

040

US

Department of the Treasury / Internal Revenue Service

Individual Income Tax Return

1971

For the year January 1–December 31, 1971; or other taxable year beginning 1971, ending 19

Please print or type	First name and initial (If joint return, use first names and middle initials of both) Rufus A.	Last name Lewis	Your social security number 155 20 0438
	Present home address (Number and street, including apartment number, or rural route) 801 Bolivar Street		Spouse's social security number
	City, town or post office, State and ZIP code Montgomery, Alabama		Yours Sec.-Treasurer

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.
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) ☐ ☐ ☐
- 9 First names of your dependent children who lived with you

- 10 Number of other dependents (from line 33) Enter number
- 11 Total exemptions claimed **2**

Income

- 12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) **12 13,580 00**
- 13a Dividends (see pages 6 and 11 of instr.) \$ **1,650.00** 13b Less exclusion \$ **100.00** Balance **13c 1,550 00**
- (If gross dividends and other distributions are over \$100, list in Part I of Schedule B.)
- 14 Interest. [If \$100 or less, enter total without listing in Schedule B]. [If over \$100, enter total and list in Part II of Schedule B] **14**
- 15 Income other than wages, dividends, and interest (from line 40) **15 (413 38)**
- 16 Total (add lines 12, 13c, 14 and 15) **16 14,716 62**
- 17 Adjustments to income (such as "sick pay," moving expense, etc. from line 45) **17**
- 18 Adjusted gross income (subtract line 17 from line 16) **18 14,716 62**

- See page 3 of instructions for rules under which the IRS will figure your tax.
- If you do not itemize deductions and line 18 is under \$10,000, find tax in Tables and enter on line 19.
- If you itemize deductions or line 18 is \$10,000 or more, go to line 46 to figure tax.

19 Tax (Check if from: ☐ Tax Tables 1-13, ☒ Tax Rate Sch. X, Y, or Z, ☐ Sch. D, ☐ Sch. G or ☐ Form 4726) **19 2,593 99**

Tax, Payments and Credits

- 20 Total credits (from line 54) **20**
- 21 Income tax (subtract line 20 from line 19) **21 2,593 99**
- 22 Other taxes (from line 60) **22**
- 23 Total (add lines 21 and 22) **23 2,593 99**
- 24 Total Federal income tax withheld (attach Forms W-2 or W-2P to back) **24 2,711 84**
- 25 1971 Estimated tax payments (Include 1970 overpayment allowed as a credit) **25**
- 26 Other payments (from line 64) **26**
- 27 Total (add lines 24, 25, and 26) **27 2,711 84**

Bal. Due or Refund

- 28 If line 23 is larger than line 27, enter BALANCE DUE Pay in full with return. Make check or money order payable to Internal Revenue Service **28**
- 29 If line 27 is larger than line 23, enter OVERPAYMENT **29 117 85**
- 30 Line 29 to be: (a) REFUNDED Allow at least six weeks for your refund check (b) Credited on 1972 estimated tax **30**

Foreign Accounts

- 31 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? If "Yes," attach Form 4683. (For definitions, see Form 4683.) ☐ Yes ☒ No

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.

Your signature

Date

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

Date

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

Address

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)

32 (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 \$675 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL. \$	(f) Amount furnished by OTHERS including dependent. \$

33 Total number of dependents listed above. Enter here and on line 10 ▶

PART II.—Income other than Wages, Dividends, and Interest

34 Business income or (loss) (attach Schedule C)	34		
35 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	35	615	38
36 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	36		
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	37	(1,063)	48
38 Farm income or (loss) (attach Schedule F)	38		
39 Miscellaneous income: (a) Fully taxable pensions and annuities not reported on Schedule E—see instructions on page 7			
(b) 50% of capital gain distributions (not reported on Schedule D)			
(c) State income tax refunds (caution—see instructions on page 7)			
(d) Alimony			
(e) Other (state nature and source)			
ASCS PAYMENTS		34	72
(f) Total miscellaneous income (add lines 39(a), (b), (c), (d) and (e))	39	34	72
40 Total (add lines 34, 35, 36, 37, 38, and 39). Enter here and on line 15 ▶	40	(413)	38

PART III.—Adjustments to Income

41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41		
42 Moving expense (attach Form 3903)	42		
43 Employee business expense (attach Form 2106 or other statement)	43		
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44		
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17 ▶	45		

PART IV.—Tax Computation (Do not use this part if you use Tax Tables 1-13 to find your tax.)

46 Adjusted gross income (from line 18)	46	14,716	62
47 (a) If you itemize deductions, enter total from Schedule A, line 32 and attach Schedule A (b) If you do not itemize deductions, and line 46 is: (1) \$10,000 or more but less than \$11,538.43, enter 13% of line 46 (2) \$11,538.43 or more, enter \$1,500. Note: deduction under (1) or (2) is limited to \$750 if married and filing separately.	47	1,500	00
48 Subtract line 47 from line 46	48	13,216	62
49 Multiply total number of exemptions claimed on line 11, by \$675	49	1,350	00
50 Taxable income. Subtract line 49 from line 48 ▶	50	11,866	62

(Figure your tax on the amount on line 50 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 19.

PART V.—Credits

51 Retirement income credit (attach Schedule R)	51		
52 Investment credit (attach Form 3468)	52		
53 Foreign tax credit (attach Form 1116)	53		
54 Total credits (add lines 51, 52, and 53). Enter here and on line 20 ▶	54		

PART VI.—Other Taxes

55 Self-employment tax (attach Schedule SE)	55		
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Minimum tax (see instructions on page 8). Check here <input type="checkbox"/> , if Form 4625 is attached	57		
58 Social security tax on unreported tip income (attach Form 4137)	58		
59 Uncollected employee social security tax on tips (from Forms W-2)	59		
60 Total (add lines 55, 56, 57, 58, and 59). Enter here and on line 22 ▶	60		

PART VII.—Other Payments

61 Excess FICA tax withheld (two or more employers—see instructions on page 8)	61		
62 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	62		
63 Regulated Investment Company Credit (attach Form 2439)	63		
64 Total (add lines 61, 62, and 63). Enter here and on line 26 ▶	64		

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

RUFUS A. LEWIS

155 120 0438

Part I Dividend Income

Note: If gross dividends (including capital gain distributions) and other distributions on stock are \$100 or less, do not complete this part. But enter gross dividends less the sum of capital gain distributions and non-taxable distributions, if any, on Form 1040, line 13a. (see note below)

1 Gross dividends (including capital gain distributions) and other distributions on stock. (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

ROSS-CLAYTON FUNERAL HOME 1,650 00

2 Total of line 1

3 Capital gain distributions (see instructions on page 11. Enter here and on Schedule D, line 7.) See note below

4 Nontaxable distributions (see instructions on page 11)

5 Total (add lines 3 and 4)

6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 13a

Part II Interest Income

Note: If interest is \$100 or less, do not complete this part. But enter amount of interest received on Form 1040, line 14.

7 Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see instructions on page 11). (List payers and amounts)

8 Total interest income. Enter here and on Form 1040, line 14

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 39(b).



Capital Gains and Losses

► Attach to Form 1040. ► Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.

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1971

Name(s) as shown on Form 1040

RUFUS A. LEWIS

Social security number

Part I Short-term Capital Gains and Losses—Assets Held Not More Than 6 Months

a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. How acquired. Enter letter symbol (see instructions)	c. Mo., day, yr. (Put date sold above dotted line and date acquired below dotted line)	d. Gross sales price	e. Cost or other basis, as adjusted, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	f. Gain or (loss) (d less e)
1					
2	Enter your share of net short-term gain or (loss) from partnerships and fiduciaries				2
3	Enter net gain or (loss), combine lines 1 and 2				3
4(a)	Short-term capital loss component carryover from years beginning before 1970 (see Instruction H)				4(a)
4(b)	Short-term capital loss carryover attributable to years beginning after 1969 (see Instruction H)				4(b)
5	Net short-term gain or (loss), combine lines 3, 4(a) and 4(b)				5

Part II Long-term Capital Gains and Losses—Assets Held More Than 6 Months

a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. How acquired. Enter letter symbol (see instructions)	c. Mo., day, yr. (Put date sold above dotted line and date acquired below dotted line)	d. Gross sales price	e. Cost or other basis, as adjusted, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	f. Gain or (loss) (d less e)
6					
PULPWOOD		1971 11-1967	1,203.76	0	1,230 76
7	Capital gain distributions				7
8	Enter gain if applicable from line 4(a)(1), Form 4797 (see Instruction A)				8
9	Enter your share of net long-term gain or (loss) from partnerships and fiduciaries				9
10	Enter your share of net long-term gain from small business corporations (Subchapter S)				10
11	Net gain or (loss), combine lines 6 through 10				11
12(a)	Long-term capital loss component carryover from years beginning before 1970 (see Instruction H)				12(a)
12(b)	Long-term capital loss carryover attributable to years beginning after 1969 (see Instruction H)				12(b)
13	Net long term gain or (loss), combine lines 11, 12(a) and 12(b)				13

Part III Summary of Parts I and II

14	Combine the amounts shown on lines 5 and 13, and enter the net gain (loss) here	14	1,230 76
15	If line 14 shows a gain—		
	(a) Enter 50% of line 13 or 50% of line 14, whichever is smaller (see Part VI for computation of alternative tax). Enter zero if there is a loss or no entry on line 13	15(a)	615 38
	(b) Subtract line 15(a) from line 14. Enter here and on line 35, Form 1040	15(b)	615 38
16	If line 14 shows a loss—See Instruction I.		
	► Omit lines 16(a) and 16(b) and go to Part IV if losses are shown on lines 12(a) and 13.		
	► Otherwise,		
	(a) Enter one of the following amounts:		
	(i) If amount on line 5 is zero or a net gain, enter 50% of amount on line 14;		
	(ii) If amount on line 13 is zero or a net gain, enter amount on line 14; or,		
	(iii) If amounts on line 5 and line 13 are net losses, enter amount on line 5 added to 50% of amount on line 13	16(a)	
	(b) Enter here and on line 35, Form 1040, the smaller of:		
	(i) The amount on line 16(a);		
	(ii) \$1,000 (\$500 if married and filing a separate return—if losses are shown on lines 4(a) and 5, see Instruction K for a higher limit not to exceed \$1,000); or,		
	(iii) Taxable income, as adjusted (see instruction J)	16(b)	

Schedules E&R—Supplemental Income Schedule AND Retirement Income Credit Computation

(Form 1040)
Department of the Treasury
Internal Revenue Service

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)
▶ Attach to Form 1040.

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1971

Name(s) as shown on Form 1040
Rufus A. Lewis

Your social security number
155 | 20 | 0438

Schedule E—Supplemental Income Schedule (Schedule R on back)

Part I Pension and Annuity Income. If fully taxable, do not complete this part. Enter amount on Form 1040, line 39(a). For each pension or annuity not fully taxable, attach a separate Part I and enter combined total of taxable portions on line 5.

- 1 Name of payer
- 2 Did your employer contribute part of the cost? ☐ Yes ☐ No. If "Yes," is your contribution recoverable within 3 years of the annuity starting date? ☐ Yes ☐ No.
If "Yes," show: Your contribution \$....., Your contribution recovered in prior years \$.....
- 3 Amount received this year
- 4 Amount excludable this year
- 5 Taxable portion (subtract line 4 from line 3)

Part II Rent and Royalty Income. Report rents and royalties here. If you need more space, you may use Form 4831. Note: If you are reporting farm rental income here that is based on crops or livestock produced by a tenant farmer but you did not materially participate in the operation of the farm, see instr. on page 14 to determine if you should also file Form 4835.

(a) Kind and location of property If residential, also write "R"	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain below) or depletion (attach computation)	(e) Other expenses (Repairs, etc.— explain below)
3 HOUSES - R	1,748.00		844.10	2,538.38
LAND RENT	571.00			
1 Totals	2,319.00		844.10	2,538.38

2 Net income or (loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))

(1,063.48)

Part III Income or Losses From Partnerships, Estates or Trusts, and Small Business Corporations. If any of the partnership, estate or trust income reported below is from farming, see instructions on page 14, to determine if you should also file Form 4835.

(a) Name and address	(b) Check applicable box			(c) Employer identification number	(d) Income or loss
	Partnership	Estate or Trust	Small Bus. Corp.		

1 Income or (loss) Total of column (d)

TOTAL OF PARTS I, II, AND III (Enter here and on Form 1040, line 37)

(1,063.48)

Explanation of Column (e), Part II

Item	Amount	Item	Amount	Item	Amount
REPAIRS & TAXES	1,761.53				
INTEREST	776.85				

Schedule for Depreciation Claimed in Part II Above. Note: For new depreciation rules, see Form 4832 (Revised). Form 4832 (Revised) also explains the effect the new rules have on guideline lives under Rev. Procs. 62-21 and 65-13. Taxpayers using these lives: Make no entry in column b, enter amounts in column c for assets held at end of year, and enter accumulated depreciation at end of year in column d. If you need more space, use Form 4562.

(a) Group and guideline class or description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation from Form 4832						
3 Other depreciation:						
4 Totals		19,726.00				844.10

Summary of Depreciation (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years-digits	Units of production	Other (specify)	Total
1 Under Rev. Procs. 62-21 and 65-13						
2 Depr. from Form 4832						
3 Other						

Name and address RUFUS A. LEWIS - 801 BOLIVAR ST - MONTGOMERY, ALABAMA

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Schedule 4

DEPRECIATION

YEAR 1971

No.	Description of Property	Date acquired	Cost or other basis	Previous depreciation	Method used	Estimated life (yrs.) or rate (%)	Remaining life (yrs.)	Depreciation allowable this year
1	FRAME HOUSE - HALL ST	1947	\$ 3,000 00	\$ 2,275 00	SL	25 YRS		\$ 120 00
2	REPAIRS - HALL ST	1952-1959	2,075 00	1,057 00	SL	25 YRS		83 00
3	REPAIRS - HALL ST	1956	2,500 00	1,875 00	SL	20 YRS		125 00
4	FRAME HOUSE - TUTTLE ST	1948	3,650 00	2,753 00	SL	25 YRS		146 00
5	REPAIRS - TUTTLE ST	1962	501 00	425 85	SL	10 YRS		50 10
6	FRAME HOUSE - MYERS ST	1964	8,000 00	2,240 00	SL	25 YRS		320 00
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
Totals			\$ 19,726 00	\$ 10,625 85				\$ 844 10

INDIVIDUAL INCOME TAX RETURN

1971

RECEIVING STAMP		or taxable year beginning	1971, and ending	1972	Do Not Write In This Space	
<p>This form for use of RESIDENTS OF ALABAMA.</p> <p>Non-residents with income from within Alabama use Form 40B.</p>		Print Name and Address Plainly Below			Comp. Verified _____	
		Rufus A. Lewis			Reviewed by _____	
		(Name) If this is a joint return of husband and wife, use first names of both			Audited by TAXPAYERS COPY	
		801 Bolivar Street			Date _____	
		(Street and number, or rural route)			Add'l Tax \$ _____	
		Montgomery, Alabama			Interest \$ _____	
		(Post Office) (State) (Zip Code)			Total Add'l \$ _____	
		YOUR SOCIAL SECURITY NO.			Ser. No. _____	
		155 20 0438				
		OCCUPATION				
		Sec.-Treasurer				
		SPOUSE'S SOCIAL SECURITY NO.				
		OCCUPATION				
Name and address of present employer <u>Ross-Clayton Funeral Home, Inc.-Montgomery, Alabama</u>						
Were you (or your wife) 65 years of age or over on December 31, 1971? <u>YES</u> Were you a resident of Alabama the entire year 1971? <u>YES</u>						
If not, state period of residence. _____ If married, did your wife (or husband) earn a separate income? _____						
Has same been included herein? _____ If not, state name under which separate return was filed. _____						
If you filed a return for a prior year, state latest year. <u>1970</u> Income reported on your 1971 Federal return \$ <u>14,716.62</u>						
PERSONAL EXEMPTION CREDIT FOR DEPENDENTS						
Status	Number of Months	Credit Claimed	List names of other close relatives actually dependent (as defined in instructions) who received more than one-half of their support from you.			
			Name	Relationship	Age	
Single, or married and not living with husband or wife, and not head of family	<u>12</u>	<u>\$ 1,500.00</u>				
Married and living with husband or wife						
Head of family (Attach Explanation)						
1. Income - Salaries, Wages, Commissions, etc.						
Employer's Name		Where Employed (City & State)		Alabama Income Tax Withheld		Wages, etc.
(a) <u>ROSS-CLAYTON FUNERAL HOME, INC. - MONTGOMERY, ALA.</u>		<u>ROSS-CLAYTON FUNERAL HOME, INC. - MONTGOMERY, ALA.</u>		<u>\$ 308 60</u>		<u>\$ 13,580 00</u>
(b)						
(c)						
(d)						
(e)						
TOTALS				<u>\$ 308 60</u>		<u>\$ 13,580 00</u>
2. Income Other Than Salaries or Wages Itemized on Page 2						<u>\$ 1,852 00</u>
3. TOTAL INCOME (Total Lines 1 and 2)						<u>\$ 15,432 00</u>
DEDUCTIONS						
4. Optional Deduction - 10% of Line 3, not to exceed \$1000.00 (See Instruction)				<u>\$ 1,000 00</u>		
5. Itemized Deduction - Schedule H - Where Optional Deduction is Not Used (See Instruction)						
6. Federal Income Tax (Itemize Below)				<u>2725 34</u>		
Schedule of Federal Income Tax Paid in 1971						
Withheld in 1971		<u>2,711 84</u>		7. Total Deductions (Total of lines 4 and 6 or 5 and 6)		
Paid on 1971 Estimate in 1971				<u>\$ 3725 34</u>		
1970 Tax Paid in 1971		<u>13 50</u>		8. Net Income for Tax Computation (Line 3 minus 7)		
Year _____ paid in 1971				<u>\$ 11,706 66</u>		
Total paid in 1971		<u>2725 34</u>		Less:		
Less: Refunds rec'd in 1971				9. Personal Exemption		
Total (to line 6)		<u>2,725 34</u>		<u>\$ 1,500 00</u>		
12. \$ <u>1,000.00</u> at 1½ per cent (On first \$1,000 or fraction thereof, of Amount Taxable)				<u>\$ 1,500 00</u>		
13. \$ <u>2,000.00</u> at 3 per cent (On next \$2,000 or fraction thereof, of Amount Taxable)				<u>\$ 10,206 66</u>		
14. \$ <u>2,000.00</u> at 4½ per cent (On next \$2,000 or fraction thereof, of Amount Taxable)				Amount of Tax		
15. \$ <u>5,206.66</u> at 5 per cent (On all over \$5,000 of Amount Taxable)				<u>\$ 15 00</u>		
16. TOTAL TAX DUE (Total of Lines 12, 13, 14, and 15)				<u>60 00</u>		
17. Income tax paid to other States - Attach copy of return. (See instructions for limitations)				<u>90 00</u>		
18. Net Tax Due Alabama (Line 16 minus 17 - cannot be less than zero.)				<u>260 33</u>		
19. (a) Tax withheld (Line 1 above). Attach Forms A-2				<u>\$ 425 33</u>		
(b) Payments and credits on 1971 Declaration of Estimated Tax				<u>\$ 425 33</u>		
TOTAL (Total of lines 19 (a) and 19 (b))				<u>\$ 308 60</u>		
20. If your tax (Line 18) is larger than your payments (Line 19), enter the BALANCE DUE here; and mail your return to: Alabama Income Tax Div., P. O. Box 815, Montgomery, Ala. 36102. Make your remittance payable to: Alabama Department of Revenue - Income Tax Division				<u>\$ 116 73</u>		
21. If your payments (Line 19) are larger than your tax (Line 18), enter the OVERPAYMENT here; and mail your return to: Ala. Income Tax Refund, P. O. Box 154, Montgomery, Ala. 36101						
22. Enter amount of Line 21 you want:						
Credited on your 1972 estimated tax \$ _____; Refunded to you \$ _____						

RETURN MUST BE ACCOMPANIED BY REMITTANCE FOR BALANCE SHOWN TO BE DUE ON LINE 20.
CALENDAR YEAR RETURNS MUST BE FILED ON OR BEFORE APRIL 15TH, 1972

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person (Other than taxpayer or agent) preparing return) (Date) (Signature of taxpayer) (Date)

(Name of firm or employer, if any) TAXPAYERS COPY (If this is a joint return of husband and wife, it must be signed by both)

SCHEDULE A - INCOME FROM BUSINESS (See Instruction)

Type of Business		Federal Employer's Identification No.	
2. Gross receipts or gross sales \$		Less: Returns and allowances \$	
Indicate method of accounting:		OTHER BUSINESS DEDUCTIONS	
(a) <input type="checkbox"/> Cash		10. Salaries and wages not in line 4	
(b) <input type="checkbox"/> Accrual		11. Rent	
(c) <input type="checkbox"/> Other		12. Interest on business indebtedness	
COST OF GOODS SOLD		13. Taxes on business and business property	
2. Inventory at beginning of yr.		14. Losses (explain on separate schedule)	
3. Merchandise bought for sale		15. Bad debts arising from sales or services	
4. Labor		16. Depreciation, obsolescence, and depletion (explain in Schedule G)	
5. Material and supplies		17. Repairs	
6. Other costs (explain on separate schedule)		18. Other expenses (explain on separate schedule)	
7. Total of lines 2 to 6		19. Total of lines 10 to 18	
8. Less inventory at end of yr.		20. Total of lines 9 and 19	
9. Net cost of goods sold (line 7 less line 8)		21. Net profit (or loss) (line 1 less line 20)	

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SCHEDULE B - INCOME FROM RENTS AND ROYALTIES

Kind and location of property	2. Amount of rent or royalty	3. Depreciation (explain in Sch. G) or depletion	4. Repairs (attach itemized list)	5. Other expenses (attach itemized list)
	\$	\$	\$	\$
1. Totals	\$	\$	\$	\$
2. Net profit (or loss) (column 2 less sum of columns 3, 4, and 5) <i>SCHEDULE</i>				

\$ (1,063 48)

SCHEDULE C - PROFIT FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC.

1. KIND OF PROPERTY	2. Date Acquired	3. Amount Received	4. Depreciation Allowable Since Acquisition	5. Cost or Other Basis	6. Subsequent Improvements	7. Net Profit
		\$	\$	\$	\$	\$

SCHEDULE D

\$ 1,230 76

SCHEDULE D - INCOME FROM DIVIDENDS (Attach List) (see instructions)

SCHEDULE E - INCOME FROM INTEREST

Interest from All Sources (Attach List)	\$
(a) Less Interest exempt from Tax (Attach List)	\$

\$ 1,650 00

SCHEDULE F - INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, AND OTHER SOURCES

1. Partnership (Name and address)	\$
2. Estate or trust (Name and address)	\$
3. Other sources (State nature) <i>ASCS PAYMENTS</i>	\$
Total income (or loss) from Schedules A, B, C, D, E, and F (Enter here and on line 2, page 1)	\$

34 72

\$ 1,852 00

SCHEDULE G - EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES A AND B

1. Kind of property (if buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
		\$	\$			\$

SCHEDULE H - ITEMIZED DEDUCTIONS - FOR PERSONS NOT USING STANDARD DEDUCTION ON LINE 4, PAGE 1

Contributions		
	Allowable Contributions (not in excess of 15 per cent of net income before the deduction)	\$
Interest		\$
		\$
Taxes Other Than Federal Income Tax		\$
		\$
Medical and Dental Expense	NOTE: If you or your wife are 65 or over, or if either has a dependent parent 65 or over, see Instructions for possible larger deduction.	
Attach itemized list. Do not enter any expense compensated by insurance or otherwise	1. Total cost of medicine and drugs	\$
	2. Enter 1% of line 3, page 1	\$
	3. Subtract line 2 from line 1	\$
	4. Other medical, dental expenses (Include hospital insurance premiums)	\$
	5. Total (add lines 3 and 4)	\$
	6. Enter 3% of line 3, page 1 (see note above)	\$
	7. Subtract line 6 from line 5; see Instructions for maximum limitation	\$
Other Deductions		\$
		\$
TOTAL DEDUCTIONS (Enter as item 5, page 1)		\$