

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

, 1976 ending

, 19

Please print or type	Name (If joint return, give first names and initials of both) <b>RUFUS A.</b>	Last name <b>LEWIS</b>	Your social security number <b>155 20 0438</b>
	Present home address (Number and street, including apartment number, or rural route) <b>801 BOLIVAR STREET</b>	For Privacy Act Notification, see page 5 of Instructions.	Spouse's social security no.
	City, town or post office, State and ZIP code <b>MONTGOMERY ALABAMA</b>	Occupation Yours <b>EXECUTIVE</b> Spouse's	

  

Filing Status	1 <input checked="" type="checkbox"/> Single (Check only ONE box)	Exemptions	6a Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked <b>1</b>
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)		b First names of your dependent children who lived with you
	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)
	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)
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died <b>19</b> ). See page 7 of Instructions.		e Age 65 or older. <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked <b>1</b> Blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse
f TOTAL (add lines 6d and e)		<b>2</b>	

  

7 Other dependents:	(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.
(a) Name				

## 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.)	9	<b>15650</b>	<b>00</b>
	10a Dividends (See pages 9 and 16 of Instructions.) <b>2520.00</b> , 10b less exclusion <b>100.00</b> , Balance (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.)	10c	<b>2420</b>	<b>00</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	<b>667</b>	<b>42</b>
	12 Income other than wages, dividends, and interest (from line 37)	12	<b>11217</b>	<b>21</b>
	13 Total (add lines 9, 10c, 11 and 12)	13	<b>29954</b>	<b>63</b>
	14 Adjustments to income (such as moving expense, etc. from line 42)	14		
	15a Subtract line 14 from line 13	15a	<b>29954</b>	<b>63</b>
	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	<b>29954</b>	<b>63</b>
	16 Tax, check if from:			
17a Multiply \$35.00 by the number of exemptions on line 6d	17a	<b>35</b>	<b>00</b>	
b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b	<b>180</b>	<b>00</b>	
18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	18	<b>6778</b>	<b>88</b>	
19 Credits (from line 54)	19	<b>85</b>	<b>69</b>	
20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	20	<b>6693</b>	<b>19</b>	
21 Other taxes (from line 62)	21	<b>-0-</b>		
22 Total (add lines 20 and 21)	22	<b>6693</b>	<b>19</b>	
23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front) (include amount allowed as credit from 1975 return)	23a	<b>2339</b>	<b>23</b>	
b 1976 estimated tax payments (from page 2 of Instructions)	23b			
c Earned income credit. of Instructions)	23c			
d Amount paid with Form 4868	23d			
e Other payments (from line 66)	23e			
24 TOTAL (add lines 23a through e)	24	<b>2339</b>	<b>23</b>	

Due or Refund	25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here <input type="checkbox"/> if Form 2210 or Form 2210F is attached. See page 10 of instructions.)	25	<b>4353</b>	<b>96</b>
	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	TAXPAYER'S COPY	ROBERT & NICHOLSON, CPAs by <b>Robert E. Nicholson</b> 6/15/77 Preparer's signature (and employer's name, if any) Date
	Your signature	63-0654880 Identifying number (see Instructions) 205 GOVERNMENT (APR) code

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

2600 EAST SOUTH BOULEVARD  
MONTGOMERY, AL 36116

# Application for Automatic Extension of Time to File U.S. Individual Income Tax Return

**1976**

**NOTE:** Prepare this form in duplicate. File the original with the Internal Revenue Service Center where you are required to file your income tax return and pay the amount shown on line 6 below. Attach the duplicate to the face of your Form 1040. This is not an extension of time for payment of tax. The law imposes a penalty for late payment of tax unless you show reasonable cause for failure to pay when due. (See Instruction F.)

Please Print or Type	Name (If joint return, give first names and initials of both)	Last name	Your social security number
	<i>Rufus A.</i>	<i>Lewis</i>	<i>155 20 0438</i>
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security number
	<i>801 Bolivar Street</i>		
	City, town or post office, State and ZIP Code		
	<i>Montgomery, AL</i>		

An automatic 2-month extension of time until June 15, 1977, is hereby requested in which to file Form 1040 for the calendar year 1976 (or if a fiscal year return until \_\_\_\_\_, 19\_\_\_\_\_, for the taxable year beginning \_\_\_\_\_, 1976, and ending \_\_\_\_\_, 1977).

1 Total tax you expect to owe for 1976 (see instruction C)	<i>2,339.23</i>	
2 Federal income tax withheld	<i>2,339.23</i>	
3 1976 Estimated tax payments (include 1975 overpayment allowed as a credit)	<i>—</i>	
4 Other payments (see instruction C)	<i>—</i>	
5 Total (add lines 2, 3, and 4)	<i>2,339.23</i>	
6 BALANCE DUE (subtract line 5 from line 1). Pay in full with this application	<i>0 -</i>	

**Signature and Verification**

**If Prepared by Taxpayer.**—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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

**If Prepared by Someone Other Than Taxpayer.**—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application, and that I am:

- ☐ A member in good standing of the bar of the highest court of (specify jurisdiction) \_\_\_\_\_
- ☒ A certified public accountant duly qualified to practice in (specify jurisdiction) *Alabama*
- ☐ A person enrolled to practice before the Internal Revenue Service.
- ☐ A duly authorized agent holding a power of attorney with respect to filing an extension of time. (The power of attorney need not be submitted unless requested.)
- ☐ A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are \_\_\_\_\_

Signature of preparer other than taxpayer *[Signature]* Date *4-14-77*

See instructions on reverse

**ATTACH TO YOUR COPY**

**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	1388	33
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) <u>INCOME RECEIVED AS STATE LEGISLATOR</u>	36	9828	88
37	Total (add lines 29 through 36). Enter here and on line 12	37	11217	21

**Part II** Adjustments to Income

38	Moving expense (attach Form 3903)	38		
39	Employee business expense (attach Form 2106)	39		
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	29954	63
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 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	44	4032	42
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	45	25922	21
46	Multiply total number of exemptions claimed on line 6f by \$750	46	1500	00
47	Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47	24422	21

• 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		

# Schedules A&B—Itemized Deductions AND (Form 1040) Dividend and Interest Income

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

1976

Name(s) as shown on Form 1040

RUFUS A. LEWIS

Your social security number

155 20 0438

## Schedule A—Itemized Deductions (Schedule B on back)

Medical and Dental Expenses (not compensated by insurance or otherwise) (See page 13 of Instructions.)

1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below)		
2 Medicine and drugs		
3 Enter 1% of line 15c, Form 1040		
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		
5 Enter balance of insurance premiums for medical care not entered on line 1		
6 Enter other medical and dental expenses:		
a Doctors, dentists, nurses, etc.		
b Hospitals		
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶	DENTAL WORKS	2616 00
7 Total (add lines 4 through 6c)	2616	00
8 Enter 3% of line 15c, Form 1040	898	64
9 Subtract line 8 from line 7 (if less than zero, enter zero)	1717	36
10 Total (add lines 1 and 9). Enter here and on line 34	1717	36

Taxes (See page 13 of Instructions.)

11 State and local income	633	60
12 Real estate		
13 State and local gasoline (see gas tax tables)		
14 General sales (see sales tax tables)	312	96
15 Personal property		
16 Other (itemize) ▶	STATE UNEMPLOYMENT CAMP	24 00
17 Total (add lines 11 through 16). Enter here and on line 35	970	56

Interest Expense (See page 14 of Instructions.)

18 Home mortgage		
19 Other (itemize) ▶		
20 Total (add lines 18 and 19). Enter here and on line 36		

Contributions (See page 15 of Instructions for examples.)

21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	41	00
b Other cash contributions. List donees and amounts. ▶		
22 Other than cash (see page 15 of instructions for required statement)		
23 Carryover from prior years		
24 Total contributions (add lines 21a through 23). Enter here and on line 37	41	00

Casualty or Theft Loss(es) (See page 15 of Instructions.)

Note: If you had more than one loss, omit lines 25 through 28 and see page 15 of Instructions for guidance.

25 Loss before insurance reimbursement		
26 Insurance reimbursement		
27 Subtract line 26 from line 25. Enter difference (if less than zero, enter zero)		
28 Enter \$100 or amount on line 27, whichever is smaller		
29 Casualty or theft loss (subtract line 28 from line 27). Enter here and on line 38		

Miscellaneous Deductions (See page 15 of Instructions.)

30 Alimony paid		
31 Union dues		
32 Other (itemize) ▶	EMPLOYEE BUS. EXP- 2106	1293 00
	SAFE DEPOSIT BOX	10 50
33 Total (add lines 30 through 32). Enter here and on line 39	1303	50

### Summary of Itemized Deductions

34 Total medical and dental—line 10	1717	36
35 Total taxes—line 17	970	56
36 Total interest—line 20		
37 Total contributions—line 24	41	00
38 Casualty or theft loss(es)—line 29		
39 Total miscellaneous—line 33	1303	50
40 Total deductions (add lines 34 through 39). Enter here and on Form 1040, line 44	4032	42

**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 | 20 | 0438

**Part I Dividend Income**

**Note:** If gross dividends (including capital gain distributions) and other distributions on stock are \$400 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 10a (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	2520	00
---------------------------	------	----

2 Total of line 1 . . . . .	2520 00
-----------------------------	---------

**3 Capital gain distributions** (see page 16 of Instructions. Enter here and on Schedule D, line 7). See note below

**4** Nontaxable distributions (see page 16 of Instructions) . . . .

5 Total (add lines 3 and 4). . . . .

**6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 10a . . . . .**

## Part 1 Interest Income

**Note: If interest is \$400 or less, do not complete this part. But enter amount of interest received on Form 1040, line 11.**

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 page 16 of Instructions). (List payers and amounts)

FIRST ACH BANK	667	42
----------------	-----	----

8 Total interest income. Enter here and on Form 1040, line 11 . . . . . 667 42

**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 30b.

## Part III Foreign Accounts and Foreign Trusts

**1** 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)? . . . . .

☐ Yes ☒ No

**If "Yes," attach Form 4683 (For definitions, see Form 4683.)**

**2** Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust? . . . .

☐ Yes ☒ No

If "Yes," attach Form 4683 (For definitions, see Form 4683.)

# Supplemental Income Schedule

1976

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)  
▶ Attach to Form 1040. ▶ See Instructions for Schedule E (Form 1040).

Name(s) as shown on Form 1040

RUEUS A LEWIS

Your social security number

155 20 0438

**Part I Pension and Annuity Income.** If fully taxable, do not complete this part. Enter amount on Form 1040, line 32b. For one pension or annuity not fully taxable, complete this part. If you have more than one pension or annuity that is not fully taxable, attach a schedule and enter combined total of taxable portions on line 5.

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

**Part II Rent and Royalty Income.** If you need more space use Form 4831.

Have you claimed expenses connected with your vacation home rented to others? ☐ Yes ☐ No

Note: If you are reporting farm rental income here, see Schedule E Instructions to determine if you should file Form 4835. If at least two-thirds of your gross income is from farming or fishing, check this box ☐.

(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)
RENTAL HOUSES (K)	1890.00		499.59	902.08
FARMLAND	900.00			
6 Totals	2790.00		499.59	902.08
7 Net income or (loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))	7			1388.33
8 Net rental income or (loss) (from Form 4831)	8			
9 Net farm rental profit or (loss) (from Form 4835)	9			
10 Total rent and royalty income (add lines 7, 8, and 9)	10			1388 33

**Part III Income or Losses from Partnerships, Estates or Trusts, Small Business Corporations.**

Note: If any of the partnership, estate or trust income reported below is from farming or fishing, see Schedule E Instructions to determine if you should also file Form 4835. If at least two-thirds of your gross income is from farming or fishing, check this box ☐.

Enter in column (b): P for Partnership, E for Estate or Trust, or S for Small Business Corp.

(a) Name	(b)	(c) Employer Identification number	(d) Income or (loss)	(e) Additional 1st year depreciation (applicable only to partnerships)
11 Totals				
12 Income or (loss). Total of column (d) less total of column (e)				12

13 TOTAL (add lines 5, 10, and 12). Enter here and on Form 1040, line 32a 13 1388 33

Explanation of Column (e), Part II

Item	Amount	Item	Amount
REPAIRS	902.08		

Schedule for Depreciation Claimed in Part II Above

If you need more space use Form 4562.

(a) 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)						
SCHEDULE						
2 Totals		10564.47				499.59

# Employee Business Expenses

**1976**

▶ Attach to Form 1040.

Your name <b>RUFUS A. LEWIS</b>	Social security number <b>155 20 0438</b>	Occupation in which expenses were incurred <b>STATE LEGISLATOR</b>
Employer's name <b>STATE OF ALABAMA</b>	Employer's address <b>MONTGOMERY, ALABAMA</b>	

## Instructions

Include all expenses you paid or incurred as an employee, or expenses you charged to your employer (for example, through use of credit cards), or expenses for which you received an advance, allowance, or reimbursement. For a more detailed explanation of these expenses, see instructions for Form 1040.

Include business expenses for which you were paid (reimbursed)

by your employer in Part I, line 6, unless they are included on your Form W-2. Report any such amounts shown on your Form W-2 as wages on Form 1040, line 9. Check with your employer if you doubt whether the payment is included on your Form W-2.

For a detailed explanation of the rules for deductions for travel, entertainment, and gift expenses, see Publication 463, Travel, Entertainment, and Gift Expenses.

Use Form 3903 to compute any moving expense deduction.

## PART I.—Employee Business Expenses Deductible in Computing Adjusted Gross Income on Form 1040, Line 15c

### 1 Travel expenses while away from home on business (number of days.....):

- (a) Airplane, boat, railroad, etc., fares . . . . .
- (b) Meals and lodging . . . . .
- (c) Automobile expenses (from Part IV) . . . . .
- (d) Other (specify) ▶ . . . . .

Total travel expenses . . . . .

### 2 Transportation expenses (not between home and work and not incurred while away from home overnight):

- (a) Airplane, bus, railroad, taxi, etc., fares . . . . .
- (b) Automobile expenses (from Part IV) . . . . .
- (c) Other (specify) ▶ . . . . .

Total transportation expenses . . . . .

### 3 Outside salesperson's expenses:

- (a) Automobile expenses (from Part IV) . . . . .
- (b) Other (specify) ▶ . . . . .

Total outside salesperson's expenses . . . . .

### 4 Employee expenses other than traveling, transportation, and outside salesperson's expenses to the extent of reimbursement

### 5 Total of lines 1, 2, 3, and 4 . . . . .

### 6 Less: Employer's payments for above expenses (other than amounts included on Form W-2) . . . . .

### 7 Excess expenses (line 5 less line 6). Enter here and include on Form 1040, line 39 . . . . .

### 8 Excess payments (line 6 less line 5). Enter here and include on Form 1040, line 36 . . . . .

## PART II.—Employee Business Expenses which are Deductible if You Itemize Deductions on Schedule A (Form 1040)

- 1 Business expenses other than those included above (specify) ▶ **EXPENSES ASSOCIATED WITH DUTIES AS STATE LEGISLATOR: OFFICE HELP, COPYING MACHINE LEASE PAYMENTS, AND MISC. OFFICE EXPENSES.**

### 2 Total . . . . .

If you itemize your deductions instead of using the standard deduction, deduct under Miscellaneous Deductions, Schedule A (Form 1040).

## PART III.—Additional Information to be Furnished When Claiming a Deduction for Educational Expenses

### 1 Name of educational institution or activity ▶ . . . . .

### 2 Address ▶ . . . . .

### 3 Were you required to undertake this education to meet the minimum educational requirements to qualify in your employment, trade or business? . . . . .

☐ Yes ☐ No

### 4 Will the study program undertaken qualify you for a new trade or business? . . . . .

☐ Yes ☐ No

### 5 If your answer to question 3 or 4 is No, state the reason for obtaining the additional education and show the relationship between the courses taken and your employment during the period ▶ . . . . .

### 6 List the principal subjects studied at the educational institution or describe your educational activity ▶ . . . . .

Name and address RUFUS A LEWIS155-20-0438

## DEPRECIATION

No.	Description of Property	Date acquired	Cost or other basis		Previous depreciation		Method used	Estimated life (yrs.)	YEAR	
									Depreciation allowable this year	
1	REPAIRS - HALL ST.	1975	\$ 821	57	\$ 41	10	SL	10 YRS	\$ 82	16
2	FRAME HOUSE - HALL ST.	1947	3000	00	2875	00	SL	25 YRS	120	00
3	REPAIRS - HALL ST	1952-57	2075	00	1472	00	SL	25 YRS	83	00
4	REPAIRS - HALL ST	1956	2500	00	2500	00	SL	20 YRS	-0-	
5	REPAIRS - ROOF - HALL ST	12-30-72	434	90	130	47	SL	10 YRS	43	49
6	REPAIRS - SHEET ROCK - HALL ST	11-5-72	556	00	176	08	SL	10 YRS	55	61
7	PANELING - HALL ST	8-1-75	892	00	126	37	SL	10 YRS	89	20
8	IMPROVEMENTS - HALL ST	1-31-76	285	00	-0-		SL	10 YRS	26	13
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
Totals .....			\$ 10564	47	\$ 4846	02			\$ 499	59



# Computation of Investment Credit

► Attach to your tax return.

**1976**

Name

RUFUS A. LEWIS

Identifying number as shown on page 1 of your tax return

155-20-0438

1 Use schedule below to list qualified investment in new and used property acquired or constructed and placed in service during the taxable year; and also list qualified progress expenditures made during the 1976 taxable year and qualified progress expenditures made in 1974 and 1975 taxable years providing a proper election as prescribed in section 46(d)(6) was made for such prior years. If progress expenditure property is placed in service during the taxable year, do not list qualified progress expenditures for this property. See Specific Instruction for line 1.

If 100% investment credit is being claimed on certain ships, check this block. ☐ See Instruction K for details.

Note: Include your share of investment in property made by a partnership, estate, trust, small business corporation, or lessor.

Type of property	Line	(1) Life years	(2) Cost or basis (See instruction G)	(3) Applicable percentage	(4) Qualified investment (Column 2 x column 3)
New property	(a)	3 or more but less than 5		33 $\frac{1}{3}$	
	(b)	5 or more but less than 7	<u>1285.30</u>	66 $\frac{2}{3}$	<u>856.87</u>
	(c)	7 or more		100	
Qualified progress expenditures	1974 and 1975	(d) 7 or more		20	
	1976	(e) 7 or more		40	
Used property (See instructions for dollar limitation)	(f)	3 or more but less than 5		33 $\frac{1}{3}$	
	(g)	5 or more but less than 7		66 $\frac{2}{3}$	
	(h)	7 or more		100	

2 Qualified investment—add lines 1(a) thru (h)	<u>856.87</u>
3 10% of line 2	<u>85.69</u>
4 7% (4% for public utility property) of certain property (see Instruction for line 1)	
5 Electing corporations with qualifying stock ownership plans—Enter 1% of line 2 (see Instruction I). (Attach election statement.)	
6 Carryback and carryover of unused credit(s). See instruction F—attach computation	
7 Tentative investment credit—Add lines 3, 4, 5 and 6	<u>85.69</u>

## Limitation

8 (a) Individuals—Enter amount from line 18, page 1, Form 1040	}	<u>6778.00</u>
(b) Estates and trusts—Enter amount from line 24 or 25, page 1, Form 1041		
(c) Corporations—Enter amount from line 9, Schedule J, page 3, Form 1120		
9 Less: (a) Credit for the elderly (individuals only)		
(b) Foreign tax credit		
(c) Tax on lump-sum distributions (see instruction for line 9(c))		
(d) Possession Tax Credit (corporations only)		
10 Total—Add lines 9(a), (b), (c) and (d)		<u>- 0 -</u>
11 Line 8 less line 10		<u>6778.00</u>
12 (a) Enter amount on line 11 or \$25,000, whichever is lesser. (Married persons filing separately, controlled corporate groups, estates, and trusts, see instruction for line 12.)		<u>6778.00</u>
(b) If line 11 exceeds line 12(a), enter 50% of the excess. (Public utilities, railroads, and airlines see instruction J.)		
13 Total—Add lines 12(a) and (b)		<u>6778.00</u>
14 Investment credit—Amount from line 7 or line 13, whichever is lesser. Enter here and on line 50, Form 1040; line 10(b), Schedule J, page 3, Form 1120; or the appropriate line on other returns		<u>85.69</u>

**Schedule A** If any part of your investment in line 1 or 4 above was made by a partnership, estate, trust, small business corporation, or lessor, complete the following statement and identify property qualifying for the 7% or 10% investment credit.

Name (Partnership, estate, trust, etc.)	Address	Property			Life years
		Progress expenditures	New	Used	
		\$	\$	\$	

If property is disposed of prior to the life years used in computing the investment credit, see instruction E.

# LANIER

LANIER BUSINESS PRODUCTS AND OFFICE INDUSTRY  
P. O. BOX 1555, ATLANTA, GEORGIA 30301

STATEMENT  
NUMBER

77 - 564-6

## JOB DEVELOPMENT INVESTMENT CREDIT LESSOR'S ELECTION STATEMENT

LESSEE MAIL TO ADDRESS

Mr. Rufus A. Lewis  
801 Bolivar St.  
Montgomery, Ala. 36104

PREPARATION DATE  
7-20-76

PAGE NO.  
1 of 1

RETURN  
DATE  
8-20-76

LESSEE INSTALLED AT ADDRESS

THIS IS YOUR NOTICE THAT LANIER BUSINESS PRODUCTS ELECTS, FOR THE PURPOSE OF THE TAX CREDIT ALLOWED BY SECTION 38 OF THE INTERNAL REVENUE CODE, TO TREAT YOU AS HAVING PURCHASED THE PROPERTY IDENTIFIED BELOW. THIS ELECTION IS NOT EFFECTIVE UNLESS YOU COMPLETE AND SIGN THIS STATEMENT, INDICATING ACCEPTANCE OR REJECTION, ON OR BEFORE THE RETURN DATE INDICATED ABOVE.

IT IS ESSENTIAL THAT THE PROPER COPY OF THIS ELECTION STATEMENT BE RETURNED PROMPTLY TO LANIER BUSINESS PRODUCTS EVEN IF TAX CREDIT IS REJECTED, UNLESS IT IS SO RETURNED THE INTERNAL REVENUE SERVICE CANNOT BE INFORMED THAT THIS ELECTION HAS BEEN MADE.

PLEASE RETAIN A COPY OF THIS STATEMENT FOR INCLUSION IN YOUR TAX RECORDS.

PROPERTY DESCRIPTION MACHINE TYPE AND SERIAL NUMBER	POSSESSION TRANSFER DATE (RENTAL START)	QUARTERLY RATE	FAIR MARKET VALUE	ESTIMATED USEFUL LIFE CATEGORY (*)	IF TAX CREDIT REJECTED ENTER ITEM NO IN REASON COLUMN A OR B		
					ITEM NO.	A NON QUALIFYING USE	B OTHER REA
Lanier Action Line Includes: AL-1 #202145 Quan. 1, Foot Control LX-017-0 Listening Device NT-004-1 Action Line Remote Station ALRS-1 Quan. 1 Index Strips (Box of 100) ALIS-1 Quan. 1 Standard Cassettes PC-60 Quan. 12 Lanier Pocket Secretary MS-60 52247 Quan. 1 Companion Adapter MCC-60 29083 Quan. 1 Microcassettes MC-60 Quan. 5	6-21-76	161.63	1285.30	2			

58-0810382

ATLANTA, GA.

LANIER TAXPAYER  
ACCOUNT NUMBER

IRS OFFICE  
WHERE TAX RETURN IS FILED

Lanier Business Products Inc.

By: *James D. Galt*  
Lanier Authorized Signature

CATEGORY: 1- ESTIMATED USEFUL LIFE OF 3 YEARS OR MORE BUT LESS THAN 5 YRS.  
2- ESTIMATED USEFUL LIFE OF 5 YEARS OR MORE BUT LESS THAN 7 YRS.  
3- ESTIMATED USEFUL LIFE OF 7 YEARS OR MORE.

ORIGINAL - RETURN TO LANIER AT THE ADDRESS ON TOP OF THE FORM.

COPY 2 - LESSEE'S COPY

### IMPORTANT

The information called for in this box must be entered on all copies if not shown.

63 0179370 Montgomery, Alabama  
(CITY AND STATE)

Lessee's Taxpayer Account Number - IRS District Directors office where return is filed

EXCEPT FOR ITEMS REJECTED, THE LESSEE'S SIGNATURE INDICATES HIS CONSENT TO BE TREATED AS THE PURCHASER OF THE SPECIFIC PROPERTY ITEMIZED ABOVE FOR PURPOSE OF THE JOB DEVELOPMENT INVESTMENT CREDIT ALLOWED BY SECTION 38, INTERNAL REVENUE CODE.

Rufus A. Lewis

*Rufus A. Lewis* Aug 20, 1976  
LESSEE'S AUTHORIZED SIGNATURE DATE

RETURN TO LANIER ADDRESS ABOVE

APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR FILING THE FOLLOWING INCOME TAX RETURN:

- All information is not available at this time for accurate determination of the tax

- |                                    |  |
|------------------------------------|--|
| DO NOT WRITE IN THIS SPACE         |  |
| <p>See reverse side for reason</p> |  |

(Date)

**MAIL ORIGINAL COPY ONLY TO:  
ALABAMA DEPARTMENT OF REVENUE  
INCOME TAX DIVISION  
MONTGOMERY, ALABAMA 36130**

Department of the Treasury  
Internal Revenue  
Service Center

DUPLICATE - YOUR COPY

Date of This Notice

Social Security Number

Document Locator Number

Form Number

Year Ended

Balance Is Due By

If you inquire about  
your account, please  
refer to these num-  
bers or attach this  
notice

**Request for Payment of Balance Due**

The statement at the right shows that a payment is due on your account. Please make the payment by the due date shown above.

If our statement does not agree with your records, the information on the back of this notice will tell you what to do.

If we included any penalty or interest charges, an explanation will be found on the back. (Code numbers in the box at lower right will guide you to the explanations that apply.)

Make your check or money order payable to Internal Revenue Service for the adjusted balance due. Please show your social security number on your payment and mail it with this notice in the envelope enclosed for your convenience.

Thank you for your cooperation.

**Tax Statement**

Total Tax on Return	..... \$	1,447.10
Less IRA Excise Taxes		
on Return	.....	.00
Balance of Tax on Return	.... \$	1,447.10
Tax Withheld	.....	2,339.04
Estimated Tax Credits	.....	.00
Other Credits	.....	.00
Payments	.....	4,353.24
Payments Applied to IRA		
Excise Taxes	.....	.00
Plus Penalty*	.....	184.24
Plus Interest*	.....	50.80
Balance Due IRS	→ \$	239.04
Subtract Payments We		
Haven't Included	.....	
Pay Adjusted Balance Due	... \$	

\*See these code numbers on  
the back for an explanation of  
penalty or interest charges.

03-10-11

STATE OF ALABAMA  
INDIVIDUAL INCOME TAX RETURN

1976

RECEIVING STAMP

for calendar year 1976 or other taxable year beginning 1976, and ending 1977

Do Not Write In This Space

YOUR SOCIAL SECURITY NO. 155   20   0438		SPOUSE'S SOCIAL SECURITY NO.	
First Name(s) and Initial(s) RUFUS A		Last Name LEWIS	
Home Address (Number and Street or Rural Route) 801 BOLIVAR STREET			
City, Town, or Post Office and State MONTGOMERY ALABAMA		Zip Code	
OCCUPATION	YOURS EXECUTIVE		
	WIFE'S		

Comp. Verified \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
Add'l Tax \$ \_\_\_\_\_  
Interest \$ \_\_\_\_\_  
Total Add'l \$ \_\_\_\_\_  
Date \_\_\_\_\_  
Ser. No. \_\_\_\_\_

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

Name and address of present employer ROSS CLAYTON FUNERAL HOME - MONTGOMERY, ALA  
Were you (or your wife) 65 years of age or over on Dec. 31, 1976? YES Were you a legal resident of Alabama the entire year 1976? YES  
If not, state period of residence. (From (Month)(Day)(Yr.) through (Month)(Day)(Yr.)) Did your wife (or husband) earn a separate income? N/A  
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 1975? YES If not, state reason why.

Income reported on your 1976 Federal Income Tax Return. \$ 29954.63

ATTACH FORM A-2 HERE

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.
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 (Attach Explanation)			

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

Employer's Name	Where Employed (City & State)	Alabama Income Tax Withheld	A Husband or Single Person Wages, etc.	B Wife Wages, etc.
(a) ROSS CLAYTON FUNERAL HOME MONT., ALA.		\$ 554 35	\$ 15650 00	\$
(b) STATE OF ALABAMA * MONTGOMERY, ALA		- 0 -	9828 88	
(c) * (INCLUDES AMOUNT REIMBURSED FOR				
(d) EXPENSES)				
(e)				
(f)				

1. TOTALS	\$	\$ 25478 88	\$
2. Income from Dividends (Attach Schedule B) 1040. B		2520 00	
3. Income from Interest (Attach Schedule B) 1040. B		667 42	
4. Income from Partnerships (Attach Statement of Names and Addresses)			
5. Income from Estates or Trust (Attach Statement of Names and Addresses)			
6. Business Income (Attach Schedule C)			
7. Income from sale of Real Estate, Stocks, Bonds, etc. (Attach Schedule D)			
8. Income from Rents and Royalties (Attach Schedule E) 1040. E		1388 33	
9. Income from Farming and Other Sources (Attach Schedule F or explanation)			
10. TOTAL INCOME (Total of Lines 1 thru 9) Enter Here & on Line 1, Part I, Page 2	\$	\$ 30054 63	\$

INDICATE SCHEDULES ATTACHED:

A ☐ Itemized Deductions  
B ☒ Dividends & Interest  
C ☐ Business Income  
D ☐ Capital Gains  
E ☒ Rents & Royalties  
F ☐ Farm Income

IF THE OPTIONAL DEDUCTION IS USED IN LIEU OF THE ITEMIZED DEDUCTION, CHECK HERE ☐  
AND COMPLETE PARTS I & II ON PAGE 2, OTHERWISE COMPLETE PARTS I, II, & III ON PAGE 2

16. TAX DUE - From Line 16, Part I, Page 2	\$	904 39	\$
17. Income Tax Paid to Other States - Attach Copy of Return Filed With Other State (See instructions for limitations)		- 0 -	
18. Net Tax Due Alabama (Line 16 minus 17 - Cannot be Less Than Zero)	\$	904 39	\$
19. TOTAL TAX DUE - Enter in Column A Total of Line 18, Columns A and B	\$	904 39	
20. Tax Withheld (Line 1 above) Attach Forms A-2	\$	554 35	
21. Payments and Credits on 1976 Declaration of Estimated Tax			
22. TOTAL (Total of Lines 20 and 21)	\$	554 35	
23. If tax (Line 19) is larger than payments (Line 22), enter BALANCE DUE and mail return to: Alabama Income Tax Div., P. O. Box 815, Montgomery, Ala. 36130. Make remittance payable to: Alabama Department of Revenue, Income Tax Division	\$	350 04	This Amount Must Be Paid In Full With This Return
24. If payments (Line 22) are larger than tax (Line 19), enter OVERPAYMENT and mail return to: Ala. Income Tax Refund, P. O. Box 154, Montgomery, Ala. 36130	\$		
25. Enter amount of Line 24 you want CREDITED on your 1977 estimated tax	\$		Enter amount of Line 24 you want REFUNDED to you \$

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. If married, I also agree that, in using this form to separately report the income of my spouse and myself, I shall be jointly and severally liable for the income tax that may be determined to be due on this return.

Boyd E. Nicholson (Signature of person (Other than taxpayer or agent) preparing return) TAXPAYER'S COPY (Date)  
ROBINETT & NICHOLSON, CPA (Name of firm or employer, if any)

(Signature of wife)

**PART I - COMPUTATION OF NET INCOME AND TAX DUE.**

	A	B
1. TOTAL INCOME from line 10, Page 1 .....	\$ 30054 63	
2. Total Combined Income - Add Columns A & B .....	\$ 30054 63	
3. Divide line 1 column A by line 2 - Husband .....	%	
4. Divide line 1 column B by line 2 - Wife .....	%	
5. Total Federal Income Tax from line 7, Part II .....	\$ 3598 33	
6. Total Itemized Deductions from line 12, Part III - If Optional Deduction is used, enter zero .....	5168 51	
7. Add lines 5 & 6 .....	\$ 8766 84	
8. Multiply line 7 by percentages on lines 3 & 4 .....	8766 84	
9. Subtract line 8 from line 1 .....	\$ 21287 79	
10. Optional Deduction - 10% of line 1, but not over \$1000.00 in either column - If deductions are itemized, enter zero .....	-0-	
11. NET INCOME (Subtract line 10 from line 9) .....	\$ 21287 79	
12. Personal Exemption (See Instruction) .....	1500 00	
13. Credit for Dependents (To Be Claimed By Spouse Furnishing Major Support) .....		
14. Total of Lines 12 and 13 .....	1500 00	
15. Amount Taxable (Subtract line 14 from line 11) .....	\$ 19787 79	
16. TAX DUE (See Rate Schedule in Instruction) Enter here and on line 16, page 1 .....	\$ 904 39	

**PART II - SCHEDULE OF FEDERAL INCOME TAX PAID IN 1976 (See Instructions)**

If a joint Federal Income Tax Return and separate Alabama Income Tax Returns are filed by a married couple, the Federal income tax deductible shown on Line 7 must be prorated by the percentages shown on Lines 3 & 4, Part I or 50-50 if that method is elected.

1. Federal Income Tax withheld in 1976 .....	\$ 2339 23
2. Federal Income Tax paid on 1976 Estimate in 1976 .....	
3. Additional tax paid with your 1975 Federal Return in 1976 .....	1259 10
4. Federal Income Tax paid in 1976 for the year(s) .....	
5. Total Federal Income Tax paid in 1976 .....	\$ 3598 33
6. Less: Federal Income Tax Refunds Received in 1976 .....	-0-
7. Total Federal Income Tax deductible (Enter here and on line 5, Part I, Page 2) .....	\$ 3598 33

**PART III - ITEMIZED DEDUCTIONS - FOR PERSONS NOT USING STANDARD DEDUCTION ON LINE 10, PART I (See Inst.)****IMPORTANT: PLEASE READ CAREFULLY BEFORE LISTING ITEMIZED DEDUCTIONS.**

Alabama Income Tax Law requires married taxpayers filing separate returns to claim the itemized deductions actually paid by each spouse in his or her own return. In lieu of keeping separate records required by this method, a husband and wife filing separately will be permitted to:

(1) Prorate the total deductions on a 50-50 basis.

(2) Prorate the total deductions by the ratio that the total income of each spouse bears to the total income of both spouses.

If deductions are claimed on the basis of actual separate records, married persons filing separately may not combine their returns on one form but must file two forms.

Indicate the method you have used by checking the appropriate square. ☐ separate records: ☐ 50-50 basis: ☐ percentage of income

Medical and Dental Expense		Contributions	
1. Total cost of medicine and drugs .....	\$	Total cash contributions for which you have receipts, cancelled checks, money orders, etc. ....	\$ 41 00
2. Enter 1% of line 2, Part I (see inst.) .....		Other contributions (List payees and amounts) .....	
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.) <u>DENTAL WORK</u> .....	2616 00		
		9. Total Contributions, see instructions for maximum limitation .....	\$ 41 00
		Interest Expense	
		Home Mortgage .....	\$
		Other (Itemize) .....	
5. Total (add lines 3 and 4) .....	\$ 2616 00		
6. Enter 3% of line 2, Part I (see inst.) .....			
7. Subtract line 6 from line 5; see instructions for maximum limitation .....	\$ 2616 00		
Taxes (Other than Federal Income Tax)		10. Total Interest Expense .....	\$
Real Estate .....	\$	Miscellaneous Deductions	
Gasoline .....		<u>EMPLOYEE BUS. EXP. - 2106</u> .....	\$ 1273 00
Sales .....	312 96	<u>SAFE DEPOSIT BOX</u> .....	10 50
Personal Property .....	895 05		
FICA (Social Security) .....			
Others (Itemize) .....			
		11. Total Miscellaneous Deductions .....	\$ 1303 50
		12. TOTAL (Add lines 7, 8, 9, 10, & 11) Enter here and on line 6, Part I, Page 2 .....	\$ 5168 51
8. Total Taxes .....	\$ 1208 01		