayer) is based on all int	nd state formation	ements, and t on of which p	o the best o reparer has	л my know any know	viedge.

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 taxpaver)

Date

Page 2 Form 540 (1976)

PART I - Renter's Credit - All questions must be answered	
36 Was the property you rented exempt from property tax?	may not claim this credit u may not claim this credit u may not claim this credit e page 3 of instructions
PART II - Other Income	
39 Business income (or loss) (attach Schedule C(5401)	39 35 1/6 40 (1000) 41 (42) 43 44 45 46
Enter total of lines 47(a), 47(b), and 47(c)	47
48 Total (add lines 39 thru 47). Enter here and on line 13	48 2546
PART III - Adjustments to Income	
49 "Sick pay," if included in line 10 (see instructions - attach Form FTB 3805T) 50 Moving expenses (see instructions - attach Form FTB 3805U) 51 Employee business expenses (See instructions - attach Form FTB 3805N) 52 Military exclusion (see instructions) 53(a) Payments to an individual retirement arrangement (attach FTB 3805P) (b) Payments to a Keogh (H.R. 10) retirement plan (c) Payments to a self-employed "Defined Benefit Plan" Enter total of lines 53(a), 53(b), and 53(c) 54 Forfeited interest penalty (see instructions) 55 Total adjustments (add lines 49 thru 54). Enter here and on line 15	50 51 52 53 54
PART IV - Itemized Deductions	
• Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below 56 Total deductible medical and dental expenses (from Schedule A(540), line 10) 57 Total taxes (from Schedule A(540), line 17) 58 Total interest expense (from Schedule A(540), line 20) 59 Total contributions (from Schedule A(540), line 24) 60 Total casualty loss (from Schedule A(540), line 29) 61 Total miscellaneous deductions (from Schedule A(540), line 33) 62 Total child care and adoption expenses (from Schedule A(540), line 37) 63 Total itemized deductions (add lines 56 thru 62). Enter here and on line 17	56
PART V - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW	,
64 "Other State" net income tax credit (attach copy of other state return and Schedule S(540))	65
PART VI - Other Taxes	
69 Tax on preference income (see instructions - attach Schedule P(540)	
The four face the second for any or the contract of the contra	





ITEMIZED DEDUCTIONS

Attach to Form 540



Name as shown on Form 540

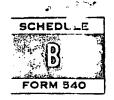
SHP Ruby

Social Security Number

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

Madical and dental expenses (not compensated by insura medicine and drugs, doct hospital care, insurance p care, etc.	ors, dentists, nu	ırses,	Contributions 21(a). Cash contributions for which you have receipts, canceled checks, etc. (b). Other cash contributions. List donees and		
1. One half (but not more than \$150) of insurance			amounts		. †
premiums for medical care		 		·····	7
2. Medicine and drugs		 .]	·
3. Enter 1% of line 16, Form 540		 			
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)			22. Other than cash.—See instructions for required statement		ļ
5. Enter balance of insurance premiums for medical care not entered on line 1			23. Carryover from 1974 & subsequent years — See instructions		ļ
6. Other medical and dental expenses:			24. Total— (Add lines 21a thru 23. Maximum de-		
(a) Doctors, dentists, nurses, etc			duction may not exceed 20% of adjusted gross	131)	1.
(b) Hospitals			income. Enter here and on Form 540, line 59)	100	
(c) Other (itemize)		ļ			
			Casualty or Theft Loss(es)	-	
5CH			NOTE: If you had more than one loss, omit lines 25 through 28—See instructions for guidance		ĺ
			25. Loss before insurance reimbursement	1	
7. Total—(Add lines 4, 5, 6a, b, and c)			26. Insurance reimbursement		. †
8. Enter 3% of line 16, Form 540		<u> </u>	27. Subtract line 26 from line 25, Enter difference (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		
10. 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)	Francis	
Taxes				 \	+
			Miscellaneous Deductions		
11. Auto license—Excess of registration and weight fees (see instructions)			30. Alimony paid to:		1
12. Real estate	• • • • • • • • • • • • • • • • • • • •		31. Employment Education Expense.		1
13. State and local gasoline		1	32. Union dues		1
14. General Sales			Other (itemize)		1
15. Personal property (Boat and Aircraft)	1				4
18. Other (itemize)					
<u> </u>			33. Total (Add lines 30 through 32. Enter here and	~	
	. Head		on Form 540, line 61)	- Comment	
17. Total taxes—(Add lines 11 thru 16. Enter here and	1170		Child Core and Adoption Evenes		\top
on Form 540, line 57)	110		Child Care and Adoption Expense		
Interest Expense			34. Child care expenses — Attach Form 3805X	-	1
18. Home mortgage			35. Total adoption expense	4	
19. Other (itemize)		1	Less 3% of line 16, Form 540.	4	
			36. Net adoption expenses — See instructions		
41		1	for maximum limitations		+-
			37. Total child care and adoption expenses	-	
20. Total—(Add lines 18 and 19. Enter here and on Form 540, line 58)	75/7		(add lines 34 and 36. Enter here and on Form 540, line 62)		
	1000	<u></u>		<u> </u>	

Do NOT deduct the \$100 federal exclusion.







lame as shown on Form 540

SOF 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-	State income tax purposes and not as capital gains as permitt under the federal law.	
Gross dividends and other distributions on stock—List payers and amounts—Write (h	i), (W), (J), for stock held by husband, wife, jointly.	-
	· · · · · · · · · · · · · · · · · · ·	
Total dividends	1	

PART II-INTEREST INCOME

Interest on bonds, debentures, loans, notes, tax refunds and all ppes 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

tock—If gross dividends and other distributions (including capital

Interest on the following obligations is exempt from tax:

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- (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		
Interest income—List payers and amounts NOTE ON WOODLEY BISTRO	4959	
UPL	17	
TRANS WORLD	71	
Martine Co.	191	
WOLLD	17	
Total Interest Income. Enter here and on line 12, Form 540	5195	





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

TAXABLE 1976

	chadule (to your income tax return, Form 5	40 or 540NR		-	Partnerships	, joint ventur	os, otc., must	file on Form 565
ne as show	n on Form	540 or 540NR Ruby						507	lover I.D. No.
Name and	Address o	Business	10P, 160	55 Um	BRA	BLUD &	meinada	95-26	515-18
Principal I	ousiness a	activity (i.e., retail—hardware; wholesal	a_tnbacco: servi	ices-legal; etc.)	2.7.	1			
Indicate r	nethod o	f accounting:	ual; 🔲 othe	3 VEG					C
Were Form	ıs 591, 59	of accounting: ☐ cash; ☐ cash	r tilea (it requi	real!	J 140		·		
Method of	inventory	tantial change in the manner of deter	mining quantitie	s costs or valua	tions betw	een the opening	and closing i	nventories?	
T YES	□ NO I	f."Yes," attach explanation.					Baland		
Gross rec	eipts, sale	es, or fees \$Less	returns and allo	wances \$					
Inventory	at beginn	ing of year (if different from last year	's closing inven	tory, attacii expia	nation,				
Purchases	\$	Less cost of items withd	irawn tor perso	nai use ֆ					
Cost of I	abor (do	not include salary paid to yourself).							
Materials	and su	pplies							
Other cos	sts (explai	n in Schedule C-2 or attach Schedule)							
Total (of lines 2	thru 6							
Inventory	at end o	f this year							
Cost of	goods sold	act line 9 from line 1)							
Gross pro	ofit (subtr	act line 9 from line 17							
Other in	come (att	dd lines 10 and 11)							
e Total i	ncome (a	OTHER BUSINESS I	DEDUCTIONS						
	Nam lavals	ain in Schedule C-1 or attach Schedule	e)						
1 Toyon on	husinass	and business property (explain in Sche	dule C-2 or atta	ach Schedule)					
. Dank on	hueinoce	nronerty				· · · · · · · · · 			
C Denoire	avalain in	Schedule C-2 or attach Schedule)							ć *
y Repairs (7 Coloriae	and wage	s not included on line 4 (exclude any	paid to yoursel	n					
Incuranc						· • • • • • • • • - · · · - ·			
ne lenal D	nd profess	sional fees							
0 Commics	ione					 			
1 Amortiza	tion (atta	nch statement)							
2 Retireme	ent nlans.	etc. (other than your share, see instr	ructions)			· · · · · · · · · 			
2 Interest	on busin	ace indehtedness				 			
4 Bad deb	ts arising	from sales or services (Not applicable	if reporting on	casi basis)		• • • • • • • • • • • • • • • • • • • •			
5 Donlatio	n (attach	schedule)				· · · · · · · · · · 			•
6 Other b	usiness e	openses (explain in Schedule C-2 or a	ttach Schedule).						
7 Total	of lines	13 thru 26			or EAOND		11		30111
8 Net pro	fit (or los	s) (subtract line 27 from line 12), Ente	r nere and on i	rage 2, Form 540			<u> </u>		777
13.		Group and guideline class or description of property	Date Acquired	Cost or other basis	allowed	preciation (or allowable) prior years	Method of computing depreciation	Life or Rate	Depreciation for this year
고통을									
Schedule C-1 Depreciation Claimed on line 1			-						
e prop						1			106
Soie					157				
ပ								<u> </u>	
స్ట్ ఆ	LINE NO.	EXPLANATION		AMOUNT	LINE NO.		EXPLANATION	N	AMOUNT
252	 								
2 5 %									
Schedulo G-2 planation of Lines , 14, 16, and 26.									<u> </u>
왕 전 1							_;		
20									
IW-8832	6-Doel	d:32245535=Page 176							





CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR



- The same

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 investment.

ana gail	ns (but not losses) o 	n personal assets	such as a home	or jewelry.	
Name as shown on Form 540 or 540NR	Ruby			Sign	Social Security Number
PART I—Assets Held One Year or I	F				īD)
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.	,			pensa of sais	
					·····
					•••••
	1	1			
	1	i .			
 Enter gain (or loss), if applicable, fro Enter your share of net gain or loss (Net gain or loss, combine lines 1, 2 a 	from partnerships a	nd fiduciaries .			
PART II—Assets Held More Than O	ne Year But Not	More Than Fiv	e Years		
5.					
					•••••
				-	· · · · · · · · · · · · · · · · · · ·
In 5	TALLME	17-1 SF	1.4		مستى سى 2 سى
					دد.س.د
					•••••
 6. Enter gain (or loss), if applicable, fro 7. Enter your share of net gain or loss i 8. Net gain or loss, combine lines 5, 6 a PART III—Assets Held More Than F 	rom partnerships ar nd 7 (If gain, see 54)	nd fiduciaries .			5355
9.	. 1				

					••••••
······································					
				-	*****************
				† · · · · · · · · · · · · · · · · · · ·	
10. Enter gain (or loss), if applicable, from11. Enter your share of net gain or loss for the same of the sam	rom partnerships ar	nd fiduciaries .			
PART IV—Summary of Capital Gair					
				-n- I	
14 Fata (50) ()				3481	
15. Enter 50% of the amount on line 12		19.35		1-0- >	
Enter unused capital loss carryover from the control of the control of the carryover from the carryo	om preceding taxab	le years (attach	computation) .	(15042)	(i - 1)
17. Combine the amounts shown on lines					(11261)
 If line 17 shows a gain, enter here of If line 17 shows a loss, enter here an 	ind on page 2, Pa	rt II of Form 540	or 540NR	Hand of	
(a) amount on lines 17;	u on page z, ran	II OT FORM 34U OF	34UNK the sma	liest of:	
(b) the taxable income for the taxab	le year (computed v	without regard to	gains or losses fr	om sale or exchange	-
of capital assets; or				-	
(c) \$1,000 (\$500 in the case of a hu		a separate retu	rn)		1600
NW 88326 Docld:32245535 Page 177					







PLA Ente	r soc			alendar Yea iscal Year E		197
		NAME (If joint return, give first names and initials of both) AMMEL HYLLIS RUBY PRESENT HOME ADDRESS (Number and street, including apartment number, or ural route)	FOR FE	DERAL PRI SEE PAGE Your Social S	VACY ACT 2 OF INST	NOTIFI- RUCTIONS
	ł	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE ORANAGA HILLS (A	OCCU- PATION	Yours	Security Num	
FIL	ING	STATUS—Check Only One: EVENDTION COCDUTE		Spouse's	/F	1
] Sii	\ If line 1 or 3 checked, enter \$2	25			0
2	₹ Ma	arried filing joint return (even if only one had income) 6 Personal 7 Dependents — Do not list yourself, your spouse or the	porcon wh		• 6	20 00
3 [□ Se so	parate return of married person—Enter spouse's cial security number and full name here and related the security number and full name here the security number and full name here	ionship.	io qualines		-
4 [⊃ He inc	and and the control of the second sec	er 🖪	2	× \$8 ● 7 88 . 8	16 00
5 [⊒ Wi	idow(er) with dependent child (Year spouse died 197) 9 Total exemption credits (add lines 6, 7 and 8) Enter here	and on I	^ • line 20 .	9	Z 00
		Wages calaries tins and other employee companyation (Attach copy 2 of Frum(s) W.2 to face of this)			-0	0
	11	Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))			بو	17
4	12	Interest. Enter total (if over \$400, complete and attach Schedule B(540))		11	á	, –
HERE	13	Income other than wages, dividends and interest (from line 48)		12	DO.	22
#	14	Total (add lines 10, 11, 12 and 13)		. 14	091	5U
¥.	15	Adjustments to income (from line 55)		15	<i>O[.</i> .	··· /·
FORM	16	Adjusted gross income (subtract line 15 from line 14)		1"	· · · · · · · · · · · · · · · · · · ·	
Ē	•	• If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23. (Do not complete)			000	11
9	·	• If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23. 7 lines 17 thru 22		. 2 16	898	7 .
7		 If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19. 				
COPY		 If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18. 			<i>-</i> -	
ATTACH	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	ked)	. 🗷 17	573	
ATT	18	Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19		18	324	19
7	19	Tax from (check one) Tax Table Tax Rate Schedule (G or G-1)		a 19		251
	20	lotal exemption credits (from line 9, above)		20	1	6
	21	rax hability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)		. 21	——————————————————————————————————————	-/)
	22	outer creats (from line 65)		22		
A	23	Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)		. 23		,
HERE	25	tax un preference income (see instructions—attach Schedule P(540))		24		
x		Total tax liability (add lines 23 and 24)	· · · ·	. 25	-)
ATTACH	27	Total California income tax withheld (attach W-2 or W-2P to face of this return)				
	28	Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2 27				Paris 1
rder	29	1975 California estimated tax payments Excess California SDI tax withheld (attach Form DE 1964 to face of this return) 28	. 			
	30	Total prepayment credits (add lines 26 thru 29)				
money order.	31	If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.		30	0	
check or		Pay in full and mail with return to: FRANCHISE TAX BOARD	FULL		-0	
5	32 33	If line 25 is smaller than line 30, enter amount OVERPAID	1	1	write in these	spaces
20 7:	JJ	Mail return to		P		
number on		P.O. BOX 13-540		E M		
		SACRAMENTO, CA 95813		- m		
security	34	Amount of line 32 to be credited on your 1976 ESTIMATED TAX 34	TIMATED T	AX R		
cial sec	Und belie	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement of it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all inf			my knowle	dge and

Date

Date

Preparer's signature (other than taxpayer)



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 "	ling status is "Ma Married, Filing Se	rried, Filing Jointly," "Head of Household," or "Widow(er) With Dependent Child," parately," 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
Medical and dental expenses (not compensated by insural medicine and drugs, docto hospital care, insurance pr care, etc.	rs, dentists, nur	es, 21 Home mortgage
One half (but not more than \$150) of insurance premiums for medical care		SCH
2. Medicine and drugs 3. Enter 1% of line 16, Form 540		23. Total—(Add lines 21 and 22. Enter here and on
4. Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		Form 540, line 59)
5. Enter balance of insurance premiums for medical care not entered on line 1		Contributions
6. Other medical and dental expenses: (a) Doctors, dentists, nurses, etc. (b) Hospitals (c) Other (itemize)		25. Other cash contributions. List donees and amounts
	1 .	
7. Total—(Add lines 4, 5, 6a, b, and c)		26. Other than cash.—See instructions for required statement 27. Carryover from 1974—See instructions.
9. Subtract line 8 from line 7. Enter difference (if less than zero, enter zero).		28. Total—(Add lines 24, 25, 26, and 27. Maximum deduction 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 540, line 56)	1509	Miscellaneous Deductions
Child Adoption Expense		Casualty or Theft Loss(es)—See instructions NOTE: If you had more than one loss, omit lines 29
1. Total expenses paid or incurred—Attach itemized list 2. Enter 3% of line 16, Form 540		through 33 and follow instructions for guidance.
13. 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
Taxes		30 is greater than line 29, enter zero)
14. Real estate		33. Casualty or theft loss (line 31 less line 32)
16. General Sales		35. Child care—See instructions
17. Auto license—Excess of registration and weight fees (see instructions)		36. Union dues
18. Personal property (Boat and Aircraft) 19. Other (itemize)		38. Other—(itemize)
20. Total taxes—(Add lines 14 thru 19. Enter here and	1787	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)

TAXABLE

19 Z

YEAR

Name as shown on Form 540 or 540NR SAMUELL HYLLIS RUBY								Social Security Number		
A. Name and Address of Businessy WOODLEY BISTRO OFFEESHOP C. Principal business activity (i.e., retail-hardware; wholesale-tobacco; services-legal; etc.) SERVICE =						B. Federal Employer I.D. No. 95-2651578				
Principa	l business	activity (i.e., retail-hardware; wholes	iale-tobacco; si	ervices–legal; etc.	ک (ERVIC	-6-1	NACK	BAK	
Indicate	e method o	of accounting: 🔲 cash; 🕱 🥱 🗀	ccrual; 🔲 o	other			·····			
Nere Fo	orms 591, 5	92, 596 and 599, for the calendary	oor filed (if red	quired)? XYES	□ NO					
		y valuation ►								
		stantial change in the manner of det If "Yes," attach explanation.	ermining quanti			between the open		inventories!	-	
		les, or fees \$Les						<u>ce</u> ▶		
Invento	ory at begin	ning of year (if different from last ye				1		—		
-	ses \$		•	rsonal use \$						
		not include salary paid to yourself)		•						
		pplies				· ·	,			
		in in Schedule C-2 or attach Schedul								
		! thru 6					·· ···········			
	•	f this year								
		d (subtract line 8 from line 7).								
,									·	
• • • • • • • • • • • • • • • • • • • •		ach schedule)								
lotai	income (ad	dd lines 10 and 11)								
D		OTHER BUSINESS				(
		in in Schedule C-1 or attach Schedu						 		
		and business property (explain in Sch								
		property			•				٠	
•	•	Schedule C-2 or attach Schedule) s not included on line 4 (exclude an	u naid to yours	olf\						
•	-	s not included on line 4 texcinde an								
		ional fees.								
-							······			
		ch statement)								
		etc. (other than your share, see ins					······································			
		ess indebtedness				ľ				
		from sales or services (Not applicabl				[··				
		schedule)								
		penses (explain in Schedule C-2 or a				r i	***************************************			
	,	3 thru 26								
Total	ofit (or loss)) (subtract line 27 from line 12), Ent	er here and on	Dago 2 Form FAI		NR,	-14	$\int Z$	559	
	1		— 	rage 2, ruin 34) or 540					
Net pro		Group and guideline class or description of property	Date Acquired	Cost or other basis	allov	Depreciation ved (or allowable)	Method of computing	Life or Rate		
Net pro		Group and guideline class or description of property	Date	Cost or	allov					
Net pro		Group and guideline class or description of property	Date	Cost or	allov	veď (or allowable)	computing			
Net pro		Group and guideline class or description of property	Date	Cost or	allov	veď (or allowable)	computing			
Net pro		Group and guideline class or description of property	Date Acquired	Cost or	allov	veď (or allowable)	computing			
Net pro		Group and guideline class or description of property	Date Acquired	Cost or	allov	veď (or allowable)	computing			
Net pro		Group and guideline class or description of property	Date Acquired	Cost or	allov	veď (or allowable)	computing			
Depreciation Claimed on line 13.	LINE	Group and guideline class or description of property EXPLANATION	Date Acquired	Cost or	allov	veď (or allowable)	computing	Rate		
Depreciation Claimed on line 13.	LINE NO.	or description of property	Date Acquired	Cost or other basis	allov	veď (or allowable)	computing depreciation	Rate	for this year	
Depreciation Claimed on line 13.		or description of property	Date Acquired	Cost or other basis	allov	veď (or allowable)	computing depreciation	Rate	for this year	
Depreciation Claimed on line 13.		or description of property	Date Acquired	Cost or other basis	allov	veď (or allowable)	computing depreciation	Rate	Depreciation for this year	
Net pro		or description of property	Date Acquired	Cost or other basis	allov	veď (or allowable)	computing depreciation	Rate	for this year	





CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR





SAMUEL	PHYLL	15 Piz	BY		Social Security Number
PART I—Assets Held One Year or Le					
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 sele	f. Gain or loss (d. less e.)
1974 Loss CARRYON (20,360)	E.C.				
NED 1334 100	77 -				
2. Enter gain (or loss), if applicable, from 3. Enter your share of net gain or loss fr 4. Net gain or loss, combine lines 1, 2 an	om partnerships a	nd fiduciaries .			
ART II—Assets Held More Than On	e Year But Not	More Than Fiv	e Years		
5.					
		i i			
······································					
A Passa said to last it saudiouble from	. lina 20 Sabadula	D 1 (540) (attac	h conv)		CINC
7. Enter your share of her gain or loss fr	om parmersnips a	na nauciaries .		· · · · · · · · ·	
 Enter gain (or loss), if applicable, from Enter your share of net gain or loss from Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Figure 1	id 7	na nauciaries .		· · · · · · · · ·	5105
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fi	ve Years	na nauciaries .		· · · · · · · · ·	
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fi	ve Years	· · · · ·		· · · · · · · · ·	
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fi	ve Years	na nauciaries		· · · · · · · · ·	
8. Net gain or loss, combine lines 5, 6 an	ve Years	na nauciaries		· · · · · · · · ·	5105
8. Net gain or loss, combine lines 5, 6 an	ve Years	na nauciaries			5105
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fig. 9. 10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss fi	ve Years In line 22, Scheduler om partnerships a	e D-1 (540) (attacend fiduciaries	h copy)		5105
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fig. 9. 10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss fig. Net gain or loss, combine lines 9, 10 or loss.	ve Years I line 22, Scheduler om partnerships a and 11	e D-1 (540) (attacend fiduciaries	h copy)		5105
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fir. 9. 0. Enter gain (or loss), if applicable, from 1. Enter your share of net gain or loss fir. 2. Net gain or loss, combine lines 9, 10 or PART IV—Summary of Capital Gain 3. Enter amount from line 4 4. Enter 65% of the amount on line 8	ve Years ve Years line 22, Scheduler om partnerships a and 11	e D-1 (540) (attac	h copy)		5105
8. Net gain or loss, combine lines 5, 6 and PART III—Assets Held More Than Fig. 9. 10. Enter gain (or loss), if applicable, from 11. Enter your share of net gain or loss fig. Net gain or loss, combine lines 9, 10 and 12. Net gain or loss, combine lines 9, 10 and 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 17. Combine the amounts shown on lines.	n line 22, Scheduler om partnerships a and 11	e D-1 (540) (attack	computation)	3318	5105
8. Net gain or loss, combine lines 5, 6 an	we Years ve Years line 22, Schedule om partnerships a and 11 s and Losses m preceding taxab 13, 14, 15 and 16 and on page 2, Part	ble years (attach	computation) or 540NR	33/8 (1936 0)	5105





TAXABLE 19 Z

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			Identifying numb	er as shown on return
SAMUEL EPHYLLISKU	By	to the state of th		X- 2
PART I Gain From Disposition of Property Under Section	ns 18211, 182	12-18, 18219,	18220	
Lines 9 and 10 should be omitted if there are no dispositions of fa	rm property or f	arm land; or, if		
1. Description of Sections 18211, 18212-18, 18219, and 18220 prop	erty.		Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
(A) WOOPLEY BISTRO CO	FFEE.	SHOP	41/74	9/2/7
(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)	INSTALL			
5. Adjusted basis, line 3 less line 4	meimu	16C	<u> </u>	
6. Total gain, subtract line 5 from line 2		1-191		
7. If Section 18211 property:				
(a) Depreciation allowed (or allowable) after applicable date. (See Instruction D-3)	JAIL			
(b) Line 6 or line 7(a), whichever is smaller				
	 			
8. If Section 18212-18 property: (a) Enter additional depreciation after 12-31-63 and before				
·				}
				· - · · · · · · · · · · · · · · · · · ·
1	····	i	1	I
(c) Enter line 6 or line 8(b), whichever is smaller				
(d) Line 8(c) times applicable percentage (Instruction D-4)				
(e) Enter excess, if any, of line 6 over line 8(b)				
(f) Enter line 8(a) or line 8(e), whichever is smaller			<u> </u>	
(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				
(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			 	<u> </u>
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)				
(f) Enter smaller of line 10(d) or line 10(e)				
SUMMARY OF PART I (Complete Property Columns (A)	through (D) us	to Line 10(f)	before going	to Line 11)
11. Enter amounts from line 6	7418			T
12. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)	2313	1	1	1
			1	
13. Subtract line 12 from line 11, enter here and in appropriate	5105			
Section in Part II (see Instruction D-2)	and on the 24	Doet III	1	12010
 Total of Property Columns (A) through (D), line 12. Enter here W-88326 Dockd: 32245535 Page 182 	and on line 24,	ran III	· · · · · ·	12313.

Reference copy, JFK Collection: HSCA (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 682 HEART FUND/CANCER FUND 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 TRAVEL FOR MED. MISCELLANEOUS DEDUCTIONS 30 ALIMONY MEDICARE INS. 31 UNION/PROFESSIONAL DUES GLASSE\$ 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

FEDERAL SUMMARY OF ITEMIZED DED. STATE 35 TOT BEDUCTIBLE MEDICAL & DENTAL 207 200 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 TRANSWOFE P 41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45 REMARKS

34 TOTAL MISC. DED.

Professional Stationers, for Zetti Canal Compared and Com

20 TOTAL INTEREST

Form 101

15b PERSONAL PROPERTY AUTO

16 SALES TAX AUTO

ME SAMUELE !	YLVI	ن ، ، فر ۱۰۵۰ حم	NO. OR SEC.	NO.	CALEN	DAR Y	EAR 19_	
DRESS		300	., SEC.	NO	FISC	AL YE	AR ENDI	NG
				•			1 9	
SCHEDULE OF PRO	OFIT (OR L	oss)	FROM B	USINESS OR PE	ROFESSION			
PRINCIPAL BUSINESS ACTIVITY					EMPLOYERS NO.			
SUSINESS NAME	· .							
OTAL RECEIPTS						14	8924	
NVENTORY AT BEGINNING OF YEAR					800	_	1	
MERCHANDISE PURCHASED					24031.	_		
							1	
TOTAL					24831	\square .	1020	
LESS INVENTORY AT END OF YEAR					_0-		7631	
GRUSS PROFIT					· · · · · · · · · · · · · · · · · · ·	- 2	4043	
						$-\frac{1}{2}$	4093	
GROSS INCOME			DEDUCTIO					
ADVERTISING					99		ļ	
ALTO AND TRUCK EXPENSE				<u>.</u>	1800			
BAD. Dr BTS		<u>-</u>						
COMMISSIONS						_		
DEPRICATION (SCHEDULE BLLOP)					974			
DUES AND SUBSCRIPTIONS					126			i
ENTERTAINMENT AND PROMOTIONAL					1 20		-	
INSURANCE					1205			ĺ
INTEREST								
JANITOR AND HAULING					150			
DEFICE SUPPLIES AND EXPENSE								
RENT					4151			
REPAIRS AND MAINTENANCE					625			
SALARIES AND WAGES					5632			
SUPPLIES					240			
TAXES AND LICENSES TAXES PAYROLL					575			i i
TELEPHONE AND UTILITIES					168			
CONTRACTLABO	n				158			
CONTRACTLABO	<u>~</u>							
							16534	1
NET PROFIT OR (LOSS) FEDERAL	RETURN				5159(W) L	Yaro	7559	
NET PROFIT OR (LOSS) STATE RE	TURN - SEE D	EPREC. S	CHEDULE		>15 1(W) L	700		<u> </u>
	DATE		YEARS OR %	COST OR		RIOR	DEPREC	
NO. KIND AND LOCATION OF PROPERTY	ACQUIRED	METH.	i	OTHER BASIS	1	PREC.		LAR
EQUIPMENT	2/1/24	SIL	7/R	10228	13.	39	97	7
	17772			20000		لـ ن		2
GOODWILL	4/1/24		<u> </u>	35000				
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and the second second		1000	
LACE P	PREADDRESSED LABEL HERE, if avial security number(s) only if incorrect	railable. (Correct name and address, if necessary) or not shown on label.	For calendar year or Taxable year ending
١	NAME (U-pint return, give first pomes ar	d initials of both) LAST NAME	Your Social Security Number
ł	JAMUELSPH	YLLIS KUBY	15 10 10 10 10 10 10 10 10 10 10 10 10 10
ĪĒ	PRESENT HOME ADDRESS (Number and	street, including apartment number, or rural route)	Spouse's Social Security Number
- 1	16250	BIRCHER ST	
1 7	CITY, TOWN OR POST OFFICE, STATE		occu- Yours J/E
1	7 '	HILLS CA	PATION Spouse's
		The control of the co	T STATE OF THE STA
	STATUS-Check Only One:	EXEMPTION CREDITS If line 1 or 3 checked.	
1 🖂 Sir	•	6 Personal 1 If line 2, 4 or 5 check	1 1 1
2 M a	arried filing joint return (even if only one	had income) 7 Dependents — Do not list yourself, your spous as head of household. Enter name	se or the person who qualifies you
3 □ Se	epar <mark>ate return of</mark> married person—Enter s	pouse's	, and repriorising.
	ocial security number and full name here	CL/3#	
		THOMAS	
4 🗇 He	ead of Household—Enter name of qualifyi	ng To	otal Number ► × \$8 7 16 .
	ndividual	8 Blind (refer to instructions) Number of blind ex	xemptions ▶ × \$8 . 8
5 🗀 Wi	lidow(er) with dependent child (Year spous	e died > 197_) 9 Total exemption credits (add lines 6, 7 and 8)	Enter here and on line 20 9 66
_			
10		yee compensation Attach copy 2 of Form(s) W-2 to face of this return. If unavailable, attach explanation.	
11		Enter total (if over \$400, complete and attach Schedule B(540))	
A 12		complete and attach Schedule B(540))	
1: پير	3 Income other than wages, dividends	and interest (from line 48)	13 8934
聖 14	4 Total (add lines 10, 11, 12 and 13)		14 9070
₹ 19	5 Adjustments to income (from line	54)	
_	•	15 from line 14)	9070
M 1			
5		AND line 16 is under \$10,000, find tax in Tax Table and enter on	1 line 19.
7		16 is \$10,000 or more, complete lines 17 and 18.	- Cural
100 T	7 Deductions: Itemized (from line 61)	OR Standard (\$1,000 if line 1 or 3 checked-\$2,000 if line 2, 4	or 5 checked) 17 5468
1	8 Taxable income (subtract line 17 fro	m line 16) Compute tax from Tax Rate Schedule—Enter tax on line	19 18 360 ~ +
TTACH	In Tay from (sheek one) Tay Table (7)	Tax Rate Schedule Income Averaging Schedule (G or G-	-1) [] 3 6
	19 Tax from (check one) Tax Table [7]	9, above)	20 56
▼ _		ine 19—if line 20 is greater than line 19, enter zero)	
_			
_	22 Other credits (from line 65-Includ	rom line 21—if line 22 is greater than line 21, enter zero)	
	23 Net tax liability (subtract line 22 to 24 Tax on preference income (see ins		
A 2	-		25
HE - 2	25 Total tax liability (add lines 23 and	24)	2 5 5
¥ 2	26 Total California income tax withhel	d (attach Form(s) W-2 or W-2P to face of this return) 2	26
~ 돌 2	27 Renter's credit-if you lived in rent	ed property on March 1, 1974, complete Part 1 on page 2 2	27
ATTACH 5		The state of the s	[[]
	29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)	<u> </u>
E 3	30 Total prepayment credits (add lines	26 thru 29)	
E 2:	84 th time OF in toward them line 20 o	The DALANCE DUE of it is equal to line 30, enter zero	
DE 1964 HERE check or money	Pay in full and mail with return t	nter BALANCE DUE. If it is equal to line 30, enter zero.	- PAY IN FULL -> 31
9 5	. of the role and most with retain t	SACRAMENTO, CA 95867	Do not write in these spaces
	32 If line 25 is smaller than line 30,	enter amount OVERPAID	P *
- 5 X =	Mail return to:	FRANCHISE TAX BOARD	32 B
<u> </u>		P.O. BOX 13-540 SACRAMENTO, CA 95813	
TACH FORM DE 1964 HEKE Aumber on check or money order.	33 Amount of line 32 to be REFUNDED	· ·	33 M
4 5 3		· · · · · · · · · · · · · · · · · · ·	ESTHERTED TAX A
₹ ē		n vour 1975 ESTIMATED TAX 34	ON THE PROPERTY OF THE PROPERT
	34 Amount of line 32 to be credited o	I YOUR 1373 ESTIMATED TAX	

Date

NW 88326 Bocide02245585-Páge 185 return

Preparer's signature (other than taxpayer)

23717 VANOWEN STREE

Address (and Zip code)

267.3.6.226





CALIFORNIA

ITEMIZED DEDUCTIONS

Attach to Form 540



Social Security Humber

Name as shown on Form 540 SAMUEL PHYLL	is Ruby		Social Security Humber
		or take the standard deduction.	A
Medical and dental expenses (not compensated by insuran	ce or otherwise) for light	nterest Expense 2. Home mortgage	
tal care, insurance premiums		3. Installment purchases	
One half (but not more than \$150) of insurance premiums for medical care	1 [4. Other (itemize)	
2. Medicine and drugs			1 1
3. Enter 1% of adjusted gross income shown on Form 540.			
4. Subtract line 3 from line 2. Enter difference (if line 3 is greater than line 2, enter zero)		SCH	
5. Enter balance of insurance premiums for medical care not entered on line 1	1 1	5. Total—(Add lines 22, 23 and 24. Enter here an on Form 540, page 2, line 58)	d a a
6. Other medical and dental expenses:	-	The state of the s	1114
(a) Doctors, dentists, nurses, etc.		ontributions	
(b) Hospitals		6. Cash contributions for which you have receipts, car celed checks, etc).
Y Company of the Comp	t I	7. Other cash contributions. List donees and amounts	
			I I
SCH			1
•			
, , , , , ,		SC#	
8. Enter 3% of adjusted gross income shown on Form 540	2	8. Other than cash. — See instructions for require	d
9. Subtract line 8 from line 7. Enter difference (if line 8 is greater than line 7, enter zero)		statement	
10. Total—(Add lines 1 and 9. Enter here and on Form 540, page 2, line 55) ▶	1386	may not exceed 20% of adjusted gross income Enter here and on Form 540, page 2, line 59)	e. /.3 <i>0</i>
Child Adoption Expense	l I -	discellaneous Deductions Casualty or Theft Loss(es)—See Instructions	
11. Total expenses paid or incurred—Attach itemized list		NOTE: If you had more than one loss, omit lines 3 hrough 34 and follow instructions for guidance.	0
12. Enter 3% of adjusted gross income shown on Form	i l i	0. Loss before insurance reimbursement	li l
540		 Insurance reimbursement Subtract line 31 from line 30. Enter difference (
13. Subtract line 12 from line 11—See instructions for maximum limitations. (Enter here and on Form 540, page 2, line 56)		line 31 is greater than line 30, enter zero) 33. Enter \$100 or amount on line 32, whichever	
		smaller	
Taxes	1 1	34. Casualty or theft loss (line 32 less line 33).	1 1
14. Real estate	1	35. Alimony paid	1
15. State and local gasoline	L i	36. Child care—See instructions	4
16. General sales		36. Employment education expense—See instructions	1
17. Auto license—Excess of registration and weight fees (see instructions)		39. Other—See instructions (itemize)	
18. Personal property			1
19. State disability insurance (SDI)—Employer private disability plans do not qualify			
20. Other			
21. Total taxes—(Add lines 14 through 20. Enter here and on Form 540, page 2, line 57) ▶	940	40. Tetal—Add lines 34, 35, 36, 37, 38 and 39. (Enthere and on Form 540, page 2, line 60)	er D
NW,88326, Docid:32245535 Page 186	1		





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

TAXABLE

1974

YEAR

Name as shown an Form 540 or \$40 NR A. Principal business activity (Ise Interviews for 10.0 A.F.) B. Business name. Wo 001=E.Y. BJTR 0 GFFE C. Fedgral amployer identification number 25 - 2.55 1 - 72 B. Wors forms 1951, 1952, 956 and 599, for the celendar year filed (if required)? Yes No G. Method of inventory valuation ► Was shrer any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventorie YES NO. If "Yes," attack explanation. IMPORTANT—All epplicable lines and schedules must be filted is. I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross receipts or soles \$ Less returns and allowances \$ I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross receipts or soles \$ Less cause of quantities and schedule C-1, line 29) and/or operations (attach schedule) I Cross receipts or soles \$ Less returns and allowances \$ Balance ► I Cross on business property 9 Repairs (explain in Schedule C-2) 10 Solaries and wages not included on line 24. Schedule C-1 (exclude any poid to yourself) 11 Insurance 12 Legal and professional fees 13 Commissions 14 Amerization (attach statement) (b) Employee benefit programs (see Instructions for line 15(a)) (c) Employee benefit programs (see Instructions for line 15(b)) 10 Insurance 11 Depticion (attach statement) 12 Port of the business expenses (specify): (a) (b) Trouglance of the surfa					
A. Principal business activity (for examples, stabil-backers, product (for examples, stabil-backers, product) (for e					565
A. Principal business activity (the assemble shades of the AT) (the AT) (the assemble shades of the AT) (the AT)			SAM & PHYLLIS KUBY	Mary 560	2
B. Business and desiry 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	A.	. Pri	incipal business activity. SERVICE product SNAC	KBAR .	· ·
E. Indicate method of accounting:	B.	. Bu	siness address 16055 VENTURABLVD - ENCINO CA 9	1316	P
Was there any substantial change in the moner of determining quantilles, costs, or valuations between the opening and closing inventorie YES NO. If "Yes," ottach explanation. I Gross receipts or sales \$	F.	We	ere Forms 591, 592, 596 and 599, for the calendar year filed (if required)? 💆 Yes 🔲 No		
YES NO. If "Yes," attach explanation. Toros receipts or sales \$ Less returns and allowances \$ Balance ▶	G	. ME	ethod of inventory valuation \triangleright		ok ir
MPORTANT—All applicable lines and schedules must be filled in. 1 Gross receipts or soles \$ Less returns and allowances \$ Balance ▶				ig and closing inventor	esr
1 Gross receipts or sales \$ Less returns and allowances \$ Balance	=				
2 Lesss Cast of goods sold (Schedule C-1, line 29) and/or operations (attach schedule) 3 Gross profit 4 Other income (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) 8 Rent on business property 9 Repairs (explain in Schedule C-2) 10 Solaries and wages not included on line 24, Schedule C-1 (exclude any paid to yourself) 11 Insurance 12 Legal and professional fees 13 Commissions 14 Amartization (attach statement) 15 (a) Pension and profit-sharing plans (see Instructions for line 15(a)) (b) Employee benefit programs (see instructions for line 15(b)) 16 Interest on business indebtedness 17 Bod debts arising from soles or services 18 Depletion 19 Other business expenses (specify): (a) (b) (c) (d) (e) (f) (g) 10 Total other business expenses (add lines 19(a) through 19(g)) 21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540NR 993 4 SCHEBULE C-1. COST OF GOODS SOID (See Schedule C Instructions for line 2) 22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation) 23 Purchases \$ Less cost of items withdrawn for personal use \$ Balance ▶ 24 Cost of labor (do not include salary paid to yourself)					
3 Gross profit 4 Other income (attach schedule) 5 TOTAL income (add lines 3 and 4) 6 Depreciation (explain in Schedule C-3) 7 Taxes 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) 11 Insurance 12 Legal and professional fees 13 Commissions 14 Amortization (attach statement) 15 (a) Pension and profit-sharing plans (see Instructions for line 15(a)) (b) Employee benefit programs (see Instructions for line 15(b)) 16 Interest on business indebtedness 17 Other business expenses (specify): (a) (b) (c) (d) (e) (f) (g) 20 Total defunctions (add lines 6 through 19) 21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540NR 79 3 ✓ SCHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions for line 2) 22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation) 23 Purchases \$ Less cost of items withdrawn for personal use \$ Balance ▶ 24 Cost of labor (do not include salary paid to yourself)	w		·		
TOTAL income (attach schedule) 5 TOTAL income (add lines 3 and 4) 6 Depreciation (explain in Schedule C-3) 7 Taxes on business and business property 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) 11 Insurance 12 Legal and professional fees 13 Commissions 14 Amortization (attach statement) 15 (a) Pension and profit-sharing plans (see Instructions for line 15(a)) (b) Employee benefit programs (see Instructions for line 15(b)) 16 Interest on business indebtedness 17 Bad debts arising from soles or services 18 Depletion 19 Other business expenses (specify): (a) (b) (c) (d) (e) (f) (g) (h) Total other business expenses (add lines 19(a) through 19(g)) 21 Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540NR 79 3 ✓ SCHEDULE C-1. COST OF GOODS SOLD (See Schedule C Instructions for line 2) 22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation) 23 Purchases \$ Less cost of items withdrawn for personal use \$ Balance ▶ 24 Cost of labor (do not include salary paid to yourself)	X	2			
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22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)		21	Net profit (or loss) (subtract line 20 from line 5). Enter here and on page 2, Form 540 or Form 540NR	9934	
22 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	_	<u> </u>			
23 Purchases \$					
24 Cost of labor (do not include salary paid to yourself)					
25 Materials and supplies			1		
26 Other costs (attach schedule)			· · · · · · · · · · · · · · · · · · ·		
27 Total of lines 22 through 26			· · · · · · · · · · · · · · · · · · ·		
28 Less: Inventory at end of year					







TAXABLE 1974 YEAR

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	15 Ru	ВЧ		\$10Z	Social Security Number
PART I-Assets Held One Year or Le		7			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	o N	(1000)
100 CHIEFTAINDEXEL	בקעלוו	6/10/24	678	1382	(729)
 Enter gain (or loss), if applicable, from Enter your share of net gain or loss for loss for loss, combine lines 1, 2 ar 	rom partnerships a	ınd fiduciaries .	ch copy)		(2433)
PART II—Assets Held More Than On	e Year But Not	More Than Fiv	e Years		
100 TESORO PET 100 UNITROPE 100 KCA	5/22/72	7/16/7Y 9/19/7Y 1/23/7Y	1622	2817 1532 3062	(225)
6. Enter gain (or loss), if applicable, from 7. Enter your share of net gain or loss f	n line 20, Schedu	le D-1 (540) (attac	ch copy)		
8. Net gain or loss, combine lines 5, 6 at					(4406)
PART III—Assets Held More Than Fi	ve Years				
9. A73. LOSS CARRYOVER					
(16063)					
(EU) (000) -					
10. Enter gain (or loss), if applicable, from11. Enter your share of net gain or loss f	m line 22, Schedu	le D-1 (540) (atta and fiduciaries	ch copy)		
12. Net gain or loss, combine lines 9, 10					
PART IV—Summary of Capital Gair	ns and Losses				
13. Enter amount from line 4 14. Enter 65% of the amount on line 8				(2433)	
15. Enter 50% of the amount on line 12					
16. Enter unused capital loss carryover from	om preceding taxo	ible years (attach	computation)	[5063]	(20360)
17. Combine the amounts shown on lines	13, 14, 15 and 1	6			20200
18. If line 17 shows a gain, enter here and 19. If line 17 shows a loss, enter here and	and on page 2, r d on page 2. Par	t II of Form 540	or 540NR the sm	allest of:	
(a) amount on lines 17;	F-90 -, 1 u		+ 		
(b) the taxable income for the taxab of capital assets; or					(,,,,)
(c) \$1,000 (\$500 in the case of a hu NW-88326-Boold:32245535-Page-188-	sband or wife fili	ng a separate re	turn)		1100/

Reference copy, JFK Collection: HSCA (RG 233) (#1646).

NAME SAMUEL L	PHYLLIS KI	184	CALENDAR Y	EAR 19 _ 7	4
ADDRESS	- 10-3/47		10.		

DEDUCTION SCHEDULE

		DEDUCTI	ON SCHEDULE	ı	
MEDICAL	STATE	FEDERAL	CONTRIBUTIONS	STATE	FEDERAL
2 MEDICINE/DRUGS		1	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. (½ + EXCESS)		50Y	RED CROSS/UNITED FUND		
ба DR.			XMAS & EASTER SEALS	150	
DR.		1	MISC. ORGANIZED CHARITIES		
DR.		†	POLITICAL CONTRIBUTIONS	ı	
DR.		930	CHURCHES		
DR.		1			
DR.		 			1
DR.				······	1
DR.					-
			22 OTHER THAN CASH		
		1	23 CARRY OVER FROM PRIOR YRS		<u>- - - - - - - </u>
6b HOSPITAL		1	24 TOTAL CONTRIBUTIONS	150	150
PROSTHETIC APPLIANCES		 	CASUALTY OR THEFT LOSS(ES		
		- 	25 LOSS BEFORE ADJUSTMENT	'	1
HEARING AID			26 INSURANCE REIMBURSEMENT		1
FO ANADALI ANICE	i	 	27 Difference (not less than zero)		
6c AMBULANCE	i		28 (\$100 LIMITATION PER CAS.)		+
LABORATORIES		70	29 TOT. CAS. OR THEFT LOSS		
TRAVEL FOR MED.		70	MISCELLANEOUS DEDUCTIONS		_
		4	30 ALIMONY	· · ·	-1
MEDICARE INS.		 	31 UNION/PROFESSIONAL DUES		
GLASSES		1200	32 CHILD & DEP. CARE (Form 2441)	-	
7 MEDICAL EXPENSES		1504			
LESS REIMBURSED BY INS.		268	33 INCOME TAX PREPARATION		-
8 LESS 3% ADJ. GROSS INC.			UNIFORMS/PROTEC. CLOTHING		
9		12-36	SMALL TOOLS AND SUPPLIES		
+: ½ (TO \$150) OF H & A INS.	1387	1.50	LAUNDRY AND CLEANING		
10 TOTAL MEDICAL DED.	1386	1386	Auto Use Mi		_
TAXES		1 358 T	INVEST. COUNSEL & PUBS. (Sched		
11 STATE & LOCAL INCOME		1 122	EMPLOYMENT AGENCY FLES		-
12 REAL ESTATE	,·,·	1-141	SAFE DEPOSIT BOX	-	
13 STATE & LOCAL GASOLINE		14.1	TEL. REQ. IN BUSINESS		
14 GENERAL SALES TAX		<u> </u>			-
15a PERSONAL PROPERTY		1 1/			
15b PERSONAL PROPERTY AUTO		24			_
16 STATE DIS. INS. H W			24		-
SALES TAX AUTO		-	34 TOTAL MISC. DED.		
					
		1	SUMMARY OF ITEMIZED DED.	STATE	FEDERAL
17		+ 1000		SIAIL	PEUCHAL
17 TOTAL TAXES	940	1 Upik	35 TOT. DEDUCTIBLE MEDICAL & DENTAL EXPENSES (FROM LINE 10)		
NTEREST (TO WHOM PAID)		1 7 7	36 TOTAL TAXES (From LINE 17)		-
18 MORTGAGE		43 43	37 TOTAL INTEREST (Line 20)		
			38 TOTAL CONTR. (Line 24)		
			39 CAS. & THEFT LOSS(ES) (Line29)		_
19 INSTALLMENT LOANS		1	40 TOTAL MISCELLANEOUS DEDUCTIONS (FROM LINE 34)		
MERRILI LYNIA TRANSMORE		263			
TRANS 1101-61		170			
SBA		16	41 TOTAL ITEMIZED DEDUCTIONS ENTER ON FORM 1040 LINE 45	5468	5590
			REMARKS		
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EQUIPMENT 2/1/14 1028 516 718 1339 5000 WILL 4/174 550000	KIND OF PROPERTY	DATE ACQUIRED MO YR	COST OR	SPEC		O E P R E		DEP ALLOWED PRIOR YEARS		METHOD	RATE(%) OR LIFE (YRS)	DEPRECIATION FOR THIS YEAR
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RESIDENT



TAKABLE YEAR

7 Total year 1972, or other taxable year	beganing	, 1972, end	ling	, 1973			
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52 All number and first name here						Number	D 5 _ A
	6. Elina (refer to	instructions)	Number	of blind e	xemptions	claimed	D 6-
7. [7] sire of Marrahold-Complete Part 1, page 2	7. Votal depende	nt and blind exemptions	(add lines 5 and 6) .				7 4
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o Diga Kuliu Zalimi a Cil Fia	1.5 (1.5) 17 (2. 1.1.35) 1.5 (5) 15) 15 (5) or mor	e complite that 19 and	16.			. 2	,060 [T]
I from a first grant first and for	Lideration (from page)	2. line 56)			. 15		
13. Nerrilly Char to (subtract line 15 f	rom (Lab 14), Figure (your tax on this amount	by using the appropria	to Tox Re	to .	٨٠.	051
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fol COLD Chung That — Total on line 7			[19]	32](The book the same of the	إرثيب
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24. Year and all from the 20 from					. 22		
22. Cil. / crajks (from page 2, line 50					23		er ()
29. Use the meaning (subtract time 22) 24. Tax on preference income (see insti	uctions—attach Schei	dute P(540))			24		
25. Total tax fict lifty (add lines 23 and					. 25	, î	- ()=
24. Tax on preference income (see insti- 25. Total tra fictility (add lines 23 and 26. Total California income tax withhol						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Section Conf.
26. Total California income tax withhol	d (attach Form(s) W-2	or DE-2P to front)	26		- 100 M		
27. 1972 California estimated tax pag			27	1.			
29. Excess Galffornia SDI tax withhold			28		0	nersen et b	ا مودارد و رادمگاهماست
28. Total payments (add lines 26, 27 a	nd 28)				. 29		
The second secon		Poy In full. Mail pay	ment with return to		4 20		c(-a
30. If time 25 is larger than line 29,	entor CALANCE DUE.	Franchise Tax Board, S	acramento, CA 95867.		♦ 30 F		- Albin
31. If line 29 is larger than line 25, o	enter GVERPAYMENT.	Mall return to P.O. Bo Sacramento, CA 95813	x 13-540,			Managata and Art and A	Marie Control of
32. Line 31 to be (a) REFUNDED. (Allow	y at least alv wooks	for your refund)				المنطقة المنظمة المنطقة المنطقة	
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				tnowiedco	end Do	not write in	there spalls
Under panalties of perjury, I design that I have examined feller it is true, correct and complete. If prepared by a per	son other than taxpayer,	his declaration is based on all	Information of which he has	any knowle	dge. P		
Sign Der signature—it tiling jointly, BOTH must	and the second		L. LAMBERT				
2 Sign Dycur signature—if filing Jointly, BOTH must	siyn Date	TYSES VINTER	ONSULTANT.		E_		

ECHEDULE

(3) CALIFORNIA

[] 72 ...

MEMIZED DEDUCTIONS
AREach to form 5:3

YEAR

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	the standard diduction, if you choose to a figuration and wile, appropriate items below.	er may not use the Tex Teblo er clai Itemize your deductions, complete ti
1 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	contends for clilurvise) 6.7 contributions contributions contributions contributions 22. Cash—Including checks, money orce (itemize)	
a. Classico and Cran. 3. Classico and Cran. 3. Classico and Cran. 4. Classico and Cran. 5. Sabira di Edjusted graza janoma el pa en Ferm 640 a	23. Total cach contributions 1. Given them cach (see instructions). Electrical	23 ntor total
	6 CO. Votal—Odd lines 23 and 24. Maximum inch act exceed 20% of callusted grow callusted grow callusted grow and on Futal 540, no.3 2)	is income. Liberate
Control of the Contro	Librard Emerce C. What marked	27 23
in a limit of Environment of the limit of th	10 150.00 29. Yet: 1-4Add lines 26, 27 and 28. Enter on Form 540, page 2)	here and 3,232,CO
Cl clim d r. Louis and on Form for runxing m in transce. (Ent.) here and on Form 560, 9839 2)	11 Casacing or Theft Lessles)—See Instructions NOTE: If you had more than one casualty less occurrence, omit lines 30 through 33 c instructions for guidance. 30. Loss before adjustments	or theft and follow 30 31
Conta and local garatina Conta and local garatina Conta and local garatina Conservations - Exercises of registration and violating foes (see instructions) Fersonal property Contact disability in warmon (Edit - Employer private of sality premains not garling.)	39. Add lines 31 and 32	ne 33) . 34
1. Total tages—(Add Ilnos 14 (hrough 20. Enter here end en Form 640, page 2)	21 841.00 27. Total miscellaneous deductions—Add lin and 36. (Enter here and on Form 540, p	cs 34, 35 ago 2) ▷ 37

CHEDULE



GALIFORNIA

10 72

FOULT UAD

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Solo Propriotorchips)

YEAR

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Constitution of the Raby	100 S 4	
2. 2. Character and		·
11 (As a rest 1) 12 Service ; product ; product ; product ; till in for "Held A.") (For example) retail—hardware, wholesale—tobacce, services -legal, manufactoring—fut		*******
C. Federal employer identification number. Leginers address 5418 Van Nuya Blvd. Van Nuya California		
La fine a cidross 5040 Van Muya Bivd. Van Muya California	(217	? co-!o)
the first to the first conting to the cost of the cost	••	11-4
West Terms 591, 592, 673 and 572, for the calchidar year filed (if required)? Yes No	Yes	\square N
(3) Did you own this business at the end of the taxoble year?	· · · 🖫 Yes	
How many months of the tendels your did you own this business? 12		1.
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10 Designion		_[
17 Oct. r Eucliness on the Control of publishing		
(c) 4 (c) 4 (d) (d)		
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(6)		1 . 5
	4 : 4	1.3
((1)	All in the	
0)	. ,	14.8 20
(m)		
(o)		4.4
(p) Total other business expenses (add lines 19(a) through 19(o))		-
20 Total deductions (add lines 6 through 19)		21.
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
	<u> </u>	





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, are gains (but not losses) on personal assets such as a home or jewelry.

Name as shown on Form 540 or 54002					15.53
Samuel and Phyllis Ruby SHORT-TERM—ASSETS HELD NOT MORE TH	AN A MONTHS				
a. Kind of property and describations (Example, 100 shares of "Z" 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 (if not perchased, attach explanation) and expense of sale	f. Gain or loss (3 less e)
1.					
SCHEDULE ATTACHET					(1,248.00)
 Enter your share of net short-term gain (Enter net gain (or loss), combine lines 1 Enter unused short-term capital loss care Net short-term gain (or loss), combine lines 	and 2 Nover from pred		e years (attach state	ment)	
LONG-TERM-ASSETS HELD MORE THAN 6	MONTHS			T	
	1				
7. Enter gain if applicable from line 4, Sch 8. Enter your share of net long-term gain 9. Net gain (or loss), combine lines 6 throu 10. Enter unused long-term capital loss carry 11. Net long-term gain (or loss), combine line	(or loss) from pa ugh 8 vover from prece	irtnersnips and 	years (attach stateme	ent)	(14,274,00
12. Combine the amounts shown on lines 5 of 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. Enter 14. If line 12 shows a loss—	and 11, and enter 12, whichever is ster here and on	er the net gain smaller. Enter line 32, Form ter a zero her	zero if there is a lass 540 (line 33, Form 5	or no entry on line 11 40NR)	(15,522.00
line 14(d)) (b) Combine lines 3 and 9—if gain, er (c) Enter smallest of (i) line 14(a) less computed without capital gains and (d) Combine lines 3 and 9—if loss, enter smallest of (i) the amount of and or losses, less line 14(c)—deter	ter gain; if loss, line 14(b); (ii) the or losses—dete er loss; if gain, entaxable income comine this figure	enter zero . he amount of rmine this figure ter zero here on Form 540 via a side con cin 50% of	taxable income on ure via a side compute and on line 14(e) a or 540NR, computed apputation; (ii) \$1,000 line 14(d); (iv) if line	Form 540 or 540NR, station; or (iii) \$1,000 and go to line 14(f) without capital gains (\$500 if married and 9 is zero or shows a	
gain, amount on line 32, Form 5 (f) Enter here, and on line 32. Form 5 enter an amount greater than	(40) (line 33, For	m 540/NK), III	6 2010 Of Hises 14(c)	Olid 14(0) (20 110)	(1,000.0





ITEMIZED DEDUCTIONS

Attach to Form 540

TAXABLE 71

Social Security Number

Name as shown on Form 540

Samuel and Phyllis Ruby

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 trappropriate items below.

April 11 to 0.0		
Aedical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance or otherwise).	ance	
1. One half (but not more than \$150) of insurance premiums for medical care		2.0.10.00.0
1. One half (but not more than \$150) of insurance premiums for mestors		
2 31-41-ing and 47038		
a solar 12 of adjusted gross income shown on rorm 040		
A c. breed line 3 from line 2. Enter difference (if less than zero, enter zero)) * I
5. Enter balance of insurance premiums for medical care not entered on line 1		
5. Enter balance of historians for medical cuts of the state of the st		
6. Other medical and dental expenses (attach itemized list)		
7 Total (Add lines 4 5 and 6)		
8. Enter 3% of adjusted gross income shown on Form 540	9	
a Cubicast line 8 from line 7. Enter difference (if less than zero, enter zero)	 -	150 6
10. Total—(Add lines 1 and 9)	10	150 p
IV. Total(Add lines 1 and 9)		
Child Adoption Expense	11	,
11. Total expenses paid or incurred—Attach itemized list	12	
to Foliar 200 of adjusted gross income shown on Form 540		
13. Subtract line 12 from line 11—See instructions for maximum limitations	13	
13. Subtract file 12 from the 11—occ motions of		
Taxes	,,	
14. Real estate	14	
15. State and local gasoline	15	
15. State and local gasoline	16 .	
18. General sales	17	
17. Auto license—Excess of registration and weight fees (see instructions)	i	
10 Personal property	18	
19. State disability insurance (SDI)—Employer private disability plans do not qualify	19	
20. Other (specify)	20	
20. Other (specify)	21	743
21. Total taxes—(Add lines 14 through 20)	-+	
Contributions		
22. Cash—Including checks, money orders, etc. (itemize)	22	
22. Cash—Hichard Checks, money orders, etc. weekers		
	ı L	
	23	
23. Total cash contributions	1	
24 Other than each face instructional Enter total here	24	
25. Total—Add lines 23 and 24—Maximum deduction may not exceed 20% of adjusted gross income	25	
Interest Expense		
	26	
28. Home mortgage	27	
27. Installment purchases	l [
78 Other literary	28	
voie inclined		
*		
the second secon	29	2,617
29. Total—(Add lines 26, 27 and 28)	-3	2,027
Miscellaneous Deductions		
30. For child care, alimony, union dues, casualty losses, etc.—See instructions (itemize)	30	
Tor Circu Care, alimony, union ques, casualty 105565, etc.—Occ modestions treatment and		L
care, annually, amon decay extractly		
31. Total miscellaneous deductions	31	500
32. Total deductions (Add lines 10, 13, 21, 25, 29 and 31). Enter total here and on form 540, page 2, in space provided S/	32	4,010
44. Total daductions, rada tions to 12, 21, 25, 29 and 31). Enter total here and on form 540, page Z, in space provided 1, 17%	1 25	(, , , , , , , , , , , , , , , , , , ,





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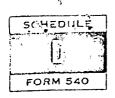
YEAR

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

	schedule to your income tax return, Form 5	40 or 540NR			tnerships, joint venture		al Security Numbe	
	hown on Form 540 or 540NR Samuel and Phyllia Ruby							
. Princip	al business activity Food Service	 xample: retail—hardware	; wholesale—		-legal; manufacturing-furn			
Queino	s name Snack Bar	,	2017	C. Feder	al employer identifica	tion numb	er	
. Busine	ss location 5418 Van Nuvs Blvd. (Number and street or rural ro			City-post office)				IP code
Indical	e method of accounting: 📝 cash; [accrual; oti	ner (desc					
. Was t	here any substantial change in the materies? Yes No. If "yes," a Forms 591, 592, 596 and 599, for the	nanner of determin ttach explanation.	ing quant	tities, costs o	•	n the ope	ening and	clasin
- were	101m3 371, 372, 373 and 377, 101 m							
1. Gros	s receipts or gross sales \$	Less: Returns				J	· • • • • • • • • • • • • • • • • • • •	
2. Inver	tory at beginning of year (If different th	ian last year's closi	n g invento	iry attach		SCI	HEDI LE	ļ
ex	planation)					1	TACHED	
	chandise purchased \$, less cost	of any it	ems with-		N.C.	IVOUID	!
dr	awn from business for personal use \$		•					-
4. Cost	of labor (do not include salary paid to	yourself)	•			1		Ì
5. Mate	erial and supplies			• • • •		1		
6. Oth	er costs (explain in Schedule C-1)					┪		1
7	Total of lines 2 through 6							
8. Inve	story at end of this year							
9 (05	of goods sold and/or operations	(subtract line 8 from	m line 7) .			•		
O. Gro	ss profit (subtract line 9 from line 1)							
	OTHER BUSINESS D	EDUCTIONS			i	į		- }
ll. Deo	reciation (explain in Schedule C-2)							
12. Toxe	es on business and business property (exp	lain in Schedule C-1	l)					1
13. Rent	on business property							
14. Ren	pirs (explain in Schedule C-1)							
15. Sala	ries and wages not included on line 4 (exclude any paid to	o yourself)				.
lá. Insu	ance							
17 lege	l and professional fees					. 1		·
IB. Com	missions							
10. Ame	rtization (attach statement)					.	•	
20 (~)	Pension and profit-sharing plans (see in:	structions)						
20. (b)	Employee benefit programs (see instruct	ions)						
	est on business indebtedness							
	debts arising from sales or services							-
	debts arising from sales or services letion of mines, oil and gas wells, timbe							
			Juic) .					
24. Oir 25.	er business expenses (explain in Schedul			• • •				
	Total of lines 11 through 24 profit (or loss) (subtract line 25 from l	ing 10) Enter here	and on a	riae 2 Form	•	. \$	7.3	50 3
		I. EXPLANATION				1		
Line No.	Explanation	Amount	Line No.		Explanation		Amount	1
		\$	#				\$.
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CAPITAL GAINS AND LOSSES

Attach to Form 540 or 540NR

TAXABLE

1071

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 Ruby				: : (Social Security Humber
SHORT-TERM—ASSETS HELD NOT MORE TH	AN 6 MONTHS		,		
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 G: xs sales price	e. Cost or other b. is, a adjusted, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	
1.					
SCHEDULE ATTACHED					(1,248.00)
 Enter your share of net short-term gain (c Enter net gain (or loss), combine lines 1 c Enter unused short-term capital loss carr Net short-term gain (or loss), combine line 	and 2	 eding taxable	years (attach state		
LONG-TERM-ASSETS HELD MORE THAN 6	MONTHS	,	r	T	· · · · · · · · · · · · · · · · · · ·
6.					
					1 '
7. Enter gain if applicable from line 4, Sche 8. Enter your share of net long-term gain (c	or loss) from par	tnerships and	copy)		
 Net gain (or loss), combine lines 6 through Enter unused long-term capital loss carry Net long-term gain (or loss), combine line 	over from preced	ling taxable y	ears (attach stateme	nt)	(14,274,00)
12. Combine the amounts shown on lines 5 at 13. If line 12 shows a gain— (a) Enter 50% of line 11 or 50% of line 15	2, whichever is sn	naller. Enter z	ero if the re is a lass c		(15,522,00)
 (b) Subtract line 13(a) from line 12. Enter 14. If line 12 shows a loss— (a) Add lines 4 and 10 (if lines 4 and 10) 	, •				
line 14(d))					
(b) Combine lines 3 and 9—if gain, enter (c) Enter smallest of (i) line 14(a) less li	er gain; if loss, : ne 14(h): (ii) th	enter zero . e amount of	taxable income on F	orm 540 or 540NR.	
computed without capital gains and	or losses—deteri	nine this figur	e via a side comput	ation; or (iii) \$1,000	
(d) Combine lines 3 and 9—if loss, enter(e) Enter smallest of (i) the amount of ta	loss; if gain, ent	er zero here :	and on line 14(e) and 540NR computed a	d go to line 14(f) .	
and or losses, less line 14(c)—determining separately); (iii) if line 3 is zero	ine this figure vi- o or shows a gai	a a side comp in, 50% of lir	outation; (ii) \$1,000 (ne 14(d); (iv) if line !	\$500 if married and P 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% o	of line $9 \dots$	
(f) Enter here, and on line 32, Form 54	_				(1,000.00)

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

Address (and Zip code) Preparer's Employer - Identification (or SSA) Numbe



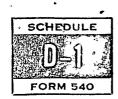
NW 88326 Docid/92245535 Page 199rtum





				· OAR					
r th	e year Ja	nuary	1-December 31, 1973, or other	taxable year	r beginning		, 1973, ending		, 19
			AND INITIAL(S)		LAST NAME		e e	Your	Social Security Number
288	,	51	MUELLPHYLL	.15	Ru.	B y			s Social Security Number
38	PRESENT	НОМ	E ADDRESS (Number and street, inclu	ding apartmen	nt number, or	rural route)	•	Spouse	Social Security Rumber
		16	250 BIRC	HER	J.7				
nt	CITY, TO		R POST OFFICE, STATE AND ZIP C	ODE	' /		occu- You		
	6	DA	NADA HIL	ک. ۔۔	CA	LIF	PATION) Spo	use's	<i>W</i>
ino			Only One	Exemption	Credits	If line 1 or 3 chec	ked, enter \$25		
.			, , , , , , , , , , , , , , , , , , , ,	6. Personal			iecked, enter \$50 🚶 .		6
_		filing	joint return				you as head of househo		
•	_ `.		separate return—Enter spouse's full			nd/or address if different f		,	
· [Sopurate votarii Enter openee		TH	OMAS -	FRED		
_			sehold—Enter name of qualifying			LISA			
. [-		Senote—Litter hame or quarrying				Total Number ►	ン X	\$8 7 24
			n dependent child. Enter year spouse	8. Blind (re	fer to instruc	tions) Number of blind	exemptions >	X	\$8 . 8
٠ لـ	Widow(e		i dependent cinia. Enter year spouse	9. Total ex	emption credi	ts (add lines 6, 7 an	d 8) Enter here and o	on line 20 b	elow 9 7 %
	dica 10								
	Income	10.	Wages, salaries, tips and other emplo	ee compensati	ion (Attach d	opy 2 of Form(s) W-2 to ilable, attach explanati	on)	10	
A			Dividends —before federal exclusion.					11	92
3			Interest. (See instructions for taxab						
里			Income other than wages, dividends a						16/96
₹			Total (add lines 10, 11, 12 and 13)						16633
폺			Adjustments to income (from line 5						
OF FORM W-2 HERE			Adjusted gross income (subtract line					1	16633
2 0									700
7		•	If you do NOT itemize deductions Af	D line 16 is t	under 10,000,	find tax in Tax Table:a	nd enter on line 19.		
2		•	If you itémize deductions OR line 16	is \$10,000 d	or more, com	plete lines 17 and 18.	_	•	
АТТАСН СОРУ		17.	Deductions: Itemized (from line 63)	OR Standard (\$1,000 if line	1 or 3 checked-\$2,	000 if line 2, 4 or 5 c	hecked) 17	5162
Ħ			Taxable income (subtract line 17 fro					18	11471
▼							·		249
		19.	Tax-If an averaging method is use	d, check appr	opriate box	Schedule G, or	☐ Schedule G-1	19	67
			Total exemption credits (from line 9						1 2
	,	21.	Tax liability (subtract line 20 from	line 19—if lir	ne 20 is grea	iter than line 19, ent	er zerő)	21	1.7.5
	Your		Other credits (from line 66)					22	100
	Tax		Net tax (subtract line 22 from line				0)	23	
A	and Credits	24.	Special tax credit-from line 75 (see Instruction	ns, page 2,	for allowable credit)		\. 24	33
望	Orenit?	25.	Net Tax liability (subtract line 24 fr	om line 29—i	f line 24 is	greater than line 23,	enter zero)	25	16
ATTACH HERE		26.	Tax on preference income (see instr					26	
E		27.	Total tax liability (add lines 25 an					27	122+
:								- 28	
order.		28.	Renter's credit-if you lived in ren	ted property o	on March 1,	1973, complete Part I	on page 2		
, A	Your	29.	Total California income tax withhele	l (attach Form	n(s) W-2 or V	1-2P to face of retur	n)	. 29	
money	Pre-	30.	1973 California estimated tax paym	ents (include	amount allow	able as a credit from	19/2 return)	30	
- 5	payment Credits	31.		(attach Form	DE 1964 to	face of return)			
		32.	Total prepayment credits (add lines	28 through	31) ,			32	
check		22	If line 27 is equal to or larger than	line 32 enter	-amount of R	ALANCE DUE		33	122
		JJ.	Pay in full and mail with return to:	Franchise Tay	Board. Sacra	mento, CA 95867	•	-	Do not write in these space
number on	Balance	34	If line 32 is larger than line 27,	enter amount	OVERPAID .		34		P
	Due	J4.	Mail return to: Franchise Tax Board,					1	
		25	Amount of line 34 to be REFUNDED	(allow at les	ast`six weeks	for your refund) .	35		E
security		35.		n vour 1974 a	estimated tax		36		M
		36.						ladne and	
social	Under pen	alties of	f perjury, I declare that I have examined the correct and complete. If prepared by a perso	s return, includi n other than tax	ng accompanying payer, his declar	schedules and statements, ation is based on all inform	and to the best of my know lation of which he has any k	reage and nowledge.	Α `
-		uue, t	•		,				
Vrite	SIGN	≥ v	and dignature		,	ate Preparer's	s signature (other than taxp	yer)	Date

Date





SUPPLEMENTAL SCHEDULE OF GAINS AND LOSSES

19_73 YEAR

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

Name as shown on Tax Return SAMUEL LIHYLLIS	Ru	BY		Identifying numb	er as shown on return
PART I Gain From Disposition of Property Under S			212-18, 18219,	, 18220	
Lines 9 and 10 should be omitted if there are no dispositions	of farm p	roperty or f	farm land; or, if	this form is filed	by a partnership
1. Description of Sections 18211, 18212-18, 18219, and 18220	property.			Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
				4/70	8/13/73
(B)					
(C)					
(D)					
Correlate lines 1(A) through 1(D) with these columns	>	Property (A)	Property (B)	Property (C)	Property (D)
2. Gross sales price	. 28	1000 -			
3. Cost or other basis and expense of sale	2	8138-			
4. Depreciation allowed (or allowable)		-386-			
5. Adjusted basis, line 3 less line 4		5752-			
6. Total gain, subtract line 5 from line 2	. /2	-248.			
7. If Section 18211 property:					
(a) Depreciation allowed (or allowable) after applicable do	ate.	_			
(See Instruction D-3)	12	-386			
(b) Line 6 or line 7(a), whichever is smaller		248.			
8. If Section 18212-18 property:					
(a) Enter additional depreciation after 12-31-63 and befo	ore				
1-1-71					
(b) Enter additional depreciation after 12-31-70	[l .		i
(c) Enter line 6 or line 8(b), whichever is smaller			,		
(d) Line 8(c) times applicable percentage (Instruction D-4).	1		1	1	li .
(e) Enter excess, if any, of line 6 over line 8(b)			1	1	I
(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)	1				
9. If Section 18220 property:					
(a) If farm land, enter soil and water conservation expens	ses			•	
for current year and four preceding years					
(b) If farm property, other than land, subtract line 7(b) fro					
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 ze	1				
(c) Enter excess, if any, of line 10(a) over 10(b)	l l				
(d) Line 10(c) times applicable percentage (Instruction D-5)	I				}
(e) Line 6 less line 10(b)	;				
(f) Enter smaller of line 10(d) or line 10(e)					
SUMMARY OF PART I (Complete Property Columns	(A) thro	ugh (D) u	p to Line 10(f)	before going	to Line 11)
11. Enter amounts from line 6		2248		I	
12. Enter amounts from lines 7(b), 8(h), 9(d) and 10(f)		2248	<u></u>		
13. Subtract line 12 from line 11, enter here and in appropria	I				
Section in Part II (see Instruction D-2)		-0-			
14. Total of Property Columns (A) through (D), line 12. Enter		on line 24	, Part III		12248-
NW-88326 Doctd:32245535 Page 200					<u> </u>







For Calendar Year 1970 or Fiscal Year Begur	n	1	970 a	nd Ended			1971	
FIRST NAME(S) AND INITIAL(S)		LAST NAME			Your s	ocial sec	urity number	S
Please SAMUEL AND PHYLLIS		RUBY						C
Type PRESENT HOME ADDRESS (Number and street, or rural route)			COU			social se	curity number	M
or 16250 Bircher			Los	Angeles	2 h o	1		
Print CITY, TOWN OR POST OFFICE	STATE			ZIP CODE		Your occi		В
Granada Hills	Ca.	<u>liforni</u>	.a 	91344		I - En	ployed	P
NAME AND ADDRESS OF EMPLOYER AT TIME OF FILING						sewi		A
Self-Employed				10115 51150			income on 197	O Fodoral
name and address on 1969 California Return. IF same at Give Reason. 11346 Montgomery Avenue				Calif.	Return If diff	\$8	3,284.9'	7
	3.			ite return—spouse		t VII. p	aye 2.	
Filing Status 1. Single (check one) 2. X Married, filing joint return	4.			household''Comp				
5. Wages, salaries, tips, etc. (before payroll dedu	uctions) if	more than two	emplo Whe	yers, attach sched re employed (city and	ule state)			
If joint return,						5	•	
include all								
income of both husband								160
and wife 8. Dividends. Enter total here (also list in Sche	edule B (54	40), Part I, if	total	is over \$100) .		. 6	• 20	0 [60
7. Interest. Enter total here (also list in Schedu	ile B (540),	, Part II, if to	tal is	over \$100)		. 7	•	
₩							8,284	1 0.7
8. Other income (from page 2, line 30)			•		• • •	. 8	0,2.05	
8. Other income (from page 2, line 30)						. 9	8,30	5 57
W						,,,		
10. Adjustments to Income (from page 2, line 35)			•			. 10		_
11. Adjusted gross Income (subtract line 10 from	line 9) .					. 11	8,30	5 57
• If you do not itemize deductions AND line 11	ie under \$	10 000 find v	our tax	in Tax Table in it	struction	s Enter	r tax on line	12.
If you itemize deductions OR line 11 is \$10,00								
Your 12 Tay from (check one): Tay Table Tax Com						. 12		0.0
and 13. Exemption credits (from page 2, line 43) .							82	
Credits 14. Tax liability (subtract line 13 from line 12)						. 14	No	ne
15. Total other credits (from page 2, line 49) .						. 15		
16. Net tax Hability (subtract line 15 from line	14—if \$1	.00 or less, e	nter "z	ero'')		. 16	► No	ne
17. 1970 California estimated tax payment or cre	dit from 1	OEO (if any) II	none	enter "zere"		. 17	>	
								ne
Balance 18. Balance due—If any (subtract line 17 from line Due or 19. Overpayment—If any (subtract line 16 from line							•	
							Þ	
Rofund 20. Portion of line 19 you wish to apply on 1971 estimated tax							>	1
		···					Do not write in the	se spaces
Under penalties of perjury, I declare that I have examined this return, including as belief it is true, correct and complete. If prepared by a person other than taxpayer	ccompanying : r, his declarat	schedules and stat tion is based on a	tements. III inforn	and to the best of m sation of which he has	y knowledg any know		T	spotts
Cian b						-	·	
Sign > Your signature—if filing Jointly, BOTH must sign Date	Si	gnature of prepar	er other	than taxpayer		·····	Υ	
nere > Spouse's signature Date			AME	BERT-MARK	ELL		1	
e Make Remittance Payable to FRANCHISE TAX I	BOARD-	-Mail to	1663	3 VENTURA BL	VD.		1	

TAXABLE 70

YEAR



ITEMIZED DEDUCTIONS

Attach to Form 540

Social Security Number

Name as	shown on For	m 540		
	Samuel	and	Phyllis	Ruby

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.

	deductions- (Add lines 9, 12, 20, 24, 28 and 30). Enter total here and on Form 540, page 2, in space provided S/A.	31	2.745
 D. To	1 miscellaneous deductions	30	100
	child care, alimony, union dues, casualty losses, etc.—See instructions (itemize).	29	
	neous Deductions		
To		28	1,552
	er (itemize)	27	
	e mortgage	26	
	Expense	25	
			200
	II—Add lines 22 and 23—Maximum deduction may not exceed 20% of adjusted gross income	24	280
	rt cash contributions	22 23	
		20	
	h—Including checks, money orders, etc. (itemize)	21	
ntri	itions		
. To	al taxes(Add lines 13 through 19)	20	663
. 01	er (specify)	19	
	e disability insurance (SDI)—Employer private disability plans do not qualify	18	
	o license—Excess of registration and weight fees (see instructions)	17	
	eral sales	15 16	
	e and local gasoline	14	
	l estate		
axes			
. Sı	tract line 11 from line 10—See Instructions for maximum limitations	16	-
	er 3% of adjusted gross income shown on Form 540	11 12	
	at expenses paid or incurred—Attach itemized list	10	
hild	loption Expense		
3. To	a1—(Add lines 1 and 8)	J	1.50
	tract line 7 from line 6 (if less than zero, enter zero)	8 9	3.00
	er 3% of adjusted gross income shown on Form 540		T
6. To	al—(Add lines 4 and 5)		
	ucted on line 1 (attach schedule)		
	tract line 3 from line 2 (if less than zero, enter zero)		
	er 1% of adjusted gross income shown on Form 540		
	ficine and drugs		
	half (but not more than \$150) of insurance premiums for medical care	200	©10000000000000000 ±5000500



YEAR

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Sole Proprietorships)

Attach th	is schedule to your income tax return, Form 5	40 or 540NR		. Part	tnerships, joint venture			
	s shown on Form 540 or 540NR					Soc	cial Security Number	
	Samuel and Phyllis Ruby	<i>!</i>						100
A. Princ	cipal business activity Food (For e	xample: retail-hardware	y wholesale	; pro _tobacco; services	oduct -legal; manufacturing—furnit	ure; etc.)	95-	
	Snack Bar			C. Federa	l employer identificati	ion num	ber 26.51.57	7 8
D. Busin	ness location 5418 Van Nuys Bou (Number and street or rural re-	ilevard	V;	(City-post office)	California (Stote)	914	(ZIP	code)
E. India	cate method of accounting: 🗷 cash;	¬ accrual;	her (de	scribe)				
F. Was	there any substantial change in the m	anner of determin	ing qua	ntities, costs o	r valuations between	the op	pening and c	losing
	ventories? Tyes X No. If "yes," at e Forms 591, 592, 596 and 599, for the c		(if requi	red)? [Yes	▼ No			
								-
1. Gr	oss receipts or gross sales \$	Less: Returns	and allo	wances \$			*** - *********************************	†
ε	entory at beginning of year (If different the explanation)					1		
3. Me	orchandise purchased \$, less cost	of any	tems with-		}		1
	drawn from business for personal use \$		•					
4. Co	st of labor (do not include salary paid to)	ourself)						
5. Mc	aterial and supplies							
6. Ot	her costs (explain in Schedule C-1)					1	COLEMENT	-
7 .	Total of lines 2 through 6						SCHEDU	
8. Inv	entory at end of this year					-	ATTACHI	EJL)
9. Co	st of goods sold and/or operations (subtract line 8 from	n line 7)					
10. Gr	oss profit (subtract line 9 from line 1)							
	OTHER BUSINESS DE	DUCTIONS				Ì		
11. De	preciation (explain in Schedule C-2)					ł		
12. Ta:	xes on business and business property (expl	ain in Schedule C-1)					İ
13. Ren	nt on business property					ł		
14. Re	pairs (explain in Schedule C-1)							
15. Sa	laries and wages not included on line 4 (e	xclude any paid to	you rs el	f)				
	urance							
17. Leg	al and professional fees					•		
18. Co	mmissions							
19. Am	nortization (attach statement)							
20. Ret	tirement plans, etc. (other than your share)					ļ		
21. Inte	erest on business indebtedness							
22. Bac	d debts arising from sales or service					ļ		
	ses of business property (attach statement)							-
24. De	pletion of mines, oil and gas wells, timber,	et c . (attach schedul	ө)					1
25. Oth	her business expenses (explain in Schedule	C-1)			L			1
26.	Total of lines 11 through 25						- 61	+
27. Ne	et profit (or loss) (subtract line 26 from l	ine 10). Enter here	and on	page 2, Part II	, Form 540 or 540NR	\$	9,284	97
	SCHEDULE C-1.	EXPLANATION	OF LIN	JES 6, 12, 1	14, AND 25			
Line No.	Explanation	Amount	Line No.		Explanation		Amount	
		\$					\$	
			<u>.</u>					
			I					
****		4						
			l					
						<u> </u>		
						<u>_</u>		
			L	I				







SALES OR EXCHANGES OF PROPERTY

Attach to Form 540 or 540NR

Name as	shown on Fo	rm 540	or 540NR	
	Samuel	and	Phyllis	Ruby



Samuel and Phyl	llis Ruby		·			
Part I—CAPITAL ASSETS SHORT-TERM—ASSETS HELD NOT	MODE THAN A	MONTHS	, 1	10.00		
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.						
		SCHEDU	JLE ATTACHE	D		(15,274.00)
***************************************		l	1	L		· · · · · · · · · · · · · · · · · · ·
 Enter your share of net short-te Enter unused short-term capital Net short-term gain (or loss) fr 	l loss carryover f	rom precedir	ig taxable years	(attach statement)		
LONG-TERM-ASSETS HELD MORE	THAN 6 MONTH	15				
5. Enter gain (if any) from line 16			· · · · · ·			
		1	1	1 '		
			1	i e	i .	
 Enter unused long-term capital Net long-term gain (or loss) from Combine the amounts shown or If line 9 shows a GAIN, enter loss or no entry on line 8) Subtract line 10 from line 9, Enter loss or no entry on line 9, Enter loss or no entry on line 9, Enter loss or no entry on line 9, Enter loss or no entry on line 9; (b) the amount on line 9; (b) the gains and losses or (c) \$100 	om lines 5, 6 and 50% of line 8 of l	nd enter the r 50% of lin ine 17, Part 17, Part III able income	net gain (or loss to 9, whichever is) here	ro if there is a	(15,274.00)
gains and losses; or (c) \$1,00	0	· · Car	ryover Los	ss (14,274.	00)	(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	2, Part IV 5, Part IV					
 Enter your share of gain (or l Net gain (or loss). If GAIN, et 	nter on line 5, P	art I; if LOS	SS, enter on line	29, Part V	r	
PART III-TOTAL NET GAIN OR						
 Net gain (or loss) from line 10 Net gain (or loss) from line 31 					ŗ-	
19. Total net gain (or loss)—Combin- II, line 23	e lines 17 and 18	. Enter here	and on Form 540	or Form 540NR,	page 2, Part	
	•					

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 3516		75 co
(a) GERRGE MIAMI GARDENS DR. N. MIAMI FLA 33160 (b) EARL RUBY 4380 STONEY RIVER DR. BIRMINGHAM MICH 48010		7500
(c)		
(d)		
(e)		
(n):		
(g)		
(h)		

(4) Amount taxeble as ordinary Income (schedule K. line 6 U.S. 1120-8)	(5) Distributive income from page 1 line 5, or page 2; schedule 8 line 6	(6) Amoum to be used by shareholder on: Mi-1040 (enter on page 2 schedule 1, line 29 or on page 2 schedule 2; line 37) difference between column 4 and column 5 (see instructions)
(a) \$ 32 03 6: 39	s 32, 380 38	32380.38 32380.38
(a) 9 32, 036:39	32,38038 32,38038	32386.38
(c)		
(d) 4		
(e):		
(1)		
r (g)		
(h)-		
(i) a 1 is a 1 i		
H) elas segues e paga ana		

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

	·		•
(1) Name and Address of Each	Sharaholder	(2) Social Security Number	(3) Number of Shares
(a) GEORGE MARCUS	DR. N. MIAMI FLA 33162	M.S.	° 7500
(b) EARL RUBY 4380 STONEY RIJER DR,	BIRMINGHAM MICH 48010	600-8E 100	7500
(c)			
(d)			SAN THE RESERVE OF THE PROPERTY OF THE PROPERT
(e)			
(f):			
(g)			
(h)			
(1)			
	PORTOR OF THE STATE OF THE PROPERTY OF THE PRO	DESTRUCTION OF STREET	

	。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	多数的现在分数。在1965年的第一位,1965年的1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1965年,1
(4) Amount taxable as ordinary Income (schedule K. line 9) U.S. 1120-8)	(8) Distributive income from page (1) Jine 5 or spage 2 !: schedule 8 Une 6	(6) Amount to be used by shareholder on Mi-1040 (enter on page 2; schedule 1! line 29; or son page 2; schedule 2! line 37) difference between solumn 4 and column 5; (see instructions).
		2 20 2
(a) \$ 32,036.39	s 32 380-38	s >> 380.38
(a) \$ 32,036.39 (b) 32,036.38	3.312,380,38	32380.38
(c)		
(d)	Bury Bury	
(e)		
(f)		
(g)		
(h)		
(j)		

SCHEDULE F - SHAREHOLDERS SHARE OF INCOME AND CAEDING (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 NBRO STONY RIVER DR. BIRM.MI	6-16-65 7P L	7500	46,840,04
(b) ESTATE OF GEORGE MARCH	S 4. 60000	7,500	46,840.04
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			1

(5) Distributive Income from page 1, line 5, or page 2, schedule B, line 6 Amount to be used by sh holder on MI-1040 (enter page 2, schedule 1, line 3 on page 2, schedule 2, line difference between column 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 MI-1040, each shareholder's proportionate share of Single business tax paid. (See instructions)		
(a) 46,840.04		·			
(a) 46,540.04 (b) 46,540.05					
(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	Sac of Sac	500	19,730.16
(b) ESTATE OF GEORGE MARG	LL. GOLOR	500	19,730.15
(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 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)			
(g)			
(h)			
(i)			
(j)			

	CITY OF IN	IDIVIDUAL RETUR	N-NONRESID	ENT	976			;	233)
-	First Name and Initial Earl R. and Marge	Last N Rub			al Security Number		EXTENSION	NUMBE	프 (유G
PLEASE		and wife, use first names and	middle initials of both)	Sale	r Occupation	ente	you are an er your Federa	al ENIPLO	0 0
PRINT	Home Address (Number and Str	eet or Rural Route)		 	cial Security Number		ntification No.	her†:	ПS
TYPE	18135 Livernois	State	0 1 7 6 1	<u> </u>		_		4.00	
	City, Town or Post Office Detroit,	Michigan	Postal Zip Code 48221	1 '	e's Occupation	IP	FP	OA.	- d
	Detroit,	TITCHIGAN	TUZZI	House	ewife				بر ب =
В. І	If married, is spouse filing a sepa Enter the name and address used moved.) If none filed, give reason.	f on your return for 1975 (If	NO. If yes, enter spo			Audit	or		1 JFK Collec
	HEDULE A - EXEMPTION			Regular	65 or over	Bli		nte <i>f</i> ber of	٦ >
	HEDULE A - EXEMPTION	1. YOURSELF	• • • • • • • • • • • • • • • • • • • •			Ĺ	exem_ أس	ptions cked	0,
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			<u> </u>	 .	_ "
Here	2. Enter first names of each of you	r DEPENDENT CHILDREN who I	ived with you:			··	Enter	no.	enci
7-7	·)	NAME Enter figure 1 in the last		Re	lationship		ns lived in ome during		fer
or W-2	OTHER DEPENDENTS	right for each name I	isted				1976	#-	- E
)							-	+
DW-2	. Total exemptions from lines 1, 2	2 and 3; enter here and on line	15 below.					15.5	†· 2
ם ואי	COME (If joint return, include	all income of both husband ar	1 18			1			
. Copy of F	Employer's Name COBO CLEANERS COBO - RUMAR SAL	Where employed (City of INC. DETROIT)	mid State) MICH. Total was on D Total was on D Total was on D Total was on D Total was on D Total was on D Total was on D	700 00		60 00	\$ 82. 8,	100 250	၀၀ ၀၀
و ود					1,080			3501 631	
₹ ′	 Rental income (or loss) from tail Other income (or loss) from po 							+81	
	P. Gain (or loss) from sale or ex							1.94	
	D. Net profit (or loss) from busing								
	. Income (or loss) - TRUSTS AND								
12	and the second s	rough 11 of last column)				**1	95,4	462 i	72_
<u>ə</u> 13	Less: Deductions from page 2	, Schedule M, line 5 (if none, e	nter zero)						l
14	(, , , , , , , , , , , , , , , , , , ,	ne 13)			· · · · · · · · · · · · · · · · · · ·				72_
_	5. Less Amount for Exemptions: En		•			1	Ÿ	100,	
O 16		JECT TO TAX						1621	3 /
one DV		ly line 16 by .005 (½%)				•	<u>\$</u>	<u>// :</u>	<u> </u>
5	YMENTS AND CREDITS b. a. Tax withheld by employer-	4					. 1.0	80	ပသ
ō		— from line o above — ATTACH 176 Declaration of Estimated De					* ······		
Check	•	attached statement (See Instruc			•				
<u>ਦ</u> 19	· ·	18a, b, and c	•			1	. 1.0	20	٥٥
	X DUE OR REFUND						<u> </u>		
8). If your payments (line 19) are	larger than your tax (line 17).	enter amount of OVF	RPAYMENT	•		. 6	<i>-</i> 8 i	69
⋖ 21	. Check box if you wish overpa					ſ	***************************************		
_	. If your tax (line 17) is larger th		er amount of BALAN	CE DUE Pay	in full with this ret		.		
	I declare that I have examined	this return (including accompa	nying schedules and state	ments) and to th	e best of my knowled	ge and b	elief it is tru	e, corre	ect and
SIGN	SIGN HERE SIGN HERE	erson other than taxpayer, his c	declaration is based on a	II information of	which he has any kr	owledge.			
HERE	1	(Taxpayer's signature and d	ate)	, , ,	ure of preparer other	•		(Date)	,

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 Spartment, Treasury Division, 104 City-County 196799WEST FEW MILES REA226

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•	_	_	_		_		

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

1	9	7	6

T 4 V								
1 Name: Cobo-Rumar Sale	Cobo-Rumar Sales, Inc.		2	2 Account Number: 38-1812707				
SUMMARY	inc.				30-1012	7.07		
3 Total Number of Partners or Sha 4 Total Number of Qualified Partne			enter here and on C	9000 lin	e 60a 4			
QUALIFIED PARTNERS			-enter here and on G-		e oua 4			
A NAME AND ADDRESS	B SOCIAL		D SHAREHOLDER'S	E %	PARTNER'S or S	HARFHOLDER'S		
	SECURITY NO.	Time	SALARY		F Share of Bus. Inc.			
Earl Ruby 4380 Stoney River; Birm.		100%	18,000 00	100%	. 00	1 00		
		%	00	%	00	00		
		%	00	%	00	. 00		
		%	00	%	00	00		
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		%	00	%	00	00		
-		%	00	%	00	00		
		%	00	%	00	00		
		%	. 00	%	00	. 00		
	,	%	00	%	00	1 00		
स्थानिक प्रा NON-QUALIFIED PARTI	NERS OR SHAREHO	LDERS. I	more space is neede	d submit	separate schedule and	enter totals on line 7.		
3			. 00	_	1.00	1.00		
		-	00	%	00	00		
	 		00	%	00	00		
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				%	100	00		
88326) Doold:82245525 Page-2	10,11)	7	00	%	00	. 00		

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Beginning					FOR OFFIC	CE USE ONLY			
INDIVIDUAL (Chec		\	-						
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LI FIDOCIAITI OII	•						0	7 (885,5
			IVERNOIS A	VE	_		• • •		
,		DETROIT	MI	•	482	!21			
							Husband	l's Socie	al Security No.
							-		
							100		
	(r.		1		1 4 1		_	ocial Se	ocurity No.
09 30 Retroactive Date	76 69 Intangible Acc	8855	Type Count		, 1 (76 12 File Date	:		
this return is for an Estate, give			1 1ypo Count	POSTE	<u> </u>	AUDITED:	Employer	Identifi	ication No.
le No.	County .		Date of Death	_					•
						<u> </u>			
LINE	•							LINE	
No. Computat	on of Tax Du	е				AMOL	JNT	NO.	TAX
1. Accounts and Notes	Receivable (non-income p	roducing only)						1.	<i>i</i> .
	otes Payable							2.	\$ -
•	/10th of 1%							3.	
4. Accounts and Notes	Receivable (income produ	cing only)						4.	
	otes Payable (use only th	*						5.	
6. Balance Taxable		, , , ,						6.	
7. Income applicable to	balance	- "		•	*		,	7.	٠.
* *	ne (Line 7) or 1/10th of			ater.				8	
*	Schedule A, Column							9.	2.3
10. Mortgages and Land								10.	
11. Annuities Sch]11.	
12. Beneficiary Return (at		*						12.	
13.	TOTAL							13.	2,370
14.	Less Statutory dedu	etion (\$175.00 o	r \$350.00 by husband	de and wiv	es filing igint re	turni		14.	35
15.	BALANCE DUE		0000.00 07 110300110	23 0110 1111	es ming joint to	10111/]15.	2,020
16. Cash on Hand or in T	•		in cafety denocit hove)					annihinimi.
17. Bank Deposits in Ban					Mich)			16.	
18. Savings in Building ar			n for Withdra RETROA	Ass'ns. a	ifter }	· .		17.	
19. TOTAL		ouside of Michiga	mail (RETROA	CIIVE DA	···E)		·	18.	
20. TAX @ 20¢ per \$100				··				19.	
21.			20)					20.	2,026
22.			(0)					7	
								22.	2,026
23.	TOTAL TAX DUE							23.	<u> </u>
24.			%, \$; In			•		24.	
25. TOTAL AMOUNT DU	WITH THIS RETURN (D	ue on or before A	pril 30)			1	25.	l	2,024
Make Remittance Par					oount No. on	vour abook			******
Mail To: MICHIGAN									
usiness or Profession of Taxpa		Amount Single Bus			ingle Business Tax		Telephon	e Numb	oer:
SALES	•			1.	J	*	, ,		0400
er of Last Return Filed:	Address of Last Retu	rn:				-			
1975	SAM	•				•			
neck which Method your return				· MOTE	H this return is (rom a Trustee, attach	a list of Mas		,
RETROACTIVE DATE	· <u> </u>	VERAGE		1,40,12					
		.:			Addresses of Be	eneficiaries and Date (or Creation C	of Trust.	
declare under the penalties									
it this return, including a similard by me and to th	ny annompanying schol a bast of my knowledi	nelele bite eenii si teiled bite ei	a true, correct						
d complete return.			,	Signatur	•			*	
~	ANT I HALLAND	\FD D A			•				•
GORI	/ UN-L-H UEEAN!) - K P (
ppared By: CEF	ON L. HOLLAND TIFIED PUBLIC ACCO	JE K, P.C Untant		Signatur	*8				

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

for 1975, or taxable year beginning	, 1975, ending	, 19
irst name and initial (if joint return, use first names and initials of both)	Last name	Your social security number
Earl R. and Marge	Ruby	
lome address (number and street or rural route)		Your occupation Sales
18135 Livernois	ZIP code	
Sity, town or post office, and State Detroit, Michigan	48221	
Residency Status during tax year:		Spouse's occupation
X Resident Non-resident	Part-year resident, fromto	
O Filing Status:	1. Exemptions:	ations claimed on your
A Single	(a) Enter here the number of exem federal income tax return	4
B Married, filing jointly	(b) Special exemption for paraplegi	cs & quadriplegics See
C Married, filing separately (see instructions, page 2)	(c) TOTAL EXEMPTIONS, add lines	1(a) and 1(b) 4
Name of Spouse		NOTE: If you check the 'YES' box
2. STATE Do you wish to designate \$2.00 of CAMPAIGN FUND If joint return, does your spouse with the company of		NOTE: If you check the YES BOX it will not increase your tax reduce your refund.
United the second secon		
3. Adjusted gross income as defined in the Internal Revenue Co line 15, or 1040 A, line 12 from gross income. (See page 5 of the	ode and which should be reported on Fedel that indicate a loss or deduction	178,036/8
line 15, or 1040 A, line 12 from gross income. (See page 5 of the 4. Additions to adjusted gross income, (from page 2, line 35).	instructions)	
5. Total, add lines 3 and 4		5. 178, 036 18
6 Subtractions from adjusted gross income, (from page 2, line	e 44) _.	0 - 126 437 75
7 Subtract line 6 from line 5		
8 Pacidents multiply exemptions claimed on line 1 by \$1.500.	.00 (part-year and nonresident allowance fro	om line 48)
9. Income subject to tax (subtract line 8 from line 7)		
10. Tax: multiply line 9 by 4.37% (.0437)	ages 7-10) AMOIINT PAID	CKEUH .
to the second to Michigan sition	n / 00 89 11a	2009
12 Contributions to Michigan colleges & universities (attach rec	ceipts). 1 2a. — 12a. —	
13 Income tay paid to another state (attach CODY Of return)		
14 Total credite (add lines 11a, 12a, and 13a), enter total here		
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) In a 16	
Do not complete lines 17 thru 21 if you have claimed a cre 17. Household income from line 56	1	· · ·
18. Enter 1975 homestead property tax or amount from line 59	B	
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 'NC	ONE' 20	ř.
21. Property tax credit, 60% (.60) of line 20, (\$500.00 maximu	um)	
22. Personal property tax paid on inventory. PAYMENTS	1 \ 39% (.39) 22	
23. Michigan tax withheld (attach State copy of W-2)		1,157 50
24 Michigan estimated tax payments		1,000,00
25 1074 overnoyment credited to 1975		26 6,1575
oc 4141' 10 22 22 24 and 25 for lines 21 22 23 24	and 25	20.
27 If line 26 is less than line 15 enter BALANCE OF TAX DUE	E HERE	1
28 If line 26 is greater than line 15, enter AMOUNT UVERPAIL	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
29. Amount of line 28 to be REFUNDED TO YOU	a	NOTE: If all of overpayment (line 28) is t refunded (line 29), make no entry on line
30 Amount of line 28 to be credited to 1970 estimated tax		OFFICE USE
	month after the close of Villa IX Veal.	
is return is due April 15, 1976 or on the 15th day of the fourth r		
is return is due April 15, 1976 or on the 15th day of the fourth reder penalties of perjury. I declare that I have examined this return.	ct and complete. If prepared by a person	
is return is due April 15, 1976 or on the 15th day of the fourth r	ct and complete. If prepared by a person	
s return is due April 15, 1976 or on the 15th day of the fourth representatives of perjury. I declare that I have examined this return.	ct and complete. If prepared by a person	rer other than taxpayer Date

	1000 CT.	はってい できし なりつは		
		· () · + () · (Reference Copy, Jrk Collection:	11

5. LESS:						• • •	
,	: Total estima	ted tax credit for Mich	igan City income taxes, persona is and contributions to Michigan	colleges and universities			
			d on line 1 below				
6. Subtra	act line 5 from	1 line 4. Enter here and	d on line 1 below				
MICI	HI'G ANN	MICHIGAN DI	ECLARATION OF ESTIMA	ATED INCOME TAX FO	R INDIVIDUALS	1976	FORM
THE BREAT LARE	5	For calendar year 1	97,6 or fiscal year ending	, 19	STATE OF Department of	MICHIGAN of Treasury	MI-1040-E
31410	First name and	initial (if joint declaration	on, use names and initials of both)	. Last name		Your social se	curity number
Please print	Address (numb	er and street)				Spouse's social	security numbe
or type	City, State, and	d ZIP code .			-		L
			•				
			withheld during entire year of 1				
3. ESTIN	MATED TAX (II	ine I less line 2). (If le	ess than \$100, no declaration is	required)			
4. COMP	PUTATION OF	INSTALLMENT. Check	proper box below and enter an	nount indicated.	`		
			, enter 1/4 of line 3; Sept			• • • • • • • • • • • • • • • • • • • •	
			, enter 1/3 of line 3; 🔲 Jan.		ie 3)		
			income tax return which you e				
			nter the amount here			ڶ	
6. To ap	oply entire ove	erpayment crèdit to thi	s installment and any excess to	the next, enter here the amou	nt on line 5. To sprea	ıd	
credit	t evenly to eac	ch installment, divide i	t by number of installments and	enter results here			
7. Amou	unt to be paid	with this declaration a	at time of filing (line 4 less line	6)		· ·	
8. Note:	The paymen	it of the estimated tax	(line 3 less any 1975 overpaym	ent credit) with this return elir	ninates the filing of		
			ment here			: · ·	
			the best of my knowledge it				
	ure(s)				. Date		19
Ū		If joint estimate, bot	th husband and wife must sig	<u>n </u>		_'	
	<i></i>			ATED INCOME TAX FO	R INDIVIDUALS	_1976	
	~~~	MICHICAND	ECLADATION OF ESTIM		II IIIDI I I DOMES		1
MIC	HTG AIN	MICHIGAN D	ECLARATION OF ESTIM				
MIC	HTGAIN		r 1976 or fiscal year ending —		STATE OF	MICHIGAN	
	HTGAIN		• 1			MICHIGAN	
Tuf EReat	13	For calendar year	r 1976 or fiscal year ending	. 19	STATE OF Department	MICHIGAN of Treasury	MI-1040-
14f 68f41 1891	First name and	For calendar year	r 1976 or fiscal year ending	, 19 Last nam	STATE OF Department	MICHIGAN of Treasury	
Tuf Getat Laat Stare	First name and	For calendar year d initial (if joint declarat R. and Marge	r 1976 or fiscal year ending	. 19	STATE OF Department	MICHIGAN of Treasury	MI-1040-
Please	First name and Earl Address (numl	For calendar year d initial (if joint declarat R. and Marge ber and street)	r 1976 or fiscal year ending	, 19 Last nam	STATE OF Department	MICHIGAN of Treasury	MI-1040-
tur cerat tast start	First name and Ear1 Address (num) 18135	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois	r 1976 or fiscal year ending	, 19 Last nam	STATE OF Department	MICHIGAN of Treasury	MI-1040-
Please	First name and Ear1 Address (numl 18135 City, State, ar	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois nd ZIP code	r 1976 or fiscal year ending	, 19 Last nam	STATE OF Department	MICHIGAN of Treasury	MI-1040-
Please print or type	First name and Earl Address (numl 18135 City, State, an	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois and ZIP code pit, Michigan	r 1976 or fiscal year ending — ion, use names and initials of both)	Last nam Ruby	STATE OF Department	MICHIGAN of Treasury  Your social se	MI-1040-
Please print or type	First name and Earl Address (numl 18135 City, State, an Detro	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois and ZIP code pit, Michigan 1976 income tax	r 1976 or fiscal year ending — ion, use names and initials of both)	Last nam	STATE OF Department	MICHIGAN of Treasury  Your social se  Spouse's social	MI-1040- curity number
Please print or type  1. Your 2. Estir	First name and Earl Address (numl 18135 City, State, an Detro r estimate of mated income	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois ad ZIP code pit, Michigan 1976 income tax e tax withheld and to	r 1976 or fiscal year ending — ion, use names and initials of both)  48221 be withheld during entire year	Ruby  Last nam  Ruby	STATE OF Department	MICHIGAN of Treasury  Your social se  Spouse's social	MI-1040- curity number security numb
Please print or type  1. Your 2. Estir 3. ESTI	First name and Ear1 Address (number 18135) City, State, and Detromated income IMATED TAX	For calendar year d initial (if joint declarat R. and Marge ber and street) i Livernois ad ZIP code pit, Michigan 1976 income tax e tax withheld and to (line 1 less line 2). (	r 1976 or fiscal year ending ion, use names and initials of both)  48221 be withheld during entire year If less than \$100, no declarati	Ruby  of 1976  on is required)	STATE OF Department	MICHIGAN of Treasury  Your social se  Spouse's social	MI-1040-
Please print or type  1. Your 2. Estir 3. ESTI 4. COM	First name and Earl Address (numl 18135 City, State, and Detro	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois ad ZIP code oit, Michigan 1976 income tax e tax withheld and to (line 1 less line 2). ( OF INSTALLMENT. Ch	ion, use names and initials of both)  48221  be withheld during entire year lf less than \$100, no declaratieck proper box below and ent	Ruby  of 1976 on is required) er amount indicated.	STATE OF Department	Your social se Spouse's social	security number
Please print or type  1. Your 2. Estir 3. ESTI 4. COM	First name and Earl Address (numl 18135 City, State, and Detro	For calendar year d initial (if joint declarat R. and Marge ber and street) Livernois ad ZIP code oit, Michigan 1976 income tax e tax withheld and to (line 1 less line 2). ( OF INSTALLMENT. Ch	r 1976 or fiscal year ending ion, use names and initials of both)  48221 be withheld during entire year If less than \$100, no declarati	Ruby  of 1976 on is required) er amount indicated.	STATE OF Department	Your social se Spouse's social	security number
Please print or type  1. Your 2. Estir 3. ESTI 4. COM	First name and Ear1 Address (numl 18135 City, State, an Detro r estimate of mated income IMATED TAX APUTATION Consist declaration	For calendar year  d initial (if joint declarat  R. and Marge ber and street)  Livernois  ad ZIP code  pit, Michigan  1976 income tax  e tax withheld and to  (line 1 less line 2). (  DF INSTALLMENT. Ch  in is XApril 15. 19	ion, use names and initials of both)  48221  be withheld during entire year lf less than \$100, no declaratieck proper box below and ent	Ruby  of 1976 on is required) er amount indicated. September 15, 1976, enter	STATE OF Department	Your social se Spouse's social	security number
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Order Here	<ol> <li>Less: Deductions from</li> <li>Total (line 1</li> <li>Less Amount for Exemple.</li> <li>TOTAL INCO</li> </ol>	page 2, Schedule M, line 2 less line 13) tions: Enter number of exe	5 (if none, enter zero)  emptions from line 4 above  5 (½%)	4	and r	nultiply by <u>\$600</u>		46, 154 5 2, 400 43, 754	1/3
eck or Mone	8. a. Tax withheld by e b. Payments and crec c. Other Credits — ex	EDITS  mployer — from line 6 abo lits on 1975 Declaration of plain in attached statemen	ove — ATTACH Forms DW-2  Estimated Detroit Income  of (See Instructions)	or W-2			•	3 39	 
Attach	9. TOTAL — Ad  AX DUE OR REFUN  20. If your payments (line  21. Check box if you wis	d Lines 13a, b, and c  D  19) are larger than your th overpayment on line 20	tax (line 17), enter amount to be: (A)   Credited on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	of OVER	PAYMEN Ited Tax <u>or</u> (B)	T Refunded.	•	120	<b>3</b> 3
SIGN HERE	Make check payable  I declare that I have complete. If prepared  SIGN HERE	to: "TREASURER, CITY OF examined this return;(inclu by a person other than t	DETROIT." A balance due ding accompanying schedul axpayer, his declaration is ignature and date)	of less than es and statem based on all	ents) and to the information of (Signa	1.00) need not be p ne best of my knowle f which he has any k uture of preparer other	dge and be nowledge.	pelief it is true, cor	rrect an

NW 88326 Docid:32245535 Page 2165ST TEN MILE ROAD

#### ระเทียบนะ F = Shareholders Share of INCOME AND อิกัยบาง (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 2.60600	7500	46,840.05
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			Ē

(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 proportionate share of Singl 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)·				

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# MICHIGAN INDIVIDUAL INCOME TAX RETURN

	for 1975, or taxable year beginning	,	19/5, ending _		<del>, 19</del>	
▼ .	First name and initial (if joint return, use first names and initials of both)	Last name				tial security number
	Earl R. and Marge	Ruby				
	Home address (number and street or rural route)				Your occ	
	18135 Livernois			•		les
or Type	City, town or post office, and State		Z	IP code	Spouse's	social security no.
Ę	Detroit, Michigan		48221			
= 0	Residency Status during tax year:				Spouse's	s occupation .
Ē	X Resident Non-resident	rt-vear resident.	from	to	_	
Please Print	22 Resident	1. Exemptions:				
Fea	Filing Status:	(a) Enter he	re the number o	f exemptions claim	ed on your	,
	A Single	federal i	ncome tax return	1		<u> </u>
	B ☑ Married, filing jointly C ☑ Married, filing separately (see instructions, page 2)	(b) Special	exemption for pa	raplegics & quadrij	olegics . [jns	tructions
		(c) TOTAL	EXEMPTIONS, ad	d lines 1(a) and 1(	b)	<u>194</u>
<u>.</u>	Name of Spouse					ou check the YES boxes
	2. STATE Do you wish to designate \$2.00 of you			☐YES 🖾 NO	it will not	increase your tax or
	CAMPAIGN FUND If joint return, does your spouse wish t	o designate \$2.0	0?	□YES ☑NO	reduce you	r retund.
	2. A Line Land in the Internal Revenue Code	and which shoul	d he reported or	Federal Form 104	Ю,	
▼	3. Adjusted gross income as defined in the Internal Revenue Code line 15, or 1040 A, line 12 from gross income. (See page 5 of the instr	indicate a loss or d	eduction		<b>3</b>	178,036 18
ē	4. Additions to adjusted gross income, (from page 2, line 35)	ucuons,			<b>Ğ</b> _	
ž	5. Total, add lines 3 and 4					178,036,181
≥	6. Subtractions from adjusted gross income, (from page 2, line 44	)			6	
Ē	7. Subtract line 6 from line 5	7			7	178,036 18.
. <u>E</u>	8. Residents multiply exemptions claimed on line 1 by \$1,500.00	nart-vear and no	nresident allowa	nce from line 48)	🚯 📖	6,00000
0	9. Income subject to tax (subtract line 8 from line 7)	(part year and m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	172,036 18
S	10. Tax: multiply line 9 by 4.37% (.0437)				10. —	7,517,98
State Copy of Form W-2 Here	10. Tax: multiply line 9 by 4.37% (.0437)	:7-10) AMOUN	II PAII)	LKEUII .		•
22	11. Income tax paid to Michigan cities		00/89 11	200	9_	
Attach	11. Income tax paid to Michigan Cities	•	12	a		
A	12. Contributions to Michigan colleges & universities (attach receipt 13. Income tax paid to another state (attach copy of return)	12				
<b>A</b>	13. Income tax paid to another state (attach copy of return)	13		<i>y</i>	14	20 09
	14. Total credits (add lines 11a, 12a, and 13a), enter total here 15. Income tax, subtract line 14 from line 10 (if line 14 is greater t	han lina 10. ants	r 'NONE')		<b>6</b>	7,497,89
	15. Income tax, subtract line 14 from line 10 (if line 14 is greater t	nan nne 10, ente	, HONE J			• •
	16. Credits from any MI-1040 CR form. (see page 9 of instructions)	)		,		•
	Do not complete lines 17 thru 21 if you have claimed a credit	Off fille 10.				•
	17. Household income from line 56	··· • •				
`	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		,		
9	20. Subtract line 19 from line 18, if line 19 is greater, enter 'NONE	20	21	1		
Ī	21. Property tax credit, 60% (.60) of line 20, (\$500.00 maximum)	V 200/ / 20	3) 22	,	<del></del>	
Order Here	22. Personal property tax paid on inventory. @	X 35 % (.33	77		<b></b>	
Ċ	PAYMENTS		G	2,157  5	O	
Mono	23. Michigan tax withheld (attach State copy of W-2)			4,000	0	
Ì	24. Michigan estimated tax payments				<del></del>	
č	25. 1974 overpayment credited to 1975				26	6,15750
1004	26. Add lines 16, 22, 23, 24, and 25,/or lines 21, 22, 23, 24, and	1 23		PA	์Y ▶ ดั	1,340 39
<u>ر</u>	26. Add lines 16, 22, 23, 24, and 25,/of lines 21, 22, 23, 24, and 27. If line 26 is less than line 15, enter BALANCE OF TAX DUE HE	:KE			28	
-	20 If line 26 is greater than line 15, enter AMOUNT OVERPAID			* * * * * * * * * * * * * * * * * * * *		
3				NOTE	If all of ove	rpayment (line 28) is to be
4	■ 30. Amount of line 28 to be credited to 1976 estimated tax	🐠		refund		make no entry on line 30.
7	his return is due April 15, 1976 or on the 15th day of the fourth mon	th after the close	e of your tax yea	r.	OFFICE	135
	inder penalties of perjury. I declare that I have examined this foothing tatements, and to the best of my knowledge and belief it is true, correct as their than the taxpayer, his declaration is based on all information of which			L		
0	man man ma management are a commentation of the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man an	•	<b>L</b>			·
	Sign Your signature	Date	POD PISPANIPIEL	of preparer pipel than	Bxpayer	Date
	3		GUKDUN L	HULLANUE	r, r.u.	
LILAI	Here BR326 口名[[[]] 143次99月末東京東京西京時代開放 19747, BOTH must sign even if on	y one had income)		PUBLIC ACCOUNTS		

1	D-1040 (NR) CITY OF DETROIT	INDIVID	UAL RETURN	INCOME I—NONRESIDE	NT J	1975		YTENEION .		g 233)
PLEASE PRINT		Marge	Last Nan Ruby  use first names and m	•	You Sales		lf y	XTENSION  rou are an r your Feder tification No	EVILLO,	CA (I
OR TYPE	18135 Liver		,		Spouse's So	cial Security Number	ļ	<del></del>		'
1112	City, Town or Post Off		State	Postal Zip Code	Spous	e's Occupation	IP.	FP	APP.	. o
	Detroit, Mic	chigan		48221					OA.	ָּיִר הַּיִּ
B. E	If married, is spouse filing.  Enter the name and add moved.) If none filed, given	dress used on your		NO. If yes, enter spou			Audito			v. JFK Coll
SCI	HEDULE A - EXEM	APTIONS · 1.	YOURSELF SPOUSE		X X			num exer	nber of mptions ecked	. d
စ္ ² မ	2. Enter first names of earlise,		ENT CHILDREN who live	ed with you:				Ente	.r \$10.	
7 7		Ent	NAME er figure 1 in the last co		Re	lationship	your he	s lived in me during		9
or W-2 ₂	3. OTHER		right for each name list	red				1975	1	. b
ō	DEPENDENTS						•	<del>-</del>		i
DW-2	4. Total exemptions from	- lines 1 2 and 3, or	tor here and on line 1	5 helow *						7.
Attach Copy of Form	Employer's Name	w	vages, salaries, commiss /here employed (City an	on DV (16H) 5 70	oges reported W-2 or W-2 O DD O O	Detroit Income Withheld スマウ // ゥ	03 03	1N 35, 8,	ETC. EARI DETROIT 000	00 50
₽ 6	6. TOTALS			/	(70.00	7 7 4		.10	ブプロル	<b></b> .
₹					500 00	339	<u> </u>	43,		. 2
<b>₽</b> 7	· ·	ss) from tangible prop	perty in the City of De	troit — from page 2, Sch	edule B, line 4 .				396	
<u>`</u>	8. Other income (or los	ss) from tangible prop ss) from partnerships,	perty in the City of De etc. — from page 2, S	troit — from page 2, Scho	edule B, line 4			2,	2081	ဝဝ
	<ul><li>8. Other income (or los</li><li>9. Gain (or loss) from s</li></ul>	ss) from tangible prop ss) from partnerships, sale or exchange of	perty in the City of De etc. — from page 2, S tangible property in t	troit — from page 2, Scho Schedule F, line 4 the City of Detroit — from	edule B, line 4	dule E, line 10		2,	396	ဝဝ
	<ul><li>8. Other income (or loss)</li><li>9. Gain (or loss) from s</li><li>0. Net profit (or loss) f</li></ul>	ss) from tangible prop ss) from partnerships, sale or exchange of from business — from	perty in the City of De etc. — from page 2, S tangible property in t page 3, Schedule C,	troit — from page 2, Scho Schedule F, line 4 the City of Detroit — fron line 8	edule B, line 4 n page 3, Sche	dule E, line 10		2,	396	ဝဝ
	<ul> <li>8. Other income (or los)</li> <li>9. Gain (or loss) from s</li> <li>0. Net profit (or loss) f</li> <li>1. Income (or loss) – TR</li> </ul>	ss) from tangible prop ss) from partnerships, sale or exchange of from business — from USTS AND ESTATES	perty in the City of De etc. — from page 2, 5 tangible property in t page 3, Schedule C, ONLY — from page 4,	troit — from page 2, Scho Schedule F, line 4 the City of Detroit — fron line 8 Schedule G, line 7 (see	n page 3, Sche	dule E, line 10	◆ line 15).	2,	396	<u>ه</u>
	<ul> <li>8. Other income (or los)</li> <li>9. Gain (or loss) from s</li> <li>0. Net profit (or loss) f</li> <li>1. Income (or loss) – TR</li> <li>12. Total (add</li> </ul>	ss) from tangible prop ss) from partnerships, sale or exchange of from business — from SUSTS AND ESTATES lines 6 through 11	perty in the City of De etc. — from page 2, S tangible property in t page 3, Schedule C, ONLY — from page 4, of last column)	troit — from page 2, Scho Schedule F, line 4 the City of Detroit — fron line 8 Schedule G, line 7 (see	n page 3, Sche	dule E, line 10		2,	396	<u>ه</u>
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	8. Other income (or los 9. Gain (or loss) from 9. O. Net profit (or loss) from 11. Income (or loss) – TR 12. Total (add 13. Less: Deductions from 14. Total (line 15. Less Amount for Exer 16. TOTAL INCOMP. CITY OF DETROIT T.	ss) from tangible proposes from partnerships, sale or exchange of from business — from BUSTS AND ESTATES of lines 6 through 11 pm page 2, Schedule 12 less line 13) mptions: Enter numbe COME SUBJECT TO TAX: Multiply line 16 REDITS	perty in the City of De etc. — from page 2, Stangible property in the page 3, Schedule C, ONLY — from page 4, of last column)  M, line 5 (if none, enter of exemptions from 1 fAX  by .005 (½%)	troit — from page 2, Sche Schedule F, line 4 the City of Detroit — from line 8 Schedule G, line 7 (see ter zero)	n page 3, Sche	dule E, line 10	line 15)	2, 46, 43,	396 5081 1541 1541 400 6 7541 2181	13 13 77
or Money Order Here	8. Other income (or los 9. Gain (or loss) from 9. O. Net profit (or loss) of 11. Income (or loss) – TR 12. Total (add 13. Less: Deductions from 14. Total (line 15. Less Amount for Exert 16. TOTAL INCOMP. 17. CITY OF DETROIT TOTAL INCOMP. 18. a. Tax withheld by b. Payments and creen	ss) from tangible proposes; from partnerships, sale or exchange of from business — from tuSTS AND ESTATES (lines 6 through 11 pm page 2, Schedule 12 less line 13) mptions: Enter numbe COME SUBJECT TO TAX: Multiply line 16 REDITS employer — from lineedits on 1975 Declar	perty in the City of De etc. — from page 2, 5 tangible property in t page 3, Schedule C, ONLY — from page 4, of last column) M, line 5 (if none, enl er of exemptions from 1 TAX by .005 (½%)	troit — from page 2, Sche Schedule F, line 4 the City of Detroit — from line 8 Schedule G, line 7 (see ter zero) line 4 above	n page 3, Sche	dule E, line 10	line 15)	2, 46, 43,	396 5081 1541 1541 400 6 7541 2181	13 13 77
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SIGN HERE

(Taxpayer's signature and date)

(Toxpayer's signature and date)

(Signature of preparer other than taxpayer)

SIGN HERE

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

Docid:32245555. PASS 218 epartment, Treasury Division, 104 City-Cologo BWESS, TENTMILE MIROJON 48226

SIGN

HERE

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.

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#### 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. 11385 STONY RIVER DR. BIRM.MI		7,500	46,840.04
(b) . ESTATE OF GEORGE MARCH	2	7,500	46,840.05
(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 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) 46,840.04					
(a) 46,840.04					
(c)		,			
(d)					
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(f)					
(g)					
h)					
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# SCHEDULE F — SHARSHOLDERS 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 MARC	us Fll. Golaz	500	19,730.16
(c)			
(d)			
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(f)			
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(i)			
(j)			15

(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 MI-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)					

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

1976

1 Name: Cobo∸Rumar Sal	ame: Cobo∸Rumar Sales, Inc.					38-1812707					
YARMEN SURAMARY	``					, , , , , , , , , , , , , , , , , , , ,					
3 Total Number of Partners or Sha 4 Total Number of Qualified Partne				8000, lin	e 60a 4						
CANADA (I) QUALIFIED PARTNERS	OR SHAREHOLDE	RS		-							
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.						
Earl Ruby 4380 Stoney River; Birm.	8775 JULY - 22 1835	100%	18,000   00	100%		00					
4580 Stoney River, Bilim.											
		%	00	%	00	00					
		%	00	%	00	.   00					
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		%	00	%	00	00					
		%	00	%	00	00					
		%	00	%	00	00					
MON-QUALIFIED PART	NERS OR SHAREHO	LDERS.	If more space is neede	d submit	separate schedule and	enter totals on line 7.					
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		***************************************	.   00	%	00	00					
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			00	. %	00	00					
TOTALS (Part II and P	art III)	7	00	%	- 00	1 00					

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#### 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. WAY 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 MAIN HE QUALIFIED PARTNERS OR SHAREHOLDERS PARTNER'S or SHAREHOLDER'S D SHAREHOLDER'S E % **B** SOCIAL C % NAME AND ADDRESS F Share of Bus. Inc. | G Share of SBT Paid Own. SALARY SECURITY NO. Time Earl Ruby 00 144,600 | 00 100% 100% +380 Stoney River; Birm. 00 00 00 00 00 % 00 00 1 00√ 00 00 % 00' 1 00 1 00 % 00 00 00 % 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. ध्याक्षा नार 00 .00 00 % 00 00 00 00 00 00 00 00 00 00 00 % 00 00 00 % 00 00 00 00 00 % 00 00 00 % 00 00 % 00 00 00 % 00 NW-88326-Docid:32245535 Page 224 DADE LAC

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#### Solicidule 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. MAINTHE QUALIFIED PARTNERS OR SHAREHOLDERS PARTNER'S or SHAREHOLDER'S D SHAREHOLDER'S E % NAME AND ADDRESS B SOCIAL % F Share of Bus. Inc. | G Share of SBT Paid Own. SECURITY NO. SALARY Time Earl Ruby 00 144,600 | 00 | 100% 4380 Stoney River; Birm. 100% 00 00 % 00 1 00 - % 00 1 00 % 1 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 00 % 00 00 % 1 00 00 00 00 00 00 00 88326—BocId:32245535 Page 225 % DADE LAE

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

1976

1	Name:	0.1.01	7		2	Account	Number: 38 <b>-1</b> 806	./.33
12:V;b	SUES	Cobo Cleaner	rs, inc.			: .	20-1000	1 <del>1</del> 22
<u>3</u>	Total Numb	per of Partners or S	hareholders ners or Shareholders fron	n Part II-	enter here and on C-	8000, line	60a <b>4</b>	
			RS OR SHAREHOLDER					
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.	
4380	Earl F	Ruby 7 River; Birm	n. 2003	100%	144,600   00	100%	00	00.
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				%	00	%	00	00
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Department of Treasury

٠,	,	for 1973, or taxable year beginning		1973, ending	, 19 ¹ .			
ري ده	First name	e and initial (if joint return, use first names and initials of both)	Last name			Your soc	ial security numb	er
or Type	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Ru	BY				7 m.
-	. Home add	ress (number and street or rural route)				Your occ	upation	
Ē		ST LIVERNOIS				1 5	448	
ته	City, town	or post office, and State			code	Spouse's	social security no	). ,
Please Print		BTROIT, MICHIGAN		4 8	23:			
4		u a Michigan resident prior to July 1, 1972? 🔀 Yes (	1. Exemption	ns-Enter here total nu 1973 Federal inco	umber of exemptions me tax return			3
2	. Filing sta	itus - check one. 🔄 Married Filing Jointly 🛭	☐ Single	Resident (fi	uli vear)			·
	☐ Marri	ed Filing Separately - Name of Spouse			om	to		
ere 🛕	3. Adju	usted gross income as defined in the Internal Revenue ± 15 or 1040A, Line 12 Attach copies of any Federal schedule ± 15 or 1040A, Line 12 from gross income. (See page 5 of th	Code and which sho	uld be reported on F	ederal Form 1040,	<b>®</b>	125, 63	Slov
=	A Addi	: 13 Of 1040A, LINC 12 from gross income. (See page 5 of the	e instructions)			. <b>©</b>	2.02	
ž	F Add	itions (from page 2, line 36), lines 3 and 4			• • • • • • • • • • • • • • • • • • • •	<u> </u>	135, 74	7 0 7
HI	6 Subt	tractions (from page 2, line 44).	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	·· 5. —	1 -2 -2 -2 -2 -	1
of Form W-2 Here	7 3 ala	nea line(5 less line 6)			• • • • • • • • • • • • • • • • • • • •	. · •	130,70	
		nce line(5 less line 6)					1 30, 70.	10 64
Attach State Copy	. ט. תפגוו זיים	dents multiply exemptions claimed on line 1 by \$1200.					3, 6 a	alacs
5	rdit-	year and nonresident allowance from line 48					<del></del>	8 0 2
≋	9. INCOI	me subject to tax (line 7 less line 8)		• • • • • • • • • • • • • • • • • • • •		9		
ach	10. Tax:	multiply line 9 by .039 (3.9%)				. 10	<u> 4.09</u>	1/2/
		CREDITS		MOUNT PAID	CREDIT			•
Δ	11 /	and Annual Color of APARTS (1997)	(See p	ages 8, 9, and 10 of	the instructions)			
		me tax paid to Michigan cities						•
	12. Contr	ributions to Michigan colleges and universities (attach r	eceipts) 🛂	12a.				•
	13. incor	me tax paid to another state (attach copy of return)	13	®a.	<u> </u>	•		
	14. :0tal	credits (add lines 11a, 12a, and 13a,) enter total here			· · · · · · · · · · · · · · · · · · ·	· 14		2 6.4
		ract line 14 from line 10 (If line 14 is greater than line				· 15	<u> </u>	977
		property tax relief - lines 16 thru 20 - senior citizens, veterans ar						
٧		r 1973 homestead property tax or line 51		·				
Here		sehold Income from line 58: 🕡		•				
=		r $3.5\%$ (.035) of Household Income shown on line $17$ .						
Order		rence between line 16 and line 18 (If line 18 is greater						
0 <u>≻</u>		line 16, enter NONE)				•		
อนร	20. Enter	r 60% of line 19 (Maximum \$500.00)		20. <b>_</b>				
0. M	21. Credi	it from MI-1040CR (attach form MI-1040CR)						
픙		onal property tax paid on inventory						
Che	23. Inver	ntory tax credit — 25% of line 22		23				•
등		PAYMENTS	•					
Attach Check	24. Michi	igan tax withheld (attach State copy of W-2)		🥸 🗕	2,2(6)20			
Ā	25. Mich	igan estimated tax payments			695 00			
	26. 1972	overpayment credited to 1973		🚳 🗕		•	- 6 (	
	27. Add	line 20 or 21 to lines 23, 24, 25, and 26				. 27	2,761	Z O .
	28. If line	e 27 is less than line 15, enter BALANCE OF TAX DUE	HERE PAY IN FUL	L WITH RETURN	··	. @	1.961	
	29. If line	e 27 is greater than line 15, enter OVERPAYMENT HERE				29		<u> </u>
	30. Amol	unt of line 29 you wish to apply to your estimated tax p	päyments			<b></b>		
	31. Amoi	unt to be REFUNDED (subtract line 30 from line 29)				<u> </u>		
	This retu	urn is due April 15, 1974 or on the 15th day of the fou	rth month after the o	close of your tax year	г.			
		Under penalties of perjury, I declare that I have examined this re is true, correct and complete. If prepared by a person other than				of my know	ledge and belief i	ι
		•		1	•			
	Sign	Your signature	Date	Signature of are	parer other than taxpaye			
			Date	Signature of pre	parer unter man taxpaye		Da	ste
	Here	Spouse's signature (if filing jointly, BOTH must sign even if	only one had been -1	GORDON L	MOLLANDED	D.O		
	i	Make checks payable to "State of Michigan." Mail return	and navment to	Michigentering A.	HULLANVUEK,	r.U.	ahiana 20004	
		mail fetuli	and payment to —	TOOLS TO	JULIU ACEUUNTAI			
		D 112224FF2F D 227	•	1/350 TE	N MILE ROAD	10		(A)

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4. Estir	S. Toldi estilla	ted tax credit for mic	nigan City income taxes, persona	colleges and universities.			
5. LES	Michigan ho	mestead property tax	es alla communations to viicinsan				
6. Subt		•					•
	1. 15 F1	MICHIGAN D	ECLARATION OF ESTIMA	ATED INCOME TAX FOR I	NDIVIDUALS_	1974	FORM
THE	1	For calendar year	1974 or fiscal year ending	, 19	STATE OF M Department of	ICHIGAN Treasury	MI-1040-8
LAKE STATE	4		•				
	First name and	initial (if joint declarat	ion, use names and initials of both)	Last name		Your social se	curity number
							`
Please print	Address (number	er and street)				Spouse's social	security number
or type				·.			
	City, State, and	ZIP code					
				· · · · · · · · · · · · · · · · · · ·	٠.		
1. Your	r estimate of 19	74 income tax	· · · · · · · · · · · · · · · · · · ·				
2. Estir	mated income ta	ax withheld and to be	withheld during entire year of 19	974			
3. ESTI	MATED TAX (III	ne I lessiline 2). (If I	ess than \$100, no declaration is	required)	, , , , , , , , , , , , , , , , , , ,		
			proper box below and enter am				
lf th	is declaration is	s ∫□ April 15, 1974	, enter 1/4 of line 3;	ember 16, 1974, enter 1/2 of line	3)		
due	to be filed on:	{□ June 17, 1974	, enter 1/3 of line 3; 📋 Jan.	15, 1975, enter amount on line 3	}		
5. If yo	u had an overp	ayment on your 1973	income tax return which you ele	ected to have applied as a			
					.	•	
					- C 5 T		
		ipayment ciedit to tin	5 mistallillent and any excess to i	tne next, enter nere the amount o	n line 5. to spread		
cred				the next, enter here the amount o enter results here			
	it evenly to eac	h installment, divide i	t by number of installments and	enter results here	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7. Amo	it evenly to eac unt to be paid	h installment, divide i with this declaration a	t by number of installments and at time of filing (line 4 less line 6	enter results here)			
7. Amo 3. Note	it evenly to eac unt to be paid to The payment	h installment, divide i with this declaration a of the estimated tax	t by number of installments and at time of filing (line 4 less line 6 (line 3 less any 1973 overpayme	enter results here	tes the filing of		
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	di joint rotur	<u>. 3)</u>	Your Occ	upation	ii yo	u are an	Tavato at Emplo	ργέλ, Dγελ
11	Frome Address (NC   RUBY EARL & MARGE		Spouse's Social S	ecurity Number	identii	icarion No.	. here:	•
YV./a	18135 LIVERNOIS	e		<u> </u>			AP2.	
	DETROIT, MI 48221	_	Spouse's O	ccupation	₽ IP	1 50	OA.	
العدد المداث ضالعد	di dalah sama dan sama dan dan dan dan dan dan dan dan dan da				-			adamento artiko "Cre
A.	if married, is spouse filing a separate return? 🔲 YES 💢 NO. If y	yes, enter spouse	e's first name		1			
	· · · · · · · · · · · · · · · · · · ·			**********				
3. i	Enter the name and address used on your return for 1972 (If the same as a moved.) If none filed, give reason.	above write "Sa	ime". If different,	indicate date	i			
eren alla alla alla alla alla alla alla al	54745		7- <b>7</b> -		Auditor	PROGRAMME (A.V.)	uli 180-e Valence al	· Shoulden
÷.	SCHEDULE A - EXEMPTIONS 1. YOURSELF	· · · · · · · · · · · · · · · · · · ·	Regular	65 or over	Blind	f_num	inter Ser of	
e Ci	SPOUSE		台				nptions acked	:
<u> </u>	2. Enter first names of each of your DEPENDENT CHILDREN who lived with yo	u:				- j	· No.	<u> </u>
<u> </u>			.,				>	1
	Enter figure 1 in the last column to		Relation	ship	Months your hom	e during	į	
၁ ` မ	OTHER DEPENDENTS				. 191	/3	_;>-	<del> </del>
							_>	
	. Total exemptions from lines 1, 2 and 3; enter here and on line 15 below.—	Portleik SERT Inches					<u> </u>	777
į.	INCOME (If joint return, in			and wife)				
် ၁	<ol> <li>Enter GROSS income from employers for wages, salaries, commissions, tips, et</li> </ol>		W) for wife es reported	Detroit Income	Tax	WAGES,	ı ETC. FAI	PNED
<u> </u>	Employer's Name Where employed (City and State)	on DW-2	2 or W-2	Withheld			PETROIT	
ω ⁷	2000 ROMIR SALES INC. DET, MI	s50, 5	: 00 00 S	728 120				: :
9 ···	~~~		180 00	250	<del></del>		• • • •	· ·
I ,	7. Rental income (or loss) from tangible property in the City of Detroit — from	,	ule B, line 4		····		``, ;',	
نــ	2. Other income (or loss) from partnerships, etc. — from page 2, Schedule F,	line 4	· · · · · · · · · · · · · · · · · · ·				76.0	137
	2. Gain (or loss) from sale or exchange of tangible property in the City of							j
* .	). Net profit (or loss) from business — from page 3, Schedule C, line 8				i			ļ I
2 2 12	I. Income (or loss) — TRUSTS AND ESTATES ONLY — from page 4, Schedule G					E(4. )		: 2.
5	Less: Deductions from page 2, Schedule M, line 5 (if none, enter zero).							i
5 14	Total (line 12 less line 13)					24.5	٧,	
•	Less Amount for Exemptions: Enter number of exemptions from line 4 above							<del></del>
5. 16 5. 17	TOTAL INCOME SUBJECT TO TAX CITY OF DETROIT TAX: Multiply line 16 by .005 (½%)					· · ·	. 12 7 1 :>, 1	- 1
<u> </u>	PAYMENTS AND CR							<u></u>
j 18	. a. Tax withheld by employer — from line 6 above — ATTACH Forms DW-	2 or W-2			\$	-	326	
j	b. Payments and credits on 1973 Declaration of Estimated Detroit Income	• Tax			6			
څ ا	c. Other Credits — explain in attached statement (See Instructions)				- 1	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	
3 <u>~</u>	TOTAL — Add Lines 18a, b, and c  TAX DUE OR REFL			<u> </u>	•  \$_			<del></del>
Ë 20	). If your payments (line 19) are larger than your tax (line 17), enter amoun	r of OVERP	AYMENT		<b>0</b> 5	/	SS	26
27	. Check box if you wish overpayment on line 20 to be: (A) [ Credited on	1974 Estimated	Tax or (B) Refu	nded.			į	
~ 22	<ol> <li>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 due</li> </ol>	FBALANCE	DUE Pay in fu	Il with this retu	irn • \$			
	I declare that I have examined this return (including accompanying schedu	les and stateme	nts) and to the best	of my knowled	ce and bel	ief it is tru	e, corre	ect and
SIGN	complete. It prepared by a person other than taxpayer, his declaration i	s based on all in	nformation of which	he has any kn	owledge.			
HINE	SIGN HERE. (Taxpayer's signature and date)		(Signature of	preparer other t	han taxpave	r)	(Date)	
			เลดสถิกา	L HOLLA				
	SIGN HERE (Spouse's signature and date) (If joint return, BOTH HUSBAND AND		N) CERTIFIE	D PUBLIC W	100033717334	7	٧	. See
	MAIL TO: City Treasurer, 104 City-Coo RETURNS MUST BE FIL	unty Building .ED BY APR	g, Detroi¶735 IL 305018925	ପ୍ରାମ୍ବର୍ଗ ବିହିନ୍ତି	≜ ROAD			·· ·`
			2001148	LLU, MICHI	ひょう アンセ	U/5		

Revenue D	ivision i	THIS NU	IMBER W	/HEN S	UEM	TTING	G PA	YMENT	r, or	!X	CORR	r. ECMOSSE.	N.CZ
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Partnership.		VERNOI	S AVE										
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Foreign Corporation	ne	•									- ··· ·	l	
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- Line Computation of !	Tax Due				ι			AMO	TNUC		Line No.	TAX	
3. Accounts and Notes Receivable	e (non-income producing only)					•						•	
	• •					•	†	<del>  -</del>		-	- 1 1		
<ol> <li>Less Accounts and Notes Payal</li> <li>Balance Taxable @ 1/10th of</li> </ol>				<del></del>		-					72	į	!
	,						·			+	<b>-</b>   ^{3.}  -		<del>-</del> -
4. Accounts and Notes Receivable	•		•				<b> </b>			1	- 4-1		
	ble (use only that portion, if any, no	r used in Line	2)	•			<del> </del>			+	_ 5.		
6. Salance Taxable							<del> </del>			1			
7. Income applicable to balance_					· · · · · · ·		<del></del>				<b>-</b> /: -		<del>-</del>
	7) or 1/10 of 1% of Balance (Line 6), w Jule A, Column 9										- 8	902	6.6
•									<del></del>		9.1-	- / ( -	-
	Schedule B, Column 8 Column 9										10.		
	y hereto)						-				11.		<del></del> -
	TAL								· · · ·		. [17]-	162	<del>-,</del>
	s Statutory deduction (\$175.00 or \$350.						*** *** . ***				12	1-2-	
ı	LANCE DUE	<b>,</b>			,		<del></del>				;	/50/	
	of retroactive date (include cash in sa	fery deposit b	oxes)								16.	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
17. Bank Deposits in Banks Locate		,	Withdrawn 1	from Mich	. ]				,		17 👋		
	Ass'ns. Located Outside of Michigan		anks or Ass		}	-				1			
19. TOTAL		( r	RETROACTIV	E DATE.	,					1			
20. TAX @ 40° per \$1000.00 of	Line 19										20.		
21	TAL TAX DUE (Line 15 plus Line 20)							•				1150	3,3
22. Les	TAL TAX DUE (Line 15 plus Line 20)						٠,				22.	•	
23. TO	TAL TAX DUE		•								23	157	1, 12.
24. Per	nalties & Interest; Penalty	%, \$	;	nterest	%_	^	Months,	\$		<u>-</u> -	24.		1
25. 70	TAL AMOUNT DUE										25	1/200	4 :
MAKE REMITTANCE P	AYABLE TO STATE OF N	AICHIGAN	7								<u></u>	A	
	nittance for Amount S			or before	a Anril	30.							•
	IMENT OF TREASURY, I						r montl	as giter	end o	f guth	orized	fiscal year)	
		<u> </u>											
· 1	MPORTANT—Be Sure to	Answer	the tollo	wing (	)uesti	on W	/hen .	Applic	cable.				
1. Business or Profession of Taxp	ayerSALES / 972Address of Last R ted on a Retroactive Date Method		SAM				<del></del>	Ph	one No.	<u> </u>	<u>(3-)</u>	24/20	
2. Give year or last return filed	Address of Last k	eturn	<del></del> /-\(\frac{1}{2}\)							<del></del>			
5. Check here it return is comput	ve State and Date of Incorporation.		0	r Monthly	Averag	e Metho	od						
• •							entiticat	nuKr not	nber				
	ee attach list of names and addresses					st.					٠		
	opy of the Balance Sheet as of the cid	<del></del>	**	<del></del>								<del> </del>	
	osed by Acr No. 301 P. A. of 1939,		that this ret	urn, includ Social Se	ding an	y accom	panying	schedul	ind :	stateme	nts inas	been examine	ed by
and to the best of my knowledge	and belief is a true, correct and cor	·	•	JULIUI 38	.comy N	. J.1104F						··	
• · · · · · · · · · · · · · · · · · · ·	GORDON L'HOLLANDE	R, P.C.		Signed —								—— _v	
Return Prepared by	CERTIFIED PUBLIC ACCOU	TANT	<del></del>	Signed						•			
<u>:</u>	17350 TEN MILE RO	DAD		aignea									
Address	SOUTHFIELD, MIGHIGAN	48075		Title			a alto del		16: 1				
NW 88326 Docld:32245535	Rage 230 N REVERSE SIDE	- · · <del>-</del>		, Adm	orate wh cinistrate	nein <b>er</b> i or, Trus:	uaividn <del>a</del>	or sive	, Membr Nesili	୬୯୬% ଜୈନ	rang, ir Vitori	refor,	*;

C of D-15-D17-J (Kev. 3-73) TOTAL DETROIT INCOME EXPECTED IN 1974 EXEMPTIONS (\$600.00 FOR EACH EXEMPTION) \$ ESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE B) S ESTIMATED DETROIT INCOME TAX-NONRESIDENT INDIVIDUALS ENTER 1/2 OF 1% OF LINE C. ŝ 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 1974 or Fiscal Year Ending. NAME(S) (PRINT OR TYPE) YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLARATION ADDRESS JAUCIVIGNI 🗌 SPOUSE'S SOCIAL SECURITY NUMBER | CORPORATION CITY PARTNERSHIP STATE POSTAL ZIP CODE ☐ OTHER la. Your 1973 Detroit Income Tax \$.....; 1b. Your Estimate of 1974 Detroit Income Tax 2. Amount of Detroit Income Tax to be withheld or other credit expected in 1974..... 3. ESTIMATED TAX (line 1b less line 2) ..... THIS 4. Computation of Installment: Check Due Date of declaration below and enter portion of line 3 as indicated: ☐ Apr. 30, 1974—1/4; ☐ June 30, 1974—1/3; ☐ Sept. 30, 1974—1/2; ☐ Jan. 31, 1975—100% COPY 5. Less: Amount of overpayment on 1973 return which you elected to claim as a credit 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)..... FOR YOUR IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER _ RECORDS MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" This declaration of estimated tax is not a Tax Return. AND MAIL WITH DECLARATION TO: OFFICE OF THE CITY TREASURER - INCOME TAX DIVISION STAC 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226 DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE 0-1 NAM ADD CITY

E(S) (PRINT (	CLEAMORS, IN	/C.	YOUR SOCIAL SECURITY		HECK TYPE OF DECLARATIO
RESS / (2-1 55	CIVEN NOIS		SPOUSE'S SOCIAL SECURI	TY NUMBER	INDIVIDUAL   CORPORATION   PARTNERSHIP
DETRO	STATE MICHIGAN	POSTAL ZIP CODE			OTHER
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IF YO	DU ARE AN EMPLOYER, ENTER EMPLO	YER IDENTIFICATION N	IUMBER		- -

STAG

Signature of Taxpayer. Spouse also if joint declaration.

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LO NOTE DO CI, COLENDENT ENDIDIESSIESS:		(2)	Saliroad	rolling sto	ck	<u> </u>
gy investment injerest expense	···	(3)	Gn-the-joi	training	facilities	
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(c) Euclid Huganess over rental income		(a) Ro	served for I	osses on b	ad debts of 📗	•
terributable to net lease property .		មិន	ancial insti	tritions 🐍		
over net shorkerm capital lesses		(d) D.	oeso parce	ntaga dapi	lelion <u> </u> _	
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(c) Researched depreciation of: (L) Low-income rental housing		Basis of	(a) 3 or m	ore but less	than S yours . 📜	
(2) Other real property		nau investmant	(h) 5 or m	ora but loss	than 7 years	
(3) Personal property subject to a		property	(c) 7 or m	ere yesta.	· · · ·   -	
mot lease		Boat of	(d) 3 or m	era hut less	than S years . 🔔	
(b) Americation of:		investmant	(a) 5 or m	ara but less	tinan 7 years . 📙	
(1) Cartified pollution control facilities .		property	(4) 7 or i	nora yaara		
COMPLETE A SEPARATE	SCHEDULE K-1 F	FOR EACH S	MAREHOLE	eli <del>s.—s</del> ae	Cepy A with R	
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The part of policies					cases connected w	
C 3:1 the experation at the end of the taxable year	own, directly or in-	-				?. 🖸 Yuk 😉 🔯
directly, 50% or more of the voting stock of a						
Man Type Mo. (For rules of attribution, s		(Z) LIVIT İnası	:g =cccmmcu :)?	andras (axaa	pt employaes on .	
If the answer is "Yes," attach a schedule showing:						gs? 🖂 Yan 📑 👉
(2) mame, address, and employer identification nut	nbert and				ns not reported	
(b) percentage owned,	,					. 🖂 Yes 🗇 🚵
If ald the corporation during the taxobic year have an	v contracts or nub-					E77   Yes   No
contracts subject to the Renegotiation Act of 195			•		during the take	
if "Yes," enter the aggregate gross dollar amoun		yoor, har	o any interes	t in or signat	ure or other author	fly .
•	c amou darms the				financial account	
year	5585167	if "Yes."	' attach Ferm	4683. (For	definitions, see For	rm (263.)
1 Amount of taxable income or (loss) for: 1970	666.64	<ul> <li>Answer c</li> </ul>	mly if (1) thi	s is the first	1120S return file.	Lished year old ( (2) the solit. Di
		was in a	unteu as a s xistence for ti	nan uusmes ne taxable ye	ar prior to the clac	nien and hou invest-
<ul> <li>J. Refer to page 7 of instructions and state the principal;</li> <li>S = P &gt; 1 + fr</li> </ul>		ment cro	dit property:		*	•
Ensiness activity STOY/EAR Product or service To The Toy Toy	Q P P P P P P P P P P P P P P P P P P P		agreement to ons?		tion 1.47—1(b) of t	ma ・日本の日か

	TAN COLLECTATION	SCHEDULE		w 17 pt .
C 64 0—15-0.7-3 (834, 0-70)		·		
A. TOTAL DETROIT INCOME EXPECTED IN 197.	4			Ş
C. EXEMPTIONS (\$600.00 FOR EACH EXEMPTIO	N)			\$
. ESTIMATED DETROIT TAXABLE INCOME (LINE	E A LESS LINE B)			s
D. ESTIMATED DETROIT INCOME TAX—NONRES		OF 1% OF LINE (	-	S
ALL OTWER TAXPAYERS ENTER 2% OF LINE C	I. ENTER TAX HERE AND ON LIN	NE 16 OF DECLARA	LION BEFOM	-
	ROIT DECLARATION OF r 1974 or Fiscal Year End			9
NAME(S) (PRINT OR TYPE)	,		ECURITY NUMBER	Check type of declaration
ADDRESS				INDIVIDUAL
STATE	202741 712 6005		SECURITY NUMBER	☐ CORPORATION ☐ PARTNERSHIP
TITY STATE	POSTAL ZIP CODE		1	OTHER
1a. Your 1973 Detroit Income Tax \$	e withheld or other credit expect	e of 1974 Detroit In ed in 1974	ncome Tax	\$
<ul> <li>3. ESTIMATED TAX (line 1b less line 2)</li> <li>4. Computation of Installment: Check D</li> </ul>		d enter partice of li	ae 3 de indicatado	\$
ეტეუ 🔲 Apri 30, 1974—1/4; 🗍 June	≥ 30, 1974—1/3; 🔲 Sept. 30, 1	1974—1/2; 🔲 Jar	1. 31, 1975—100%	\$
5. Less: Amount of overpayment on 197 6. AMOUNT TO BE PAID WITH THIS D	3 return which you elected to cla DECLARATION (line 4 less line 5)	im as a credit		S
· ·		<del></del>	<del></del>	
<b>′</b> 0ปี่ส		•		•
RECORDSIF YOU ARE AN EMPLOYER, EI	NTER EMPLOYER IDENTIFICATION	N NUMBER		<u>.</u>
MAKE REMITTANCE PAYABLE TO "TREA AND MAIL WITH DECLARATION TO:	SURER, CITY OF DETROIT"	This c	leclaration of estim	ated tax is not a Tax Return.
OFFICE OF THE CITY TRE. TO CCTY-COUNTY BUILD DETROIT, MICHIGAN 4822	•	ON .		DATE
		251 2111 141511	VALLE STATE	
•	TION AND SEND FORM			TANCE
0-1640-25 CITY OF DETR For Calendar Year	ROIT DECLARATION OF 1 1974 or Fiscal Year Endi:	ESTIMATED INC		1972.
AME(S) (PRINT OR TYPE)  COOCO - POUZECE SALES	S. ID/c.	YOUR SOCIAL SE	CURITY NUMBER	CHECK TYPE OF DECLARATION
DORESS CIST LIVERNOIS				INDIVIDUAL
STATE MICHIG	AN POSTAL ZIP CODE	SPOUSE'S SOCIAL	1	<ul><li>☐ CORPORATION</li><li>☐ PARTNERSHIP</li><li>☐ OTHER</li></ul>
3 7 1070 5 11 7	\	of 1974 Detroit Inc		3 3 5 1 5 3
2. Amount of Detroit Income Tax to be 3. ESTIMATED TAX (line 1b less line 2)	withheld or other credit expecte	d in 1974		
4 Computation of Installments Check D.			e 3 as indicated	• \$
P	30, 1974-1/3; Sept. 30, 1	974—1/2; 🔲 Jan.		\$
5. Less: Amount of overpayment on 1973	3 return which you elected to claim	m as a credi> 🕳	<del>&gt;</del>	• s = 70 = 1
	ECLARATION (line 4 less line 5).		· · · · · · · · · · · · · · · · · · ·	· s
IF YOU ARE AN EMPLOYER, ENTE				•
IF YOU ARE AN EMPLOYER, ENTE	•	IUMBER		<del>_</del>
I CERTIFY THAT THIS IS A CORRECT DE	CLARATION.	This de	eclaration of estima	ated tax is not a Tax Return.
		<del></del>		<del> </del>

#### . y_ando oda di-romminghodddddd dhilinid o'r indddiid milly ombol o Llyn (if dddithonal aface i'd neddodf dliach dcheddio)

Name and Address of Each Shareholder	(2) Social Security Number	(C) Number of Shares
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(b) TRANSPE MARCHS (C) AMMAN FLABRICA		7.4
(c)		
(d)		
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	income (schedule K, total of lines 4 and 8, U.S.	line 5, or page 2, schedule 8, line 6	(6) Amount to be used by shareholder on time 20 or on p.i., 5-2, sensuing
(a) \$	3% 7°7-35	\$ 38,707.35	\$
(b)	E01,567-34	38,502.56	name (C)
(c)			
(d)			
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( i )			
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(h)			
(i)			
(j)			

TAM COMPUTATION SCHOOLS of D-15-217-1 (Rev. 8-75) TOTAL DETROIT INCOME EXPECTED IN 1974 S· EXEMPTIONS (\$600.00 FOR EACH EXEMPTION) S ESTIMATED DETROIT TAXABLE INCOME (LINE & LESS LINE 8) 2 ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER ½ OF 1% OF LINE C. 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 1974 or Fiscal Year Ending. NAME(S) (PRINT OR TYPE) YOUR SOCIAL SECURITY NUMBER CHECK TYPE OF DECLARATION ADDRESS ☐ INDIVIDUAL SPOUSE'S SOCIAL SECURITY NUMBER CORPORATION CITY PARTNERSHIP STATE POSTAL ZIP CODE OTHER 2. Amount of Detroit Income Tax to be withheld or other credit expected in 1974..... 3. ESTIMATED TAX (line 1b less line 2) ...... THIS 4. Computation of Installment: Check Due Date of declaration below and enter portion of line 3 as indicated: Apr. 30, 1974-1/4; June 30, 1974-1/3; Sept. 30, 1974-1/2; Jan. 31, 1975-100% COPY 5. Less: Amount of overpayment on 1973 return which you elected to claim as a credit 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)..... FOR YOUR IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER . RECORDS MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" This declaration of estimated tax is not a Tax Return. AND MAIL WITH DECLARATION TO: OFFICE OF THE CITY TREASURER - INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226 DETACH ON PERFORATION AND SEND FORM BELOW WITH YOUR REMITTANCE D-1040-ES CITY OF DETROIT DECLARATION OF ESTIMATED INCOME TAX For Calendar Year 1974 or Fiscal Year Ending......, 19..... (PRINT OR TYPE) YOUR SOCIAL SECURITY NUMBER | CHECK TYPE OF DECLARATION ENHARG TYNGIAIDNYT ADDRESS CIVERNOIS SPOUSE'S SOCIAL SECURITY NUMBER 🖂 CORPORATION POSTAL ZIP CODE STATE ☐ PARTNERSHIP MICHIGAN ☐ OTHER 1a. Your 1973 Detroit Income Tax \$ 1,580-53 1b. Your Estimate of 1974 Detroit Income Tax 2. Amount of Detroit Income Tax to be withheld or other credit expected in 1974..... 6.00100 4. Computation of installment: Check Due Date of declaration below and enter portion of line 3 as indicated: 🔀 Apr. 30, 1974—1/4; 🔲 June 30, 1974—1/3; 🔲 Sept. 30, 1974—1/2; 🔲 Jan. 31, 1975—100% 5. Less: Amount of overpayment on 1973 return which you elected to claim as a credit 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5). 4-0010 IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION NUMBER . I CERTIFY THAT THIS IS A CORRECT DECLARATION. This declaration of estimated tax is not a Tax Return.

DATE

Signature of Taxpayer. Spouse also if joint declaration.

 		 C 54 2 32 5 5	
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S  S  S  Check type of declaration  Individual  Corporation  Partnership  Other  S  S  S  S
S  S  Check type of declaration  Individual  Corporation  PARVNERSHIP  OTHER  S
S  S  Check type of declaration  Individual  Corporation  PARTNERSHIP  OTHER  S
Check Type of Declaration Individual Corporation PARTNERSHIP OTHER
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Check type of declaration   Individual   Corporation   Parynership   Other   S
INDIVIDUAL   CORPORATION   PARTIMERSHIP   OTHER
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HECK TYPE OF DECLARATION
INDIVIDUAL
( CORPORATION   PARTNERSHIP
OTHER
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- ed tax is not a Tax Return.

#### SOMEDULE # - SMAREHOLDERS 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
a) GACL RUBY 4383 STOMEY RIVER, BIRM. MICH. b) GSTATE OF GEORGE MARCUS		7,5%
b) LOTAL OF GEORGE MARCUS	·	7,500
(c)		
(d)		
(e)		
f)		
g)		
h)		
i)	. ,,,	
j)		<u></u>

	·		
(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		477,77
(b) 9,169,69	9,169.69	·	$G^{\alpha_{i}}(\gamma^{\alpha_{i}})$
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			

U-104**0-25** 

## CITY OF DEFROIT DECLARATION OF ESTIMATED INCOME TAX. TAX COMPUTATION SCHEDULE

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C of D-1.	5-DIT-J (Rev. 8-74)		-
A. TOTA	AL DETROIT INCOME EXPECTED IN 1975		S
B. EXEM	PTIONS (\$600.00 FOR EACH EXEMPTION)		\$
C. ESTIA	MATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		\$
	MATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER $lambda$ 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		9 1975
NAME(5)	(PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION  INDIVIDUAL
CITY	STATE POSTAL ZIP CODE		☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER
KEEP THIS COPY	1a. Your 1974 Detroit Income Tax \$	ed in 1975	\$
FOR	o. Alloon To be TAID With This Decement (line 4 less file 3	/	\$
YOUR			
RECOR	DS IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION	N NUMBER	
	MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:	This declaration of estim	nated tax is not a Tax Return.
•	FINANCE DEPARTMENT — INCOME TAX DIVISION 104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		DATE
D-104	† DETACH ON PERFORATION AND SEND FORM  O-ES  CITY OF DETROIT DECLARATION OF  For Calendar Year 1975 or Fiscal Year End	ESTIMATED INCOME TAX	
NAME(S)	COSO - RUMAR SALES INC.		CHECK TYPE OF DECLARATION
ADDRESS	18135 LIVERNOIS		☐ INDIVIDUAL  ☐ CORPORATION
TYTO	ETPOIT MICHIGAN POSTAL ZIP CODE	i i i i i i i i i i i i i i i i i i i	☐ PARTNERSHIP ☐ OTHER
DOCUMENT LOCATOR NUMBER	2/7 36	d enter portion of line 3 as indicated: 1975—1/2;	
ă	I CERTIFY THAT THIS IS A CORRECT DECLARATION.		ated tax is not a Tax Return.
	figurature of Taxpayer. Spouse also if joint declaration.	is and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	DATE

## SCHEDULE F — SHAREHOLDERS SHARE OF INCOME AND CARDITS (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		7,500
(a) FA RUBY 4380 STONEY RIVER DR. BIRM. MI 48010 (b) ESTATE OF GEORGE MARCUS 69 W. WASHINGTON # 1150 CHICAGO, TLL 6060	7.	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)	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, 231.38		91.94
(b) 36, 331.37	36, 331. 37		91.94
(c)			
(d)			
(e) .			
(f)			
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C or D=15-DIT-J -Rev. 8-74;		
A TOTAL DETROIT INCOME EXPECTED IN 1975		\$
EXEMPTIONS (\$600.00 FOR EACH EXEMPTION)		\$
ESTIMATED DETROIT TAXABLE INCOME (LINE A LESS LINE B)		\$
D. ESTIMATED DETROIT INCOME TAX—NONRESIDENT INDIVIDUALS ENTER ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON		S
D-1040-ES CITY OF DETROIT DECLARATION C		, 1975
AME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS		☐ INDIVIDUAL
	SPOUSE'S SOCIAL SECURITY NUMBER	CORPORATION  PARTNERSHIP
STATE POSTAL ZIP CO	ODE	OTHER
THIS  1a. Your 1974 Detroit Income Tax \$; 1b. Your Est  2. Amount of Detroit Income Tax to be withheld or other credit ex  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.	pected in 1975 v and enter portion of line 3 as indicated	\$
COPY Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept. 5. Less: Amount of overpayment on 1974 return which you elected to		
FOR 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less lin		
<b>YOUR</b>		
MAKE REMITTANCE PAYABLE TO "TREASURER, CITY OF DETROIT" AND MAIL WITH DECLARATION TO:  FINANCE DEPARTMENT — INCOME TAX DIVISION	This declaration of esti	mated tax is not a Tax Return.  DATE
104 CITY-COUNTY BUILDING DETROIT, MICHIGAN 48226		· · ·
♥ DETACH ON PERFORATION AND SEND FO  CITY OF DETROIT DECLARATION C  For Calendar Year 1975 or Fiscal Year 1	OF ESTIMATED INCOME TAX	9 1975
PRINT OR TYPE)  CONTO CLEANERS, INC.	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
NORESS 18135 LIVERNOIS	SPOUSE'S SOCIAL SECURITY NUMBER	CORPORATION
STATE POSTAL ZIP CO 48221		PARTNERSHIP OTHER
111/92/	r and enter portion of line 3 as indicated 30, 1975—1/2;  Jan. 31, 1976—1009 claim as a credit	5 T T T T T T T T T T T T T T T T T T T
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION		
I CERTIFY THAT THIS IS A CORRECT DECLARATION.	This declaration of esti	mated tax is not a Tax Return.
Signature of Taxpayer. Spouse also if joint declaration.	· · · · · · · · · · · · · · · · · · ·	DATE

#### รอกะอับเลิ ส — ปกลกยักของสหราชหลาย OF INDO...ล ลเคย อัลลอการ (If additional space is needed, attach schedule)

(a) CACL RUSY LY380 STOVEY RIVER, BIRM. MICH. (b) ESIME OF GEORGE MARCUS 69 W. WASHINGTON FINISO CHICAGO, ILL. COLOQ (c) (d)	7,500
d)	7,500
0	
f)	
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		4.0,67
(b) 9,169,69	9,169.69		47.01
(c)			
(d)			
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#### CITY OF BEFROIT DECLARATION OF ESTIMATED INCOME TAX TAX COMPUTATION SCHEDULE

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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 ½ ( ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LIN		\$
D-1040-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year Endi		1975
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECURITY MILABER	CHECK TYPE OF DECLARATION
ADDRESS	<del></del>	ORPORATION
CITY STATE POSTAL ZIP CODE	i	PARTNERSHIP OTHER
KEEP  1a: Your 1974 Detroit Income Tax \$; 1b. Your Estimate 2. Amount of Detroit Income Tax to be withheld or other credit expecte 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 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)	d enter portion of line 3 as indicated: 975—1/2;	
FOR		\$
YOUR		
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	This declaration of estima	ated tax is not a Tax Return.
D-1040-ES  CITY OF DETROIT DECLARATION OF I For Calendar Year 1975 or Fiscal Year End	ESTIMATED INCOME TAX	1075
ADDRESS 18135 LIVERNOIS		] INDIVIDUAL CORPORATION
CITY DETPOIT, MICHIGAN POSTAL ZIP CODE	;	PARTNERSHIP OTHER
2/7 36	l enter portion of line 3 as indicated:  975—1/2;	\$ 400 00 \$ 100 00 \$ 100 00 \$ 100 00
higherers of Toxpoyer. Spouse also it joint declaration.		DAIR

## 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 (b) ESTATE OF GEORGE MARCUS		7,500
(b) ESTATE OF GEORGE MARCUS 69 W. WASHINGTON # 1150 CHICAGO, ILL 6060	· ·	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) \$ 34,331.38	36, 231.38		91,94
(b) 36, 331.37	36, 331. 37		91.94
(c)			-
(d)			
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#### CITY OF DETROIT DECLARATION OF ESTIMATED TRANSPORTED TAX COMPUTATION SCHEDULE

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C of D=15-DIT-J Rev. 8-74;	<del> </del>	<del></del>	
A. TOTAL DETROIT INCOME EXPECTED IN 1975			ş
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 ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON		N BELOW	\$
D-1040-ES CITY OF DETROIT DECLARATION For Calendar Year 1975 or Fiscal Year			1975
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECU	DITY NILMBED	CHECK TYPE OF DECLARATION
ADDRESS	SPOUSE'S SOCIAL SEC		] INDIVIDUAL ] CORPORATION
CITY STATE POSTAL ZIP C			PARTNERSHIP OTHER
KEEP 1a. Your 1974 Detroit Income Tax \$	timate of 1975 Detroit Inco	me Tax	\$
2. Amount of Detroit Income Tax to be withheld or other credit es THIS 3. ESTIMATED TAX (line 1b less line 2)	•		.   s
THIS  3. ESTIMATED TAX (line 1b less line 2)  4. Computation of installment: Check Due Date of declaration belo		3 as indicated:	
COPY Apr. 30, 1975-1/4; June 30, 1975-1/3; Sept.	30, 1975—1/2; 🔲 Jan. 3	1, 1976—100%	\$
5. Less: Amount of overpayment on 1974 return which you elected to 6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less li			\$
FOR S. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less in	ne 3/		<u> </u>
YOUR			
	. T.O.S. MUMBER		
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 decl	aration of estima	ited 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 Y	OUR REMITT	ANCE
D-1040-ES CITY OF DETROIT DECLARATION	OF ESTIMATED INCO	ME TAX	g. € •7 ·••
For Calendar Year 1975 or Fiscal Year	Ending	19.	19/0
NAME(S) (PRINT OR TYPE)	YOUR SOCIAL SECU		HECK TYPE OF DECLARATION
ADDRESS SIBS LIVER NOIS	SPOULET'S COCIAL SEC	<del></del>	] INDIVIDUAL CORPORATION
CITY DETEROIT MICHIGAN POSTAL ZIP C	ODE SPOUSE'S SOCIAL SEC		PARTNERSHIP
. 1.1/42/	timate of 1975 Detroit Incor		\$ 1,600,00
3. ESTIMATED TAX (line 1b less line 2)			\$ 1 100 100
2. Amount of Detroit Income Tax to be withheld or other credit ex 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	•		\$ 400100
Q 5. Less: Amount of overpayment on 1974 return which you elected to		1, 1978—100%	\$ 130174
			· \$ 269 26
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATI		· · · · · · · · · · · · · · · · · · ·	J
C IF YOU ARE AN EMPLOYED ENTER EMPLOYED INCUTES ON	ON NUMBEO	•	
IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION.		protion of actions	ted tax is not a Tax Return.
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Signature of Taxpayer. Spouse also if joint declaration.			DATE

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#### CAT COUNT CETALLITES NO MONTANABULE NO. TAX COMPUTATION SCHEDULE

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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 ½ ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LII		s
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	CHECK TYPE OF DECLARATION
ADDRESS		☐ INDIVIDUAL ☐ CORPORATION
CITY STATE POSTAL ZIP COD	E	☐ PARTNERSHIP ☐ OTHER
THIS  1a. Your 1974 Detroit Income Tax \$; 1b. Your Estimo  2. Amount of Detroit Income Tax to be withheld or other credit expect  3. ESTIMATED TAX (line 1b less line 2)  4. Computation of Installment: Check Due Date of declaration below a  COPY  Apr. 30, 1975—1/4; June 30, 1975—1/3; Sept. 30,  5. Less: Amount of overpayment on 1974 return which you elected to clo  6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 3)  YOUR	nd enter portion of line 3 as indicated:  1975—1/2;  Jan. 31, 1976—100% aim as a credit	\$
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		nated tax is not a Tax Return.  DATE
D-1040-ES  CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year Englands  (PRINT OR TYPE)  TAGE(S)  (PRINT OR TYPE)  TAGE.	ESTIMATED INCOME TAX ding: , 19 YOUR SOCIAL SECURITY NUMBER	1975 CHECK TYPE OF DECLARATION
ADDRESS 18135 LIVERNOIS	SPOUSE'S SOCIAL SECURITY NUMBER	□ INDIVIDUAL  [] CORPORATION
DETROIT, MICHIGAN 48221		☐ PARTNERSHIP ☐ OTHER
1a. Your 1974 Detroit Income Tax \$ 98.22; 1b. Your Estimated 2. Amount of Detroit Income Tax to be withheld or other credit expected 3. ESTIMATED TAX (line 1b less line 2) 4. Camputation of Installment: Check Due Date of declaration below as a part of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th	nd enter portion of line 3 as indicated:  1975—1/2;  Jan. 31, 1976—100% aim as a credit 5).	• \$ /00 00 \$ /00 00 • \$ G/ 63 • \$ 38/7
CERTIFY THAT THIS IS A CORRECT DECLARATION.	inis declaration of estim	ated tax is not a Tax Return.
Simulation of Tananas Samuel States Antonio	TOTAL TOTAL TO SE	DAIR

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#### CITY OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION SCHEDULE

1975

C of D-1	5-DIT-J (Rev. 8-74)		
A. TOT	AL 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 ½ OF 1% OF LINE C. ALL OTHER TAXPAYERS ENTER 2% OF LINE C. ENTER TAX HERE AND ON LINE 16 OF DECLARATION BELOW			\$
D-104	0-ES CITY OF DETROIT DECLARATION OF For Calendar Year 1975 or Fiscal Year End		, 1975
NAME(S)		YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION
ADDRESS		SPOUSE'S SOCIAL SECURITY NUMBER	☐ INDIVIDUAL ☐ CORPORATION
CITY	STATE POSTAL ZIP CODE		PARTNERSHIP OTHER
KEEP	la. Your 1974 Detroit Income Tax \$; 1b. Your Estimat	e of 1975 Detroit Income Tax	\$
THIS	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	ed in 1975	\$
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 clai		\$
FOR	6. AMOUNT TO BE PAID WITH THIS DECLARATION (line 4 less line 5)		\$
YOUR			
	IF YOU ARE AN EMPLOYER, ENTER EMPLOYER IDENTIFICATION	N NUMBER	_
RECOR	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 FORM	BELOW WITH YOUR REMIT	ITANCE
D-104	O-ES CITY OF DETROIT DECLARATION OF S For Calendar Year 1975 or Fiscal Year End	ing, 1 ¹	9 1975
VAME(S)	MARUEY, INC.	YOUR SOCIAL SECURITY NUMBER	CHECK TYPE OF DECLARATION  INDIVIDUAL
ADDRESS	18135 LIVERNOIS	SPOUSE'S SOCIAL SECURITY NUMBER	☐ CORPORATION
CITY -	DETPORT, MICHIGAN POSTAL ZIP CODE 48221		PARTNERSHIP OTHER
DOCUMENT LOCATOR NUMBER	<ol> <li>Amount of Detroit Income Tax to be withheld or other credit expecte</li> <li>ESTIMATED TAX (line 1b less line 2)</li> <li>Computation of Installment: Check Due Date of declaration below and Apr. 30, 1975—1/4;</li> <li>June 30, 1975—1/3;</li> <li>Sept. 30, 1</li> <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>	d enter portion of line 3 as indicated:  975—1/2;  Jan. 31, 1976—100%  m as a credit	\$ /00 00
۵	I CERTIFY THAT THIS IS A CORRECT DECLARATION.  This declaration of estimated tax is not a Tax Return.		
	Signulure of Taxpayer. Spouse also if joint declaration.	en en en en en en en en en en en en en e	DAIE