

Form 1040

1040

Department of the Treasury—Internal Revenue Service
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 OCT. 1, 1976 ending SEPT. 30, 1977

Name (If joint return, give first names and initials of both) **AKSHAI K + CHANCHAL** Last name **RUNCHAL** Your social security number **553 39 5912**

Present home address (Number and street, including apartment number, or rural route) **12029 CLOVER AV.** For Privacy Act Notification, see page 5 of Instructions. Spouse's social security no. **573 41 5200**

City, town or post office, State and ZIP code **LOS-ANGELES, CA. 90066** Occupation Yours ☒ **ENGINEER** Spouse's ☒ **ACCOUNTS CLERK**

Filing Status

1 ☐ Single (Check only ONE box)

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

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

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

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

Exemptions

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

b First names of your dependent children who lived with you

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

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

e Age 65 or older. ☐ Yourself ☐ Spouse Enter number of boxes checked **2**

Blind ☐ Yourself ☐ Spouse

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

7 Other dependents:

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

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

Income

9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see page 6 of Instructions.) **32995**

10a Dividends (See pages 9 and 16 of Instructions) 10b less exclusion Balance **10c**

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 } **226**

12 Income other than wages, dividends, and interest (from line 37) **12**

13 Total (add lines 9, 10c, 11 and 12) **33221**

14 Adjustments to income (such as moving expense, etc. from line 42) **406**

15a Subtract line 14 from line 13 **32815**

b Disability income exclusion (sick pay) (attach Form 2440) **15b**

c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.") **15c 32815**

Tax, Payments and Credits

16 Tax, check if from: ☐ Tax Table ☒ Tax Rate Schedule X, Y or Z ☐ Schedule D ☐ Schedule G ☐ Form 2555 ☐ OR ☐ Form 4726 **16 6370**

17a Multiply \$35.00 by the number of exemptions on line 6d **17a 70**

b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked) **17b 180**

18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero) **18 6190**

19 Credits (from line 54) **19**

20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero) **20 6190**

21 Other taxes (from line 62) **21**

22 Total (add lines 20 and 21) **22 6190**

23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front) **23a 5679**

b 1976 estimated tax payments (from page 2 of Instructions) **23b**

c Earned income credit. **23c**

d Amount paid with Form 4868 **23d**

e Other payments (from line 66) **23e**

24 TOTAL (add lines 23a through e) **24 5679**

Due or Refund

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.) **25 511**

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

27 Amount of line 26 to be REFUNDED TO YOU **27**

28 Amount of line 26 to be credited on 1977 estimated tax **28**

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

Sign here

Your signature **Recher Weirman** Date **11/23/77**

Spouse's signature (if filing jointly, BOTH must sign even if only one had income) **Identifying number (see instructions)** Address (and ZIP code)

Part I Income other than Wages, Dividends and Interest

29	Business income or (loss) (attach Schedule C)	29	
30a	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a	
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	
b	Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of Instructions)	32b	
33	Farm income or (loss) (attach Schedule F)	33	
34	State income tax refunds (does not apply if refund is for year in which you took the standard deduction—others see page 10 of Instructions)	34	
35	Alimony received	35	
36	Other (state nature and source—see page 11 of Instructions)	36	
37	Total (add lines 29 through 36). Enter here and on line 12	37	

Part II Adjustments to Income

38	Moving expense (attach Form 3903)	38	
39	Employee business expense (attach Form 2106)	39	406
40a	Payments to an individual retirement arrangement from attached Form 5329, Part III	40a	
b	Payments to a Keogh (H.R. 10) retirement plan	40b	
41	Forfeited interest penalty for premature withdrawal (see page 12 of Instructions)	41	
42	Total (add lines 38 through 41). Enter here and on line 14	42	

Part III Tax Computation

43	Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 9 of Instructions	43	32815
44a	If you itemize deductions, check here <input checked="" type="checkbox"/> and enter total from Schedule A, line 40, and attach Schedule A		
b	Standard deduction—If you do not itemize deductions, check here <input type="checkbox"/> and:		
	If you checked the box on line 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800	44	5343
	1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400		
	3, enter the greater of \$1,050 OR 16% of line 43—but not more than \$1,400		
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	45	27472
46	Multiply total number of exemptions claimed on line 6f by \$750	46	1500
47	Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47	25972

- If line 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption of Income Earned Abroad, find your tax in Tax Table. Enter tax on line 16 and check appropriate box.
- If line 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16 and check appropriate box.

Part IV Credits

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

Part V Other Taxes

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

Part VI Other Payments

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

MEDICAL		STATE	FEDERAL	CONTRIBUTIONS	STATE & FEDERAL
1. One-Half (But not more than \$150) of Medical Insurance Premiums			60 -	21. a. Cash Contributions for which you have receipts, cancelled checks, etc.	65 -
2. Drugs and Medicines				b. Other Cash Contributions: Churches	104 -
3. ENTER 1% of Line 15c, Form 1040					
4. Subtract Line 3 from Line 2, Enter Difference. (If Less than Zero, Enter Zero)				Community Chest/United Crusade	
5. Balance of Medical Insurance Premiums Not Deductible on Line 1				Salvation Army/Goodwill Industries	
6. Enter Other Medical & Dental Expenses:				Red Cross Scouts	
a. Dr.				Xmas & Easter Seals	
Dr.				Heart Fund/Cancer Fund	
Dr.				Partnership Return	
Dr.				Payroll Deduction	
Dr.				Other Organized Charities:	
				VARIOUS	25 -
b. Hospitals					
c. Other: Hearing Aid				22. Other than Cash	135 -
Dentures				23. Carry Over from Prior Years	
Glasses				24. TOTAL CONTRIBUTIONS (Add Lines 21a, b, 22, and 23), Enter Here and on Line 37	329 -
Travel for Medical				CASUALTY LOSSES (EXPLAIN)	STATE & FEDERAL
Medicare				25. Loss Before Insurance Reimb.	
Laboratory				26. Insurance Reimbursement	
Ambulance				27. Subtract Line 26 from Line 25, Enter Difference (If Less than Zero, Enter Zero)	
Prosthetic Appliances				28. Enter \$100 or Amount on Line 27, Whichever is Smaller.	
Sick Room Supplies & Appliances				29. CASUALTY OR THEFT LOSS (Subtract Line 28 from Line 27). Enter here & on Line 38	
7. Total (Add Lines 4, 5, 6a, b, and c)				MISCELLANEOUS DEDUCTIONS	STATE
8. Enter 3% of Line 15c, Form 1040				30. Alimony (See Statement)	
9. Subtract Line 8 from Line 7 (If Less than Zero, Enter Zero)				31. Union Dues	
10. TOTAL MEDICAL DEDUCTIONS (Add Lines 1 & 9). Enter Here and on Line 34	60 -		60 -	32. Others	
TAXES	STATE	FEDERAL		Safe Deposit Box Fee	8 -
11. State and Local Income	XX X X	1596 -		Small Tools (Good 1 Year)	
12. Real Estate Tax <u>ESCR</u>	311 -	311 -		Tools Depreciation	
13. Tax Gal. @ Gal.	95 -	95 -		Safety Equipment	8 -
Gas Tax Miles @ Gal.				Uniforms (Not Gen. Wear)	
14. Sales Tax <u>GENERAL</u>	307	307 -		Laundry & Cleaning	
Sales Tax, Auto/Other Trans. Items				Auto Mileage @	
15. Personal Property Tax				Telephone Expense (Not Reimb.)	
16. Other:				Employment Agency Fees	
Auto License (Less Reg. Fee)	89	89 -		Dues & Subscriptions	
				Income Tax Preparation	85 -
				JOB SEEKING	65 -
				EDUCATIONAL	158 -
17. TOTAL TAXES (Add Lines 11, 12, 13, 14, 15, and 16). Enter Here and on Line 35	802	2098 -		33. TOTAL MISC. DEDUCTIONS (Add Lines 30, 31, 32). Enter Here and on Line 39	314 -
INTEREST (TO WHOM PAID)	STATE	FEDERAL		Summary of Itemized Deductions	A
18. Home Mortgage <u>ESCR. 947 + 1595</u>	2542	2542 -		34. Total Medical and Dental - Line 10	60 -
19. Other:				35. Total Taxes - Line 17	802 -
Installment Loan				36. Total Interest - Line 20	2542 -
				37. Total Contributions - Line 24	329 -
				38. Casualty or Theft Loss(es) - Line 29	
				39. Total Miscellaneous - Line 33	314 -
20. TOTAL INTEREST (Add Lines 18 and 19). Enter Here and on Line 36	2542	2542		40. TOTAL DEDUCTIONS (Add Lines 34, 35, 36, 37, 38 and 39. Enter Here and on Form 1040, Line 44	4047



INDIVIDUAL
CALIFORNIA
INCOME TAX

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

Check ☐ Calendar Year
One: ☒ Fiscal Year Ending Sept 30, 1977

NAME (If joint return, give first names and initials of both) AKSHAI K + CHANCHAL		LAST NAME RUNCHAL	
PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route) 12029 CLOVER AV.		FOR PRIVACY NOTIFICATION SEE PAGE 2 OF INSTRUCTIONS	
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE LOS-ANGELES, CA. 90066		Your Social Security Number 553 39 5912	
		Spouse's Social Security Number 573 41 5200	
		OCCU-PATION Yours ENGINEER Spouse's ACCOUNT CLERK	

FILING STATUS	1 <input type="checkbox"/> Single (Check Only One)	EXEMPTION CREDITS	6 Personal { If line 1 or 3 checked, enter \$25 } 6 50 00
	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)		7 Dependents { If line 2, 4 or 5 checked, enter \$50 } 7 00
	3 <input type="checkbox"/> Separate return of married person—Enter spouse's social security number and full name here		8 Blind (see instructions) Number of blind exemptions 8 00
	4 <input type="checkbox"/> Head of Household—Enter name of qualifying individual		9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 9 50 00
	5 <input type="checkbox"/> Widow(er) with dependent child (Year spouse died 197)		
10 Wages, salaries, tips and other employee compensation { Attach copy 2 of Form(s) W-2 to face of this } 10 32995 -			
Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540)) 11 286 -			
12 Interest. Enter total (if over \$400, complete and attach Schedule B(540)) 12 33281 -			
13 Income other than wages, dividends and interest (from line 48) 13 406 -			
14 Total (add lines 10, 11, 12 and 13) 14 32815 -			
15 Adjustments to income (from line 55) 15 32815 -			
16 Adjusted gross income (subtract line 15 from line 14) 16 32815 -			
• 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 4047 -			
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19 18 28768 -			
19 Tax from (check one) <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> Income Averaging Schedule (G or G-1) 19 1437 -			
20 Total exemption credits (from line 9, above) 20 50 -			
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero) 21 1387 -			
22 Other credits (from line 68—including Special Low Income Tax Credit) 22 1387 -			
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero) 23 1387 -			
Other taxes (from line 71) 24 1387 -			
25 Total tax liability (add lines 23 and 24) 25 1387 -			
26 Total California income tax withheld (attach W-2 or W-2P to face of this return) 26 1182 -			
27 Renter's credit—if you lived in rented property on March 1, 1976, complete Part 1 on page 2 27 37 -			
28 1976 California estimated tax payments 28 24 -			
29 Excess California SDI tax withheld (see instructions) 29 24 -			
30 Total Credits. 30 1183 -			
31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. 31 204 -			
Mail return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867 PAY IN FULL →			
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. 33			
Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813			
34 Amount of line 32 to be credited on your 1977 ESTIMATED TAX 34			

If you do NOT want State income tax forms and instructions mailed to you next year, check here ☐ See Instructions, Page 9

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

SIGN HERE Your signature _____ Date _____
Spouse's signature—if filing a joint return _____ Date _____
Preparer's signature (other than taxpayer) Reuben Werman 11/28/77 Date _____
Address (and Zip code) _____

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

PART I - Renter's Credit - All questions must be answered

- 35 Did you, on March 1, 1976, live in rented property which was your principal residence? ☒ Yes ☐ No If no, you may not claim this credit
- 36 Was the property you rented exempt from property tax? ☐ Yes ☒ No If yes, you may not claim this credit
- 37 Did you live with any other person who claimed you as a dependent for income tax purposes? ☐ Yes ☒ No If yes, you 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

- 39 Business income (or loss) (attach Schedule C(540)) ● 39
- 40 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540)) ● 40
- 41 Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540)) ● 41
- 42 Pensions and annuities ● 42
- 43 Rents and royalties ● 43
- 44 Partnerships ● 44
- 45 Estates and trusts ● 45
- 46 Farm income (or loss) (attach Schedule F(540)) ● 46
- 47 Miscellaneous income ● 47
- (a) Fully taxable pensions and annuities (not reported on Schedule E(540)) 47a
- (b) Alimony 47b
- (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

PART III - Adjustments to Income

- 49 "Sick pay," if included in line 10 (see instructions - attach Form FTB 3805T) ● 49
- 50 Moving expenses (see instructions - attach Form FTB 3805U) ● 50
- 51 Employee business expenses (See instructions - attach Form FTB 3805N) ● 51
- 52 Military exclusion (see instructions) ● 52
- 53(a) Payments to an individual retirement arrangement (attach FTB 3805P) 53a
- (b) Payments to a Keogh (H.R. 10) retirement plan 53b
- (c) Payments to a self-employed "Defined Benefit Plan" 53c
- Enter total of lines 53(a), 53(b), and 53(c) 53
- 54 Forfeited interest penalty (see instructions). ● 54
- 55 Total adjustments (add lines 49 thru 54). Enter here and on line 15 55

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) ● 56
- 57 Total taxes (from Schedule A(540), line 17) ● 57
- 58 Total interest expense (from Schedule A(540), line 20) ● 58
- 59 Total contributions (from Schedule A(540), line 24) ● 59
- 60 Total casualty loss (from Schedule A(540), line 29) ● 60
- 61 Total miscellaneous deductions (from Schedule A(540), line 33) ● 61
- 62 Total child care and adoption expenses (from Schedule A(540), line 37) ● 62
- 63 Total itemized deductions (add lines 56 thru 62). Enter here and on line 17 63

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)) ● 64
- 65 Retirement income credit (attach Schedule R(540)) ● 65
- 66 Special low income tax credit (see special instructions). ● 66
- 67 Solar energy tax credit (see special instructions). ● 67
- 68 TOTAL (add lines 64 thru 67). Enter here and on line 22 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 70
- 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 from line 16, page 1, explain below.

