

STATE OF ALABAMA
Individual Income Tax ReturnAMENDED
1975

RECEIVING STAMP

for calendar year 1975, or other taxable year

beginning 1975, and ending 1976

YOUR SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

155 20 0438

First Name(s) and Initial(s)

Last Name

Rufus A.

Lewis

Home Address (Number and Street or Rural Route)

801 Bolivar Street

City, Town or Post Office, and State

Montgomery, AL

Zip Code

OCCUPATION

YOURS Executive

WIFE'S

This form for use of RESIDENTS OF ALABAMA.
Non-residents with income from within Alabama use Form 40B.

Do Not Write In This Space

Comp. Verified _____

Reviewed by _____

Add'l Tax \$ _____

Interest \$ _____

Total Add'l \$ _____

Date _____

Ser. No. _____

Name and address of present employer Ross Clayton Funeral Home Montgomery ALWere you (or your wife) 65 years of age or over on December 31, 1975? Yes Were you a legal resident of Alabama the entire year 1975? Yes

If not, state period of residence. (From _____ through _____) Did your wife (or husband) earn a separate income?

Has same been included herein? _____ If not, state name under which separate return was filed.

List spouse's social security number above. Did you file an Alabama return for the year 1974? Yes If not, state reason why.Income reported on your 1975 Federal Income Tax Return. \$ 34,075.10

PERSONAL EXEMPTION

CREDIT FOR DEPENDENTS

Status

Number of Months

Credits Claimed

List names of other close relatives actually dependent (as defined in instructions) who received more than one-half of their support from you.

Single, or married and not living with husband or wife, and not head of family

12

\$ 1500.00

Married and living with husband or wife

Head of family (See instructions - explanation must be attached)

Name

Relationship

Age

1. Income - Salaries, Wages, Commissions, etc.

Employer's Name

Where Employed (City & State)

Alabama Income Tax Withheld

Wages, etc.

(a) Ross Clayton Funeral Home Montgomery AL

\$ 524.72

\$ 16,100.00

(b) _____

(c) _____

(d) _____

(e) _____

TOTALS

\$ 524.72

1 \$ 16,100.00

2 \$ 18,075.10

3 \$ 34,175.10

4 \$ 1118.45

5 \$ 33056.65

6 \$ 3537.33

7 \$ 29,519.37

8 \$ 1500.00

9 \$ 28019.37

10 \$ 1315.97

11 \$ 1315.97

12 \$ 1315.97

13 \$ 1315.97

14 \$ 1315.97

15 \$ 1315.97

16 \$ 1315.97

17 \$ 1315.97

18 \$ 1315.97

19 \$ 1315.97

Schedule of Federal Income Tax Paid in 1975

Withheld in 1975 2552.83Paid on 1975 Estimate in 1975 984.50Additional 1974 Tax Pd. in 1975 3537.33Year paid in 1975 3537.33Total paid in 1975 3537.33Less: Refunds rec'd in 1975 3537.33Total (to line 6) 3537.33

6. Federal Income Tax (Itemize at left)

7. Net Income (Subtract line 6 from line 5)

Less:

8. Personal Exemption (See inst.) ... \$ 1500.00

9. Credit for Dependents (See inst.)

10. Total (Add lines 8 and 9)

11. Amount Taxable (Subtract line 10 from line 7)

12. TAX DUE (See Rate Schedule in Instruction)

13. Income tax paid to other States - Attach copy of return. (See instructions for limitations)

14. Net Tax Due Alabama (Subtract line 13 from line 12 - cannot be less than zero.)

15. Alabama Income Tax Withheld (Total from line 1)

Pay in full with Return. Make remittance payable to Alabama Dept. of Rev. Income Tax Div.

16. Payments and Credits on 1975 Declaration of Estimated Tax

17. TOTAL (Add lines 15 and 16)

18. If line 14 is larger than line 17, enter BALANCE DUE here

BALANCE DUE

19. If line 17 is larger than line 14, enter amount OVERPAID (See line 21 for mailing instructions)

20. Enter Amount on line 19 you want: Credited on your 1976 estimated tax \$ Refunded to you \$

21. If the amount on line 19 is \$1.00 or larger, mail your return to Alabama Income Tax Refund, P. O. Box 154, Montgomery, Alabama 36130, Otherwise mail your return to Alabama Income Tax Division, P. O. Box 815, Montgomery, Alabama 36130.

Return Must Be Accompanied By Remittance For Balance Shown To Be Due On Line 18.

Calendar Year Returns Must Be Filed On Or Before April 15th, 1976

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.

ROBINSON & NICHOLSON, CPA's

By Robert C. Nicholson 3/25/77

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

(Name of firm or employer, if any)

Spouse's signature (If this is a joint return, both must sign)

PAYERS COPY

PART I – INCOME OTHER THAN SALARIES OR WAGES

DIVIDEND INCOME (List Payers and Amounts)

		\$	

1. Total Income from Dividends *1040-B*

\$ 2520 00

INTEREST INCOME (List Payers and Amounts)

	EXEMPT	TAXABLE
	\$	\$

2. Total Taxable Income from Interest *1040-B*

\$ 683 65

PROFIT FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC.

3. Kind of Property	4. Date Acquired	5. Amount Received	6. Depreciation Allowable Since Acquisition	7. Cost or Other Basis	8. Subsequent Improvements
		\$	\$	\$	\$

9. Totals \$ \$ \$ \$

10. Net Profit or Loss (Sum of Columns 5 & 6 Less 7 & 8) *1040-B*

\$

INCOME FROM RENTS AND ROYALTIES

11. Kind and Location of Property	12. Amount of Rent or Royalty	13. Depreciation or Depletion (Explain in Part II)	14. Repairs (Attach Itemized List)	15. Other Expenses (Attach Itemized List)
	\$	\$	\$	\$

16. Totals \$ \$ \$ \$

17. Net Profit or Loss (Column 12 Less Sum of Columns 13, 14 & 15) *1040-B*

\$

18. Partnership Income (Name and Address)

\$

19. Estate or Trust Income (Name and Address)

\$

20. Business Income (Attach Schedule C) (Copy of Federal Schedule C Will Be Acceptable)

\$

21. Farm Income (Attach Schedule F) (Copy of Federal Schedule F Will Be Acceptable)

\$

22. Income from Other Sources (State Nature) *STATE LEGISLATURE*

\$

23. TOTAL INCOME OR LOSS (Add Lines 1, 2, 10, 17, 18, 19, 20, 21, and 22)

\$

Enter Here and on Line 2, Page 1 *1040-B*

\$

18,075 10

PART II – EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN PART I, COLUMN 13

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
		\$	\$			\$

PART III – ITEMIZED DEDUCTIONS – FOR PERSONS NOT USING STANDARD DEDUCTION ON LINE 4, PAGE 1

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize.

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return.

Medical and Dental Expense

1. Total cost of medicine and drugs \$

2. Enter 1% of line 3, page 1 \$

3. Subtract line 2 from line 1 \$

4. Enter other medical and dental expenses:

Insurance premiums for medical care _____

Doctors, dentists, etc. _____

Hospitals _____

Other (Itemize - include hearing aids, dentures, eyeglasses, transportation, etc.) _____

5. Total (add lines 3 & 4) \$

6. Enter 3% of line 3, page 1 (see instructions) \$

7. Subtract line 6 from line 5; see instructions for maximum limitation \$

8. Total Taxes \$

Real Estate \$

Gasoline \$

Sales \$

Personal Property _____

FICA (Social Security) \$

Others (Itemize) _____

8. Total Taxes \$

Contributions

Total cash contributions for which you have receipts, cancelled checks, money orders, etc.

Other contributions (List payees and amounts)

9. Total Contributions; see instructions for maximum limitation \$

Interest Expense

Home Mortgage _____ \$

Other (Itemize) _____

10. Total Interest Expense \$

Miscellaneous Deductions

SAFE DEPOSIT BOX _____ \$

11. Total Miscellaneous Deductions \$

12. TOTAL (Add lines 7, 8, 9, 10, & 11) Enter here and on line 4a, page 1 \$

1118 45