

For the year January 1-December 31, 1975, or other taxable year beginning OCT. 1, 1975, ending SEPT. 30, 19 76

Please print or type	Name (If joint return, give first names and initials of both)	Last name	Your social security number	For Privacy Act Notification, see page 2 of Instructions.
	AKSHAI K & CHANCHAL	RUNCHAL	553 39 5912	
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.	For IRS use only
	10982 ROEBLING AV.		573 41 5200	
	City, town or post office, State and ZIP code		Occupation	
	LOS ANGELES CA 90034		Yours ► ENGINEER	
			Spouse's ► H-W	

Requested by
Census Bureau
for Revenue
Sharing

A In what city, town, village, etc., do you live?

B Do you live within the legal limits of the city, town, etc.?

C In what county and State do you live?
County _____ State _____

ve? | **D** In what township do you live? (See page 4.)

Filing Status	1 <input type="checkbox"/> Single (check only ONE box)	Exemptions	6a Regular <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse Enter number of boxes checked <input type="text" value="2"/>
	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 _____ Enter number <input type="text"/>
	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 27) <input type="text"/>
	4 <input type="checkbox"/> Unmarried Head of Household (See page 5 of Instructions)		d Total (add lines 6a, b, and c) <input type="text"/>
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died <input type="text"/> 19 <input type="text"/>). See page 5 of Instructions.		e Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked <input type="text"/>
			Blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="text"/>
			7 Total (add lines 6d and e) <input type="text"/>

8 Presidential Election
Campaign Fund . . .

Do you wish to designate \$1 of your taxes for this fund?

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
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(Attach Forms W-2. If unavailable, see page 3 of Instructions.)

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31571 | -

Income	10a Dividends (See pages 7 and 14 of Instructions) \$.....	10b Less exclusion \$.....	Balance ▶	10c	
	(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] . . .			11	150
	12 Income other than wages, dividends, and interest (from line 36)			12	
	13 Total (add lines 9, 10c, 11, and 12)			13	30721
	14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 42) . . .			14	3655
	15 Subtract line 14 from line 13 (Adjusted Gross Income) (If less than \$8,000, see page 8 of Instructions on "Earned Income Credit.")			15	27066

- 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		Tax Tables		Tax Rate Schedule X, Y, or Z		16a	
		Schedule D	<input checked="" type="checkbox"/> Schedule G	OR	<input type="checkbox"/> Form 4726		
16a	Tax, check if from:					16a	5329
	b Credit for personal exemptions (multiply line 6d by \$30)					b	60
	c Balance (subtract line 16b from line 16a)					c	5269
17	Credits (from line 54)					17	
18	Balance (subtract line 17 from line 16c)					18	
19	Other taxes (from line 63)					19	
20	Total (add lines 18 and 19)					20	5269
21a	Total Federal income tax withheld (attach Forms W-2 or W-2P to front)		21a	4965		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.	
b	1975 estimated tax payments (include amount allowed as credit from 1974 return)		b				
c	Earned income credit		c				
d	Amount paid with Form 4868		d				
e	Other payments (from line 67)		e	552			
22	Total (add lines 21a through e)					22	5517
23	If line 20 is larger than line 22, enter BALANCE DUE IRS					23	
	(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					24	248
25	Amount of line 24 to be REFUNDED TO YOU					25	248
26	Amount of line 24 to be credited on 1976 estimated tax.	26				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.

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)

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 YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
					\$	\$

27 Total number of dependents listed in column (a). Enter here and on line 6c

Part I Income other than Wages, Dividends, and Interest

28	Business income or (loss) (attach Schedule C)	28	
29a	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	29a	
29b	50% of capital gain distributions (not reported on Schedule D—see page 9 of Instructions)	29b	
30	Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	30	
31a	Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	31a	
31b	Fully taxable pensions and annuities (not reported on Schedule E—see page 9 of Instructions)	31b	
32	Farm income or (loss) (attach Schedule F)	32	
33	State income tax refunds (does not apply if refund is for year in which you took the standard deduction—others see page 9 of Instructions)	33	
34	Alimony received	34	
35	Other (state nature and source—See page 9 of Instructions)	35	
36	Total (add lines 28 through 35). Enter here and on line 12	36	

Part II Adjustments to Income

37	"Sick pay." (attach Form 2440 or other required statement)	37	
38	Moving expense (attach Form 3903)	38	3655 -
39	Employee business expense (attach Form 2106 or statement)	39	
40a	Payments to a Keogh (H.R. 10) retirement plan	40a	
40b	Payments to an individual retirement arrangement from attached Form 5329, Part III	40b	
41	Forfeited interest penalty for premature withdrawal—see page 10 of Instructions	41	
42	Total (add lines 37 through 41). Enter here and on line 14	42	3655 -

Part III Tax Computation (Do not use this part if you use the Tax Tables to find your tax.)

43	Adjusted gross income (from line 15)	43	27066 -
44	(a) If you itemize deductions, check here <input type="checkbox"/> and enter total from Schedule A, line 41 and attach Schedule A		
	(b) If you do not itemize deductions and line 15 is \$15,000 or more, check here <input type="checkbox"/> and: If box on line 2 or 5 is checked, enter 16% of line 15 but not more than \$2,600; if box on line 1 or 4 is checked, enter \$2,300; if box on line 3 is checked, enter \$1,300	44	2600 -
45	Subtract line 44 from line 43	45	24466 -
46	Multiply total number of exemptions claimed on line 7, by \$750	46	1500 -
47	Taxable income. Subtract line 46 from line 45	47	22966 -

(Figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 16a.

48	Retirement income credit (attach Schedule R)	48	
49	Investment credit (attach Form 3468)	49	
50	Foreign tax credit (attach Form 1116)	50	
51	Contributions to candidates for public office credit—see page 10 of Instructions	51	
52	Work Incentive (WIN) credit (attach Form 4874)	52	
53	Purchase of new principal residence credit (attach Form 5405)	53	
54	Total (add lines 48 through 53). Enter here and on line 17	54	

55	Tax from recomputing prior-year investment credit (attach Form 4255)	55	
56	Tax from recomputing prior-year Work Incentive (WIN) credit (attach Schedule)	56	
57	Minimum tax. Check here <input type="checkbox"/> , if Form 4625 is attached	57	
58	Tax on premature distributions from attached Form 5329, Part V	58	
59	Self-employment tax (attach Schedule SE)	59	
60	Social security tax on tip income not reported to employer (attach Form 4137)	60	
61	Uncollected employee social security tax on tips (from Forms W-2)	61	
62	Excess contribution tax from attached Form 5329, Part IV	62	
63	Total (add lines 55 through 62). Enter here and on line 19	63	

Part VI Other Payments

64	Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 10 of Instructions)	64	552 -
65	Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	65	
66	Credit from a Regulated Investment Company (attach Form 2439)	66	
67	Total (add lines 64 through 66). Enter here and on line 21e	67	552 -



INDIVIDUAL
CALIFORNIA
INCOME TAX

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

Check ☐ Calendar Year
One: ☒ Fiscal Year Ending SEPT 30 1976

NAME (If joint return, give first names and initials of both) LAST NAME
AKSHAI K. & CHANCHAL RUNCHAL
PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)
10982 ROERLING AV.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE
LA CA. 90024

FOR FEDERAL PRIVACY ACT NOTIFICATION SEE PAGE 2 OF INSTRUCTIONS
Your Social Security Number
553 39 5912
Spouse's Social Security Number
573 41 5200
OCCUPATION
Yours ENGINEER
Spouse's H-W

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 ☐ Widow(er) 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.
Total Number 6 × \$8 = 50 00
8 Blind (refer to instructions) Number of blind exemptions 8 × \$8 = 00
9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 50 00

ATTACH COPY 2 OF FORM W-2 HERE
ATTACH FORM DE 1964 HERE
by number on check or money order. ATTACH 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 6	10	30571	-
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))	11		
12 Interest. Enter total (if over \$400, complete and attach Schedule B(540))	12	150	-
13 Income other than wages, dividends and interest (from line 48)	13		
14 Total (add lines 10, 11, 12 and 13)	14	30721	-
15 Adjustments to income (from line 55)	15	2655	-
16 Adjusted gross income (subtract line 15 from line 14) • If line 1 or 3 is checked and line 16 is \$4,000 or less, enter zero tax on line 23. • If line 2, 4, or 5 is checked and line 16 is \$8,000 or less, enter zero tax on line 23. • 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.	16	28066	-
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	2000	-
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19	18	26066	-
19 Tax from (check one) Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> Income Averaging Schedule (G or G-1) <input type="checkbox"/>	19	1186	-
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		
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		
24 Tax on preference income (see instructions—attach Schedule P(540))	24		
25 Total tax liability (add lines 23 and 24)	25	1136	-
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	26	962	-
27 Renter's credit—if you lived in rented property on March 1, 1975, complete Part 1 on page 2	27	45	-
28 1975 California estimated tax payments	28		
29 Excess California SDI tax withheld (attach Form DE 1964 to face of this return)	29	48	-
30 Total prepayment credits (add lines 26 thru 29)	30	1055	-
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	81	-
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 →
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
Spouse's signature—if filing a joint return
Date

Preparer's signature (other than taxpayer)
Date
Address (and Zip code)

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

- 5 Did you, on March 1, 1975, live in rented property which was your principal residence? ☒ Yes ☐ No If no, you may not claim this credit
- 6 Was the property you rented exempt from property tax? ☐ Yes ☒ No If yes, you may not claim this credit
- 7 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
- 8 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance? ☐ Yes ☒ No If yes, see page 6 of instructions

PART II — Other Income

- 9 Business income (or loss) (attach Schedule C(540)) 39
- 10 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540)) 40
- 11 Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540)) 41
- 12 Pensions and annuities 42
- 13 Rents and royalties 43
- 14 Partnerships 44
- 15 Estates and trusts 45
- 16 Farm income (or loss) (attach Schedule F(540)) 46
- 17 Miscellaneous income
- (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
- 18 Total (add lines 39 thru 47). Enter here and on line 13 48

PART III — Adjustments to Income

- 19 "Sick pay," if included in line 10 (see instructions—attach statement) 49
- 20 Moving expenses (see instructions—attach statement) 50 2655 -
- 21 Employee business expenses (see instructions—attach statement) 51
- 22 Military exclusion (see instructions) 52
- 23 Payment as a self-employed person to a retirement plan, etc. (see instructions) 53
- 24 Forfeited interest penalty (see instructions) 54
- 25 Total adjustments (add lines 49 thru 54). Enter here and on line 15 55 2655 -

PART IV — Itemized Deductions —

- Attach Schedule A(540) and enter sub-totals on lines 56 thru 61, below
- 26 Total deductible medical and dental expenses (from Schedule A(540), line 10) 56
- 27 Total child adoption expenses (from Schedule A(540), line 13) 57
- 28 Total taxes (from Schedule A(540), line 20) 58
- 29 Total interest expense (from Schedule A(540), line 23) 59
- 30 Total contributions (from Schedule A(540), line 28) 60
- 31 Total miscellaneous deductions (from Schedule A(540), line 39) 61
- 32 Total itemized deductions (add lines 56 thru 61). Enter here and on line 17 62

PART V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.

- 33 "Other State" net income tax credit (attach copy of other state return and Schedule S(540)) 63
- 34 Retirement income credit (attach Schedule R(540)) 64
- 35 TOTAL (add lines 63 and 64). Enter here and on line 22 65

PART VI — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from line 16, page 1, explain below.

Moving Expense Adjustment

Name A. K. RUNCHAL

INFORMATION REQUIRED	
1. Date of move	<u>NOV. 11, 1975</u>
2. Previous location of employment	<u>ENGLAND</u>
3. New location of employment	<u>L.A. CA.</u>
4. Distance from former residence to new business location	<u>7050</u>
Distance from former residence to former business location	<u>50</u>
Difference (must be at least 50 miles)	<u>7000</u>
5. Period of employment in new location: From	To <u>PRESENT</u> Total Weeks

TRAVELING EXPENSES	
6. Railroad, airplane, boat, etc., fares	\$ <u>501</u>
7. Meals and lodging enroute	
8. Automobile expenses, _____ miles @ 6¢ (or reimbursement if greater)	
9. Total traveling expenses	\$ <u>1478</u>

TRANSPORTATION OF HOUSEHOLD AND PERSONAL PROPERTY	
10. Moving van	\$
Intransit storage	
12. Insurance	
13. Total transportation	<u>1177</u>

PREMOVE HOUSE HUNTING EXPENSES	
14. Railroad, airplane, boat, etc., fares	\$
15. Meals and lodging	
16. Automobile expenses, _____ miles @ 6¢	
17. Total premove house hunting expenses	\$

TEMPORARY LIVING EXPENSES AT NEW LOCATION (maximum of 30 days)	
18. Lodging	\$
19. Meals	
20. Total temporary living expenses	\$

21. Sum of lines 17 and 20 (but not to exceed \$1,000)	\$ <u>1000</u>
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OTHER QUALIFIED EXPENSES	
<u>Sale of old residence</u>	
22. Selling commission	\$
23. Escrow fees	
24. Other	
25. Total	\$
<u>Purchase of new residence</u>	
26. Attorney's fees	\$
27. Escrow fees and title costs	
28. Appraisal fees	
29. Other	
30. Total	
<u>Lease expenses</u>	
31. Settlement for breaking old lease	\$
32. Cost of acquisition of new lease	
33. Total	
Total of lines 25, 30 and 33	\$

35. Sum of lines 21 and 34 (but not to exceed \$2,500)	<u>1000</u>
--	-------------

36. Total deductible moving expenses --	FEDERAL -- Sum of lines 9, 13 and 35	\$ <u>3655</u>
	STATE -- Sum of lines 9 and 13	\$ <u>2655</u>

Employee Moving Expense Information

(Keep for
your
Records)

Payments made during the calendar year 19... 75

Name of employee A. K. RUNCHAL Social security number
Number and street 10982 ROEBLING AVENUE
City or town, State, and ZIP code LOS ANGELES, CA 90024

Moving Expense Payments

Type of expense	Amount paid to employee	Amount paid to a third party for benefit of employee	Value of services furnished in-kind	Total
Transportation of household and personal property	1,177.31			1,177.31 ✓
Travel, meals, and lodging in moving from the old residence to new area of employment	977.40			977.40 ✓
Pre-move travel, meals, and lodging to search for new residence				
Temporary living expenses in new location prior to moving to permanent quarters	1,000.00			1,000.00 ✓
"Qualified residence sale, purchase, or lease expense"				
All other payments (specify).....	(see attached)			3,437.19
				6,591.90

Purpose of the Form.—This form is furnished by your employer to provide you with the necessary information to assist you in the computation of the moving expense deduction. The form shows the amount of any reimbursement or payment made to you, to a third party for your benefit, or the value of services furnished in-kind for moving expenses during the calendar year. A separate form is required to be furnished to you for each move made by you during the calendar year for which you receive a reimbursement of payment of moving expenses (other than direct cash reimbursement).

To claim the moving expense deduction and for detailed moving expense information with respect to the deduction see Form 3903. See IR Code Sections 82 and 217 and the regulations thereunder.

Instructions for Employer.—Internal Revenue Service regulations require you when making a reimbursement or payment of moving expenses to an employee (other than a direct cash reim-

bursment) to complete and furnish the employee a Form 4782 (or the employer's own form so long as it provides the same information as the Form 4782) for each move made by such employee for which reimbursement or payment is made.

In addition to the moving expense payment itemization reflected in this statement which is required to be furnished to the employee, these amounts must also be included in the totals on the employee's Form W-2, Wage and Tax Statement. Since payments for non-deductible moving expenses are subject to withholding they are included in the "Wages" block on Form W-2 whereas payments for deductible expenses are not subject to withholding and are included in the "Other compensation" block.

You should give Form 4782 to employees on or before January 31, following the calendar year in which a reimbursement or payment is received by the employee if he is in your employ at the

close of such year, or within 30 days after the last payment of wages, if his employment is terminated before the close of such year.

General Information

Allowance of Deduction.—As an employee you are allowed a deduction from gross income for reasonable moving expenses paid or incurred during the taxable year in connection with your move to a new principal place of work. Expenses are considered as being paid or incurred whether a reimbursement or payment is received directly (paid to you by an employer, a client, a customer, or similar person) or indirectly (paid to a third party on your behalf by an employer, a client, a customer, or similar person).

Moving Expenses.—Generally, the term "moving expenses" means only the reasonable expenses of:

A. Moving household goods and personal effects from the former residence to the new residence,

Employee Moving Expense Information

(Keep for
your
Records)

Payments made during the calendar year 19⁷⁵

Name of employee A. K. RUNCHAL Social security number

Number and street 10982 ROEBLING AVENUE

City or town, State, and ZIP code LOS ANGELES, CA 90024

Moving Expense Payments

Type of expense	Amount paid to employee	Amount paid to a third party for benefit of employee	Value of services furnished in-kind	Total
All other payments (specify).....				
Non-deductible:				
Laundry & cleaning	98.00			98.00
Car rental	287.35			287.35
Pre-move househunting exp. & temp. living exp. in excess of \$1000	1,022.58			1,022.58
Pre-move in excess of 30 consecutive days	67.99			67.99
Cab fare	9.50			9.50
Plug for shave & smog device certificate	18.65			18.65
Tax reimbursement	891.12			891.12
Incidental exp. allowance	1,042.00			1,042.00
				3,437.19

INSTRUCTIONS FOR CLAIM FOR CREDIT OR REFUND OF CALIFORNIA STATE DISABILITY INSURANCE OVERPAYMENT ON YOUR CALIFORNIA INDIVIDUAL INCOME TAX RETURN

CREDIT OR REFUND CAN BE CLAIMED IF:

- You worked for two or more employers.
- Deductions for disability insurance were made from your wages, and
- Such deductions TOTALED more than \$90 for the Calendar Year 1974.

CREDIT OR REFUND CANNOT BE CLAIMED IF:

- More than \$90 was deducted from your pay by only ONE employer. You must claim your refund directly from that employer.
- You worked for a business which had a change of ownership during the year. The combined deductions made by both owners should not total more than \$90. If more than \$90 was deducted from your pay by the two employers, claim your refund directly from the last employer.

WHERE TO FILE CLAIM:

Claim must be attached to the face of your California Individual Income Tax Return, Form 540 or 540NR. CLAIM WILL BE DISALLOWED IF THIS FORM IS NOT ATTACHED TO THE FACE OF YOUR RETURN. The Department of Benefit Payments will accept original claims **only** if claimant certifies to exemption from California State Income Tax. (Check box below to complete such certification and attach statement as to reason for exemption.)

WHEN TO FILE CLAIM:

Claims must be filed on a California Income Tax Return for the year in which the wages were received, but not later than three years after the due date without regard to any extensions. If required to file a California Income Tax Return, claim Form DE 1964 must be filed with the Department of Benefit Payments within three years after the end of the calendar year in which the wages were received.

APPEALS:

If the Franchise Tax Board disallows your claim for overpayment of disability insurance, you may file a protest in writing with the Director of the Department of Benefit Payments, P.O. Box 1685, Sacramento, CA 95808. This protest must be filed within 30 days of the date of mailing of the disallowance notice.

(INSTRUCTIONS CONTINUED ON PAGE 2)

CUT HERE

ATTACH TO THE LOWER PORTION OF YOUR CALIFORNIA INDIVIDUAL INCOME TAX RETURN

CLAIM FOR CREDIT OR REFUND OF CALIFORNIA STATE DISABILITY INSURANCE OVERPAYMENT ON YOUR CALIFORNIA INDIVIDUAL INCOME TAX RETURN

PLEASE TYPE OR PRINT	FIRST NAME AND INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	
	AKSHAI K.	RUNCHAL	553	39 5412
	PRESENT HOME ADDRESS (NUMBER AND STREET, INCLUDING APARTMENT NUMBER, OR RURAL ROUTE)			
	10982 ROEBLING AV			
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE			
	L-A CA 70024			

		DOLLARS	CENTS
1. Total wages of above claimant (from line 6, page 2)	1	18000	-
2. Total of deductions for California State Disability Insurance for above claimant (from line 7, page 2)	2	138	10
3. Required contributions on \$9,000 taxable wages	3	90	00
4. Credit or refund claimed (subtract line 3 from line 2). Enter this amount on your California Individual Income Tax Return, Form 540, page 1, or Form 540NR, page 1. If husband and wife both qualify and are filing a joint return, complete a Form DE 1964 for each spouse and enter the total of both claims on your income tax return	4	48	10

☐ I Certify that I am exempt from California State Income Tax and therefore am filing this claim directly with the Department of Benefit Payments. (See attached statement for basis of exemption.)

I Certify under penalties of perjury that the statement of wages paid to me and contributions deducted, as shown hereon, are true and correct to the best of my knowledge and belief.

Ashai Runchal

SIGNATURE

11/2/76

DATE

(INSTRUCTIONS CONTINUED FROM PAGE 1)

INFORMATION FOR COMPLETING WAGE SUMMARY SCHEDULE:

- Disability insurance deductions are shown on check stubs or deduction slips (not on your forms W-2).
- Enter below only those wages from which California Disability Insurance deductions were actually made.
- Most Federal, State and local government agencies and religious organizations are not required to deduct California Disability Insurance. Do not include these wages in your claim unless disability insurance deductions were actually made.
- Do NOT include in your claim:
 - Deductions made from wages paid to your spouse or dependents. A separate claim must be filed by each individual even though you may be filing a joint income tax return with your spouse.
 - Deductions made from your wages for Federal Old Age, Survivors and Disability Insurance (Social Security-Medicare Tax) or Federal and State income tax withheld from your wages.
 - Deductions made from wages earned in states other than California unless such wages were reported to the State of California.
 - Seamen's wages that come under the jurisdiction of states other than California.
- Self-employed Persons—Enter in column (a) "Covered under California Insurance Code Sections 708 or 708.5," and complete column (b). Failure to enter this information will result in rejection of your claim on initial review.

ASSISTANCE:

If you need assistance in completing this claim, contact the nearest office of the Department of Benefit Payments.

AMENDED CLAIMS:

Amended claims must be so marked, (if not, they will be returned to claimant) and forwarded to the Department of Benefit Payments, P.O. Box 1685, Sacramento, CA 95808.

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ATTACH TO THE LOWER PORTION OF YOUR CALIFORNIA INDIVIDUAL INCOME TAX RETURN

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Wage Summary—Complete schedule below if over \$90 was deducted for California State Disability Insurance during 1974 by two or more employers.

LINE	EMPLOYER'S BUSINESS NAME AND CITY AS SHOWN ON W-2 FORM List in Alphabetical Order		Period employed during 1974		Wages paid to you during 1974. Do not show more than \$9,000 for any one employer		Actual deduction for Disability Insurance. Not to exceed 1% of wages shown in column (c). Do not list FICA deductions	
	Column (a)	Column (b)	Column (c)	Column (d)	DOLLARS	CENTS	DOLLARS	CENTS
5.	NAME DAMES + MOORE	LOCATION L-A	FROM (MONTH) OCT. 1975	TO (MONTH) DEC 1975	9,000		48	10
	✓	✓ L-A	JAN 76	SEPT 1976	9,000		90	00
6.	Total (also enter this amount on page 1, line 1)				78,000	00		
7.	Total of actual deductions for California State Disability Insurance (also enter this amount on page 1, line 2)						138	10