
Agency Information

AGENCY : HSCA
RECORD NUMBER : 180-10073-10093

RECORD SERIES : NUMBERED FILES

AGENCY FILE NUMBER : 004876

Document Information

ORIGINATOR : RUBY, SAMUEL
FROM : RUBY, SAMUEL
TO :

TITLE :

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW
38351 Date: 09-01-2022

DATE : 01/24/1978
PAGES : 118

SUBJECTS :

RUBY, SAM
RUBY, JACK, BACKGROUND, ASSOCIATES AND RELATIVES

DOCUMENT TYPE : OTHER TEXTUAL

CLASSIFICATION : Unclassified

RESTRICTIONS : 3

CURRENT STATUS : Redact

DATE OF LAST REVIEW : 10/25/1995

OPENING CRITERIA :

COMMENTS : W/cover letter. Box #:102.

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW
38351 Date: 2025

Form
1040 U.S. Individual Income Tax Return

1976

This space for IRS use only

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

1976 ending

19

Phone print or type	Name (if joint return, give first names and initials of both)	Last name	Your social security number
	SAMUEL + PHYLLIS	Ruby	322-12-7997
	Present home address (Number and street, including apartment number, or rural route)	For Privacy Act Notification, see page 5 of Instructions.	
	16250 BIRCHER ST		
	City, town or post office, State and ZIP code	Occupation	Yours ► Spouse's ►
	GRANADA HILLS CA		SIE SIE

Filing Status	1 <input type="checkbox"/> Single (Check only ONE box)	Exemptions	6a Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked ►
	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)		b First names of your dependent children who lived with you ELISA THOMAS Enter number ►
	3 <input type="checkbox"/> Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ►		c Number of other dependents (from line 7) ► 2
	4 <input type="checkbox"/> Unmarried Head of Household. See page 7 of instructions to see if you qualify ►		d Total (add lines 6a, b, and c) ► 9
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ► 19). See page 7 of instructions.		e Age 65 or older. <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked ►
	7 Other dependents:		f TOTAL (add lines 6d and e) ► 7

(a) Name	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount furnished for dependent's support By YOU, If 100% write ALL	By OTHERS including dependent.
				\$	\$

8 Presidential Election Campaign Fund ► Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1? Yes No		Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.			
9 Wages, salaries, tips, and other employee compensation (Attach Form W-2. If unavailable, see page 6 of Instructions.)	10a Dividends (See pages 9 and 16 of Instructions) 10b less exclusion (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.) Balance ►	11 Interest income. (If over \$400 or less, enter total without listing in Schedule B) (If over \$400, enter total and list in Part II of Schedule B) ►	12 Income other than wages, dividends, and interest (from line 37) ►	13 Total (add lines 9, 10c, 11 and 12) ►	14 Adjustments to income (such as moving expense, etc. from line 42) ►
15a Subtract line 14 from line 13	b Disability income exclusion (sick pay) (attach Form 2440)	c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.")	15b	15c	15d

16 Tax, check if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Schedule G	Tax Rate Schedule X, Y or Z Form 2555	OR	Schedule D Form 4726
17a Multiply \$35.00 by the number of exemptions on line 6d	17a 140	Enter length of a or b	17c (If box on line 3 is checked see page 10 of Instructions) 140
b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b		18
18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)			19
19 Credits (from line 54)			20
20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)			21
21 Other taxes (from line 62)			22
22 Total (add lines 20 and 21)			23a
23a Total Federal income tax withheld. (Attach Forms W-2, or W-2P to front) (Include amount allowed as credit from 1975 return)	23b 602		23b
b 1976 estimated tax payments (from page 2)	23c		23c
c Earned income credit. (of Instructions)	23d		23d
d Amount paid with Form 485B	23e		23e
e Other payments (from line 66)			
24 TOTAL (add lines 23a through e) ►			24 602

25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here □, if Form 2210 or Form 2210F is attached. See page 10 of instructions.) ►	25
26 If line 24 is larger than line 22, enter amount OVERPAID ►	26 322
27 Amount of line 26 to be REFUNDED TO YOU ►	27 222
28 Amount of line 26 to be credited on 1977 estimated tax ► 28 100	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please attach Check or Money Order here	► Your signature		Date	► Preparer's signature (and employer's name, if any)	Date
Sign here				95-2941449	
	► Spouse's signature (if filing jointly, BOTH must sign even if only one had income)			Identifying number (see Instructions)	Address (and ZIP code)

RESIDENT 540



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

**TAXABLE YEAR
1976**

PLACE PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary)
Enter social security number(s) only if incorrect or not shown on label.

Check Calendar Year
One: Fiscal Year Ending 1977

FOR PRIVACY NOTIFICATION
SEE PAGE 2 OF INSTRUCTIONS

Your Social Security Number
322 12 7997

Spouse's Social Security Number
349 00 000 000 000

NAME (If joint return, give first names and initials of both)

LAST NAME

SAMUEL & PHYLLIS Ruby

PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)

16250 BIRCHER ST

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

GRANADA HILLS CA

FILING STATUS

- Single (Check Only One)
- Married filing joint return (even if only one had income)
- Separate return of married person—Enter spouse's social security number and full name here
- Head of Household—Enter name of qualifying individual
- Widower with dependent child (Year spouse died 197—)

CREDITS

- 6 Personal If line 1 or 3 checked, enter \$25
If line 2, 4 or 5 checked, enter \$50
- 7 Dependents Do not list the person who qualifies you as head of household
ELSA
Thomas
- 8 Blind (see instructions) Number of blind exemptions 2 x \$8 16 00
- 9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 16 00

OCCUPATION 5/2
Years 5/2
Spouse's 5/2

ATTACH COPY 2 OF FORM W-2 HERE

10 Wages, salaries, tips and other employee compensation	Attach copy 2 of Form(s) W-2 to face of this return. If unavailable, see instructions, Page 10	10	8
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))		11	8
12 Interest. Enter total (if over \$400, complete and attach Schedule B(540))		12	5195
13 Income other than wages, dividends and interest (from line 4B)		13	2546
14 Total (add lines 10, 11, 12 and 13)		14	7741
15 Adjustments to income (from line 5B)		15	0
16 Adjusted gross income (subtract line 15 from line 14)		16	7741
<ul style="list-style-type: none"> • If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19. • If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18. 			
17 Deductions: Itemized (from line 63) OR STANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked)		17	5686
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19		18	2055
19 Tax from (check one) <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> Income Averaging Schedule (G or G-I)		19	73
20 Total exemption credits (from line 9, above)		20	66
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)		21	0
22 Other credits (from line 68—Including Special Low Income Tax Credit)		22	0
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)		23	0
24 Other taxes (from line 71)		24	0
25 Total tax liability (add lines 23 and 24)		25	0
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	26	5	0
27 Renter's credit—if you lived in rented property on March 1, 1976, complete Part 1 on page 2	27	0	0
28 1976 California estimated tax payments	28	0	0
29 Excess California SDI tax withheld (see instructions)	29	0	0
30 Total Credits		30	0
31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Mail return to:	FRANCHISE TAX BOARD SACRAMENTO, CA 95867	31	0
32 If line 25 is smaller than line 30, enter amount OVERPAID	32	0	0
33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. Mail return to:	FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813	33	0
34 Amount of line 32 to be credited on your 1977 ESTIMATED TAX	34	0	0

If you do NOT want State income tax forms and instructions mailed to you next year, check here See Instructions, Page 8

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Write social security number on check or money order. ATTACH HERE

SIGN ▷ Your signature Date

► Preparer's signature (other than taxpayer) Date

Address (and Zip code)

1040

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

1975

For the year January 1-December 31, 1975, or other taxable year beginning

1975 ending

19

Name (If joint return, give first names and initials of both)		Last name SAMUEL Phyllis RUBY	Your social security number 322 12 7997	For Privacy Act Notification, see page 2 of Instructions.
Present home address (Number and street, including apartment number, or road route)		Spouse's social security no. 389 18 1420		For IRS use only
City, town or post office, State and ZIP code GRANADA HILLS CA		Occupation Taxes - SPT	Spouse's SPT	

Requested by Census Bureau for Revenue Sharing	A In what city, town, village, etc., do you live? Los Angeles	B Do you live within the legal limits of the city, town, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	C In what county and State do you live? County Los ANGELES State CA	D In what township do you live? (See page 4.)
---	--	--	--	--

Filing Status	1 <input type="checkbox"/> Single (check only ONE box) 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ► _____ 4 <input type="checkbox"/> Unmarried Head of Household (See page 5 of Instructions) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ► 19). See page 5 of Instructions.	Exemptions	6a Regular <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse Enter number of boxes checked ► 2 b First names of your dependent children who lived with you ELISA THOMAS Enter number ► 2 c Number of other dependents (from line 27) ► 4 d Total (add lines 6a, b, and c) ► 4 e Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number Blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked ► 4 f Total (add lines 6d and e) ► 4
---------------	--	------------	---

8 Presidential Election Campaign Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.
---------------------------------------	---	--	---

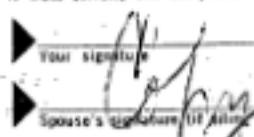
Income	9 Wages, salaries, tips, and other employee compensation 10a Dividends (\$10 from 7 and) \$ 17 10b Less exclusion \$ 17 Balance ► (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.) 11 Interest income. [If \$100 or less, enter total without listing in Schedule B If over \$100, enter total and list in Part II of Schedule B] 12 Income other than wages, dividends, and interest (from line 2G) 13 Total (add lines 9, 10c, 11, and 12) 14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 42) [If less than \$8,000, see page 8 of Instructions on "Earned Income Credit."] 15 Subtract line 14 from line 13 (Adjusted Gross Income) 85.92	9 -0- 10c -0- 11 95 12 8872 13 8967 14 325 15 85.92
--------	---	--

- If you do not itemize deductions and line 15 is under \$15,000, find tax in Tables and enter on line 16a.
- If you itemize deductions or line 15 is \$15,000 or more, go to line 43 to figure tax.
- CAUTION: If you have unearned income and can be claimed as a dependent on your parent's return, check here ► and see page 7 of Instructions.

Tax, Payments and Credits	16a Tax, check if from: <input type="checkbox"/> Tax Tables <input checked="" type="checkbox"/> Tax Rate Schedule X, Y, or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G OR <input type="checkbox"/> Form 4726 b Credit for personal exemptions (multiply line 6d by \$30) c Balance (subtract line 16b from line 16a) 17 Credits (from line 54) 18 Balance (subtract line 17 from line 16c) 19 Other taxes (from line 63) 20 Total (add lines 18 and 19) 21a Total Federal income tax withheld W-2P to bank b 1975 estimated tax payments credit from 1974 return c Earned income credit d Amount paid with Form 4868 e Other payments (from line 67) 22 Total (add lines 21a through e)	16a -0- b 120 c -6 17 95 18 -0- 19 598 20 598
---------------------------	--	--

Balance Due or Refund	23 If line 20 is larger than line 22, enter BALANCE DUE IRS (Check here ► <input type="checkbox"/> if Form 2210, Form 2210F, or statement is attached. See page 8 of Instructions.) 24 If line 22 is larger than line 20, enter amount OVERPAID 25 Amount of line 24 to be REFUNDED TO YOU 26 Amount of line 24 to be credited on 1976 estimated tax. ► 26	23 800 24 202 25 202
-----------------------	---	---

If all of overpayment (line 24) is to be refunded (line 25), make no entry on line 26.

Sign here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
<input type="checkbox"/> Your signature  <input type="checkbox"/> Spouse's signature (if filing jointly, both must sign even if only one has income)	
Date	
Preparer's signature (other than taxpayer)	
Address (and ZIP Code)	

367-34-8729

16-28288-1

**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)

PHYLLIS RUBYSocial security number of
self-employed person ►**379181120**Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ► **SNACK BAR**

- 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 I 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

- 1 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 (b))

FARM OPTIONAL METHOD

- 3 If gross profits from farming¹ 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

¹ Gross profits from farming are the total gross profits from Schedule F, line 2a (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

Part II Computation of Net Earnings from NONFARM Self-Employment

- REGULAR METHOD
 5 Net profit or (loss) from: (a) Schedule C, line 21. (Enter combined amount if more than one business.)
 (b) Partnerships, joint ventures, etc. (other than farming)
 (c) Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here ► and enter zero on this line
 (d) Service with a foreign government or international organization
 (e) Other (check for line 35.) Specify ►

2400

- 6 Total (add lines 5(a) through (e))
 7 Enter adjustments if any (attach statement)
 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)

2400

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 3 taxable years.

NONFARM OPTIONAL METHOD

- 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))

\$1,600 00

- 10 Enter two-thirds of gross nonfarm profits³ 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

2400

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 3(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)

2400

- 13 Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule.)

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
 (c) Total of lines 15(a) and (b)

14100

- 16 Balance (subtract line 15(c) from line 14)

2400

- 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 by .079.) Enter here and on Form 1040, line 59

190



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

**TAXABLE YEAR
1975**

PLACE PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary)
Enter social security number(s) only if incorrect or not shown on label.

Check Calendar Year
One: Fiscal Year Ending 1976

NAME (If joint return, give first names and initials of both) **SAMUEL & PHYLLIS RUBY**

PRESENT HOME ADDRESS (Number and street, including apartment number or rural route) **16250 BIRCHER ST**

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE **GRANADA HILLS CA**

FOR FEDERAL PRIVACY ACT NOTIFICATION SEE PAGE 2 OF INSTRUCTIONS

Your Social Security Number **322 12 7997**

Spouse's Social Security Number **349 18 1128**

Year **1975**

Status **J/E**

Occupation **SEE**

FILING STATUS—Check Only One:

- Single
- Married filing joint return (even if only one had income)
- Separate return of married person—Enter spouse's social security number and full name here _____
- Head of Household—Enter name of qualifying individual _____
- Widower with dependent child (Year spouse died 197____)

EXEMPTION CREDITS

6 Personal	If line 1 or 3 checked, enter \$25	• 6 50 00
7 Dependents — Do not list yourself, your spouse or the person who qualifies you as head of household. Enter name and relationship.	If line 2, 4 or 5 checked, enter \$50	
	ELISA THOMAS	
	Total Number ■ 2 × \$8 • 7 16 00	
	8 Blind (refer to instructions) Number of blind exemptions ► 8 × \$8 8 00	
	9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 9 66 00	

10 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 -0-
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(S)40))	11 17
12 Interest. Enter total (if over \$400, complete and attach Schedule B(S)40))	12 95
13 Income other than wages, dividends and interest (from line 4B)	13 8872
14 Total (add lines 10, 11, 12 and 13)	14 8984
15 Adjustments to income (from line 5B)	15
16 Adjusted gross income (subtract line 15 from line 14)	16 8984
• If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23. Do not complete lines 17 thru 22	17
• If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23.	18 5735
• If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19.	19 3249
• If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.	20 66
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)	21 0
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19	22
19 Tax from (check one) Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="checkbox"/> Income Averaging Schedule (G or G-II) <input type="checkbox"/>	23 -0-
20 Total exemption credits (from line 9, above)	24
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)	25 -0-
22 Other credits (from line 65)	
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)	
24 Tax on preference income (see instructions—attach Schedule P(S)40))	
25 Total tax liability (add lines 23 and 24)	
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	26
27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part I on page 2	27
28 1975 California estimated tax payments	28
29 Excess California SDF tax withheld (attach Form DE 1954 to face of this return)	29
30 Total prepayment credits (add lines 26 thru 29)	30 -0-
31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867	31 -0-
32 If line 25 is smaller than line 30, enter amount OVERPAID	32
33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813	33
34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX	34
PAY IN FULL → ■ 31 -0-	
Do not write in these spaces P E M A R	
← ESTIMATED TAX	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

SIGN ►

Your signature

Date

► **HERE**

Spouse's signature—if filing a joint return

Date

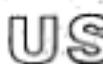
Preparer's signature (other than taxpayer)

Date

Address (and Zip code)

367-348729

1040

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

1974

For the year January 1–December 31, 1974, or other taxable year beginning _____, ending _____ 19_____.
Please print or type

Name (if joint return, give first names and initials of both)	Last name	COUNTY OF RESIDENCE	Your social security number
SAMUEL & PHYLLIS RUBY		LA	322 12 7997
Present home address (number and street, including apartment number, or rural route)		Spouse's social security no. 349-18-1420	
16250 BIRCHER ST			
City, town or post office, State and ZIP code GRANADA HILLS CA		Occupation	Yours ► STE Spouse's ► STE

Filing Status (check only one)		Exemptions	Regular / 65 or over / Blind	Enter number of boxes checked ► 2
1 <input type="checkbox"/> Single	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)	6a Yourself <input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 <input type="checkbox"/> Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ►		b Spouse <input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 <input type="checkbox"/> Unmarried Head of Household (See instructions on page 5)		c First names of your dependent children who lived with you ELISA THOMAS		Enter number ► 2
5 <input type="checkbox"/> Widow(er) with dependent child (Year spouse died ► 19)		d Number of other dependents (from line 27) ►		
8 Presidential Election Campaign Fund	Do you wish to designate \$1 of your taxes for this fund? ► Yes <input type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse wish to designate \$1? Yes <input type="checkbox"/> No <input type="checkbox"/>	7 Total exemptions claimed		

Note: If you check the "Yes" boxes, it will not increase your tax or reduce your refund.

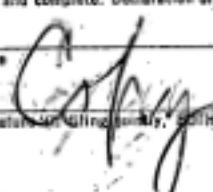
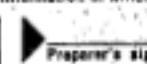
Income	9 Wages, salaries, tips, and other employee compensation (Attach Form W-2. If unavailable, see instructions on page 3.)	136
	10a Dividends (See instructions on pages 6 and 13) 5.	136
	(If gross dividends and other distributions are over \$400, list in Part I of Schedule B.)	
	11 Interest income. [If \$400 or less, enter total without listing in Schedule B] [If over \$400, enter total and list in Part II of Schedule B]	
	12 Income other than wages, dividends, and interest (from line 38)	
	13 Total (add lines 9, 10c, 11, and 12)	
	14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43)	
	15 Subtract line 14 from line 13 (adjusted gross income)	8934

- If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 16.
- If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax.
- CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here ► and see instructions on page 7.

Tax, Payments and Credits	16 Tax, check if from:	Tax Tables 1-12 <input checked="" type="checkbox"/>	Tax Rate Schedule X, Y, or Z <input type="checkbox"/>	16 48	
		Schedule D <input type="checkbox"/>	Schedule G OR <input type="checkbox"/> Form 4726 4R	17 4R	
	17 Total credits (from line 54)			18 -0-	
	18 Income tax (subtract line 17 from line 16)			19 705	
	19 Other taxes (from line 61)			20 785	
	20 Total (add lines 18 and 19)				
	21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front)		21a		
	b 1974 estimated tax payments (include amount allowed as credit from 1973 return)		b		
	c Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return		c		
	d Other payments (from line 65)		d		
	22 Total (add lines 21a, b, c, and d)			22 -0-	
	Pay amount on line 23 in full with this return. Write social security number on check or money order and make payable to Internal Revenue Service.				

Balance Due or Refund	23 If line 20 is larger than line 22, enter BALANCE DUE IRS (Check here ► <input type="checkbox"/> if Form 2210, Form 2210F, or statement is attached. See instructions on page 7.)	23 785	
	24 If line 22 is larger than line 20, enter amount OVERPAID	24 -0-	
	25 Amount of line 24 to be REFUNDED TO YOU	25 -0-	
	26 Amount of line 24 to be credited on 1975 estimated tax. ► 26		
	If all of overpayment (line 24) is to be refunded (line 25), make no entry on line 26.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Sign here	Your signature 	Date	Preparer's signature (other than taxpayer) 	Date
	Spouse's signature (if filing jointly. Both must sign even if only one had income)			

Address (and ZIP Code) **88717 VANOWEN STREET**
Preparer's Emp. Ident. or Soc. Sec. No. **367-34-8229**
MAN NUYS, CA. 91403
96-8800-1
367-34-8229

**SCHEDULE SE
(Form 1040)**Department of the Treasury
Internal Revenue Service**Computation of Social Security Self-Employment Tax****1974**

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

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

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

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)

Social security number of
self-employed person ►**PHYLLIS RUBY****399-18-1120**Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ► **SNACK BAR**

- 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 I 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

- | | | |
|---|---|-----------|
| 1 Net profit or (loss) from: | (a) Schedule F, line 54 (cash method), or line 74 (accrual method). | |
| | (b) Farm partnerships | |
| 2 Net earnings from farm self-employment (add lines 1(a) and (b)) | | |

FARM OPTIONAL METHOD

- | | | |
|---|---|-----------|
| 3 If gross profits from farming ¹ 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 | |

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

Part II Computation of Net Earnings from NONFARM Self-Employment

- | | | |
|------------------------------|---|-----------|
| REGULAR METHOD | (a) Schedule C, line 21. (Enter combined amount if more than one business.) | |
| 5 Net profit or (loss) from: | (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 <input type="checkbox"/> and enter zero on this line | |
| | (d) Service with a foreign government or international organization | |
| | (e) Other (see Form 1060, line 15, for line 37.) Specify ► | |

- 6 Total (add lines 5(a), (b), (c), (d), and (e))

2400

- 7 Enter adjustments if any (attach statement)

2400

- 8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)

2400

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: 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

- | | |
|---|-------------------|
| 9 (a) Maximum amount reportable, under both optional methods combined (farm and nonfarm) | \$1,600 |
| (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 profits² 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

SE**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 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 | |
| (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 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 | |

\$1,600 00**2400****2400****\$13,200 00****-0-****13200****2400****190****170**

RESIDENT



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

TAXABLE YEAR

1974

PLACE PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary)
Enter social security number(s) only if incorrect or not shown on label.

For calendar year or
Taxable year ending _____, 197____

NAME (Joint return, give first names and initials of both) LAST NAME
SAMUEL & PHYLLIS RUBY

Your Social Security Number

322-12-7997

Spouse's Social Security Number

349-18-18120

PRESENT HOME ADDRESS (Number and street, including apartment number, or road route)

16250 BIRCHER ST

CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE

GRANADA HILLS CA

OCCU-
PATIONYears
Spouse

SHE

FILING STATUS—Check Only One:

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Separate return of married person—Enter spouse's social security number and full name here
 4 Head of Household—Enter name of qualifying individual
 5 Widower with dependent child (Year spouse died ► 197—)

EXEMPTION CREDITS

- 6 Personal { If line 1 or 3 checked, enter \$25
 7 Dependents — Do not list yourself, your spouse or the person who qualifies you as head of household. Enter name and relationship.
 ELISA
 THOMAS
 Total Number ► 2 x \$8
 8 Blind (refer to instructions) Number of blind exemptions ► 1 x \$8
 9 Total exemption credits (Add lines 6, 7 and 8) Enter here and on line 20
 10 450

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH FORM DE 1964 HERE
With social security number on check or money order.

- 10 Wages, salaries, tips and other employee compensation
 11 Dividends—before federal exclusion. Enter total if over \$400, complete and attach Schedule B(S401)
 12 Interest. Enter total if over \$400, complete and attach Schedule B(S401)
 13 Income other than wages, dividends and interest (from line 4B)
 14 Total (add lines 10, 11, 12 and 13)
 15 Adjustments to income (from line 5A)
 16 Adjusted gross income (subtract line 15 from line 14)

(1) Attach copy 2 of Form(s) W-2 to face of this return. If unavailable, attach explanation.

(2) If line 16 is under \$10,000, find tax in Tax Table and enter on line 19.

(3) If line 16 is \$10,000 or more, complete lines 17 and 18.

- 17 Deductions: Itemized (from line 6D) OR Standard (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked)
 18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19

- 19 Tax from (check one) Tax Table Tax Rate Schedule Income Averaging Schedule (IG or G-I)
 20 Total exemption credits (from line 9, above)
 21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)
 22 Other credits (from line 65—includes special low income tax credit)
 23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)
 24 Tax on preference income (see instructions—attach Schedule P(S401))
 25 Total tax liability (add lines 23 and 24)

- 26 Total California income tax withheld (attach Form(s) W-2 or W-2P to face of this return)
 27 Renter's credit—if you lived in rented property on March 1, 1974, complete Part I on page 2
 28 1974 California estimated tax payments
 29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)
 30 Total prepayment credits (add lines 26 thru 29)

- 31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.
 Pay in full and mail with return to: FRANCHISE TAX BOARD
 SACRAMENTO, CA 95867
 32 If line 25 is smaller than line 30, enter amount OVERPAID
 Mail return to: FRANCHISE TAX BOARD
 P.O. BOX 13-540
 SACRAMENTO, CA 95813
 33 Amount of line 32 to be REFUNDED. (Allow at least six weeks) REFUND TO YOU →
 34 Amount of line 32 to be credited on your 1975 ESTIMATED TAX

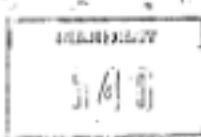
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

SIGN ► Your signature Date

► Preparer's signature (other than taxpayer) Date
 88717 VANNUEN STREET 362-34-8729

Address (and Zip code) 8881 MARYS, CA 91345 Preparer's FEIN (or SSA) No.
 367-34-8729

► HERE ► Spouse's signature—if filing a joint return Date



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

TAJUADDE VAND

1972

In 1994-1995 is er een aantal voorlopige resultaten beschikbaar.

, 1972, ending

, 1973

Under penalties of perjury, I declare that I have compiled this report, including accompanying schedules and statements, and to the best of my knowledge it is true, accurate and complete. If prepared by a person other than manager, his signature is based on all information of which he has any knowledge.

EDWARD L. LAMBERT

SIGN ▶ Your signature—if being mailed, DO NOT sign here
PRINTED NAME

EDWARD E. LAMBERT
TAX CONSULTANT
27859 VENTURA BLVD., SUITE 420
CARMEL VALLEY, CALIF. 92010

Digitized by srujanika@gmail.com

43

TAX CONSULTANT
VENTURE PLAZA, SUITE 100
ENCINO, CALIF. 91316
TEL: (213) 881-7140
S.S. 249 90224

De cat urme la trecere spre
P
E
R

* FORM
540
RESIDENT



CALIFORNIA

INDIVIDUAL INCOME TAX RETURN

TAXABLE

1971

YEAR

For Calendar Year 1971

or Fiscal Year Begun

1971 and Ended

1972

DO NOT WRITE ON THIS LINE

FIRST NAME(S) AND INITIAL(S) SAMUEL AND PHYLLIS		LAST NAME BURY	YOUR SOCIAL SECURITY NUMBER 322-12-7997	SPOUSE'S SOCIAL SECURITY NUMBER J84-9ct-5186 (1430)	
Please Type or Print	PRESENT HOME ADDRESS (Number and street, or rural route) 16250 Bircher Street		Your occupation Self Employed		Spouse's occupation
CITY, TOWN OR POST OFFICE Granada Hills	STATE California	COUNTY Los Angeles	ZIP CODE		

NAME AND ADDRESS OF EMPLOYER AT TIME OF FILING

Self Employed

S C M B P A

FILING STATUS—Check Only One:

- Claim your appropriate exemption on line 16
- Single
 - Married, filing joint return
 - Married, filing separate return—if this item checked, enter spouse's social security number in space above and enter first name here ►
 - Unmarried "head of household"—Complete Part I, page 2

BLIND and/or DEPENDENT EXEMPTIONS:

5. Blind Yourself Your spouse—Enter number of boxes checked ► **5**
6. Dependents—Do not list yourself, your spouse, or person who qualifies you as head of household NAME (and address if different from yours) — RELATIONSHIP — **Fred, Brian Elisa, Thomas** Enter number ► **6 • 4**
7. Total blind and dependent exemptions (add lines 5 and 6) **7 • 4**

8. Wages, salaries, tips, etc. (before payroll deductions) If more than two employers, attach list
Employer's name _____ Where employed (city and state) _____

Income	Employer's name	Where employed (city and state)	Do not write in these spaces	
			8	9
9. Dividends.	Enter total here (complete and attach Schedule B (540), if total is over \$1000)		•	42 50
10. Interest.	Enter total here (complete and attach Schedule B (540), if total is over \$1000)		•	178 86
11. Other income (from page 2, line 40)				6,250 33
12. Total (add lines 8, 9, 10 and 11)				6,571 69
13. Adjustments to Income (from page 2, line 46)				13
14. Adjusted gross income (subtract line 13 from line 12)				• 6,571 69

- If you do not itemize deductions AND line 14 is under \$10,000, find your tax in Tax Table in instructions. Enter tax on line 15.
 • If you itemize deductions OR line 14 is \$10,000 or more, go to Part IV on page 2 to figure tax. Enter tax on line 15.
15. Tax from (check one): Tax Table, Tax Computation (page 2, Part IV) or Schedule G (540); line 21 **15** **25.60**
 16. Personal Exemption. Single—\$25. Married couple or head of household—\$50 **16** • **50 00**
 17. Multiply total number of exemptions on line 7 above, by \$8 **17** • **32 00**
 18. Total exemptions (add lines 16 and 17) **18** • **82 00**
 19. Tax liability (subtract line 18 from line 15—not less than zero) **19** • **None**
 20. Other credits (from page 2, line 62) **20**
 21. Net tax (subtract line 20 from line 19) **21**
 22. Tax forgiveness—20% of line 21 (use Part V on page 2, if reporting income on Schedule D (540)) **22** •
 - NOTE: You must file your return and pay any tax due (line 27) by the due date to be entitled to this forgiveness.
 23. Net tax liability (subtract line 22 from line 21—if \$1.00 or less, enter zero) **23**
 24. Tax on preference income (see instructions) check here if Schedule P (540) is attached **24** •
 25. Total tax liability (add lines 23 and 24) **25** ►

Balance Due or Refund	26. 1971 California estimated tax payment (include 1970 overpayment allowed as a credit) 26 ►	PAY IN FULL WITH RETURN 27 • None	Do not write in these spaces	
			T	
27. Balance due—if any (subtract line 26 from line 25) 27 • None			P	
28. Overpayment—if any (subtract line 25 from line 26) 28 • None			I	
29. Portion of line 28 you wish to apply on 1972 estimated tax 29 ► None				
30. Refund—if any (subtract line 29 from line 28) 30 ► None			T	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

EDWARD E. L'EMBERT

Sign ► Your signature—if filing jointly, BOTH must sign Date
here ► Spouse's signature Date

► Signature of person other than taxpayer (ALV, S, SHIRE, EIO)
Address: 16250 BIRCHER ST., SUITE 116
City: SACRAMENTO, CA 95867

Form 1040

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

1973

For the year January 1–December 31, 1973, or other taxable year beginning _____, 1973, ending _____ 19_____

Phone print or type	Name (if joint return, give first names and initials of both)	Last name	COUNTY OF RESIDENCE	Your social security number
	SAMUEL & PHYLLIS RUBY		LOS ANGELES	322 12 7997
	Present home address (number and street, including apartment number, or rural route)		Spouse's social security no.	
	16250 BIRCHER ST		348 18 4420	
	City, town or post office, State and ZIP code	Occupation	Yours ▶ J/E	Spouse's ▶ H/W
	GRANADA HILLS CALIF			

Filing Status—check only one:

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ▶ _____
 4 Unmarried Head of Household
 5 Widow(er) with dependent child (Year spouse died ▶ 19)

Exemptions	Regular / 65 or over / Blind	Enter number of boxes checked ▶
6a Yourself	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c First names of your dependent children who lived with you	THOMAS ELISA - FRED	Enter number ▶
d Number of other dependents (from line 27)	0	0
7 Total exemptions claimed	0	0

8 Presidential Election Campaign Fund.—Check if you wish to designate \$1 of your taxes for this fund. If joint return, check if spouse wishes to designate \$1. Note: This will not increase your tax or reduce your refund. See note below.

Income	9 Wages, salaries, tips, and other employee compensation. (Attach Forms W-2. If unavailable, attach explanation)	9	
	10a Dividends (See instructions on page 6) \$ 92	10c	- 0 -
	10b Less exclusion \$ 92 - Balance ▶		
	10d (Gross amount received, if different from line 10a) \$ _____		
	11 Interest income	11	348
	12 Income other than wages, dividends, and interest (from line 38)	12	16196
	13 Total (add lines 9, 10c, 11, and 12)	13	16541
	14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43)	14	
	15 Subtract line 14 from line 13 (adjusted gross income)	15	16541

- If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 16.
 • If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax.
 • CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here ▶ and see instructions on page 7.

Credits	16 Tax, check if from: <input type="checkbox"/> Tax Tables 1-12 <input type="checkbox"/> Tax Rate Schedule X, Y, or Z <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Form 4726 OR <input type="checkbox"/> Form 4972	16	1095
	17 Total credits (from line 54)	17	
	18 Income tax (subtract line 17 from line 16)	18	1095
	19 Other taxes (from line 61)	19	396
	20 Total (add lines 18 and 19)	20	1491
Tax, Payments and Credits	21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front)	21a	
	b 1973 estimated tax payments (include amount allowed as credit from 1972 return)	b	
	c Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return	c	
	d Other payments (from line 65)	d	
	22 Total (add lines 21a, b, c, and d)	22	- 0 -

Due or Refund	23 If line 20 is larger than line 22, enter BALANCE DUE IRS Pay in full with return. Make check or money order payable to Internal Revenue Service (Check here ▶ <input type="checkbox"/> , if Form 2210, Form 2210F, or statement is attached. See instructions on page 8.)	23	1491
	24 If line 22 is larger than line 20, enter amount OVERPAID	24	
	25 Amount of line 24 to be REFUNDED TO YOU	25	
	26 Amount of line 24 to be credited on 1974 estimated tax ▶	26	

Note: 1972 Presidential Election Campaign Fund Designation.—Check if you did not designate \$1 of your taxes on your 1972 return, but now wish to do so. If joint return, check if spouse did not designate on 1972 return but now wishes to do so.

Sign here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.		
	Your signature	Date	Preparer's signature (other than taxpayer)
			Date
	Spouse's signature (if filing jointly, BOTH must sign even if only one had income)		

Address (and ZIP Code)	Preparer's emp. name, if any, or Name of business or organization	367-348729
83217 VANNUEN STREET	MAN NUYS, CA 91463	16-83337-8
367-348729		

RESIDENT
540



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

TAXABLE YEAR
1973

For the year January 1-December 31, 1973, or other taxable year beginning _____, 19_____, ending _____, 19_____.
 Please Type or Print

FIRST NAME(S) AND INITIAL(S)	LAST NAME	Your Social Security Number
<i>SAMUEL PHYLLIS</i>		322 12 7997
PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)		Spouse's Social Security Number
16250 BIRCHER ST		342 18 14720
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		OCCUPATION
GRANADA HILLS CALIF		Yours
		Spouse's
H.W.		
Filing Status - Check Only One		
1. <input type="checkbox"/> Single 2. <input checked="" type="checkbox"/> Married filing joint return 3. <input type="checkbox"/> Married filing separate return—Enter spouse's full name _____ 4. <input type="checkbox"/> Head of Household—Enter name of qualifying individual _____ 5. <input type="checkbox"/> Widower(er) with dependent child. Enter year spouse died 19_____.		
Exemption Credits (If line 1 or 3 checked, enter \$25) 6. Personal Exemption (If line 2, 4 or 5 checked, enter \$50) 7. Dependents - Do not list person who qualifies you as head of household. Name (include last name and/or address if different from yours) Relationship <i>THOMAS - FRED</i> <i>ELISA</i>		
Total Number ► 3 X \$8 = 24 8. Blind (refer to instructions) Number of blind exemptions ► X \$8 = 8 9. Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 below 9 74		

ATTACH COPY 2 OF FORM W-2 HERE	Income	10. Wages, salaries, tips and other employee compensation (If unavailable, attach explanation) 10 92
	11. Dividends—before federal exclusion. Capital gain dividends must be included at 100% 11 34.5	
	12. Interest. (See instructions for taxability of federal, state and municipal bonds) 12 16.96	
	13. Income other than wages, dividends and interest (from line 50) 13 16.633	
	14. Total (add lines 10, 11, 12 and 13) 14 16.633	
	15. Adjustments to income (from line 56) 15	
	16. Adjusted gross income (subtract line 15 from line 14) 16 16.633	
	17. If you do NOT itemize deductions AND line 16 is under 10,000, find tax in Tax Table and enter on line 19. 17 5162	
	18. If you itemize deductions OR line 16 is \$10,000 or more, complete lines 17 and 18. 18 11471	
	19. Tax—if an averaging method is used, check appropriate box <input type="checkbox"/> Schedule G, or <input type="checkbox"/> Schedule D-1 19 249	
	20. Total exemption credits (from line 9, above) 20 74	
	21. Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero) 21 17.5	
	22. Other credits (from line 66) 22	
	23. Net tax (subtract line 22 from line 21—if line 22 is greater than line 23, enter zero) 23 12.5	
	24. Special tax credit—from line 75 (see Instructions, page 2, for allowable credit) 24 5.3	
	25. Net Tax liability (subtract line 24 from line 23—if line 24 is greater than line 23, enter zero) 25 12.2	
	26. Tax on preference income (see instructions—attach Schedule P540) 26	
	27. Total tax liability (add lines 25 and 26) 27 12.2	
	28. Renter's credit—if you lived in rented property on March 1, 1973, complete Part I on page 2 28	
	29. Total California income tax withheld (attach Form(s) W-2 or W-2P to face of return) 29	
	30. 1973 California estimated tax payments (include amount allowable as a credit from 1972 return) 30	
	31. Excess California SDI tax withheld (attach Form DE 1964 to face of return) 31	
	32. Total prepayment credits (add lines 28 through 31) 32 —0—	
	33. If line 27 is equal to or larger than line 32, enter amount of BALANCE DUE 33 12.2	
	Pay in full and mail with return to: Franchise Tax Board, Sacramento, CA 95867	
Balance due or Refund	34. If line 32 is larger than line 27, enter amount OVERPAID 34	
	Mail return to: Franchise Tax Board, P.O. Box 13-540, Sacramento, CA 95813	
	35. Amount of line 34 to be REFUNDED. (allow at least six weeks for your refund) 35	
	36. Amount of line 34 to be credited on your 1974 estimated tax 36	
social security number on check or money order	Do not write in these spaces P E M A	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

SIGN ► Your signature	Date	Preparer's signature (other than taxpayer)	Date
HERE ► Wife's signature—if filing a joint return	Date	Address (and Zip code)	Preparer's Employer — Identification (or SBA) Number
		33717 VANOWEN STREET	367-3Y-8729
		MARINA, CA 91403	
		202-54-6739	

**Form
1040****Department of the Treasury / Internal Revenue Service
Individual Income Tax Return****1970**

For the year January 1-December 31, 1970, or other taxable year beginning _____, ending _____.

Please print or type

First name and initial (if joint return, use first names and middle initials of both)

SAMUEL AND PHYLLIS

Present home address (Number and street or rural route)

16250 Bircher

City, town or post office, State and ZIP code

Granada Hills, California

Last name

RUBY

Your social security number

322-12-7997

Spouse's social security number

349-18-1429Occupation **Self-Emp.**
Spouse's **Housewife**

Please attach Copy B of Form W-2 to back

Income**Tax and Surcharge**

Please attach Check or Money Order here

Payments and Credits**Bal. Due or Refund****Sign here****Filing Status—check only one:**

- 1 Single; 2 Married filing jointly (even if only one had income)
 3 Married filing separately and spouse is also filing. If this item checked give spouse's social security number in space above and enter first name here ►
 4 Unmarried Head of Household
 5 Surviving widow(er) with dependent child
 6 Married filing separately and spouse is not filing

Exemptions

7 Yourself	Regular / 65 or over / Blind	Enter number of boxes checked	2
8 Spouse (applies only if item 2 or 6 is checked) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	►
9 First names of your dependent children who lived with you Fred, Brian, Elisa, Thomas			Enter number ► 4
10 Number of other dependents (from line 34)			►
11 Total exemptions claimed			► 6

12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation)

1213a Dividends (see pages 5 and 9 of instr.) \$ **20.60** 13b Less exclusion \$ **20.60** Balance ► **13c**

(Also list in Part I of Schedule B, if gross dividends and other distributions are over \$100)

13c

14 Interest. Enter total here (also list in Part II of Schedule B, if total is over \$100)

14

15 Income other than wages, dividends, and interest (from line 40)

15**7,284 97**

16 Total (add lines 12, 13c, 14, and 15)

16**7,284 97**

17 Adjustments to income (such as "alloway," moving expense, etc. from line 45)

17

18 Adjusted gross income (subtract lines 7 from line 16)

18**7,284 97**

- See page 2 of instructions for rules on how to figure the tax on adjusted gross income and surcharge.
 ● If you do not itemize deductions and line 18 is under \$10,000, enter zero in Tables. Enter tax on line 19.
 ● If you itemize deductions or line 18 is \$10,000 or more, enter up to 10% of line 18 as tax.

19 Tax (Check it from: Tax Tables 1-15 , Tax Rate Schedule A, Y, or Z, or Schedule D , or Schedule G)**19****117 53**

20 Tax surcharge. See Tax Surcharge Tables A, B and C in instructions. If you claim retirement income credit, use Schedule R to figure surcharge.

20

21 Total (add lines 19 and 20)

21**117 53**

22 Total credits (from line 55)

22

23 Income tax (subtract line 22 from line 21)

23

24 Other taxes (from line 61)

24**538 20**

25 Total (add lines 23 and 24)

25**655 23**

26 Total Federal income tax withheld (attach Forms W-2 to back)

26

27 1970 Estimated tax payments (include 1969 overpayment allowed as a credit)

27

28 Other payments (from line 65)

28

29 Total (add lines 26, 27, and 28)

29

30 If line 25 is larger than line 29, enter BALANCE DUE. Pay in full with return

30**655 23**

31 If line 29 is larger than line 25, enter OVERPAYMENT

31

32 Line 31 to be: (a) Credited on 1971 estimated tax ► \$ (b) Refunded ► \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature _____ Date _____

Signature of preparer other than taxpayer, based on all information of which he has any knowledge. Date _____

LAMBERT-MARKELLAddress **16633 VENTURA BLVD.** 16-13368-1
ENCINO, CALIF. 91316

Spouse's signature if filing jointly. BOTH must sign even if only one had income

FORM 540	RESIDENT
--------------------	----------



CALIFORNIA

INDIVIDUAL INCOME TAX RETURN

TAXABLE	1970
YEAR	

For Calendar Year 1970 or Fiscal Year Begun

1970 and Ended

1971

FIRST NAME(S) AND INITIAL(S) SAMUEL AND PHYLLIS		LAST NAME RUBY	Your social security number 322-12-7997	\$
Type or Print	PRESENT HOME ADDRESS (Number and street, or rural route) 16250 Birchcr	COUNTY Los Angeles	Spouse's social security number 349-Alt 18jgj 0420	C
	CITY, TOWN OR POST OFFICE Granada Hills	STATE California	Your occupation Self-Employed	M
		ZIP CODE 91344	Spouse's occupation Housewife	P
NAME AND ADDRESS OF EMPLOYER AT TIME OF FILING Self-Employed				A
NAME AND ADDRESS ON 1969 CALIFORNIA RETURN. IF SAME AS ABOVE, WRITE "SAME". IF NONE FILED, GIVE REASON.				Adjusted gross income on 1970 Federal return \$ 8,284.92 if different from line 11, below, explain in Part VII, page 2.
11346 Montgomery Avenue		Granada Hills, Calif.		

Filing Status (check one)	1. <input type="checkbox"/> Single	3. <input type="checkbox"/> Married, filing separate return—spouse's name _____
	2. <input checked="" type="checkbox"/> Married, filing joint return	4. <input type="checkbox"/> Unmarried "head of household"—Complete Part I, page 2

ATTACH REMITTANCE HERE

Income	5. Wages, salaries, tips, etc. (before payroll deductions) if more than two employers, attach schedule Employer's name _____ where employed (city and state) _____	5. * _____
If joint return, Include all income of both husband and wife	6. Dividends. Enter total here (also list in Schedule B (540), Part I, if total is over \$100)	6. * 20 60
	7. Interest. Enter total here (also list in Schedule B (540), Part II, if total is over \$100)	7. * _____
	8. Other income (from page 2, line 30)	8. 8,284 97
	9. Total (add lines 5, 6, 7 and 8)	9. 8,305 57
	10. Adjustments to Income (from page 2, line 35)	10. _____
	11. Adjusted gross income (subtract line 10 from line 9)	11. * 8,305 57

• If you do not itemize deductions AND line 11 is under \$10,000, find your tax in Tax Table in instructions. Enter tax on line 12.

• If you itemize deductions OR line 11 is \$10,000 or more, go to Part IV on page 2 to figure tax.

Your Tax, and Credits	12. Tax from (check one): Tax Table <input type="checkbox"/> Tax Computation (page 2, Part IV) <input checked="" type="checkbox"/> or Schedule G (540) <input type="checkbox"/>	12. 51 00
	13. Exemption credits (from page 2, line 43)	13. 82 00
	14. Tax liability (subtract line 13 from line 12)	14. None
	15. Total other credits (from page 2, line 49)	15. _____
	16. Net tax liability (subtract line 14 from line 15—if \$1.00 or less, enter "zero")	16. * None

Balance Due or Refund	17. 1970 California estimated tax payment or credit from 1969 (if any). If none, enter "zero"	17. * None
	18. Balance due—if any (subtract line 17 from line 16)	18. * None
	19. Overpayment—if any (subtract line 16 from line 17)	19. * None
	20. Portion of line 19 you wish to apply on 1971 estimated tax	20. _____
	21. Refund—if any (subtract line 20 from line 19)	21. * None

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign ►

Your signature—if filing jointly, BOTH must sign

Date

here ►

Spouse's signature

Date



Signature of preparer other than taxpayer

LAMBERT-MARKELL
16633 VENTURA BLVD.
ENHINO, CALIF. 91316

Do not write in these spaces	
T	
P	
I	
T	

• Make Remittance Payable to FRANCHISE TAX BOARD—Mail to
FRANCHISE TAX BOARD, SACRAMENTO, CALIFORNIA 95814.

Form 1040Combined
with Form
1040A**US**Department of the Treasury / Internal Revenue Service
Individual Income Tax Return**1969**

For the year January 1-December 31, 1969, or other taxable year beginning _____ ending _____

Please print or type

00 322 12-7997
SAMUEL & PHYLLIS RUBY
11346 MONT GOMERY AVE
GRANADA HILLS, CALIF 913441969 ending
JANUARY 1969 Dated

Your social security number

322 12 7997

Your occupation
S1F - EMPLOYED

Spouse's social security number

81471161674281

Spouse's occupation
Hsclif

Enter below name and address used on your return for 1968 (if same as above write "Same"); If none filled, give reason. If changing from separate to joint or joint to separate returns, enter 1968 names and addresses.

Samuel & Phyllis Ruby - 6123 N. Hayne - Chicago, Ill 60645

Name and address of employer at time of filing **Seal**

- | | | |
|---|---|--|
| Your
Filing
Status
(Check
only one) | <input type="checkbox"/> Single
<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
<input type="checkbox"/> Married filing separate return and spouse is also filing a return.
If this item checked give spouse's social security number in space provided
above and enter first name here ► | <input type="checkbox"/> Unmarried Head of Household
<input type="checkbox"/> Surviving widow(er) with dependent child
<input type="checkbox"/> Married filing separate return and spouse is not filing a return |
|---|---|--|

Please attach Copy B of Form W-2 to back

Your Exemptions**Your Income****Year Tax and
Surcharge**

Please attach Check or Money Order here ▶

**Balance Due
or Refund**

Check boxes for exemptions which apply

Regular 65 or over Blind

Enter
number
of boxes
checked ►

7a Yourself

X

7b Spouse (applies only if line 2 or line 6 is checked)

X

8 First names of your dependent children who lived with you

FRED - BRIAN - ELISA - THOMAS

Enter number ►

4

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) Relationship

(c) Months lived
in your home. See
instructions, B-2.(d) \$500
or more
income?

\$

(e) Support you
furnished. If 100%
write "All."(f) Support furnished
by dependent and
others

10 Total exemptions from lines 7, 8, and 9 above ►

6

11 Wages, salaries, tips, etc. (Attach Form W-2 to back. If unavailable, explain on back) ►

11

0 -

12a Dividends [Total before exclusion] \$ 46.00 [See Item 2] 12b Less Exclusion \$ 200.00 Balance ►

12c

0 -

13 Interest (Enter total here and if over \$100, also list in Schedule B, Part II) ►

13

1637 -

14 Other income: Total from attached schedules (check schedules used—C □, D □, E □, F □). Adjusted Gross Income ►

14

0 -

15a Total [Add lines 11, 12c, 13 & 14] \$ 1637.00 15b Less Adjustments [See 1040-I] \$ 730.00 Income ►

15c

907 -

- If line 15c is \$5,000 or more, go to Schedule T, to figure tax and surcharge. (Omit lines 16 and 17.)
- Go to Sch. T to figure tax and surcharge if you itemize deductions; or claim retirement income credit, foreign tax credit, or investment credit; or if you owe self-employment tax or tax from recomputing prior year investment credit. (Omit lines 16 and 17.)
- If neither of above two items applies, go to Tax Tables instead of Sch. T. Complete lines 16, 17, & 18.

See 1040-I for rates under
which the IRS will figure
your tax and surcharge.

16 Tax from Tax Table (see tables on T-2 and T-3) ►

16

0 -

17 Tax surcharge on line 16 (see T-1 for tax surcharge tables) ►

17

0 -

18 Enter total of lines 16 and 17 OR amount from Schedule T, line 18, if applicable (check if from Tax Table A □, B □, C □; Tax Rate Sch. □, Sch. D □, or Sch. G □) ►

18

Make check or
money order pay-
able to Internal
Revenue Service.

19 Total Federal income tax withheld (attach Forms W-2 to back) ►

19

0 -

20 Excess F.I.C.A. tax withheld (two or more employers—see B-2) ►

20

0 -

21 □ Nonhighway Federal gasoline tax, Form 4136; □ Reg. Inv., Form 2439

21

0 -

22 1969 Estimated tax payments (include 1968 overpayment allowed as a credit) ►

22

0 -

23 Total (add lines 19, 20, 21, and 22) ►

23

90 -

24 If line 18 is larger than line 23, enter BALANCE DUE. Pay in full with return ►

24

0 -

25 If line 23 is larger than line 18, enter OVERPAYMENT ►

25

90 -

26 Line 25 to be: (a) Credited on 1970 estimated tax ► \$; (b) Refunded ► \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, it is true, correct, and complete.

Sign
here ▶

Your signature _____ Date _____

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

Signature of preparer other than taxpayer, based on
all information of which he has any knowledge. Date _____

Address _____

Form 1040

U.S. INTERNAL REVENUE SERVICE U.S. Treasury Department, Internal Revenue Service
Income Tax Return for the year January 1-December 31, 1968.

1968

First name and initial (If joint return, use first names and middle initials of both)

1968, ending 19

Last name

Your social security number

Samuel and Phyllis

Ruby

322 12 7997

Home address (Number and street or rural route)

6123 N. Hayne

City, town or post office, and State

Chicago Illinois

ZIP code

60645

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.

Same

Your present employer and address

Self-employed

Your occupation

Self-employed

Second social security number
322 12 7997

Spouse's occupation

Housewife

Your Filing Status—check only one:

- 1a Single
 1b Married filing joint return (even if only one had income)
 1c Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above and give first name here _____
 1d Unmarried Head of Household
 1e Surviving widow(er) with dependent child

Your Exemptions	Regular	65 or over	Blind	
2a Yourself	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number of boxes checked
2b Spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3a First names of your dependent children who lived with you	Fred, Brian	Elisa, Therese		Enter number
3b Number of other dependents (from page 2, Part I, line 3)	4			
4 Total exemptions claimed	6			

Income
If joint return include all income of both husband and wife

5 Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation	5	2,250	00
6 Other income (from page 2, Part II, line 8)	6	3,869	40
7 Total (add lines 5 and 6)	7	8,119	40
8 Adjustments to income (from page 2, Part III, line 5)	8	716	83
9 Total income ("adjusted gross income") (subtract line 8 from line 7)	9	7,402	57

Find tax from table OR

10 If you do not itemize deductions and line 9 is under \$5,000, find tax in tables on pages 12-14 of instructions. Omit lines 11a, b, c, or d.	10	Enter tax on line 12a.
11a If you itemize deductions, enter total from page 2, Part IV, line 17 If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of: (1) 10 percent of line 9; OR (2) \$200 (\$100 if married and filing separate return) plus \$100 for each exemption claimed on line 4, above. Deduction under (1) or (2) limited to \$1,000 (\$500 if married and filing separately).	11a	740 26

Figure tax using tax rate schedules

11b Subtract line 11a from line 9. Enter balance on this line	11b	6,662	31
11c Multiply total number of exemptions on line 4, above, by \$600	11c	3,600	00
11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12a.	11d	3,062	31

Your Tax, Credits, and Payments

12a Tax (Check if from: Tax Table <input type="checkbox"/> , Tax Rate Schedule <input checked="" type="checkbox"/> , Sch. D <input type="checkbox"/> , or Sch. G <input type="checkbox"/>)	12a	460	57
12b 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 you claim retirement income credit, use Schedule B (Form 1040) to figure surcharge.)	12b	26	00
12c Total (add lines 12a and 12b)	12c	486	59
13 Total credits (from page 2, Part V, line 4)	13	11	53
14a Income tax (subtract line 13 from line 12c)	14a	475	04
14b Tax from recomputing prior year investment credit (attach statement)	14b	-	
15 Self-employment tax (Schedule C-3 or F-1)	15	-	
16 Total tax (add lines 14a, 14b, and 15)	16	475	04

Balance Due or Refund

17 Total Federal income tax withheld (attach Forms W-2)	17	156	00
18 Excess F.I.C.A. tax withheld (two or more employers—see page 5 of instr.)	18		
19 <input type="checkbox"/> Nonhighway Federal gasoline tax—Form 4136, <input type="checkbox"/> Reg. Inv.—Form 2439	19		
20 1968 Estimated tax payments (include 1967 overpayment allowed as a credit)	20		
21 Total (add lines 17, 18, 19, and 20)	21	156	00
22 If payments (line 21) are less than tax (line 16), enter Balance Due. Pay in full with this return	22	319	04
23 If payments (line 21) are larger than tax (line 16), enter Overpayment	23		
24 Amount of line 23 you wish credited to 1969 Estimated Tax	24		
25 Subtract line 24 from 23. Apply to: <input type="checkbox"/> U.S. Savings Bonds, with excess refunded or <input type="checkbox"/> Refund only	25		

Make check or money order payable to Internal Revenue Service.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here

Your signature Date Signature of preparer other than taxpayer Date
Address 688-10-0039-1
Name's signature (If filing jointly, both must sign even if only one had income)

1040

U.S. Individual
Income Tax ReturnU.S. Treasury Department Internal Revenue Service
for the year January 1-December 31, 1967.

1967

First name and initial (if joint return, use first names and middle initials of both)

Samuel and Phyllis

Last name

1967, ending

Your social security number

Ruby

322 12 7997

Please print or type

Home address (number and street or rural route)

6123 N. Hayne

ZIP code

Your occupation

Engineer

City, town or post office, and state

Chicago, Illinois

349 Act 1816420

Enter below name and address used on your return for 1966 (if same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1966 names and addresses.

Same

Spouse's occupation

Housewife

Your present employer and address Stanley - Oliver Mfg Co., Chicago, Illinois

Spouse's present employer and address, if joint return

Your Filing Status—check only one:

- 1a Single
 1b Married filing joint return (even if only one had income)
 1c Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above and give first name here _____
 1d Unmarried Head of Household
 1e Surviving widow(er) with dependent child

Your Exemptions	Regular	65 or over	Blind	
2a Yourself	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number of boxes checked
2b Spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3a First names of your dependent children who lived with you	Fred Brian	Eliza Thomas		4
3b Number of other dependents (Item page 2, Part I, line 3)				
4 Total exemptions claimed				6

Income
If joint return include all income of both husband and wifeFind tax from table
OR

Figure tax using tax rate schedules

Your
Tax,
Credits,
and
Pay-
ments

Please attach Check or Money Order here

Balance
Due or
Refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign
here

Your signature

Date

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

Signature of preparer other than taxpayer
9/24/11 Mr. Kiesler 516-3711
Address
Date 10-10-1967-1

RESIDENT
540



**INDIVIDUAL
CALIFORNIA
INCOME TAX**

TAXABLE YEAR
1975

PLACE PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary)
Enter social security numbers(s) only if incorrect or not shown on label.

Check Calendar Year
One: Fiscal Year Ending **1976**

NAME (If joint return, give first names and initials of both)

SAMUEL & PHYLLIS RUBY

FEDERAL PRIVACY ACT NOTIFICATION SEE PAGE 2 OF INSTRUCTIONS

Your Social Security Number

349-18-1120

Source Code: California Resident

Act 18-1120

PRESENT HOME ADDRESS (Number and street, including apartment number or rural route)

16250 BIRCHER ST

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

GRANADA HILLS CA

OCCUPATION **TE** YOUNG'S **TE**

FILING STATUS—Check Only One:

- Single
- Married filing joint return (even if only one had income)
- Separate return of married person—Enter spouse's social security number and full name here
- Head of Household—Enter name of qualifying individual
- Widower with dependent child (Year spouse died 197

EXEMPTION CREDITS

6 Personal	If line 1 or 3 checked, enter \$25	• 6 50 00
7 Dependents — Do not list yourself, your spouse or the person who qualifies you as head of household. Enter name and relationship.	If line 2, 4 or 5 checked, enter \$50	
	ELISA THOMAS	
8 Blind (refer to instructions) Number of blind exemptions ►	× \$8	7 16 00
9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20		8 00
		9 66 00

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH HERE

ATTACH FORM DE 1964 HERE

Write social security number on check or money order.

10 Wages, salaries, tips and other employee compensation (Attach copy 2 of Form W-2 to face of this return, if unavailable, see instructions, Page 6)	• 10 -0-
11 Dividends—before federal exclusion. Enter total if over \$400, complete and attach Schedule B(540)I	• 11 17
12 Interest. Enter total if over \$400, complete and attach Schedule B(540)I	• 12 95
13 Income other than wages, dividends and interest (from line 4B)	• 13 8872
14 Total (add lines 10, 11, 12 and 13)	• 14 8984
15 Adjustments to income (from line 5S)	• 15
16 Adjusted gross income (subtract line 15 from line 14)	• 16 8984
• If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23. Do not complete lines 17 thru 22	
• If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23. Lines 17 thru 22	
• If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19.	
• If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.	
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	• 17 5735
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19	• 18 3249
19 Tax from (check one) Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="checkbox"/> Income Averaging Schedule IG or G-II <input type="checkbox"/>	• 19 32
20 Total exemption credits (from line 9, above)	• 20 66
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)	• 21 0
22 Other credits (from line 65)	• 22
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)I)	• 24
25 Total tax liability (add lines 23 and 24)	• 25 -0-
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	• 26
27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part I on page 2	• 27
28 1975 California estimated tax payments	• 28
29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)	• 29
30 Total prepayment credits (add lines 26 thru 29)	• 30 -0-
31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Pay in full and mail with return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867	PAY IN FULL → • 31 -0-
32 If line 25 is smaller than line 30, enter amount OVERPAID	• 32
33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813	• 33 P E M R
34 Amount of line 32 to be credited on your 1976 ESTIMATED TAX	• 34 ← ESTIMATED TAX R

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

SIGN ► Your signature

Date

Preparer's signature (other than taxpayer)

Date

HERE ►