( [fol. 64])	Marzalie Schlude-1950
Rents Rec	•
3332 Giles	<b>*************************************</b>
1305 W. Chicago Ave.	5-,-4
7801 South Shore Drive	
Total	\$236,60°
	Marzalie Schlude-1950
3332 Gi	-
Rental Income:	\$378.00
Expenses:	
Liability Insurance	
Net Income (Before Depr	eciation) 358.50
Deduct Depréciation	26.67
Net Income	331.83
Depreciation Schedule:	
1. Brick House	
2. August, 1941	•
3. \$400.00	
<b>1.</b>	
5. \$203.56	
6. 196.44	
7. 15 years	
8. * 7 years 9. \$ 26.67	

\* (fol. 65)

Mark E. Schlude- 1950

Information Re: Oil Income and Expense.

Lease	Dev. and Dry Hole Cost	Total Deductions	Net Income
Talbot Brown Lease Spencer County, Ind. 1	\$281.25	\$281.25	\$ 281.25
Judith Gregory Lease Henderson County, Ky.	281.25	281.25	281.25
McKay-Engel Lease Effingham County, Ill.	281.25	281.25	231.25
Rice Gregory Lease Henderson County, Ky	. 281.25	251.25	281.25
Mary Marshall Lease Henderson County, Ky	281.25	281.25	281.25
, Net Loss	-		\$1.406.25

Investments made through —
Joe Reznik,
Evansville, Indiana.

Krenn & Dato Lots 57, 58, 59, 60, 61, 62, 176 and 177.

Sale #1-8 29 50-Lots 57, 58, 59, 60, 61 and 62	
Sales Price	\$3,000.00
Cost\$370.51	
Sales Expense	373.51
Profit (Long Term)	2,626.49
50% Taxable	1,313.25
Joseph Z. Willher (50%)	656.63
Marzalie Schlude (50%)	656.63
Sale #2-12/29/50-Lots 176\ and 177 Sales Price	\$1,500.00
* Cost\$286.89	
Sales Expense 2.20	289.09
Profit (Long Term)	1,210.91
50% Taxable	605.45
Joseph Z. Willner (50%)	302.72
Marzalie Schlude (50%)	302.73

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Medical						•	
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	Allowable Medical and Destal	Repenses. See Instructions	for limitation	• • • • • • • • • • • • • • • • • • • •			
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## SCHEDULE OF PROFIT (OR LOSS). FROM BUSINESS OR PROFESSION AND COMPUTATION OF SELF-EMPLOYMENT TAX (for old-age and survivors insurance)

a joint return, name of h wife having net earning	usband or is from self-employment			
	PROPIT (OR LOSS) FROM BUSINESS OR PROF	PRALON		<del></del> ,
	For reporting faring income, see Form 1040 Instruct	LONE		
ie (1) nature of laisines	Ballroom Dancing Instruction			
2) business asime.	Arthur Murray Dance Studio			٠.
(3) business address	309 South 19th Street - Omaha, Net	raska		
	Do NOT include in this achedule cost of goods withdrawn use or deductions not connected with your business or p	for porsonal profession		
Total receipts from busi	ness or profession			<del></del>
	COST OF GOODS SOLD	•	•	
Inventory at beginning	of year		-	
Merchandist bought for	manufacture or sale	•		
Cost of labor				
Material and supplies	1.			
Other costs (explain in t	chedule I, Form 1049)			
Total of lines 2 to 6			-	
Less inventory at end of	Year			
Net cost of goods sold ()			<b>≠</b> i,	
Gross profit time I less !				-
	OTHER BUSINESS DEDUCTIONS		8	1.
Salarke and wager not in	ocluded instinc 4		•	
Rent on husiness proper		<b>■</b>		
Interest on business inde				
Taxes on business and b				
Bad debte arining from a				
	cence (explain in Schedule H. Form 1040)			1-
Repairs (explain in Schei	fule I Form tour.			
Depletion of mines and a	ud gas wells, timber, etc. (submit schedule)			
Amortisation of amagen	cy facilities (attach statement)		4	
()they business areas	explain in Schedule I, Form 1040			
Total of lines 11 to	responsition senequie I, Form 1040		-	
				-
Less from of house	r towers of husiness projects (line 10 less line 21)	1	•	•
Val partit the last of this inches	property (attach statement)			
Taxa baout on these (1996 2)	less line 23: Enter here and on line I, Schedule C Summary,	706e 2, Form 1040	8	•
COMI	PUTATION OF BELF-EMPLOYMENT TAX (See Instruction	one on other side)		
Net earnings (or loss) fru	ni self-eniployment included in line 22, shove	NONE		
Net earnings (or loss) fr (from column 10, 8che	om self-employment from partnerships, joint ventures, etc.	12605 93		
Total net earnings (or los (If total of net earns	ngs is under \$400, do not make any entries below)		8 12605	93
urpurance	g the taxable year which were subject to withholding for oi	d-age and survivors	NON	E .
Total of lines 27 and		ing the second of the second o	12605	93
Self-employment income				
If line 29 is (a) not a (b) over	\$3,600, enter amount shown on line 27 \$3,600 and amount on line 28 is \$3,600 or more, enter "non- and amount on line 28 is under \$3,600 enter differ \$5,600 and amount on line 28		3600	00

entribution				
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	Allowable Contributions (not in excess of 15 percent of item	4. page 1)	S	
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Madha	Total Allowable Losses (not compensated by insurance or ot	herwise)		
mountal d dental	1:			
ZPORSOS				
over 65 see				*. •
(Tuctions)				
	Net Expenses (not compensated by insurance or otherwise).	\$	•••	• . •
•	Enter 5 percent of item 4, page 1, and subtract from Net Expenses	i		
Minnel	Allowable Medical and Dental Expenses. See Instructions for	or limitation		······································
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(See				
ructions)				: -
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· ·		NAME (PLEASE PRIN	T If this is a joint re	TUTE and and wife use	hist names of both	At-
				CATA DITAY		(Cashier's Stamp)
		∵ . Om ¹a	TELEASE PRINT St		• •	1
•		(City town or p		(Postal zone number)	してわ (State)	i. 1 10
		Social Security No	321-09-2107	Occupation		1
	1. List your	name. If your wil	fe (or husband)		On Book A and B	bolow-
	list also	her (or his) name.	s a joint return.	your vile were-	W setther 65 no. W setther 65 or W both 65 and	blind write the figure 1 blind write the figure 2 blind write the figure 3
•	1	talie ochlude		65 or over   Blind	Number of exemp	tions for you
Your	B (Your wife a name	e donotlistifezemptionisci	1	65 or over   Blind		
exemp-	_1	nes of your children;	•	Home—and addre	es il dilleresi Iren peurs	
tions	ing stepe	hildren and legally a	adopted			
<u> </u>	Children	with 1951 gross ince \$600 who received	omes of	•••••		
i ·	than one	-half of their suppo	rt from	••••••	•	
	you in 1	951. See Instruction	ons.	Ent	er number of chi	ldren listed
Z.	D. Enter n	umber of exemption	ns claimed for cle	ose relatives listed in	Schedule J on p	age 2
₹.	[2. Enter vous	otal number of exen	nptions claimed	in A to D above	Vitaliani ili salah katalah ka Vitalian katalah katal	
4 7	roll dedu	- CI JOHN CIAL	ming traveling o	aissions, and other con or reimbursed expense	mpensation receives, see Instruction	ved in 1951, <i>before pa</i> is
<b>11</b>		Fred Employer's House		Employed (City and State)	Imong Tax Willhold	Total Wages
Ypur	•		-	<del></del>	<b>\$</b>	\$ •
\$ 'M·	• • • • • • • • • • • • • • • • • • •	*			; 	
Come						
1.	3. If web	ived dividends in-		Enter totals	S	\$
_	, cotter_tipe	total nere		er income, give deta	ils on page 2 and	1
	L4. Add income	e shown in items 2.	and 3, and enter	the total here		51111 12
How to				ble on page 4 unless ibutions, interest, tax		
the tax	The to home my?	MAN AU MANE COM	bric tax on bage	3. Use standard ded	uction or itemize	deductions, whicheve
	5. (A) Enter	your tax from table	on page 4, or fr	om line.13, page 3	\$ 25   29.	
•	(B) Enter	your self-employmen	it tax from line 31,	separate Schedule C	1 00	- 2.4
Tax	O. Mow much (A) Bytax	have you paid on y withbeld(in item 2	rour 1951 income	riginal Forms W-2	Enter total here	\$ 3uu   23
due er	(B) By pay	metits on 1951 Decl	laration of Estim	lated Tax (include	<b>→</b>	
refund	any ov	erpayment on your	1950 tax not cla	imed as a refund)	32000.	
	J. II YOUR CAS	t (item 5) is large tax due hère. This	r tnan payment s balance muse h	ts (item 6), enter e paid in full with re	Enter total bere	3xv. 3
	8. If your pays	ments (item 6) are la	rger than your ta	x (item 5), enter the	overpayment here	5
	L Enter am	ount of item 8 you	Want \$	<b>5</b>	1912 estimated tax i	V.
Do you	owe any prior	year Federal tax for	r which you have	re been billed? (Yes n	(No) a les	Our metal - 1
mari	ing a separate it	raining 1231, (1526	M NO) ILS II	"ves. Write her ( or h	It ) name are	OCILIALS.
II you i	usac med s tetm	m for a prior year, so	acciatest year	1950. Where file.	12 St	
lo whi	en Collector's o	fficesdid you pay amo	ount claimed in it	tem 6 (B), above?	Om-F	
l d	ectare upder the	penalties of perjury	that this return	(including any accombelief is a true, correct	panying schedule	s and statements) has
	177 177	The same of the same		which is a live, correct	, and complete re	rum.
	Tobat M	cov.	3.12 25	mensel	· < 0 0 0 0	3 1. 2
1 Sugastra		to template, propering this se		The state of the s	e S. Chlin	de -3/13

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