duplicate copy

Law Office Report #36 June 27, 1978 page 1 from June

 $\underline{\text{TAXES}}$  - These are a series of problems and work for Tish and Harold, itemized as follows.

- 1. See law office report #26, April 20, 1978, item 8 (copy attached).

  I still have not received an answer on this regarding people who were doing attendant care and filing income tax. Any ideas?
- James Simpson have received attached notices from Franchise Tax Board re his operating business as Basic Vegetable Products Inc., filing personal income tax for XXXX.- amount due \$54.95 for 1974.
- Please have Don Fitch complete the attached form attached is copy also of his income tax return which you filled out and which was mailed in.
- 4. Received several requets for verification of social security #, or spouse's social security #, see attached. These should be completed and mailed back. Claudia Bouquet; Shanda & Bruce Oliver; Don & Shirley Fields; Joe and Leslie Wilson., Luna Murral.
- 5. Notice of overpayment on Elihue Dennis's tax return; refund due of \$695.29. Attached is copy of his tax return. They deducted 1974 geturn which (I am sending you copies of the tax returns in cases like this he had not just in case you may have difficulty finding the copies I already sent you when the tax returns were originally mailed off to IRS & FTB.
- 6. Would you please have each of the people for whom I did requests for extension do the attached powers of attorney, and send back to me to keep to hold, in case IRS requests them MWAT BE NOTHELLED. Nathaniel Swaney (attorney in fact is Laurie B. Efrein); Burger Lee Dean (attorney in fact is Christine Kice); Esther Dillard (attorney in fact is Timothy Clancy); Velma Najawandriene Darnes (attorney in fact is Kathryn R. Tropp); Carolyn Prokes (attorney in fact is Jean F. Brown); Willie Reed (attorney in fact is Bette McCann); Alvaray Satterwhite (attorney in fact is me); Oliver Morgan Jr. (attorney in fact is me); Ben and Cathy Barrett (attorney kn fact is me).
- 7. Barbara Hoyer/Tim Carter taxes I asked about this one before; Mildred said this week she would check and get back. Attached is a copy of an old memo about the original idea on the situation since there was no apos. corp. follow through, this is out of date but I am including it because it may remind someone there about the original intent of the situation she wants to know now if she should be sending over periodic deposits for the support of her "family" she was working over time to make more money for this purpose, bu but why should she if the decision is no on the support payments and tax deductions she'll just end up in a higher tax bracket and have to pay more taxes. Some clarification on this would be apprecated; the year is half over and still no answer this same thing happened
  - Burger Lee Dean kotice from IRS re 1975 tax return, \$299.69 due.

LAW OFFICE REPORT #26

April 20, 1978 page 5

from June

8. Another tax problem: For the past 2 years or more, certain people were on attendant care for disabled seniors, including Tenna Turner, Juanita Bogue, Judy Merriam, Andy Silver. Tish and Ed conferred onthe problem of quarterly tax returns for these people, which is required by the State tax; however, no one ever reached a final decision other than not to do anything. Kris K.—wrote it up several times, sent it over, never got an answer. Now I have Judy Merriam's records given to me by her; Andy was running around trying to find out from Kris and Jinny Cheek how to file his taxes as attendant care til I stopped him and said wait. Kris has said that it is a loophole situation, where if you dont report, they dont know about you. However, looking at Judy's papers, I wonder. See attached comes. One of the rationales for stalling was that gradually all of the attendants left. But we do have Andy, and we do have Judy, who still takes care of Jewel and Viola. How do we resolve this problem?

P. 1111.12

B40 (73)



#### FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

TELEPHONEX 366 (800) 852-7050

## Notice of Employee's Personal Income Tax Duc

GIVE THIS NOTICE TO EMPLOYEE

BASIC VEGETABLE PRODUCTS INC

95688

1-5106370-00 Det 05-05-78

Account No. 564-28-2431SIMP ssa:

564-28-2431

1974 7403957190 00-00-00

**AMOUNT DUE** 

This notice is being sent to you because prior billings to the employee's last known address have either been returned to us or have not resolved the matter. This is your employee's last chance to voluntarily pay the full amount due or provide us with evidence that the amount has been paid or is not owing. This will avoid the necessity of issuing an order to withhold the amount

If currently employed please give this notice to your employee. Your employee must send the full amount due immediately or contact our office. This notice must be returned with the payment. Part payment will not stop collection action.

If the taxpayer is not currently employed, please give us the information requested below and return this notice in the enclosed envelope.

Layoff DATE TXXXXXX FULL NAME OF TAXPAYER James Simpson 10/29/77 1859 Geary Street June or July"78 San Francisco, Ca. 94109

James Simpson is presently on a seasonal lay-off.

If you have no record of the above named employee, please show the full name of the employee using the above listed social security number for correction of our files.

TB 4760-M-OCR (11-77)

B40(74)

	EDESNO CA OZDBO	43249 3
	FRESNO, CA 93888	JUNE 19 1978
2	ZO 551606251 30 7712 7823 261.10	SOCIAL SECURITY NUMBER: 551-60-6251 ZO
	DONALD K FITCH % E B CHAIKIN	94209-133-05957-8
	ESŒ PO BOX 15156 SAÑ FRANCISCO CA · 94115	FORM NUMBER: YEAR ENDED: DEC. 21, 1977
	EARNED INCOME	CREDIT
	Your tax return indicates you may be eligible for although you did not claim it. If you have already decredit, or have filed an amended return to claim it, processed to consider the credit, please answer the questions below	etermined that you are not eligible for the please disregard this notice. If you did not
	<ol> <li>Did you pay more than half the cost of kee U.S. (50 States and the District of Columbia your child who was under 19 or a full-time str as your dependent.)</li> </ol>	) for the entire year for both yourself and
	Yes 🗀	No 🗌
	• 2. Did you pay more than half the cost of kee U.S. (50 States and the District of Columbia your child who is 19 or over and is mentall must qualify as your dependent.)	) for the entire year for both yourself and
	Yes $\square$	No 🗀
	On the back of this form there is a list of the ki cost of keeping up a home. There is also a definition of chik	nds of costs that may be included in the d, for Earned Income Credit purposes.
	If you answered yes to either of the above quest below, the name and relationship of the child who questern this notice promptly in the envelope enclosed for	ualifies you for the credit. Then sign and
	Child's nameRela	ationship
	Under penalties of perjury, I declare that the abbest of my knowledge.	ove answers are true and correct to the
	Your Signature Spouse's Signature	gnature (ii s joint miurn was filled) Date
	Your Signature Spouse's Si	gnature (if a joint return was filed) Date

Miller Equipment Co 1609 S State Ukiah, Ca. 95482

Wage and Tax Statement | W | Copy B To be filed with employee's

FEDERAL tax return

Type or print EMPLOYER'S name, address, ZIP code and identifying number

94-1567584 Form W-2 Department of the Treasury - Internal Re-219-6613-0 come tax withheld 2 Wages, tips, and oth compensation 3 FICA employee tax withheld 551-60-6251 \$2611.25 \$411.00 \$152.74 \$2611.25 Donald K Fitch PO Box 37 Redwood Valley, Ca. 95470 8 State or local tax withheld 9 State or local wages 10 State or locality \$73.30 \$2611.25 Ca. 11 State or local tax withheld SDI \$26.14 12 State or local wages

B40 (76)

Ģ	JU.	U.S. Individual Income Tax Return				•
Γ.	įį	First name and initial (If Joint return, give first names and initials of both)	· _	Last name		Your social security number
	Pr.	DONALD K.  Present home address (Number and street, including spartment number, or rural n		ITCH		551 60 6251
1	therwise, por type.	1.0. Box 15156	oute)	For Privacy Act No.	tice, see ctions.	Spouse's social security no.
ŀ	550	City, town or post office, State and ZIP code  SAN FRANCISCO CA. 94115	•	Occur Yours	> /	TECHANIC
Ļ		ential -		Spouse		
L	Electio Camp Fund	on C Do you want \$1 to go to this fund?		-            -	incr	e: Checking "Yes" will not ease your tax or reduce r refund.
	Filia	Status	ns tunut 1	<u> </u>		<del></del>
Γ		1 Single 2 Marr	ied filing joi	nt return (even if c	only one	had Income)
ľ		Married filing separately. If spouse Is a	lso filing, giv	e spouse's social s	ecurity r	umber in the space above
ł	One	and enter full name here				······
L		4 Unmarried Head of Household. Enter qu	alifying nam	· > DAWNYE	ue	.See page 6 of Instructions.
E.	Exen	nptions				Enter number of
1	lways	check 5a Yourself 65	or over		Blind	boxes checked
ŀĿ	юх. С	heck [ [	or over	$\square$	Blind	on 5a and b
	hey a			► DAWNYELL		,
l		· · · · · · · · · · · · · · · · · · ·				Enter number of children listed
	i	d Other dependents: (2) Relationship (3) Number months live la your hom	d I have in	ependent (5) Did you a scome of than one of more? pendent's	provide more -half of de- support?	Enter number
Fers						of other dependents
ŝ	i II					Add numbers
×	1	E. Total number of average at the state of		*		entered in boxes above
1	7	6 Total number of exemptions claimed Wages, salaries, tips, and other employee compensation		me W-2 1/ uppusits	<u> </u>	DOXES BDOVE
BofF	1	see page 11 of instructions)			7	2611 -
8	8	Interest income (see page 4 of Instructions)	• • • • • •	• • • • • • • • •	· ·   <u>8</u>	-
Please Attach Copy	9a	Dividends 9b Less exclusion		Balance	<b>▶</b> 90	
¥	i	(See pages 4 and 11 of Instructions)				
ease	10	Adjusted gross income (add lines 7, 8, and 9c). If under \$8 "Earned Income Credit." If eligible, enter child's name	,000, see pag	ge 2 of Instructions	on   10	2611-
Ā	11a	Credit for contributions to candidates for public office	E.	······	10	
	l	Enter one-half of amount paid but do not enter more than \$25 (\$5 if joint return)	0 11a			
	1	IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE ST	TOP HERE	AND SIGN BELO	w.	
	ь	Total Federal income tax withheld (if line 7 is larger tha \$16,500, see page 12 of Instructions)	1116	411	_	
		The state of the s	.   -		—	
Here	c	Earned income credit (from page 2 of instructions)	. 11c	j		
der	,,	Water case and a said			12	411 -
ŏ		Total (add lines 11a, b, and c)		an find your toy in Y	· [——	- <del>  </del>
one		Tables on pages 14–25.)	11 page 12, 111	en ma your tax in it	13	_0 -
ž		e i				9 411 -
Check or Money Order	14	If line 12 is larger than line 13, enter amount to be REFUI If line 13 is larger than line 12, enter BALANCE DUE. Attach of				<del>                                    </del>
		payable to "Internal Revenue Service." Write social security number	r on check or	money order	15	1
Attach	or m	Under penalties of perjury. I declare that I have examined this ret y knowledge and belief, it is true, correct, and complete. Declaration are has any knowledge.	urn, including of preparer	accompanying scheo (other than taxpayer)	dules and is based	statements, and to the best on all information of which
	=	11 0011 4-41	4			
Pieaso	Sigi	YOUR SIGNATURE X - TAKE 30/ap/18	Paid pres	parer's signature and	i dentify:	ng number (see Instructions)
ļ	ase	Date				

Pald preparer's address (or employer's name, address, and identifying number)

\$\psi \text{U.S. COVIDONEDIT Replays Option: } \text{VIII-0-231} \text{225} \text{ 80-0220-906}

1

141540 54

<del>7</del>821

Social Security Number on Re

561-11-8924

If you inquire about your account, please refer to these numbers.

CLAUDIA J BOUGUET PO BOX 62 REDWOOD VALLEY CA

9547Ö

Form Number Year 1040A DE

# VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

3	561118924		94 ntin dark	BOUQ ink or use typ	R Dewriter.	77	SOCIAL SECURITY NO	JMBER
1	FULL NAME	(First)				al-if none, draw line-)	(Lest)	
2	NAME AS SHOWN LAST SOCIAL SEC IF UNKNOWN, YOU	ON YOUR URITY CARD, UR NAME AT BIRTH	(F)	urst)	(Midd	le, or initial-(f none, draw line-)	(Last)	
-3	DATE OF BIRTH	(Month)	(Day)	- (	Year)	A BIRTH DATE PREVIO	USLY REPORTED (II de	(Ierent from stem 3)
5	PLACE OF BIRTH	(Gty)		(County)	,	(State)	G SEX	ALE FEMALE
Z	MOTHER'S FULL N	AME AT HER BIRTH	(Her maid	len name)		8 FATHER'S FULL NAM	E (Regardless of whether	linng or deed)
9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIA	L SECURITY CARD?			(State)		(Year)	
10	YOUR PRESENT (/ MAILING ADDRESS	Number and Street, Apt	No. P.O.	Box, or Rural	Route)	(Ory)	(State)	(ZIP Code)
11 12	TODAY'S DATE		monment	ever, with intended information in for up to 1 y HERE (Do no	ear, or bot	ly his or someone else's true idd for a social security number is si n.	entity, willfully furnishes object to a fine of not me	or causes to be ore than \$1,000
	T5611	18924 77	3					Form 3912 (Bev. 10.)

Ply spine

B4 c (78)

Department of the Treasury Internal Revenue Service Center 39865 54 FRESNO, CA 93888 7823 SHANDA M & BRUCE PO BOX 15156 SAN FRANCISCO CA OLIVER Form Number 1040A 94115

### VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

555922939*	94	OLIV	R	77	SOCIAL SECURITY NUM	BER
	Please print in	dark ink or us	e typewriter			
1 FULL NAME	(First)		(Middle, or ii	nitial—if none, draw line—)	(Last)	
2 NAME AS SHOWN LAST SOCIAL SE IF UNKNOWN, Y	ON YOUR CURITY CARD OUR NAME AT BIRTH	(First)	(M	iddle, or initial—if none, draw line		
DATE OF BIRTH	(Month) (D	ayi	(Year)	4 BIRTH DATE PRE	VIOUSLY REPORTED (II dill	
PLACE OF BIRTH	(City)	ICC	ounty)	(State)	6 SEX.	
7 MOTHER'S FULL	NAME AT HER BIRTH (H	er maiden name,	i	8 FATHER'S FULL	NAME (Regardless of whether i	living or dead)
9 WHERE AND WH DID YOU GET YOUR FIRST SOO	EN CIAL SECURITY CARD?		(Sta	te)	(Year)	
YOUR PRESENT MAILING ADDRESS	(Number and Street, Apt. N				(State)	(ZIP Code)
TODAY'S DATE	furnisher	Whoever, was false informationment for up	riggs on apply	faisity his or someone else's tri ring for a social security number both.	ue identity, willfully furnishes er is subject to a fine of not mo	or causes to be pre than \$1,000
12 TELEPHONE NUM	ABER Sign YOUR	NAME HERE	(Do not prin			
75550	22939 77 2					Form 3912 (Rm

B40 (79)

DONALD J & SHIRLEY A % CHAIKIN PO BOX 15156

SAN FRANCISCO CA

FRESNO, CA 93888

30926 59

JUNE 19, 1978

SOCIAL SECURITY NUMBER
051-24-4784

051-24-4784 . 
DOCUMENT LOCATOR NUMBER YOUR ACCOUNT, PLEASE REFER TO THESE NUMBERS
94211-126-00229-B 4 BERS

94211-126-00229-8 FORM NUMBER TAX YEAR ENDED 1040 DEC. 31.

1040 DEC. 31. 1977 spouse's questionable social security humber

052-52-4901 ←

VERIFICATION OF SPOUSE'S SOCIAL SECURITY NUMBER-

7823

FIELDS

94115

When we processed your return for the above tax year, we found that your spouse's (wife or husband's) name and number did not match the information in our files. The discrepancy may have been caused by an error by IRS or SSA, by use of a married name or maiden or professional name not on record with IRS or SSA, or by delays in updating our files. Because of this discrepancy, we need to verify both name and social security number so that we can process your future returns better.

THE FORM AT THE BOTTOM SHOULD BE COMPLETED BY THE PERSON WHOSE NUMBER APPEARS ABOVE FOR VERIFICATION. PLEASE READ THE INSTRUCTIONS WHICH FOLLOW BEFORE FILLING IN THE FORM.

- If you have a social security card, or you know your number, please be sure to enter that number in the box on the form that is captioned "Social Security Number" when you complete the form.
- 2. If you cannot locate your social security card or you are not sure what your social security number is or if you have never obtained a number, please leave blank the box on the form that is captioned "Social Security Number."

After the form is completed, please return this notice in the envelope provided. The Social Security Administration will issue you a correct social security card if one is required, without further action on your part. (See the back of this notice for Privacy Act information.)

Thank you for your cooperation.

P L E	Plea:	se print in dark ink or use typev U51244784	viller. 94		PLETED BY SPOUSE 052524901	SOCIAL SECURITY N	UMBER	
E A S E	Q.	Please Print Your Full Name	(First Name)	(Middle Nam	or Initial - If none, draw lin	(Last Nam	e)	+
D	2	Print Your NAME AS SHOWN ON YOUR LAST CARD	(First Name)	(Middle Name	or Initial - If none, draw lin	e-) (Last Nam	<del>o)</del>	$\langle$
0 N	3	DATE (Month) OF BIRTH	(Day)	(Year)	BIRTH DATE PREVIOUSE	REPORTED (II differen	it from Item 3)	₹
Ŷ	E	PLACE (City OF BIRTH	•	(County)	(State)	6 ştx:	MALE FEMALE	┤
D E T	7	MOTHER'S FULL NAME AT HER	BIRTH (Her maiden	name)	FATHER'S FULL HAME (R	A	living or dead)	$\left. \right $
ACH	ĝ	WHERE AND WHEN DID YOU GET YOUR FIRST CARD?	(State)		(Year)			{
A	10	ADDRESS	Street Apt No. P.	O. Box, or Rural R	oute) (City)	(State)	(ZIP Code)	{
F	11		NOTICE: Whoever, wit furnished false inform or imprisonment for u Sign YOUR NAME HER	to 1 year, or both.	is or someone else's true idente a social security number, is sub	ity, willfully furnishes o oject to a fine of not m	or causes to be ore than \$1,000	}
Ď.		TU512-47:	4 77 2	134	£ c (80)			)

RM 5263 (REV. 1.77)

JUSEPH L & LESLIE M WILSON & EUGENE CHAIKIN ESO PO BOX 15156

FRE5NO, CA 93588

SAN FRANCISCO CA

30903 59

JUNE 19, 1978 SOCIAL SECURITY NUMBER 138-50-5695 .

■ IF YOU INQUIRE ABOUT YOUR ACCOUNT, PLEASE REFER TO THESE HUM-

DOCUMENT LOCATOR HUMBER 94209-126-36388-8 - BERS FORM NUMBER 1040A

DATE

TAX YEAR ENDED BEC. 31, 1977

SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER 560-13-2149 ←

VERIFICATION OF SPOUSE'S SOCIAL SECURITY NUMBER-

7823

94115

When we processed your return for the above tax year, we found that your spouse's (wife or husband's) name and number did not match the information in our files. The discrepancy may have been caused by an error by IRS or SSA, by use of a married name or maiden or professional name not on record with IRS or SSA, or by delays in updating our files. Because of this discrepancy, we need to verify both name and social security number so that we can process your future returns better.

THE FORM AT THE BOTTOM SHOULD BE COMPLETED BY THE PERSON WHOSE NUMBER APPEARS ABOVE FOR VERIFICATION. PLEASE READ THE INSTRUCTIONS WHICH FOLLOW BEFORE FILLING IN THE FORM.

- 1. If you have a social security card, or you know your number, please be sure to enter that number in the box on the form that is captioned "Social Security Number" when you complete the form.
- 2. If you cannot locate your social security card or you are not sure what your social security number is or if you have never obtained a number, please leave blank the box on the form that is captioned "Social Security Number."

After the form is completed, please return this notice in the envelope provided. The Social Security Administration will issue you a correct social security card if one is required, without further action on your part. (See the back of this notice for Privacy Act information.)

Thank you for your cooperation.

P	Pleas	e print in dark ink or use typewri	ter.	TO BE COM	PLETED BY SPOUSE			
L	2	138505695	94		560132149	SOCIAL SECURITY	NUMBER I I	-
EASE	7	Please Print Your Full Name	(First Name)	(Middle Name	or Initial - If none, draw line	—) (Last Nan	ne)	1-
D	2	Print Your NAME AS SHOWN ON YOUR LAST CARD	(First Name)	(Middle Name	or Initial - if none, draw line	—) (Last Nar	ne)	$\preceq$
O N	3	DATE (Month) OF BIRTH	(Day)	(Year)	4 BIRTH DATE PREVIOUSLY	REPORTED (II dillere	nt from Item 3)	$\preceq$
Ŷ	5	PLACE (City) OF BIRTH		(County)	(State)	6 sex:	MALE FEMALE	ጘ -
D E T	<b>a</b>	MOTHER'S FULL NAME AT HER B	IRTH (Her maider	name)	FATHER'S FULL NAME (RE	gardless of whether	r living or dead)	$\dashv$
À C H	2	WHERE AND WHEN DID YOU GET YOUR FIRST CARD?	(State	)	(Year)			$\preceq$
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T	Ш			rith Intent to faisify to mation in applying for up to 1 year, or both.	is or someone else's true identit a social security number, is subj	ty, willfully furnishes ject to a fine of not	or causes to be more than \$1,000	$\prec$
빍	12	TELEPHONE NO.	ign Your HAME H	ERE (Do Not Print)	. )			-
		713"50569	5 77 2	34.	- (81)			,

MURRALL

FRESNO, CA . 93888

F PO BOX 15156 SAN FRANCISCO CA

- LUNA M

63589 54

Date of This Notice JUNE 26, 1€78 Social Security Number on Return

475-82-3136\* Document Locator Number

1040A

If you inquire about your account, please refer to these numbers.

Form Number

94209-140-02123-8 Year Ended DEC. 31. 1976

## VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

7824

94115

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

_	475823136		94 se print in dark	MURR ink or use type:	R writer.	76	SOCIAL SECURITY N	IUMBER
1	FULL NAME	(1	rist)	(Middle	e, or initia	l-if none, draw line-)	(Last)	
2	NAME AS SHOWN O LAST SOCIAL SECT IF UNKNOWN, YOU	JRITY CARD.		nt)	(Midd)	e, cr initial—if none, draw line—	-) (Last)	
(2	DATE OF BIRTH	(Month)	(Day)	(Ye	ear)	A BIRTH DATE PREV	TOUSLY REPORTED (III	different from item 3)
5	PLACE OF BIRTH	(Čty)		(County)		(State)	6 SEX	MALE FEMALE
7	MOTHER'S FULL N	AME AT HER B	IRTH (Her maio	en name)		B FATHER'S FULL N	AME (Regardless of wheth	
9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIA		ARD?		(State)		(Year)	
10	YOUR PRESENT (/ MAILING ADDRESS	Number and Stre	et, Apl No., P.O.	Box, or Rural I	Route)	(City)	(State)	(ZIP Code)
11	TODAY'S DATE	/ 25	NOTICE. Who furnished false i or imprisonmen			fy his or someone else's true for a social security number in	identity, willfully furnish s subject to a fine of not r	es or causes to be more than \$1,000
12	TELEPHONE NUMBE		YOUR NAME					<del></del> -

B4c (82)

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Department of the Treasury
       Internal Revenue
       Service Center
                                                                                                                                      33797 49
        FRESNO, CA 93888
                                                                                             Date of This Notice
                                                                                             JUNE 19 + 1978
Taxpayer Identifying Number
                                                                                              562-76-7806

◀ If you inquire about your account, please refer to these numbers

                                                                      7823
                                                                                                                             TN
                                                                                              Document Locator Number $ 94211-140-03171-8
                                                                                             Document Locator Number
            ELLIHUE
                                 DENNIS
            PO BOX 15156
SAN FRANCISCO CA
                                                                                                                 Tax Period Ended
                                                                                             Form Number
                                                          94115
                                                                                              1040
                                                                                                                  DEC. 3F. 1976
(
                      Overpayment Applied to Other Taxes
(
     You overpaid the tax reported on the form identified above, and we applied part or all of the overpayment against other taxes you owe. All or part of any interest owed on the overpayment may also have been applied against those other taxes. The total amount applied is shown at right; shown below is a list of your unpaid accounts and the amount we applied to each.
                                                                                             Your Overpayment to IRS ...
                                                                                                                                                 $864.00
                                                                                            Portion of your overpayment applied to unpaid accounts. $168.71
                                                                                                                             $168.71
                                                                                            Interest applied to unpaid accounts.
                                                                                                                                     .00
         If there is a balance due you of $1 or more, a refund will be
                                                                                            Total amount applied ......
                                                                                                                                                   168.71
     sent to you.
         This notice is for your information. It requires no reply.
                                                                                             Amount to be refunded to you . . .
                                                                                                                                                   695.29
                                                                                            (Any interest due you will be added)
                          YOUR NET DVERPAYMENT WILL BE REFUNDED IF YOU OWE NO OTHER TAXES.
                          Amount applied
                                                  Form
                                                                  Tax period ended
                                                                                               Amount applied Form
                                                                                                                                      Tax period ended
                                                                DEC. 31. 1974
                                  $168.71 1040
     Overpayment
     was applied
to these
     accounts
```

B4c(83)

E 1040 U.S. Individual Income Tax Return 1976   This space for US was only  For the year January 1-December 31, 1976, or other taxable year beginning 1976 ending						. 19		
For the year January 1-December 31, 1976, or other texable year beginning    Name (if joint return, give first names and initials of both)   Last no						o enoing	Your social sec	
š	Ellihue	names and minals of borny		Denn		•	562 76	
į	Present home address (Number	and street, including apartme	nt number		For Privacy	et Notification,	Spouse's socia	
		156	<u> </u>		see page 5	of Instructions.	<u> </u>	
	SAN FRANC		9411	سير			stedian	
Ť	☐ Single	(Check only ONE b		Ga Regular	<u> </u>	ouse's ►-	nter number of	1 1 1000
1	2 Married filing Joint re	turn (even if only one had inco	me)		_	r denendent	children who	
ı	3 [7] Married filing separa	tely. If spouse is also filling		lived wit		bian		
}	and enter full	number in designated space at	1223				Enter number	
1	4 Unmarried Head of Hou	sehold. See page 7 of instruct	ions E				n line 7) . 🗲	
-	fo see if	ebian	- Call	e Age 65 o	rolder. 🎞	b, and c) . Yourself [7]		· •   -
		with dependent child (Y	ear	Blind .		Yourself	Spouse of box	
	spouse died > 19	). See page 7 of Instructi	ons.	T TOTAL (	add lines 6d	and e)		2
7 C	Other dependents:	(b) Relationship	(c) Mont	hs lived in your form or died er, write B or D.	(d) Did dep have income of or more?	andent (e) Amor	unt furnished for dep	
	fel trms	į	during you	er, write B or D.	or more?	1 400		DTHERS Includ
	<del></del>					\$	\$	
1	8 Presidential Election 🔈	Do you wish to designate \$1 c	f your taxe	s for this fund?		es III M N	Notes If you c	heck the "Ye
	Campaign Fund	If joint return, does your spor	use wish to	designate \$1?	I TY	es N	Dex(es) it will i	not increase yo
	9 Wages, salaries, tips, and 10a Dividends (See pages 9	other employee compensation				_5		336 -
	(If gross dividends a	nd other distributions are f \$400 or less, enter total wi	b less exc over \$40	lusion O. list In Part	Bi	lance > 10	<u>)c</u>	
1	11 Interest income. {	f \$400 or less, enter total wi f over \$400, enter total and i	thout listin	in Schedule	3}	1	1	- 1
벁	12 Income other than w	ges, dividends, and intere	est (from	line 37) .				
ncome	13 Total (add lines 9, 1	Oc, 11 and 12)				1		
	14 Adjustments to Incom	e (such as moving expens	se, etc. fr	om line 42)		] =		_
- [	15a Subtract line 14 from	i line 13	· · ·		• • • •	15		
١	c Adjusted gross incom	e. Subtract line 15b from	rum 244 Line 152	then comple	• • • • eta Part III c		<u>-</u>	
_!	(If less than \$8,000.	see page 2 of Instructions	on "Ear	ned Income C	redit.")	15	c 33	36 -
J	16 Tax, check if from:			hedule X, Y o		hedule D		-0-
į	37- 41-11-1 - 447-40 4 11		m 2555	,OR	-	rm 4726 16		// checked
_	17a Multiply \$35.00 by the nu	mber of exemptions on line 6d tot more than \$180 (\$90 if box		. 17a (d) 17b	<u></u>	Enter   S	if box on line 3 is page 10 of in	structions)
쵦		: 17c from line 16 and ent			es than zor	3 1 18		-6-
딍	19 Credits (from line 54	1)				19		
13	20 Balance, Subtract line	19 from line 18 and ent	er differe	nce (but not l	ess than zer	0) 20		-6-
Payments and Cred	21 Other taxes (from line 22 Total (add lines 20 ar					21		
悥	22 Total (add lines 20 ar 23a Total Federal income	tay withhold (attach Forms	W-2,	[23a]	5			
ž	b 1976 estimated tax p	ayments . as credit from 197	front) allowed	23b		<u>~</u>	Pay amount on	line 25 in //
7	C Earned Income credit. of i	m page 2 nstructions)	• • •	23c	33	4 -	social security of	umber on
- 1	d Amount paid with For			. 23d			Pay amount on I full with this retu social security no check or money of make payable to Revenus Sarvica	Internal
- {	e Other payments (from 24 TOTAL (add lines 23a			. 23e				
힑		an line 24, enter BALANC	F DIJE JE	<del></del>		D   25		641-
E .		rm 2210 or Form 2210F is at	tached. See	page 10 of ins	tructions.)	• • •	<u>'</u>	
5	25 If line 24 is larger tha	in line 22, enter amount (				26		864 -
	27 Amount of line 26 to be	e REFUNDED TO YOU			, .	27		864 -
寸	Under penalties of perjury. I deal true, correct, and complete. Declarat	re that I have examined this return	x 📂 i 2	o   accompanying sche	dules and statem	ents, and to the b	est of my knowledge	and belief it
		on or bushines (other then texhelic		n all information i	of which prepare	tas any knowled	ga.	
Ē	Ellilus (	<u>Lemis</u>	4/8	//				
3	Your signature			Date Prepare	ra signatura (ar	d employet's nam	it, if any)	0.
П	Sporta's signature (it filing four	Uy, BOTH must alga even it only			ing number (see	·		land 21P cod
	a absence a Sucress for state 7017							

_ `			_	_
Form	1040 (1976) ITALES Income other than Wages, Dividends and Interest		P	120 Z
		29	<del></del>	<del></del>
29	Business Income or (loss) (attach Schedule C)	30a		
	Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30b	——————————————————————————————————————	
	5 50% of capital gain distributions (not reported on Schedule D—see page 10 of instructions).	331		—
31	***************************************	32a		
	Pensions, ennuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) .	-32b	i	
	Fully taxable pensions and annuities (not reported on Schedule Esee page 10 of Instructions)	333		
33	Earm income or (loss) (attach Schedule F) State income tax refunds ( oces not apply if refund is for year in which you book the )	34	<u> </u>	
34		35		
35	Allmony received	-35		
35	Other (state nature and source—see page 11 of Instructions)			
37	Total (add lines 29 through 36). Enter here and on line 12	36		
	Adjustments to Income	37		
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		
t	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		
21:3	Tax Computation			
43		ļ		
	dependent on your parent's return, check here ▶ □ and see page 9.of Instructions	43	3336	
	If you itemize deductions, check here > [], and enter total from Schedule A, line 40, and attach Schedule A	1	}	
b	Standard deduction—If you do not itemize deductions, check here ▶ ☐, and:	1		
	If you checked 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800 }	44	1700	
	the box on 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400		1	
	line 3, enter the greater of \$1,050 OR 16% of line 43—but not more than \$1,400			,
45	Subtract line 44 from line 43 and enter difference (but not less than zero)	45	1636	<del>-</del> _:
46	Multiply total number of exemptions claimed on line 6f by \$750	46	1500	三)
47	Taxable Income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47	136	Ξ'
• If t	ine 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exem	tion of	Income Earned Abroau	l, find
you	r tax in Tax Table. Enter tax on line 16 and check appropriate box.			
• 1F 1	ine 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 applica	ble, the	alternative tax from Sc	hedule
	income averaging from Schedule G. tax from Form 2555 or maximum tax from Form 4726. Enter tax on line 16	and c	heck appropriate box.	
-(Pa	<b>副語</b> 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 3458)	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	]	
Pa	Other Taxes			
55	Tax from recomputing prior-year investment credit (attach Form 4255)	55		
56	Minimum tax. Check here ▶ □, 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	2	
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	l l	
	Type 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		
				0743750

ls. conspilator province crises:150-0-210-20 B4c (85)

Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number. Copy B To be filed with employee's FEDERAL tax return Employer's State identidying number 800-9593 4 Total FICA wages

Wage and Tax Statement 1976

95-6000927 W
COUNTY OF LOS ANGELES - AUDITOR CONTROLLER - HALL OF ADMINISTRATION LOS ANGELES, CALIF. 90012 Employee's social security 2 Wages, tips, and other compensation 3 FICA employee ta 567-76-7626 579.77 3,335.25 . 345.15 3,335.89 Type or print Employee's name, address, and ZP code below. 5 Was employee covered by a qualified pension plan, etc.? Deferred Compensation 4LL L9-DP32L67 CENNIS,FLLIHUE 1415 NADEAU 5T LCS ANGFLES CALIF 855737 YES 8 State or local tax with-9 State or local wages 10 State or locality 49-54 78.2EE,E CΔ 11 State or local tax with-12 State or local wages 13 State or locality Form W-2

B4 (86)

RESIDENT	
540	





¥	PĽ Ent	ICE PREADDRESSED LABEL HERE, if available. (Correct name and address, if necessary) or social security numbers) only if incorrect or not shown on label.  Check R. Calendar Year One:   Fiscal Year Ending 1977	_
у. Т	1	AME (if joint return, give first names and initials of both)  LAST NAME  FOR PRIVATY NOTIFICATION  SEE PAGE 2 OF INSTRUMENTS	<u>'</u>
*	1	ESENT HOME ADDRESS (Number and street, including apartment number, or rural route)  Sports's Social Structy Number	-
	Ĉ	T, TOWN 9R POST OFFICE, STATE AND ZIP CODE    Cocu.   Year Cu Stodian   PATION   Spourt	-
	1	1 ☐ Single (Check Only One)	٦
7	l۵	2   Married filing joint return (even if only one had income)	۱ ر
	IG STATUS	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  6 Personal If line 2, 4 or 5 checked, enter \$50 \	-
	Ē	4 B. Head of Household—Enter name of qualifying individual. Fabian . See 7 000	
	μ	9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 9 50 00	
	maney order, ATTACH HERE - ATTACH COPY 2 OF FORM W.2 HERE	Wages, salaries, tips and other employee compensation   Attach Copy? 2 of Formic)   W.2 to Ister of this   Fature   Humanizations, Page   10   \$3336   11	
	check or	33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.  Mail return to:  FRANCHISF TAY ROAD  FRANCHISF TAY ROAD	
	10.	P.O. BDX 13540 SACRAMENTO, CA 95813	ı
	number	34 Amount of line 32 to be credited	ı
	E	If you do not want State income tax forms and instructions mailed to you next year, check here See Instructions, Page 9	Į
	Write secial securil	Under penalties of perjury, I declare that I have examined this return, including occompanying 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 Yes inches	3
	7	HEDE - MINES (AND DES MANAGE)	
		Specie's signature—if alling a joint return  Date  Address (and Zip code)	

many 1 march Paralle Stimulation must be assured	Page 2 Form 540 (1976
PART 1— Renter's Credit — All questions must be answered	<del></del>
35 Did you, on March 1, 1976, live in tented property which was your principal residence?	If no, you may not claim this credit
37 Did you live with any other person who claimed you as a dependent for income tax purposes?	If yes, you may not claim this credit If yes, you may not claim this credit
38 Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?  Yes & No	If yes, see page 3 of instructions
PART II — Other Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	120
10 Het gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))	39
Hel gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))	• 41
12 Pensions and annuities . \	• 42
ATTACH SCHEDULE E	• 43
W Partnerships   FORM (S4D)	•  44
5 Estates and Grusts / L	• 45
16 Farm income (or loss) (attach Schedule F(540))	• • • • 46
77 Miscellaneous income (a) Fully taxable pensions and annulties (not reported on Schedule E(540))	1 management
(b) Alimony	
(c) Other (state nature and source)	
Enter total of lines 47(a), 47(b), and 47(c)	• 47
8 Total (add lines 39 thru 47). Enter here and on line 13	48
ART III — Adjustments to Income	
	<del></del>
3 "Sick pay," If included in line 10 (see instructions—attach Form FTB 3805T)	• 49
1 Employee business expenses (See instructions—attach Form FTB 3805N)	•  51
2 Military exclusion (see instructions)	• 52
3(a) Payments to an individual retirement arrangement (attach FTB 3805P)	
(b) Payments to a Keogh GLR. 10) retirement plan	
-(c) Payments to a self-employed "Defined Benefit Plan"	
Enter total of lines 53(a), 53(b), and 53(c)	• 53
Forfeited interest penalty (see instructions)	• 54
5 Total adjustments (add lines 49 thru 54). Enter here and on line 15	· · · · Þ5
ART IV — Itemized Deductions —	•
• Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below	<del></del>
Total deductible medical and dental expenses (from Schedule A(540), line 10)	•   56
7 Total taxes (from Schedule Al540), line 17)	• 57
3 Total interest expense (from Schedule AIS40), line 20)	• 58
Total contributions (from Schedule A(540), line 24)	•  59
7 Total casualty loss (from Schedule Al540), fine 29)	•   60
Total miscellaneous deductions (from Schedule A(540), line 33)	• 61
2 Total child care and adoption expenses (from Schedule A(540), line 37) 3 Total Itemized deductions (add lines 56 thru 62). Enter here and on line 17	62
ARF V — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.	
"Other State" net income tax credit (attach copy of other state return and Schedule S(540))	64
Retirement income credit (attach Schedule R(540))	
Special low income tax credit (see special instructions)	
Solar energy tax crédit (see special instructions) TOTAL (add lines 64 thru 67). Enter here and on line 22	68
	· ‡ · 1° · · · · · · · · · · · · · · · · ·
ART VI — Other Taxes	
Tax on preference income (see instructions — attach Schedule P(540))	69
Tax on premature distributions from attached Form FTB 3805P	70
Total (add lines 69 and 70) enter here and on line 24	71
ART VII — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from in	ne 16, page 1, explain below.

B4"c(88)

**NOVEMBER 16, 1976** 

TUESDAY

TO:

MARIA KATSARIS

FROM:

GENE CHAIKIN

SUBJECT: BARBARA HOYER

FILE 1744

BY THE OFFICE IT HAS BEEN APPROVED/TO SET UP A SPECIAL ACCOUNT FOR BARBARA. HOYER TO PUT HER CHECK IN. THE ACCOUNT SHOULD BE HANDLED BY MARIA KATSARIS. EVERY MONTH, ONE-HALF OF HER NET EARNINGS SHOULD BE PAID BY CHECK TO P. T. AS A DONATION. THE REST CAN BE PAID TO APOSTOLIC CORPORATION AS PAYMENT FOR THE ROOM AND BOARD AND MISCELLANEOUS EXPENSES OF HERSELF, TIM, MIKE, AND TERRY. ALSO PAID FROM THIS ACCOUNT SHOULD BE HER MEDICAL EXPENSES, THE MEDICAL EXPENSES OF THE OTHERS, AND ANY EXPENSES THAT SHE MUST HAVE FOR HER WORK SUCH AS UNIFORMS, SPECIAL WATCH, OR WHATEVER. AS WE WORK WITH THE SITUATION, THERE WILL BE OTHER EXPENSES TO BE PAID FROM THE ACCOUNT SO THAT RATHER PAYING ALL OF THE MONEY AFTER PAYING P.T. TO APOSTOLIC CORPORATION, THERE SHOULD BE SOME RESERVE, SAY \$200 or \$300 FOR THESE OTHER MIS-CELLANEOUS EXPENSES. THE ACCOUNT SHOULD BE SET UP AS MARIA KATSARIS MANAGERIAL ACCOUNT FOR TIMOTHY AND BARBARA CARTER.

> If you inquire about your account, please refer to these numbers or attach this letter

· Date of This Letter .06-23-78 Social Security Number 547-32-6089 1U Document Locator Number 95211-116-07549-6

BURGER L DEAN PO BOX 15156 SAN FRANCISCO.

502 -9505 A89

Dear Taxpayer:

We have previously written to you about the Federal tax shown below. It is overdue and you should pay the total amount due within 10 days from the date of this letter to avoid additional interest and penalties.

Please make your check or money order payable to the Internal Revenue Service and write your social security number on it. Include this letter with your payment so we can quickly identify and credit your account. If you think the amount shown below is incorrect because of a recent payment or for any other reason, please send us the amount you believe is due and explain the difference on the back of this letter. Use the enclosed envelope to mail us your payment. The copy of this letter is for your records.

If you cannot pay this amount in full, please refer to the enclosed copy of Publication 586A, The Collection Process (Income Tax Accounts), which provides information about our collection procedures and your rights in relation to them. If you have other questions about this bill, or want to discuss payment, please contact any Internal Revenue Service office within 10 days from the date of this letter. The telephone number is on the enclosed notice.

Sincerely yours,

Director, Service Center

Enclosures: Envelope Copy of this letter Publication 586A Telephone Number Notice

Reply to:

Tax Form Number . . . : 1040 Tax Period Ended . . . 12-31-75

Balance of Prior Assessments S Late Payment Penalty . . . . Interest . . . . .

Total Amount Due . . . . S

237.09

33.48

INTERNAL REVENUE SERVICE P.O. BOX 12586 FRESNO. CA 93778

B4c(90)

D3967 (Part 1) (Rev. 12-76)

30-7512

3vd copy from June

Law Office Report #36 June 27, 1978 page 1

page 1 fro

TAXES - These are a series of problems and work for Tish and Harold, itemized as follows.

- See law office report #26, April 20, 1978, item 8 (copy attached).
   I still have not received an answer on this regarding people who were doing attendant care and filing income tax. Any ideas?
- James Simpson have received attached notices from Franchise Tax Board re his operating business as Basic Vegetable Products Inc., filing personal income tax for XXXX. - amount due \$54.95 for 1974.
- Please have Don Fitch complete the attached form attached is copy also of his income tax return which you filled out and which was mailed in.
- 4. Received several requets for verification of social security #, or spouse's social security #, see attached. These should be completed and mailed back. Claudia Bouquet; Shanda & Bruce Oliver; Don & Shirley Fields; Joe and Leslie Wilson., Luna Murral.
- 5. Notice of overpayment on Elihue Dennis's tax return; refund due of \$695.29. Attached is copy of his tax return. They deducted 1974 geturn which (I am sending you copies of the tax returns in cases like this he had not just in case you may have difficulty finding the copies I already paid. sent you when the tax returns were originally mailed off to IRS & FTB.
- 6. Would you please have each of the people for whom I did requests for extension do the attached powers of attorney, and send back to me to keep to hold, in case IRS requests them Nathaniel Swaney (attorney in fact is Laurie B. Efrein); Burger Lee Dean (attorney in fact is Christine Kice); Esther Dillard (attorney in fact is Timothy Clancy); Velma Najawandriene Darnes (attorney in fact is Kathryn R. Tropp); Carolyn Prokes (attorney in fact is Jean F. Brown); Willie Reed (attorney in fact is Bette McCann); Alvaray Satterwhite (attorney in fact is me); Oliver Morgan Jr. (attorney in fact is me); Ben and Cathy Barrett (attorney kn fact is me).
- 7. Barbara Hoyer/Tim Carter taxes I asked about this one before; Mildred said this week she would check and get back. Attached is a copy of an old memo about the original idea on the situation since there was no apos. corp. follow through, this is out of date but I am including it because it may remind someone there about the original intent of the situation she wants to know now if she should be sending over periodic deposits for the support of her "family" she was working over time to make more money for this purpose, bu but why should she if the decision is no on the support payments and tax deductions she'll just end up in a higher tax bracket and have to pay more taxes. Some clarification on this would be appreciated; the year is half over and still no answer this same thing-happened last year.
- 3. Burger Lee Dean kotice from IRS re 1975 tax return, \$299.69 due.

B4 c(91)

LAW OFFICE REPORT #26

April 20, 1978 page 5

from June

8. Another tax problem: For the past 2 years or more, certain people were on attendant care for disabled seniors, including Tenna Turner, Juanita Bogue, Judy Merriam, Andy Silver. Tish and Ed conferred onthe problem of quarterly tax returns for these people, which is required by the State tax; however, no one ever reached a final decision other than not to do anything. Kris K. wrote it up several times, sent it over, never got an answer. Now I have Judy Merriam's records given to me by her; Andy was running around trying to find out from Kris and Jinny Cheek how to file his taxes as attendant care til I stopped him and said wait. Kris has said that it is a loophole situation, where if you dont report, they dont know about you. However, looking at Judy's papers, I wonder. See attached copies. One of the rationales for stalling was that gradually all of the attendants left. But we do have Andy, and we do have Judy, who still takes care of Jewel and Viola. How do we resolve this problem?

B4 ((92)



## FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

телерном (800) 852-7050

Notice of Employee's · Personal Income Tax Duc

GIVE THIS NOTICE TO EMPLOYEE

FOR OFFICIAL USE ONLY

BASIC VEGETABLE PRODUCTS INC 2 16 16 BX: 140

VACAVILLE

CA 95688

-00 5-05-78

JAMES

SIMPSON

Account No.:564-28-2431SIMP ssa:

564-28-2431

Tex years: 1974 7403957190 00-00-00

**AMOUNT DUE** 

This notice is being sent to you because prior billings to the employee's last known address have either been returned to us or have not resolved the mattter. This is your employee's last chance to voluntarily pay the full amount due or provide us with evidence that the amount has been paid or is not owing. This will avoid the necessity of issuing an order to withhold the amount due from the employee's earnings.

If currently employed please give this notice to your employee. Your employee must send the full amount due immediately or contact our office. This notice must be returned with the payment. Part payment will not stop collection action.

If the taxpayer is not currently employed, please give us the information requested below and return this notice in the enclosed envelope.

James Simpson 1859 Geary Street CITY, TOWN OR POST OFFICE. STATE AND ZIP CODE San Francisco, Ca. 94109

Layoff DATE TXXXXXXX 10/29/77 June or July"78" Yes

James Simpson is presently on a seasonal lay-off.

If you have no record of the above named employee, please show the full name of the employee using the above listed social security number for correction of our files.

EMPLOYEE NAME AND ADDRESS IF DIFFERENT THAN ABOVE

TB 4760-M-OCR (11-77)

B4c 193)

F	RESNO, CA 93888		•		_	43249	32
-		•		JUNE 19.			
Z	0 551606251 30 7712	7823 26	1.10	551-60-62	51 Zọ	•	
	DONALD K FITCH			94209-133	-05953-8		
	% E B CHAIKIN ESQ PO BOX 15156			FORM NUMBER: 1040A	YEAR ENDED: DEC = 31.	1977	
	SAN FRANCISCO CA 941	15		20	22011	.,,,	4
	<del>.</del>	EARNED INC	OME	CREDIT			
	Your tax return indicates yo						
	although you did not claim it. If credit, or have filed an amended consider the credit, please answe	you have aire: d return to clai	ady de m.it. ni	termined that y	rou are not el	iaihla for 1	ho
	1 Did you pay more than	half the acet					
	<ol> <li>Did you pay more than U.S. (50 States and the your child who was unde as your dependent.)</li> </ol>	District of Col	umbia)	for the entire	vear for hoth	vourealf a	nd
		Yes 🗌		No 🗆	}		
	<ol> <li>Did you pay more than U.S. (50 States and the your child who is 19 or must qualify as your depe</li> </ol>	District of Colu	(sidmı	for the entire	vear for hoth	voursalf a	nd
		Yes 🗍		No 🗆			
		163		140	1		
	On the back of this form the cost of keeping up a home. There is a	ere is a list of also a definition	the kin of child,	ds of costs that for Earned Inc	at may be inc ome Credit pu	luded in tl irposes.	he
	If you answered yes to eithe below, the name and relationship return this notice promptly in the	of the child v	vho ou	alifies you for	the credit Th	n the space en sign ar	ce nd
	Child's name		Rela	tionship			
	<u></u>		_		-		
	<u>-</u>		ho abo		e true and co	orrect to the	– ne
	<ul> <li>Under penalties of perjury, I best of my knowledge.</li> </ul>	declare that t	ne abc	ove answers ar	•		
	. Under penalties of perjury, I best of my knowledge.	declare that t	ne apc	ve answers ar	***************************************		

(

Miller Equipment Co 1609 S State Ukiah, Ca. 95482

Wage and Tax Statement DU ...
Copy B To be filed with employee's
FEDERAL tax return

Type or print EMPLOYER'S name, address, ZIP code and identifying number

from W-2 Department of the Treasury - Internal Research

' 9 <del>4</del> 1567584	219-6613	-O Form	W-2 Department of the Treat	ury - Internal Revenue Service
Employee's social security number	I Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
551-60-6251	\$411.00	\$2611.25	\$152.74	\$2611.25
,		5 Was employee covered by a qualified pension plan, etc.?	6	7
Donald K Fitch PO Box 37		B State or local tax withheld	9 State or local wages	10 State or locality
Redwood Valle	ey, Ca. 95470	\$73,30	\$2611.25	Ca.
		SDI \$26.14	12 State or local wages	. 13

B4c (95)

Form	1040A Department of the Tressury—faternel Revenue Service 1977		•
label.	First name and initial (if joint return, give first names and initials of both)  Last name  DONALD K. FITCH		Your social security number 551 60 6251
Ise (RS lab	Present bonne address (Number and street, Including apartment number, or raral routs)  1.0. Box 15156  For Privacy Act Notice, page 9 of Instruction	see S	pouse's social security no.
28	City, town or post effice, State and ZIP code  SAN FRANCISCO  CA . 94115  DOCT Yours  SAUTH Spouse's	<i>h</i> 1	ECHANIC
Can Fun	in Joint Votating Good year operate violity 1 to 80 to this lithid?	incre	: Checking "Yes" will not ase your tax or reduce refund.
Che	ine Box 3 Single 2 Married filing Joint return (even If only me Box 3 and enter full name here	one h	ad income) Imber in the space above
	4 Unmarried Head of Household. Enter qualifying name > DAWNYELLE		.See page 6 of Instructions.
Alwa the box. othe	Amplions:  ys check 5a Yourself 55 or over Blin  Yourself 65 or over Blin  Check b Spouse 65 or over Blin	- 1	Enter number of boxes checked on 5a and b
tney	apply. c First names of your dependent children who lived with you ▶ DAWNYGLE		Enter number of Children listed
Here	d Other dependents: (1) Name (2) Relationship of the pour home. (2) Relationship of the pour home. (3) Name of the pour home. (3) Name of the pour home. (4) Did dependent of the pour home in the pendent of the pour home. (5) Did you provide that one half pendent's supported to the pour home.	of da- ort?	Enter number of other dependents
ns W-2	6 Total number of exemptions claimed		Add numbers entered in boxes above 2
7		7	2611 -
Copy B		8	
Attach C		 9c	
	(See pages 4 and 11 of Instructions)		
	"Earned Income Credit." If eligible, enter child's name   1a Credit for contributions to candidates for public office.	10	2611-
_	Enter one-half of amount paid but do not enter more than \$25 (\$50   11a		
	IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE STOP HERE AND SIGN BELOW.  b Total Federal income tax withheld (if line 7 is larger than		
Hero	\$16,500, see page 12 of Instructions)		
희	Total (add lines 11a, b, and c)	12	411 -
	Tax on the amount on line 10. (See Instructions for line 13 on page 12, then find your tax in Tax Tables on pages 14–25.)	13	-0 -
5 14 5 15	If line 12 is larger than line 13, enter amount to be REFUNDED TO YOU	14	: 411-
	If line 13 is larger than line 12, enter 3ALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write social security number on check or money order  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is because the service of the property of th	15 and st	atements, and to the best
E G	Villagor J.H		
ease Si	Your signature 30/ap/17		
ਵ	Spouse's signature (if filing Jointly, BOTH must sign even if only one had income)  Paid preparer's address (or employed number)	rs nar	ne, address, and identifying

141549

7821

If you inquire about your account, please rafer to these numbers.

-CLAUDIA J BOUQUET PO BOX 62 REDWOOD VALLEY CA

9547Ö

Form Number 1040A

31. 1977

#### **VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME**

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

3 :	561118924	*	94	BOUQ	R	77	SOCIAL SECURI	TY NUMBER
		Please pri	int in derk	cink or use ty	pewriter,			
1	FULL NAME	(First)		(Mid	ddie, or initi	alif none, draw line-)	(Last)	
2	NAME AS SHOWN O LAST SOCIAL SECT IF UNKNOWN, YOU	N YOUR JRITY CARD. JR NAME AT BIRTH	(/	Fust)	(Midd	fle, or initial—if none, dr	aw line) (L.	est)
3	DATE OF BIRTH	(Month)	(Day)		(Year)	4 BIRTH DAT	E PREVIOUSLY REPORTED	(if different from item 3)
ŝ	PLACE OF BIRTH	(City)		(Count	γ)	(State)		MALE FEMALE
7	MOTHER'S FULL N	AME AT HER BIRT	l (Her ma	iden name)		8 FATHER'S	FULL NAME (Regardless of w	hether living or dead)
9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIA	AL SECURITY CARD	17		(State)		(Year)	
10	YOUR PRESENT ( MAILING ADDRESS	Number and Street, A	pl Na, P.	O. Box, or Rui	al Route)	(City)	(State)	(ZIP Code)
1	TODAY'S DATE	furni or in	shed false	oever, with in e information ent for up to 1	in applying	g for a social security r	se's true identity, wilfully fundaments subject to a fine of	not more than \$1,000
12	TELEPHONE NUMB	ER Sign Y	OUR NAM	ME HERE (Do	not print)			·
	TE41	118024 7	7 3					Form 3912 (Rev

B4C(97)

Department of the Treasury Internal Revenue Service Center 39865 54 FRESNO, CA 93888 7823 If you inquire about your account, please refer to these numbers. SHANDA M & BRUCE PO BOX 15156 SAN FRANCISCO CA OLIVER Form Number DEC. 31: 1977 94115 1040A

## VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

555	5922939*		94	OLIV		77		SOCIAL SECURITY I	TUMBER
1	FULL NAME		Please print in (First)	dark ink or u		or initial—if none,	draw line—)	(Last)	
2	NAME AS SHOWN LAST SOCIAL SEC IF UNKNOWN, YO	ON YOUR URITY CAR	D. T BIRTH	(First)		•	-if none, draw lin		
3	DATE OF BIRTH	(Month)	(Da	γl	(Yest	4		EVIOUSLY REPORTED (II	
5	PLACE OF BIRTH	(City)			Countyl		(State)	6 SEX	
7	MOTHER'S FULL	NAME AT H	ER BIRTH <i>(He</i>	r maiden nam		8	FATHER'S FULL	NAME (Regardless of wheth	
9	WHERE AND WHE DID YOU GET YOUR FIRST SOC		TY CARD?		1	State)		(Year)	
D	YOUR PRESENT MAILING ADDRESS	(Number and	Street, Apt. No				(Oty)	(State)	(ZIP Code)
11	TODAY'S DATE	15	furnished	Whoever, w Talse inform inment for u	oth intent ation in a p to 1 year	to faisify his or oplying for a soc	someone else's ti ial security numb	rue identity, willfully furni er is subject to a fine of no	more than \$1,000
12	TELEPHONE NUM	BER	Sign YOUR	NAME HERE	(Do not)	pnnt)			

T555922939 77 2

B40 (98)

FRESNO, CA 93888

DATE

052-52-4901 <

30926

7823 DUNALD J & SHIRLEY A FIELDS % CHAIKIN PO BOX 15156 SAN FRANCISCO CA 94115

JUNE 19, 1978 SOCIAL SECURITY NUMBER 051-24-4784 ◆ IF YOU INQUIRE ABOUT
YOUR ACCOUNT, PLEASE
REFER TO THESE NUM-DOCUMENT LOCATOR NUMBER 94211-126-20229-8 TAX YEAR ENDED 1040 PtC. 31, 1977 SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER

VERIFICATION OF SPOUSE'S SOCIAL SECURITY NUMBER

When we processed your return for the above tax year, we found that your spouse's (wife or husband's) name and number did not match the information in our files. The discrepancy may have been caused by an error by IRS or SSA, by use of a married name or maiden or professional name not on record with IRS or SSA, or by delays in updating our files. Because of this discrepancy, we need to verify both name and social security number so that we can process your future returns better.

THE FORM AT THE BOTTOM SHOULD BE COMPLETED BY THE PERSON WHOSE NUMBER APPEARS ABOVE FOR VERIFICATION. PLEASE READ THE INSTRUCTIONS WHICH FOLLOW BEFORE FILLING IN THE

- 1. If you have a social security card, or you know your number, please be sure to enter that number in the box on the form that is captioned "Social Security Number" when you complete the form.
- 2. If you cannot locate your social security card or you are not sure what your social security number is or if you have never obtained a number, please leave blank the box on the form that is captioned "Social Security Number."

After the form is completed, please return this notice in the envelope provided. The Social Security Administration will issue you a correct social security card if one is required, without further action on your part. (See the back of this notice for Privacy Act information.)

Thank you for your cooperation.

_	e print in dark in U512447		writer. 94		OMPLETED BY SPO	DUSE SOCIA	L SECURITY N	UMBER		
	Please Print Your Full Name		(First Name)	(Middle N	Name or Initial - If none, o	Itaw line —)	(Last Nam	•)	ــــــــــــــــــــــــــــــــــــــ	+
2	Print Your NAS SHOWN ON YOU LAST CARD	ME AS R	(First Name)	(Middle N	Name or Initial - if none, o	Iraw line)	(Last Name	•)		$\prec$
3	DATE OF BIRTH	(Month)	(Day)	(Year)	4 BIRTH DATE PR	EVIOUSLY REPORTE	D (If differen	t from	Item 3)	$\prec$
5	PLACE OF BIRTH	(Cit	y)	(County)	(State)		6 SEX:	MALE	FEMALE	$\langle$
Ø		_	BIRTH (Her maiden	name)	8 FATHER'S FULL	NAME (Regardles	s of whether	living o	r dead)	$\langle \cdot \rangle$
2	WHERE AND WHE DID YOU GET YOUR FIRST CAR		(State)		(Year)		<del></del>			$\langle \cdot \rangle$
10	YOUR ( MAILING ADDRESS	Number and	Street, Apt. No., P.	O. Box, or Rui	ral Route) (City)	(State)		(ZI	P Code)	$\langle \cdot \rangle$
Œ	TODAY'S DATE		NOTICE: Whoever, we furnished false inform or imprisonment for a	in intent to fals	sify his or someone else's tr	ue identity, willfu er, is subject to a	fly futnishes	or cause ore than	s to be	$\langle \   \  $
12	TELEPHONE NO.	—4.E	Sign YOUR NAME HE							+

SAN FRANCISCO CA

JOSEPH L & LESLIE M WILSON % EUGENE CHAIKIN ESO PO BOX 15156

FRE5NO, CA 93988

30903

JUNE 19, 1978 SOCIAL SECURITY NUMBER

DATE

✓ IF YOU INQUIRE ABOUT YOUR ACCOUNT, PLEASE REFER TO THESE NUM-138-50-5695 DOCUMENT LOCATOR NUMBER

94209-126-36388-8 FORM NUMBER TAX YEAR ENDED 1040A

PEC. 31, 1977

SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER 560-13-2149

VERIFICATION OF SPOUSE'S SOCIAL SECURITY NUMBER-

7823

94115

When we processed your return for the above tax year, we found that your spouse's (wife or husband's) name and number did not match the information in our files. The discrepancy may have been caused by an error by IRS or SSA, by use of a married name or maiden or professional name not on record with IRS or SSA, or by delays in updating our files. Because of this discrepancy, we need to verify both name and social security number so that we can process your future returns better.

THE FORM AT THE BOTTOM SHOULD BE COMPLETED BY THE PERSON WHOSE NUMBER APPEARS ABOVE FOR VERIFICATION. PLEASE READ THE INSTRUCTIONS WHICH FOLLOW BEFORE FILLING IN THE FORM.

- 1. If you have a social security card, or you know your number, please be sure to enter that number in the box on the form that is captioned "Social Security Number" when you complete the form.
- 2. If you cannot locate your social security card or you are not sure what your social security number is or if you have never obtained a number, please leave blank the box on the form that is captioned "Social Security

After the form is completed, please return this notice in the envelope provided. The Social Security Administration will issue you a correct social security card if one is required, without further action on your part. (See the back of this notice for Privacy Act information.)

Thank you for your cooperation.

2	e print in dark in 1385056		•ne. 94			ED BY SPOU 132149	ISE SOCI	AL SECURITY	NUMBER		
Ū	Please Print Your Full Name		(Fitst Name)	(Middle	Name or In	itial - If none, dra	v line —)	(Last Nar	ne)		$\dagger$
2	Print Your NAI SHOWN ON YOU LAST CARD	ME AS R	(First Name)	(Middle	Name or In	itial - if none, dra	w line —)	(Last Nar	ne)		子
3	DATE OF BIRTH	(Month)	(Day)	(Year)	4	BIRTH DATE PREVI	OUSLY REPORT	ED (II differ	nt from	Item 3)	$\prec$
ङ	PLACE OF BIRTH	(Cit)		(County)		(State)		6 SEX	MALE	FEMALE	$\preceq$
7	MOTHER'S FULL	NAME AT HER	BIRTH (Her maiden	name)	8	FATHER'S FULL HAI	ME (Regardie	ss of whethe	of living	or dead)	$\preceq$
2	WHERE AND WHI DID YOU GET YOUR FIRST CAR		(State	)	(Year	<del></del>		<del>- ;</del>			$\langle$
10	YOUR MAILING ADDRESS	(Number and	Street Apt No., I	O. Box, or I	Rural Route)	(City)	(State	)	(2	IP Code	犭
	TODAY'S DATE		NOTICE: Whoever, w furnished false infor or imprisonment for			omeone else's true al security number,	identity, will: is subject to	fully furnishes a fine of not	more tha	es to be n \$1,000	$\langle$
2	TELEPHONE NO.	——(13	Sign YOUR NAME HE	RE (Do Not F	Print)						1

MURRALL

FRESNO, CA - 93888

PO BOX 15156 SAN FRANCISCO CA

LUNA M

Date of This Notice . JUNE 26 • 1978 Social Security Number on Return

475-82-3136\* 475-82-3136.\* If you inquire about your account, please 94209-140-02123-8 Document Locator Number

. 63589 54

Form Number Year Ended

1040A DEC. 31. 1976

94115

VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

7824

We are unable to complete the processing of your income tax return for the above year because the social security number or last name on it is different from our records. Please supply the information requested below. If you filed a joint return, give information for the first person named above. Please reply soon, as it will take several weeks to make corrections, to issue any refund to you, or to credit your account. An addressed envelope is enclosed for your convenience. Thank you for your cooperation.

4	475823136		94 se print in dark i	MURR	R writer.	76	SOCIAL SECURITY NUM	BER
1	FULL NAME	(F	irst)	(Midd	ie, or ınıti	al-if none, draw line-)	(Last)	)
2	NAME AS SHOWN O LAST SOCIAL SECU IF UNKNOWN, YOU	JRITY CARD.	(Fi	जा)	(Midd	lle, or initial—If none, draw line—)	(Last)	<del>.</del>
3	DATE OF BIRTH	(Month)	(Day)	TY	ear)	4 BIRTH DATE PREVIO	OUSLY REPORTED (II diller	rent from stem 3)
(5	PLACE OF BIRTH	(City)		(County)		(State)	6 SEX:	E FEMALE
7	MOTHER'S FULL N	AME AT HER B	RTH (Her maid	en name)		8 FATHER'S FULL NAM	AE (Regardless of whether liv	ing or dead)
9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIA		ARD?		(State)		(Year)	
10	YOUR PRESENT (AMAILING ADDRESS	Number and Stree	H. APL No., P.O.	Box, or Rural	Route)	(Oty)	(State)	(ZIP Code)
1	TODAY'S DATE	45	NOTICE: Who furnished false in imprisonmen	ntormation in	applying	ity his or someone else's true in for a social security number is t th.	sentity, willfully furnishes of subject to a fine of not more	r causes to be than \$1,000
12	TELEPHONE NUMB		70 YOUR NAME					
	T475	843136	76 4					Form 3912 (Rev. 1

B4c (101)

168.71

695.29

```
Internal Revenue
        Service Center
                                                                                                                                                                    33797 49
                                                                                                                  Date of This Notice
          FRESNO, CA 93888
                                                                                                                   JUNE 19 1978
Taxpayer Identifying Number

◀ If you inquire about your account, please refer to these num-
◀ bers
                                                                                                                    562-76-7806 TN
                                                                                      7823
          TN
                                                                                                                   Document Locator Number
                                                                                                                    94211-140-03171-8
Form Number Tax Period Ended
               ELLIHUE DENNIS
              PO BOX 15156
SAN FRANCISCO CA
                                                                                                                   Form Number
                                                                       94115
                                                                                                                    1040
                                                                                                                                             DEC. 31. 1976
(
(
                          Overpayment Applied to Other Taxes
      You overpaid the tax reported on the form identified above, and we applied part or all of the overpayment against other taxes you owe. All or part of any interest owed on the overpayment may also have been applied against those other taxes. The total amount applied is shown at right; shown below is a list of your unpaid accounts and the amount we applied to each.
                                                                                                                                                                                   $864.00
                                                                                                                   Your Overpayment to IRS ...
                                                                                                                   Portion of your overpayment applied to unpaid accounts. $168.71
                                                                                                                                                          $168.71
                                                                                                                   Interest applied to unpaid
                                                                                                                                                                     .00
```

YOUR NET OVERPAYMENT WILL BE REFUNDED IF YOU OWE NO OTHER TAXES. Amount applied Tax period ended Amount applied Form Tax period ended Form

\$168.71 1040 DEC. 31, 1974

If there is a balance due you of \$1 or more, a refund will be

This notice is for your information. It requires no reply.

Total amount applied ......

Amount to be refunded to you...

(Any interest due you will be added)

Overpayment was applied to these accounts

sent to you.

Department of the Treasury

B4c (102)

•	Form	1040 U.S. Individual Income Tax Return 19	76	This space for IRS e	se only			
	For	the year January 1-December 31, 1976, or other taxable year beginning	•	, 1976 end	ing			19
	ş	Name (if joint return, give first names and initials of both)  Ellihue	Denn	Last name 🕝	•	Your social s	ecurity r	oumber
	a pridat	Present home address (Number and street, including apartment number, or ru P.O. Box 15156	ral route)	For Privacy Act Not see page 5 of Inst	ification, ructions.	Spouse's soc	ial secur	ity no.
	ž	City, town or post office, State and ZIP code  SAN FRANCISCO, CA 94115		Occu- Yours pation Spouse's		stodian		
			Pogular			ter number of	<del></del>	1//////
	iling Status	2 Married filing joint return (even if only one had income) 3 Married filing separately. If spouse is also filing give spouse's social security number in designated space above	First nar	t⊠ Yourself □ S nes of your dep n you Fabiar	endent	children who	;   <del>'</del>	
	ille I	to see it	Total (ad	of other depender d lines 6a, b, and	ic)	n line 7) . 🕨	. 🗖	2
į		5 Qualifying widow(er) with dependent child (Year	Blind	older.   Yours Yours dd lines 6d and	elf 🖂	Spouse of bo	er xes xed	
	7	Other dependents: (b) Relationship (c) Months lived	d in your I	(d) Did dependent I		nt furnished for de	Dandani'a	! 2
		(a) Name born. If born during year, write	or died B or D.	have income of \$750 or more?	By YOU. Write ALL		OTHERS dependent	
; -	$\overline{}$	8 Presidential Election Do you wish to designate \$1 of your Asset To be a second of the second of th				*-		
	-	Campaign Fund If joint return, does your spouse wish to design	mate \$17	Yes Yes	× No		check the not increase your refun	"Yes" ase your d.
8	5	9 Wages, salaries, tips, and other employee compensation (Attach Forms Wable, 250 pages 9 and) 10a Dividends (500 pages 9 and) 10b less perglusions) 10b less perglusions		us.): · · · ·	· 9	3:	336	=
Conv B of Forms W.2 hom		Olympias (16 of Instructions)		of Schedule B.)	► 10	<u>-</u>		—
! É	i s	12 Income other than wages, dividends, and interest (from line 3	chedule B	} • • • • •	1 11			
٠ ي	ошоли	13 Total (add lines 9, 10c, 11 and 12)		• • • • •	13	-		
ŧ ,	: ~	14 Adjustments to income (such as moving expense, etc. from lin	ne 42) .		14			
2		158 Subtract line 14 from line 13			. 158			
ű		b Disability income exclusion (sick pay) (attach Form 2440) . c Adjusted gross income. Subtract line 15b from line 15a, then	· · ·		151	<del>'</del>		
attach	-	Larned In	come Cre	edit.")	. 150	33	336	-
ease a		16 Tax, check if from: X Tax Table Tax Rate Schedule Schedule G Form 2555	e X, Y or : OR				-0	Ξ
Piez		1 27 1/1/2	17a	70 - Enter		t box on line 3 e page 10 of l	is check	ed
ì	122	b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b	3 - 014	170	e page 10 of t	nstruction 70	ns)
i	E	18 Balance. Subtract line 17c from line 16 and enter difference (b)	ut not les	s than zero) .	18		-0	=
H	E	19 Credits (from line 54) 20 Balance. Subtract line 19 from line 18 and enter difference (b	• • •	• • • • •	· 19	-		
	왍	1 44 Other taxes (from line 62)	out not les	ss than zero) .	21	<del> </del>		<u> </u>
e	F	22 Total (add lines 20 and 21) 23a Total Federal income tax withheld. or W-2P to final)			22		a	
rhe	ž		23a 23b	530-	-  ///			
Ĕ	-	C Lamed income credit of instructions)	23c	334 -	-	ay amount on ull with this ret ocial security n	um. Writ	
Ş		d Amount paid with Form 4868	23d			heck or money take payable t evenue Service	order and o Interna	
Mon		e Other payments (from line 66)	23e					
6	밑	25 If line 22 is larger than line 24, enter BALANCE DUE IRS .	· · ·	<u> </u>	- 24	1 8	141-	
attach Check or Money Order here	먊	(Check here ►, if Form 2210 or Form 2210F is attached. See page :	10 of instr	uctions.)	25		—- -	
in C	5	26 If line 24 Is larger than line 22, enter amount OVERPAID			. 26		864	-
활	鲁	28 Amount of line 26 to be credited on 1077 antimated and 1			.   :27		८४म -	
3	Ī	Under pensities of perjury, a declare that I have summed this return, including accompature, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inf	nying schedu	les and statements, and	to the bes	t of my knowledge	and belie	//////
Pease	8	Ellely 2 2 4/8/79	OUNTED DE DE	woren bestatet was any	anowiedge	•		
	통	Your signature Oate	Preparer	signature (and employ	es'e === :	H abu)		Date
- [	1		,	teno employ	+ same,	eny)		DIG
•	4 :	Spouse's signature (if filing jointly, BOIH must sign even it only one had income)	Identifyin	s sumber free lestered			4	

B4c(103)

	•			
	orm 1040 (1975)			
	Part 188 Income other than Wages, Dividends and Interest			Page 2
	29 Business Income or (loss) (attach Schedule C)	T 29	Т —	<del>-</del>
	50a Net gain or (loss) from sale or exchange of capital assets (attach Schoolule D)	30a		-
	b 50% of capital gain distributions (not reported on Schedule D—see page 10 of instructions).	305		-
	Net gain or (loss) from Supplemental Schedule of Gains and I occas (attach Form 4707)	31		1-
•	B2a Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	₹32a		7
3	b Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of instructions)  Farm income or (loss) (ettach Schedule D)	-32b		
3	Farm Income or (loss) (attach Schedule F)  4. State Income tax refunds ( standard Security) if refund is for year in which you took the )  State Income tax refunds ( standard Security).	33		
	Alimony received	<del>234</del>	·	
3	65 Other (state nature and source—see page 11 of Instructions)	35	·	
	*	36		}
_	7 Total (add lines 29 through 36). Enter here and on line 12	37	ļ <del></del>	<del> </del>
_	Adjustments to Income	1 3/	<del>'</del>	<del></del>
	8 Moving expense (attach Form 3903)	38	T	_
	9 Employee business expense (attach Form 2106)	39	·	·
4	Oa Payments to an Individual retirement arrangement from attached Form 5329 Park III	40a		<del> </del>
	b rayments to a keogn (H.R. 10) retirement plan	40b		<del> </del>
4:		41		<del> </del>
_	2 Total (add lines 38 through 41). Enter here and on line 14	42		
4				
-	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 ▶ ☐ and see page 9 of instructions			T -
4	is If you itemize deductions, check here > [], and enter total from Schedule A, line 40, and attach Schedule A	43	3336	_
	b Standard deduction—If you do not itemize deductions, check here ▶ □, and:			
	If you checked 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,000 }			[
	the box on I and enter the greater of \$1,700 CD 1504 of the second state of \$2,000	44	1700	_
	line 3, enter the greater of \$1,050 OR 16% of line 43—but not more than \$2,400			
45	Output time 44 from line 43 and enter difference (but not loce than acces)			
46	multiply total number of exemptions claimed on line 6f by \$750	45	1636	-
47	raxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	45 47	1500	
• If	line 47 is \$20,000 or less and you did not average your income on Schedule C or figure your tay on Fem Deer Town	4/ 1	1361	
31	our tax in Tax Table. Enter tax on line 16 and check appropriate box.	tion of	income Earned Abroad	d, find
<ul><li>11</li></ul>	fine 47 is more than \$20,000, figure your tay on the amount on tion 47 by our and the same	ia the a	Manager to a constitution of the constitution	
		and ch	nternative tax from Sci	hedule
			ten appropriate Box.	
48	( Control of the cont	48		
49	Credit for child care expenses (attach Form 2441)	49		
50	Investment credit (attach Form 3458)	50		
51 52	Foreign tax credit (attach Form 1116)	51		
53	Contributions to candidates for public office credit (see page 12 of instructions)	52		
-55	Work Incentive (WIN) Credit (attach Form 4874)	53		
54	Total (add lines 48 through 53). Enter here and on line 19	- 1		
Pa	Other Taxes	54	i	
55	Tay from recomputing priesures in the same and the same a			
56	The check nere I. and attach Form 4625	55		
57	lax on premature distributions from attached Form 5200 Part V	56		
58	Self-employment tax (attach Schedule SE)	57		
59	Social security tax on tip income not reported to employer (ettach Form 4127)	58		
60	Oncontected employee social security fax on tine (from Forms W. 3)	<u>59:</u>  _	l <u>-</u>	
61	Excess contribution tax from attached Form E220 Do-t N	60:		
		<u> </u>	————[ <u>-</u>	
62	Total (add lines 55 through 61). Enter here and on line 21	52	Í	
	Other Payments	<u> </u>	<u>_</u>	
63 64	Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	63 I	<del></del>	
65		54	<del></del>	—
66		55	<del> </del> -	
	through 65). Enter here and on line 23e	56		—
	★ U.S. COVERNICHT PREMING OFFICE: 1DF-O-218-201		94-074	43750
67.	134 c (104)			

Wage and Tax Statement 1976

•		Trat	ge allu lax	310	atement, []@1
	DS ANGELES - AUDITOR - • HALL OF ADMINISTRAT , CALIF. 90012	ION	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	file	Copy B To be ed with employee's DERAL tax return ployer's State identifying number 800-9593
Employee's social security number	1 Federal Income tax withheld	2 Wages, tips, and other compensation	3 FICA employed withheld	tax	4 Total FICA wages
562-76-7606	579.73	3,335.85	395.15	5	3,335.89
Type or print Employee's na	me, address, and ZP code below.	5 Was employee covered by a qualified pension plan, etc.?	6		7 Delerred Compensation
nf]	2167 022131	AE2			
CENNIS, LL IHUE		8 State or local tax with-	9 State or local w	2985	110 State or locality
	LUS NAMEAU ST LCS ANGELES CALIF		3,335.8°	3	, CA
		11 State or local tax with-	12 State or local w	ages	13 State or locality
1A/ -2					

1,94,1000

B4c(105)







W.	PLACE PREADDRESSED LABEL HERE, If available. (Correct Enter social security number(s) only if incorrect or not shown on is	t name and address, if necessary)	Check Ft (	Calendar Y	/ear		_
7	NAME (H joint return, give first names and initials of both)	LAST NAME	Cae:	Fiscal Year	r Ending		1977
2	Ellihue	Non		Your Soci	OTIFICATION INSTRUCTIONS	<del></del> -	
Ħ	PRESENT HOME ADDRESS (Number and street, including apartment	number, or rural route)	- 56	Sporte's Soc	21 Security Non 76 7	806	<u>.                                    </u>
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE						
-	1 D Single (Check Only One)		PATION	Spouse's	ustodia	И	
K		6 Personal If line 1 or 3 checked, enter	\$25 }				Т
÷	3   Separate return of married person—Enter spouse's	6 Personal   If line 1 or 3 checked, enter   If line 2, 4 or 5 checked, enter   If line 1 or 3 checked, enter   If line 2, 4 or 5 checked, ent	er \$50 \$ .	· · · ·	● [6]	50	00
2			alifies you as	head of I	household.		
	星	ONS					
	4 B Head of Household—Enter name of qualifying individual Fabian	Total Nur  8 Blind (see instructions) Number of blind exe	mber 🗷		× \$8 ● 7		00
	5   Widow(er) with dependent child (Year spouse died 197)	8 Blind (see instructions) Number of blind exe	motions		v **   a	•	80
	10 Wares, salaries tine and other ampleyee company (At	8 Total exemption credits (add lines 6, 7 and 8	3) Enter here	and on li	ine 20 9	50	00
	10 Wages, salaries, tips and other employee compensation are the Dividends—before federal exclusion. Enter total (if over 12 interest, Enter total (if over 12 interest)).	turn. If unavailable, see instructions, Page 10		• 10	33	36	-
			• • • • •	• 11			
	- 13 theome other than wages, dividends and interest from the	e 48)	• • • •	12			
	## 15 Adjustment to 10, 11, 12 and 13)			13			_
- [	> ID ADMISTRY WINES INCOME (cubbonet time are an are			15			_
J	If you do NOT Itemize deductions AND line 16 is under	\$15,000 Sed April 7	• • • • •	. = 16	337	36	-
Ì	" you remitte bebuchons on line 16 is \$15,000 or mor	tt. complete lines 17 and 10			]		_
J	> 17 Debutuons: Itemizes (from line 63) OR STANDARD (et 000	If the 1 as 2 start to as as a con-	haalaan		İ		
I	the same time to compute ta	A IIVIII IAX KAIE SCHERUIAFriter fev on line 10		• 17 • 18			
	The following the color of the color of the color	dula to take the same of the s		. 19		-	=
	20 Total exemption credits (from line 9, above)  21 Tax liability (subtract line 20 from line 19—If line 20 is g  22 Other credits (from line 68—including Secript law)			. 20		50	=
ı				. 21		0	=
-	24 Other tenes to	22 is greater than line 21, enter zero)		22		80 ·	<u>-</u>
- [	25 Total tax liability (add lines 23 and 24)			<b>©</b> 24			
_3	ac and california income tax withheld (attach W.2 or was	to fore of this and it	· · · · ·	. 🔳 25	_	0	-
			89	<u></u> -		,	₹
	29 Excess California SDI tax withheld (see instructions)					4-	_
	31 If line 25 is larger than line 30, enter BALANCE DUE. If	it is equal to line 30 enter yers	<u>····</u>	. 30			_
	E CACOAMENTO AS A		IN FULL	<b>■</b> 31		- [	
	to the Line Line Line Smaller than line 20 and the comment	1 1			it write in these	Spaces	-
	Amount of line 32 to be REFUNDED TO YOU. Allow at least sin Mail return to:  FRANCHISE TAX BDA		126	- P E			_
	P.O. BOX 13-540 SACRAMENTO, CA 9	1-1	126	- M			-
	E 34 Amount of line 32 to be credited on your 1977 seturaten T	·	7.5	1			_
	if you do not want State income tax forms and instructions ma	AX		. R			_
	Wader penalties of marines at	• • • • • • • • • • • • • • • • • • • •					_
	Under penalties of perjury, I declare that I have examined this belief it is true, carred, and complete. Declaration of preparer	return, including accompanying schedules and statem (other than taxonyer) is based on all intermetion of	ents, and to	the best	of my knowl	edge d	ond.
	= SIGN Ellebus & James?	4/8/78	жиси prepi	aret has c	any knowled	<b>;•</b> .	
	YHERE YHERE	Date Procure's signature (other	than taxpayer)	,	<del></del>	Date	-
	Spouse's signature—If filing a joint return	<del></del>					_
Angre,		By 4 (106)					

Page	2	Form	540	(1976
------	---	------	-----	-------

_		Po	ge :	2 Form 540 (197
_	RT 1—Renter's Credit — All questions must be answered			····
			•	not claim this credi
35				not claim this credi
37			•	not claim this credi
38	Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?   Yes K. No If yes	see	page	3 of instructions
PA	RT II — Other Income			
39	Business income for loss) (attach Schedule CC5401)		39	
40	Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))		40	
41	Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-10540))		41	
42		.•	42	<b> </b>
43	Rents and toyalties . ATTACH SCREDULE E	.•	43	<u> </u>
44	Partnerships FORM (S40)	.•	1"	ļ <u></u>
45	Estates and trusts / L	. •		}
46	Farm Income for loss) (attach Schedule F(540))		46	
47	Miscellaneous income	ſ		Sundance: Seed
	(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	<del> </del>	1	
	(b) Alimony		1	
	(c) Other (state nature and source)	ــــــــــــــــــــــــــــــــــــــ	iax.	4 ( 1 m) m ( 1 m) 8
	Enter total of lines 47(a), 47(b), and 47(c)	; •	47	<del> </del>
48	Total (add lines 39 thru 47). Enter here and on line 13	<u>.</u>	48	LL
PA	RT III — Adjustments to Income		•	
49	"Sick pay," if included in line 10 isee instructions — attach Form FTB 3805T)	. •	49	
50	Moving expenses (see Instructions - attach Form FTB 3805U)	,•	, ,	ļ
51	Employee business expenses (See instructions—attach Form FTB 3805N)	, ●		
	Military exclusion (see Instructions)	۰. و	52	
	Payments to an individual retirement arrangement (attach FTB 3805P)			SC 10
	Payments to a Keogh (HLR. 10) retirement plan		3	
	Payments to a self-employed "Defined Benefit Plan"		{ } }	James Comment
	nter total of lines 53(a), 53(b), and 53(c)	•	53 i	<del> </del>
	Forfeited interest penalty (see instructions)	.•	24	<del></del>
22	Total adjustments (add lines 49 thru 54). Enter here and on line 15	<u>.</u>	P <sub>2</sub>	
PAF	T IV — Itemized Deductions —			
	• Attack Schedule A(540) and enter sub-totals on lines 56 thru 62, below		ri	<del></del>
52		.•	56	
	Total taxes (from Schedule Al540), line 177			
	Total child care and adoption expenses (from Schedule A(540), line 37)	.•	62	
63	Total itemized deductions (add lines 56 thru 62). Enter here and on line 17		63	
PAR	FW - Other Credits - SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW.			
64	"Other State" net income tax credit (attach copy of other state return and Schedule S(540))		64	
	Retirement income credit (attach Schedule R(540))	ŏ	1 · · I	
		Õ		
	Solar energy tax credit (see special instructions)			
	TOTAL (add lines 64 thru 67). Enter here and on line 22		68	1
_	T VI Other Taxes			
_		_	69 (	<del></del>
	Tax on preference income (see instructions—attach Schedule P(\$40))	-	69 70	
	Tax on premature distributions from attached Form FTB 3805P	- 1	/U 71	
	Total (add lines 69 and 70) enter here and on line 24		_	
PAR	T VII — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from line 16,	pag	e 1,	, explain below.
	***************************************			
			435/5	400 # 74 # BOOM (PA 61
_	₹34c(107)			
7		_		A Charles 1 Yr
14				

NOVEMBER 16, 1976

TUESDAY

TO:

MARIA KATSARIS

FROM:

GENE CHAIKIN

SUBJECT: BARBARA HOYER

FILE 1744

BY THE OFFICE IT HAS BEEN APPROVED/TO SET UP A SPECIAL ACCOUNT FOR BARBARA. HOYER TO PUT HER CHECK IN. THE ACCOUNT SHOULD BE HANDLED BY MARIA KATSARIS. EVERY MONTH, ONE-HALF OF HER NET EARNINGS SHOULD BE PAID BY CHECK TO P. T. AS A DONATION. THE REST CAN BE PAID TO APOSTOLIC CORPORATION AS PAYMENT FOR THE ROOM AND BOARD AND MISCELLANEOUS EXPENSES OF HERSELF, TIM, MIKE, AND TERRY. ALSO PAID FROM THIS ACCOUNT SHOULD BE HER MEDICAL EXPENSES, THE MEDICAL EXPENSES OF THE OTHERS, AND ANY EXPENSES THAT SHE MUST HAVE FOR HER WORK SUCH AS UNIFORMS, SPECIAL WATCH, OR WHATEVER. AS WE WORK WITH THE SITUATION, THERE WILL BE OTHER EXPENSES TO BE PAID FROM THE ACCOUNT SO THAT RATHER PAYING ALL OF THE MONEY AFTER PAYING P.T. TO APOSTOLIC CORPORATION, THERE SHOULD BE SOME RESERVE, SAY \$200 or \$300 FOR THESE OTHER MIS-CELLANEOUS EXPENSES. THE ACCOUNT SHOULD BE SET UP AS MARIA KATSARIS MANAGERIAL ACCOUNT FOR TIMOTHY AND BARBARA CARTER.

GENE CHAIKIN Stone

B4C(108)

> If you inquire about your account, please refer to these numbers or attach this letter

Date of This Letter 06-23-78 Social Security Number 547-32-6089 Document Locator Number 95211-116-07549-6

BURGER E DEAN PO BOX 15156 SAN FRANCISCO. CA

Dear Taxpayer:

We have previously written to you about the Federal tax shown below. It is overdue and you should pay the total amount due within 10 days from the date of this letter to avoid additional interest and penalties.

Please make your check or money order payable to the Internal Revenue Service and write your social security number on it. Include this letter with your payment so we can quickly identify and credit your account. If you think the amount shown below is incorrect because of a recent payment or for any other reason, please send us the amount you believe is due and explain the difference on the back of this letter. Use the enclosed envelope to mail us your payment. The copy of this letter is for your records.

If you cannot pay this amount in full, please refer to the enclosed copy of Publication 586A, The Collection Process (Income Tax Accounts), which provides information about our collection procedures and your rights in relation to them. If you have other questions about this bill, or want to discuss payment, please contact any Internal Revenue Service office within 10 days from the date of this letter. The telephone number is on the enclosed notice.

Sincerely yours,

#### Director, Service Center

Enclosures: Envelope Copy of this letter Publication 586A Telephone Number Notice Tax Form Number . Tax Period Ended .

Balance of Prior Assessments . \$ Late Payment Penalty . . . . . . Interest . . . . .

Total Amount Due . . .

*(:*`

INTERNAL REVENUE SERVICE P.O. BOX 12586 FRESNO. CA 93778

30-7512

B4 c(109)

D3967 (Part 1) (Rev. 12-76)