

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

Duplicate copy of

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?
 2. 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.
 3. 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 requests 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 Murrall.
 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 return 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. paid.
 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 - *MUST BE NOTARIZED.*
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 in 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 follow through, this is out of date but I am including it because it may remind someone there about the original intent of the situation - she wants to know now if she should be sending over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, 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.
- Burger Lee Dean - notice from IRS re 1975 tax return, \$299.69 due.

B4c (7a)

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 on the 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?

B4c (73)



FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

TELEPHONE (916) (800) 852-7050

Notice of Employee's Personal Income Tax Due

GIVE THIS NOTICE TO EMPLOYEE

--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

1-5106370-00 Date 05-05-78

FTB Br:

824 N

BASIC VEGETABLE PRODUCTS INC

BX 140

VACAVILLE

CA 95688

Taxpayer: JAMES SIMPSON
Account No. 564-28-2431 SIMP SSA: 564-28-2431 Your employee in: 1977 Cr: 3 6
Tax year: 1974 7403957190 00-00-00

AMOUNT DUE \$54.95

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 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.

FULL NAME OF TAXPAYER	
James Simpson	
LATEST RESIDENCE ADDRESS	
1859 Geary Street	
CITY, TOWN OR POST OFFICE	STATE AND ZIP CODE
San Francisco, Ca.	94109

Layoff	
PHONE NO.	DATE TAXPAYER
	10/29/77
DO YOU PLAN TO REHIRE	IF SO, WHEN?
Yes	June or July '78
UNION AFFILIATION - OCCUPATION	

OTHER INFORMATION (E.G. REASON FOR TERMINATION, NEXT OF KIN OR OTHER CONTACT, ETC.)
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

B4c (74)

FRESNO, CA 93888

43249 32

Z0 551606251 30 7712

7823 261.10

DATE OF THIS NOTICE

JUNE 19, 1978

SOCIAL SECURITY NUMBER:

551-60-6251

Z0

DOCUMENT LOCATOR NUMBER:

94209-133-05957-8

FORM NUMBER:

1040A

YEAR ENDED:

DEC. 31, 1977

DONALD K FITCH
% E B CHAIKIN
ESQ PO BOX 15156
SAN FRANCISCO CA

94115

4

EARNED INCOME CREDIT

Your tax return indicates you may be eligible for an Earned Income Credit (up to \$400), although you did not claim it. If you have already determined that you are not eligible for the credit, or have filed an amended return to claim it, please disregard this notice. If you did not consider the credit, please answer the questions below.

1. Did you pay more than half the cost of keeping up a home (owned or rented) in the U.S. (50 States and the District of Columbia) for the entire year for both yourself and your child who was under 19 or a full-time student? (This child does not have to qualify as your dependent.)

Yes

No

2. Did you pay more than half the cost of keeping up a home (owned or rented) in the U.S. (50 States and the District of Columbia) for the entire year for both yourself and your child who is 19 or over and is mentally or physically disabled? (This individual must qualify as your dependent.)

Yes

No

On the back of this form there is a list of the kinds of costs that may be included in the cost of keeping up a home. There is also a definition of child, for Earned Income Credit purposes.

If you answered yes to either of the above questions, please print or type, in the space below, the name and relationship of the child who qualifies you for the credit. Then sign and return this notice promptly in the envelope enclosed for your convenience.

Child's name _____ Relationship _____

Under penalties of perjury, I declare that the above answers are true and correct to the best of my knowledge.

I.E.22-1832268

Your Signature

Spouse's Signature (if a joint return was filed)

Date

B4c (75)

Miller Equipment Co
 1609 S State
 Ukiah, Ca. 95482

Wage and Tax Statement

Copy B To be filed with employee's
 FEDERAL tax return

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

Form W-2 Department of the Treasury - Internal Revenue Service

94-1567584

219-6613-0

Employee's social security number 551-60-6251	1 Federal income tax withheld \$411.00	2 Wages, tips, and other compensation \$2611.25	3 FICA employee tax withheld \$152.74	4 Total FICA wages \$2611.25
Donald K Fitch PO Box 37 Redwood Valley, Ca. 95470		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax withheld \$73.30	9 State or local wages \$2611.25	10 State or locality Ca.
		11 State or local tax withheld SDI \$26.14	12 State or local wages	13

B 4 C (76)

Form **1040A** Department of the Treasury—Internal Revenue Service **1977**
U.S. Individual Income Tax Return

Use IRS label, otherwise, print or type	First name and initial (If joint return, give first names and initials of both) DONALD K.	Last name FITCH	Your social security number 551 60 6251
	Present home address (Number and street, including apartment number, or rural route) P.O. Box 15156		For Privacy Act Notice, see page 9 of Instructions.
	City, town or post office, State and ZIP code SAN FRANCISCO CA. 94115		Spouse's social security no. MECHANIC

Presidential Election Campaign Fund
 Do you want \$1 to go to this fund? Yes No
 If joint return, does your spouse want \$1 to go to this fund? Yes No
 Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status
 1 Single
 2 Married filing joint return (even if only one had income)
 Check Only
 One Box
 3 Married filing separately. If spouse is also filing, give spouse's social security number in the space above and enter full name here
 4 Unmarried Head of Household. Enter qualifying name **DAWNYELLE** . See page 6 of Instructions.

Exemptions
 Always check the "Yourself" box. Check other boxes if they apply.
 5a Yourself 65 or over Blind
 Enter number of boxes checked on 5a and b **1**
 b Spouse 65 or over Blind
 c First names of your dependent children who lived with you **DAWNYELLE**
 Enter number of children listed **1**

d Other dependents:	(1) Name	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$750 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents
						2

6 Total number of exemptions claimed			2
7 Wages, salaries, tips, and other employee compensation. (Attach Forms W-2. If unavailable, see page 11 of Instructions)	7	2611	-
8 Interest income (see page 4 of Instructions)	8		
9a Dividends	9c		
9b Less exclusion			
(See pages 4 and 11 of Instructions)			
10 Adjusted gross income (add lines 7, 8, and 9c). If under \$8,000, see page 2 of Instructions on "Earned Income Credit." If eligible, enter child's name	10	2611	-
11a Credit for contributions to candidates for public office. Enter one-half of amount paid but do not enter more than \$25 (\$50 if joint return)	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 \$16,500, see page 12 of Instructions)	11b	411	-
c Earned income credit (from page 2 of Instructions)	11c		
12 Total (add lines 11a, b, and c)	12	411	-
13 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	-
14 If line 12 is larger than line 13, enter amount to be REFUNDED TO YOU	14	411	-
15 If line 13 is larger than line 12, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write social security number on check or money order	15		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please SIGN
 Your signature **Donald K. Fitch** Date **3/10/77**
 Paid preparer's signature and identifying number (see Instructions)
 Spouse's signature (if filing jointly, BOTH must sign even if only one had income)
 Paid preparer's address (or employer's name, address, and identifying number)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

141549 54

Date of This Notice ³
JUNE 5, 1978

7821

Social Security Number on Return
561-11-8924*

CLAUDIA J BOUQUET

Document Locator Number
94209-112-20557-8

◀ If you inquire about
your account, please
refer to these num-
bers.

PO BOX 62

Form Number Year Ended
1040A DEC. 31, 1977

REDWOOD VALLEY CA 95470

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 56118924*

94 BOUQ R 77

SOCIAL SECURITY NUMBER

Please print in dark ink or use typewriter.

INFORMATION FROM INDIVIDUAL	1	FULL NAME <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>	
	2	NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD IF UNKNOWN, YOUR NAME AT BIRTH <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>	
	3	DATE OF BIRTH <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>	4 BIRTH DATE PREVIOUSLY REPORTED <i>(If different from item 3)</i>
	5	PLACE OF BIRTH <i>(City)</i> <i>(County)</i> <i>(State)</i>	6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	7	MOTHER'S FULL NAME AT HER BIRTH <i>(Her maiden name)</i>	8 FATHER'S FULL NAME <i>(Regardless of whether living or dead)</i>
	9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD? <i>(State)</i> <i>(Year)</i>	
	10	YOUR PRESENT MAILING ADDRESS <i>(Number and Street, Apt. No., P.O. Box, or Rural Route)</i> <i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>	
	11	TODAY'S DATE	
	12	TELEPHONE NUMBER	13 NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both. Sign YOUR NAME HERE <i>(Do not print)</i>

T561118924 77 3

Form 3912 (Rev. 10-76)

B4c (78)

Department of the Treasury
**Internal Revenue
 Service Center**
 FRESNO, CA 93888

7823

SHANDA M & BRUCE OLIVER
 PO BOX 1515
 SAN FRANCISCO CA 94115

Date of This Notice
JUNE 19, 1978

Social Security Number on Return
555-92-2939*

Document Locator Number
94209-126-36271-8

Form Number Year Ended
1040A DEC. 31, 1977

39865 54

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

VERIFICATION OF YOUR SOCIAL SECURITY NUMBER OR NAME

2 R

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.

2 555922939*

94 OLIV R 77

SOCIAL SECURITY NUMBER

Please print in dark ink or use typewriter.

PLEASE PRINT YOUR NAME AND ADDRESS HERE	1	FULL NAME <i>(First) (Middle, or initial—if none, draw line—) (Last)</i>
	2	NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD. IF UNKNOWN, YOUR NAME AT BIRTH <i>(First) (Middle, or initial—if none, draw line—) (Last)</i>
	3	DATE OF BIRTH <i>(Month) (Day) (Year)</i>
	4	BIRTH DATE PREVIOUSLY REPORTED <i>(If different from item 3)</i>
	5	PLACE OF BIRTH <i>(City) (County) (State)</i>
	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	7	MOTHER'S FULL NAME AT HER BIRTH <i>(Her maiden name)</i>
	8	FATHER'S FULL NAME <i>(Regardless of whether living or dead)</i>
	9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD? <i>(State) (Year)</i>
	10	YOUR PRESENT MAILING ADDRESS <i>(Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)</i>
	11	TODAY'S DATE
	12	TELEPHONE NUMBER

NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.
 Sign YOUR NAME HERE (Do not print)

T555972939 77 2

Form 3912 (Rev. 10-76)

B40 (79)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

30926 59

DATE
JUNE 19, 1978

7823

SOCIAL SECURITY NUMBER
051-24-4784

DOCUMENT LOCATOR NUMBER

94211-126-00229-8

FORM NUMBER

1040

TAX YEAR ENDED
DEC. 31, 1977

SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER

052-52-4901

◀ IF YOU INQUIRE ABOUT
YOUR ACCOUNT, PLEASE
REFER TO THESE NUM-
BERS

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

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 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.

Please print in dark ink or use typewriter.

TO BE COMPLETED BY SPOUSE

2 051244784		94 FIEL 77 052524901		SOCIAL SECURITY NUMBER		
PLEASE DO NOT DETACH THIS FORM	1	Please Print Your Full Name (First Name) (Middle Name or Initial - if none, draw line —) (Last Name)				
	2	Print YOUR NAME AS SHOWN ON YOUR LAST CARD (First Name) (Middle Name or Initial - if none, draw line —) (Last Name)				
	3	DATE OF BIRTH (Month) (Day) (Year)	4	BIRTH DATE PREVIOUSLY REPORTED (if different from item 3)		
	5	PLACE OF BIRTH (City) (County) (State)	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	7	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name)	8	FATHER'S FULL NAME (Regardless of whether living or dead)		
	9	WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) (Year)				
	10	YOUR MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)				
	11	TODAY'S DATE	NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.			
	12	TELEPHONE NO.	13 Sign YOUR NAME HERE (Do Not Print)			

TJ512-47-4 77 2

B4C (80)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

30903 59

DATE
JUNE 19, 1978
SOCIAL SECURITY NUMBER
138-50-5695
DOCUMENT LOCATOR NUMBER
94209-126-36388-8
FORM NUMBER TAX YEAR ENDED
1040A DEC. 31, 1977
SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER
560-13-2149

7823

JOSEPH L & LESLIE M WILSON
% EUGENE CHAIKIN ESQ PO BOX 15156
SAN FRANCISCO CA 94115

◀ IF YOU INQUIRE ABOUT
YOUR ACCOUNT, PLEASE
REFER TO THESE NUM-
BERS

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 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.

Please print in dark ink or use typewriter.

TO BE COMPLETED BY SPOUSE

2	138505695	94	WILSON 77 560132149	SOCIAL SECURITY NUMBER
1	Please Print Your Full Name (First Name) (Middle Name or Initial - If none, draw line —) (Last Name)			
2	Print YOUR NAME AS SHOWN ON YOUR LAST CARD (First Name) (Middle Name or Initial - If none, draw line —) (Last Name)			
3	DATE OF BIRTH (Month) (Day) (Year)	4	BIRTH DATE PREVIOUSLY REPORTED (if different from Item 3)	
5	PLACE OF BIRTH (City) (County) (State)	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
7	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name)	8	FATHER'S FULL NAME (Regardless of whether living or dead)	
9	WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) (Year)			
10	YOUR MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)			
11	TODAY'S DATE			
12	TELEPHONE NO.			
13	NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both. Sign YOUR NAME HERE (Do Not Print)			

713055695 77 2

B7C(81)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

7824

LUNA M MURRALL
PO BOX 15156
SAN FRANCISCO CA 94115

Date of This Notice 63589 54
JUNE 26, 1978
Social Security Number on Return
475-82-3136*
Document Locator Number
94209-140-02123-8
Form Number Year Ended
1040A DEC. 31, 1976

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

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.

4 475823136* 94 MURR R 76

SOCIAL SECURITY NUMBER

1 FULL NAME (First) (Middle, or initial—if none, draw line—) (Last)	
2 NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD. IF UNKNOWN, YOUR NAME AT BIRTH (First) (Middle, or initial—if none, draw line—) (Last)	
3 DATE OF BIRTH (Month) (Day) (Year)	4 BIRTH DATE PREVIOUSLY REPORTED (If different from item 3)
5 PLACE OF BIRTH (City) (County) (State)	6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) (State)	8 FATHER'S FULL NAME (Regardless of whether living or dead)
9 WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD? (State) (Year)	
10 YOUR PRESENT MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)	
11 TODAY'S DATE	NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both. Sign YOUR NAME HERE (Do not print)
12 TELEPHONE NUMBER	

T475823136 76 4

Form 3912 (Rev. 10 76)

B4c (82)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

TN

7823

ELLIHUE DENNIS
PO BOX 15156
SAN FRANCISCO CA 94115

33797 49

Date of This Notice

JUNE 19, 1978

Taxpayer Identifying Number

562-76-7806

TN

Document Locator Number

94211-140-03171-8

Form Number

Tax Period Ended

1040

DEC. 31, 1976

If you inquire about
your account, please
refer to these num-
bers

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.

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

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

Your Overpayment to IRS ...	\$864.00
Portion of your overpayment applied to unpaid accounts.	\$168.71
Interest applied to unpaid accounts.	.00
Total amount applied	168.71
Amount to be refunded to you ... (Any interest due you will be added)	695.29

YOUR NET OVERPAYMENT WILL BE REFUNDED IF YOU OWE NO OTHER TAXES.

Amount applied	Form	Tax period ended	Amount applied	Form	Tax period ended
\$168.71	1040	DEC. 31, 1974			

Overpayment
was applied
to these
accounts



B4c (P3)

Form **1040** U.S. Individual Income Tax Return **1976** Department of the Treasury—Internal Revenue Service
 For the year January 1–December 31, 1976, or other taxable year beginning 1976 ending 19

Name (if joint return, give first names and initials of both) **Ellihue** Last name **Dennis** Your social security number **562 76 7806**
 Present home address (Number and street, including apartment number, or rural route) **P.O. Box 15156** For Privacy Act Notification, set page 5 of Instructions. Spouse's social security no. _____
 City, town or post office, State and ZIP code **SAN FRANCISCO, CA 94115** Occu- sion **Yours** **Custodian**
 Spouse's **---**

Filing Status

1 Single (Check only ONE box)
 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 and enter full name here _____
 4 Unmarried Head of Household. See page 7 of instructions to see if you qualify **Fabian**
 5 Qualifying widow(er) with dependent child (Year spouse died **19**). See page 7 of instructions.

Exemptions

6a Regular Yourself Spouse Enter number of boxes checked **1**
 b First names of your dependent children who lived with you **Fabian** Enter number **1**
 c Number of other dependents (from line 7) **2**
 d Total (add lines 6a, b, and c) **2**
 e Age 65 or older. Yourself Spouse Enter number of boxes checked
 Blind. Yourself Spouse
 f TOTAL (add lines 6d and e) **2**

7 Other dependents:

(a) Name	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount furnished for dependent's support	
				By YOU. If 100%	By OTHERS including dependent.
\$				\$	\$

8 Presidential Election Campaign Fund Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse wish to designate \$1? Yes No
 Note: If you check the "Yes" boxes it will not increase your tax or reduce your refund.

Income	Amount	Amount
9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If qualified, see page 6 of instructions.)	9	3336 -
10a Dividends (See pages 9 and 10b less exclusion Balance (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.)	10c	
11 Interest income. (If \$400 or less, enter total without listing in Schedule B. If over \$400, enter total and list in Part II of Schedule B.)	11	
12 Income other than wages, dividends, and interest (from line 37)	12	
13 Total (add lines 9, 10c, 11 and 12)	13	
14 Adjustments to income (such as moving expense, etc. from line 42)	14	
15a Subtract line 14 from line 13	15a	
b Disability income exclusion (sick pay) (attach Form 2440)	15b	
c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of instructions on "Earned Income Credit.")	15c	3336 -
16 Tax, check if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule X, Y or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G <input type="checkbox"/> Form 2555 OR <input type="checkbox"/> Form 4726	16	0 -
17a Multiply \$35.00 by the number of exemptions on line 6d	17a	70 -
b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b	3 -
17c (If box on line 3 is checked see page 10 of instructions)	17c	70 -
18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	18	0 -
19 Credits (from line 54)	19	
20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	20	0 -
21 Other taxes (from line 62)	21	
22 Total (add lines 20 and 21)	22	0 -
23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front) (includes amount allowed as credit from 1975 return)	23a	530 -
b 1976 estimated tax payments	23b	
c Earned income credit (from case 2 of instructions)	23c	334 -
d Amount paid with Form 4868	23d	
e Other payments (from line 66)	23e	
24 TOTAL (add lines 23a through e)	24	864 -
25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here <input type="checkbox"/> . If Form 2210 or Form 2210F is attached. See page 10 of instructions.)	25	
26 If line 24 is larger than line 22, enter amount OVERPAID	26	864 -
27 Amount of line 26 to be REFUNDED TO YOU	27	864 -
28 Amount of line 26 to be credited on 1977 estimated tax	28	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here **Ellihue Dennis** 4/8/76
 Your signature Date
 Preparer's signature (and employer's name, if any) Date
 Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Identifying number (see instructions) Address (and ZIP code)

R4 (84)

Part I Income other than Wages, Dividends and Interest

Table with 3 columns: Description, Line Number, Amount. Rows include Business Income (29), Net gain or loss from sale of capital assets (30a, 30b), Net gain or loss from Supplemental Schedule of Gains and Losses (31), Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (32a, 32b), Earn income or loss (33), State income tax refunds (34), Alimony received (35), Other (36), and Total (37).

Part II Adjustments to Income

Table with 3 columns: Description, Line Number, Amount. Rows include Moving expense (38), Employee business expense (39), Payments to an individual retirement arrangement (40a, 40b), Forfeited interest penalty (41), and Total (42).

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include Adjusted gross income (43), Standard deduction (44), Taxable income (47), and Exemption of Income Earned Abroad (48).

Part IV Credits

Table with 3 columns: Description, Line Number, Amount. Rows include Credit for the elderly (48), Credit for child care expenses (49), Investment credit (50), Foreign tax credit (51), Contributions to candidates for public office credit (52), Work Incentive (WIN) Credit (53), and Total (54).

Part V Other Taxes

Table with 3 columns: Description, Line Number, Amount. Rows include Tax from recomputing prior-year investment credit (55), Minimum tax (56), Tax on premature distributions (57), Self-employment tax (58), Social security tax on tip income (59), Uncollected employee social security tax (60), Excess contribution tax (61), and Total (62).

Part VI Other Payments

Table with 3 columns: Description, Line Number, Amount. Rows include Excess FICA, RRTA, or FICA/RRTA tax withheld (63), Credit for Federal tax on special fuels (64), Credit from a Regulated Investment Company (65), and Total (66).

B4c(85)

Wage and Tax Statement **1976**

95-6000927 W
 COUNTY OF LOS ANGELES - AUDITOR -
 CONTROLLER - HALL OF ADMINISTRATION
 LOS ANGELES, CALIF. 90012

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 identifying number
 800-9593

Employee's social security number 967-76-7626	1 Federal income tax withheld 589.79	2 Wages, tips, and other compensation 3,335.89	3 FICA employee tax withheld 195.15	4 Total FICA wages 3,335.89
Type or print Employee's name, address, and ZIP code below. 461 69-032187 922131 DENNIS, PILLIUE 1415 MARFAU ST LOS ANGELES CALIF		5 Was employee covered by a qualified pension plan, etc? YES	6	7 Deferred Compensation
		8 State or local tax withheld 89.54	9 State or local wages 3,335.89	10 State or locality CA
		11 State or local tax withheld	12 State or local wages	13 State or locality

Form W-2

B4 C (86)

RESIDENT
540



INDIVIDUAL
CALIFORNIA
INCOME TAX

TAXABLE YEAR
1976

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

Check Calendar Year
One: Fiscal Year Ending 1977

NAME (if joint return, give first names and initials of both)
Ellis

LAST NAME
Dennis

PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

FOR PRIVACY NOTIFICATION
SEE PAGE 2 OF INSTRUCTIONS
Your Social Security Number
562-74-7806
Spouse's Social Security Number
Occupation
Years *Custodian*
Spouse's

FILING STATUS	<input type="checkbox"/> 1 Single (Check Only One)	EXEMPTIONS CREDITS	6 Personal { If line 1 or 3 checked, enter \$25 } { If line 2, 4 or 5 checked, enter \$50 }	6	50	00
	<input type="checkbox"/> 2 Married filing joint return (even if only one had income)		7 Dependents—Do not list the person who qualifies you as head of household.			
	<input type="checkbox"/> 3 Separate return of married person—Enter spouse's social security number and full name here					
	<input checked="" type="checkbox"/> 4 Head of Household—Enter name of qualifying individual <i>Fabian</i>					
	<input type="checkbox"/> 5 Widower with dependent child (Year spouse died 197_)					

10 Wages, salaries, tips and other employee compensation (Attach copy 2 of Form(s) W-2 to face of this return. If unavailable, see instructions, Page 10)	10	3336	-
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B540)	11		
12 Interest. Enter total (if over \$400, complete and attach Schedule B540)	12		
13 Income other than wages, dividends and interest (from line 48)	13		
14 Total (add lines 10, 11, 12 and 13)	14		
15 Adjustments to Income (from line 55)	15		
16 Adjusted gross income (subtract line 15 from line 14)	16	3336	-

• If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19.
• If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18.

17 Deductions: Itemized (from line 63) OR STANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked)	17		
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19	18		
19 Tax from (check one) <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> Income Averaging Schedule (G or G-1)	19		
20 Total exemption credits (from line 9, above)	20	50	-
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)	21	50	-
22 Other credits (from line 68—including Special Low Income Tax Credit)	22	80	-
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)	23	0	-
24 Other taxes (from line 71)	24	0	-
25 Total tax liability (add lines 23 and 24)	25	0	-

26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	26	89	-
27 Renter's credit—if you lived in rented property on March 1, 1976, complete Part 1 on page 2	27	37	-
28 1976 California estimated tax payments	28		
29 Excess California SDI tax withheld (see instructions)	29		
30 Total Credits	30	126	-

31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero.
Mail return to: FRANCHISE TAX BOARD, SACRAMENTO, CA 95867

32 If line 25 is smaller than line 30, enter amount OVERPAID
Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks.
Mail return to: FRANCHISE TAX BOARD, P.O. BOX 13-540, SACRAMENTO, CA 95813

34 Amount of line 32 to be credited on your 1977 ESTIMATED TAX

PAY IN FULL	31		
	32	126	-
	33	126	-
	34		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN *Ellis Dennis* 4/8/78
Your signature Date

HERE *B4C(87)*
Spouse's signature—if filing a joint return Date Address (and Zip code)

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

- 35 Did you, on March 1, 1976, live in rented property which was your principal residence? Yes No If no, you may not claim this credit
 36 Was the property you rented exempt from property tax? Yes No If yes, you may not claim this credit
 37 Did you live with any other person who claimed you as a dependent for income tax purposes? Yes No If yes, you may not claim this credit
 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

39 Business income (or loss) (attach Schedule C(540))		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-1(540))		41
42 Pensions and annuities		42
43 Rents and royalties	ATTACH SCHEDULE E FORM (540)	43
44 Partnerships		44
45 Estates and Trusts		45
46 Farm income (or loss) (attach Schedule F(540))		46
47 Miscellaneous income		
(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	47a	
(b) Alimony	47b	
(c) Other (state nature and source)	47c	
Enter total of lines 47(a), 47(b), and 47(c)		47
48 Total (add lines 39 thru 47). Enter here and on line 13		48

PART III — Adjustments to Income

49 "Sick pay," if included in line 10 (see instructions—attach Form FTB 3805T)		49
50 Moving expenses (see instructions—attach Form FTB 3805U)		50
51 Employee business expenses (see instructions—attach Form FTB 3805N)		51
52 Military exclusion (see instructions)		52
53(a) Payments to an individual retirement arrangement (attach FTB 3805P)	53a	
(b) Payments to a Keogh (G.R. 10) retirement plan	53b	
(c) Payments to a self-employed "Defined Benefit Plan"	53c	
Enter total of lines 53(a), 53(b), and 53(c)		53
54 Forfeited interest penalty (see instructions)		54
55 Total adjustments (add lines 49 thru 54). Enter here and on line 15		55

PART IV — Itemized Deductions —

• Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below

56 Total deductible medical and dental expenses (from Schedule A(540), line 10)		56
57 Total taxes (from Schedule A(540), line 17)		57
58 Total interest expense (from Schedule A(540), line 20)		58
59 Total contributions (from Schedule A(540), line 24)		59
60 Total casualty loss (from Schedule A(540), line 29)		60
61 Total miscellaneous deductions (from Schedule A(540), line 33)		61
62 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

PART V — 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
65 Retirement income credit (attach Schedule R(540))		65
66 Special low income tax credit (see special instructions)		66
67 Solar energy tax credit (see special instructions)		67
68 TOTAL (add lines 64 thru 67). Enter here and on line 22		68

PART VI — Other Taxes

69 Tax on preference income (see instructions—attach Schedule P(540))		69
70 Tax on premature distributions from attached Form FTB 3805P		70
71 Total (add lines 69 and 70) enter here and on line 24		71

PART VII — Reconciliation to Federal Return — If adjusted gross income on Federal Return is different from line 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 MISCELLANEOUS EXPENSES. THE ACCOUNT SHOULD BE SET UP AS MARIA KATSARIS MANAGERIAL ACCOUNT FOR TIMOTHY AND BARBARA CARTER.

Gene Chaikin

GENE CHAIKIN

B4C(89)

Department of the Treasury
Internal Revenue Service

Date of This Letter

06-23-78

Social Security Number

547-32-6089 1U

Document Locator Number

95211-116-07549-6

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

BURGER L DEAN
PO BOX 15156
SAN FRANCISCO, CA 94115

502 A89 9505

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 1040
Tax Period Ended 12-31-75

Balance of Prior Assessments \$ 237.09
Late Payment Penalty 29.12
Interest 33.48

Reply to:
INTERNAL REVENUE SERVICE
P.O. BOX 12586
FRESNO, CA 93778

Total Amount Due \$ 299.69

30-7512

B4c(90)

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

E.I. #75-0696577

3rd copy
from June

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?
2. 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.
3. 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 requests 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 Murrall.
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 return 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. paid.
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 Rice); 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 in 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, 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.
8. Burger Lee Dean - notice from IRS re 1975 tax return, \$299.69 due.

B4c(91)

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 on the 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 don't report, they don't 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 c (92)



FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

TELEPHONE (916) (800) 852-7050

Notice of Employee's Personal Income Tax Due

GIVE THIS NOTICE TO EMPLOYEE

--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

1-5106370-00 Date 05-05-78

FTB Bc:

824 N

BASIC VEGETABLE PRODUCTS INC

BX 140

VACAVILLE

CA 95688

Taxpayer: JAMES SIMPSON

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

Your employee in: Yr. 1977 Ctr. 3 6

Tax year: 1974 7403957190 00-00-00

AMOUNT DUE \$54.95

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 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.

Layoff

FULL NAME OF TAXPAYER	
James Simpson	
LATEST RESIDENCE ADDRESS	
1859 Geary Street	
CITY, TOWN OR POST OFFICE STATE AND ZIP CODE	
San Francisco, Ca. 94109	

PHONE NO.	DATE TAXPAYER
	10/29/77
DO YOU PLAN TO REHIRE	IF SO, WHEN
Yes	June or July 1978
UNION AFFILIATION - OCCUPATION	

OTHER INFORMATION (E.G. REASON FOR TERMINATION, NEXT OF KIN OR OTHER CONTACT, ETC.)

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

B4C(93)

FRESNO, CA 93888

43249 32

DATE OF THIS NOTICE
JUNE 19, 1978

ZO 551606251 30 7712

7823 261.10

SOCIAL SECURITY NUMBER:
551-60-6251 ZO

DONALD K FITCH
% E B CHAIKIN
ESD PO BOX 15156
SAN FRANCISCO CA

94115

DOCUMENT LOCATOR NUMBER:
94209-133-05957-8

FORM NUMBER: 1040A YEAR ENDED:
DEC 31, 1977

EARNED INCOME CREDIT

Your tax return indicates you may be eligible for an Earned Income Credit (up to \$400), although you did not claim it. If you have already determined that you are not eligible for the credit, or have filed an amended return to claim it, please disregard this notice. If you did not consider the credit, please answer the questions below.

1. Did you pay more than half the cost of keeping up a home (owned or rented) in the U.S. (50 States and the District of Columbia) for the entire year for both yourself and your child who was under 19 or a full-time student? (This child does not have to qualify as your dependent.)

Yes

No

2. Did you pay more than half the cost of keeping up a home (owned or rented) in the U.S. (50 States and the District of Columbia) for the entire year for both yourself and your child who is 19 or over and is mentally or physically disabled? (This individual must qualify as your dependent.)

Yes

No

On the back of this form there is a list of the kinds of costs that may be included in the cost of keeping up a home. There is also a definition of child, for Earned Income Credit purposes.

If you answered yes to either of the above questions, please print or type, in the space below, the name and relationship of the child who qualifies you for the credit. Then sign and return this notice promptly in the envelope enclosed for your convenience.

Child's name _____ Relationship _____

Under penalties of perjury, I declare that the above answers are true and correct to the best of my knowledge.

I.E.22-1882268

Your Signature _____

Spouse's Signature (if a joint return was filed) _____

Date _____

B4c (94)

Miller Equipment Co
 1609 S State
 Ukiah, Ca. 95482

Wage and Tax Statement **11911**

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 219-6613-0

Form W-2 Department of the Treasury - Internal Revenue Service

Employee's social security number	1 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
		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	13

Donald K Fitch
 PO Box 37
 Redwood Valley, Ca. 95470

B4c(95)

Form **1040A** Department of the Treasury—Internal Revenue Service **1977**
U.S. Individual Income Tax Return

Use IRS label, check, print, or type

First name and initial (If joint return, give first names and initials of both) **DONALD K.** Last name **FITCH** Your social security number **55 1 60 6251**

Present home address (Number and street, including apartment number, or rural route) **P.O. Box 15156** For Privacy Act Notice, see page 9 of Instructions. Spouse's social security no. _____

City, town or post office, State and ZIP code **SAN FRANCISCO CA. 94115**

Occupation **MECHANIC**

Yours Spouse's

Presidential Election Campaign Fund

Do you want \$1 to go to this fund? Yes No

If joint return, does your spouse want \$1 to go to this fund? Yes No

Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status:

Check Only One Box

1 Single

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 the space above

4 Unmarried Head of Household. Enter qualifying name **DAWNELLE** .See page 6 of Instructions.

Exemptions:

Always check the "Yourself" box. Check other boxes if they apply.

5a Yourself 65 or over Blind Enter number of boxes checked on 5a and b **1**

b Spouse 65 or over Blind

c First names of your dependent children who lived with you **DAWNELLE** Enter number of children listed **1**

d Other dependents:	(2) Relationship	(3) Number of months lived in your home.	(4) Did dependent have income of \$750 or more?	(5) Did you provide more than one-half of dependent's support?	Enter number of other dependents
(1) Name					
6 Total number of exemptions claimed					2

7 Wages, salaries, tips, and other employee compensation. (Attach Forms W-2. If unavailable, see page 11 of Instructions)	7	2611	-
8 Interest income (see page 4 of Instructions)	8		
9a Dividends	9a		
9b Less exclusion	9b		
9c Balance	9c		
10 Adjusted gross income (add lines 7, 8, and 9c). If under \$8,000, see page 2 of Instructions on "Earned Income Credit." If eligible, enter child's name	10	2611	-
11a Credit for contributions to candidates for public office. Enter one-half of amount paid but do not enter more than \$25 (\$50 if joint return)	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 \$16,500, see page 12 of Instructions)	11b	411	-
c Earned income credit (from page 2 of Instructions)	11c		
12 Total (add lines 11a, b, and c)	12	411	-
13 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	-
14 If line 12 is larger than line 13, enter amount to be REFUNDED TO YOU	14	411	-
15 If line 13 is larger than line 12, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write social security number on check or money order	15		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign

Your signature **Donald K. Fitch** Date **3/04/77**

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

Paid preparer's signature and identifying number (see Instructions)

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

Department of the Treasury
 Internal Revenue
 Service Center
 FRESNO, CA 93888

141549 54

Date of This Notice
 JUNE 5, 1978

7821

Social Security Number of Return
 561-11-8924*

Document Locator Number
 94209-112-20557-8

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

CLAUDIA J BOUQUET
 PO BOX 62
 REDWOOD VALLEY CA 95470

Form Number Year Ended
 1040A DEC. 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 SECURITY NUMBER

Please print in dark ink or use typewriter.

PLEASE DO NOT DETACH THIS FOLD	1	FULL NAME (First) (Middle, or initial—if none, draw line—) (Last)		
	2	NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD. IF UNKNOWN, YOUR NAME AT BIRTH (First) (Middle, or initial—if none, draw line—) (Last)		
	3	DATE OF BIRTH (Month) (Day) (Year)	4	BIRTH DATE PREVIOUSLY REPORTED (If different from item 3)
	5	PLACE OF BIRTH (City) (County) (State)	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	7	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) (State)	8	FATHER'S FULL NAME (Regardless of whether living or dead) (Year)
	9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD?		
	10	YOUR PRESENT MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)		
	11	TODAY'S DATE		
	12	TELEPHONE NUMBER		
	13	NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both. Sign YOUR NAME HERE (Do not print)		

T561118924 77 3

Form 3912 (Rev. 10 76)

B4C(97)

Department of the Treasury
 Internal Revenue
 Service Center
 FRESNO, CA 93888

39865 54

Date of This Notice **JUNE 19, 1978**

7823

Social Security Number on Return
555-92-2939*

Document Locator Number
94209-126-36271-8

Form Number Year Ended
1040A DEC. 31, 1977

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

SHANDA M & BRUCE OLIVER
 PO BOX 15156
 SAN FRANCISCO CA 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.

2 555922939*

94 OLIV R 77

SOCIAL SECURITY NUMBER

Please print in dark ink or use typewriter.

IDENTIFICATION NOT ACH AT FOLD	1	FULL NAME <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>
	2	NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD, IF UNKNOWN, YOUR NAME AT BIRTH <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>
	3	DATE OF BIRTH <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>
	4	BIRTH DATE PREVIOUSLY REPORTED (If different from item 3)
	5	PLACE OF BIRTH <i>(City)</i> <i>(County)</i> <i>(State)</i>
	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	7	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) <i>(State)</i>
	8	FATHER'S FULL NAME (Regardless of whether living or dead) <i>(State)</i>
	9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD? <i>(State)</i> <i>(Year)</i>
	10	YOUR PRESENT MAILING ADDRESS <i>(Number and Street, Apt. No., P.O. Box, or Rural Route)</i> <i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
	11	TODAY'S DATE
	12	TELEPHONE NUMBER

13 Sign YOUR NAME HERE (Do not print)

T555922939 77 2

Form 3912 (Rev. 10-76)

B40 (98)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

30926 59

DATE

JUNE 19, 1978

SOCIAL SECURITY NUMBER

051-24-4784

DOCUMENT LOCATOR NUMBER

94211-126-00229-8

FORM NUMBER

1040

TAX YEAR ENDED

DEC. 31, 1977

SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER

052-52-4901

◀ IF YOU INQUIRE ABOUT
YOUR ACCOUNT, PLEASE
REFER TO THESE NUM-
BERS

DONALD J & SHIRLEY A FIELDS

% CHAIKIN

PU BOX 15156

SAN FRANCISCO CA

7823

94115

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 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.

Please print in dark ink or use typewriter.

TO BE COMPLETED BY SPOUSE

2 051244784 94 FIEL 77 052524901 SOCIAL SECURITY NUMBER

1 Please Print Your Full Name (First Name) (Middle Name or Initial - If none, draw line —) (Last Name)

2 Print YOUR NAME AS SHOWN ON YOUR LAST CARD (First Name) (Middle Name or Initial - If none, draw line —) (Last Name)

3 DATE OF BIRTH (Month) (Day) (Year) 4 BIRTH DATE PREVIOUSLY REPORTED (If different from Item 3)

5 PLACE OF BIRTH (City) (County) (State) 6 SEX: MALE FEMALE

7 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) 8 FATHER'S FULL NAME (Regardless of whether living or dead)

9 WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) (Year)

10 YOUR MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)

11 TODAY'S DATE

12 TELEPHONE NO. 13

NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.
Sign YOUR NAME HERE (Do Not Print)

TU512447-4 77 2

B4c(199)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93886

DATE

JUNE 19, 1978

30903 59

SOCIAL SECURITY NUMBER

138-50-5695

DOCUMENT LOCATOR NUMBER

94209-126-36388-8

FORM NUMBER

1040A

TAX YEAR ENDED

DEC. 31, 1977

SPOUSE'S QUESTIONABLE SOCIAL SECURITY NUMBER

560-13-2149

◀ IF YOU INQUIRE ABOUT
YOUR ACCOUNT, PLEASE
REFER TO THESE NUM-
BERS

7823
JOSEPH L & LESLIE M WILSON
% EUGENE CHAIKIN ESO PO BOX 15156
SAN FRANCISCO CA 94115

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 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.

Please print in dark ink or use typewriter.

2 138505695 94 WILSON 77 560132149 SOCIAL SECURITY NUMBER

1 Please Print Your Full Name (First Name) (Middle Name or Initial - if none, draw line —) (Last Name)

2 Print YOUR NAME AS SHOWN ON YOUR LAST CARD (First Name) (Middle Name or Initial - if none, draw line —) (Last Name)

3 DATE OF BIRTH (Month) (Day) (Year) 4 BIRTH DATE PREVIOUSLY REPORTED (if different from Item 3)

5 PLACE OF BIRTH (City) (County) (State) 6 SEX: MALE FEMALE

7 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) 8 FATHER'S FULL NAME (Regardless of whether living or dead)

9 WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) (Year)

10 YOUR MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route) (City) (State) (ZIP Code)

11 TODAY'S DATE

12 TELEPHONE NO. 13 Sign YOUR NAME HERE (Do Not Print)

NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.

7138505695 77 2

1840 (100)

Department of the Treasury
 Internal Revenue
 Service Center
 FRESNO, CA 93888

7824

LUNA M MURRALL
 PD BOX 15156
 SAN FRANCISCO CA 94115

Date of This Notice
 JUNE 26, 1978
 Social Security Number on Return
 475-82-3136*
 Document Locator Number
 94209-140-02123-8
 Form Number Year Ended
 1040A DEC. 31, 1976

63589 54

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

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.

4 475823136*

94 MURR R 76

SOCIAL SECURITY NUMBER

Please print in dark ink or use typewriter.

PLEASE REWRITE DO NOT DETACH AT FOLD	1	FULL NAME <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>
	2	NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD. IF UNKNOWN, YOUR NAME AT BIRTH <i>(First)</i> <i>(Middle, or initial—if none, draw line—)</i> <i>(Last)</i>
	3	DATE OF BIRTH <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>
	4	BIRTH DATE PREVIOUSLY REPORTED <i>(if different from item 3)</i>
	5	PLACE OF BIRTH <i>(City)</i> <i>(County)</i> <i>(State)</i>
	6	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	7	MOTHER'S FULL NAME AT HER BIRTH <i>(Her maiden name)</i>
	8	FATHER'S FULL NAME <i>(Regardless of whether living or dead)</i>
	9	WHERE AND WHEN DID YOU GET YOUR FIRST SOCIAL SECURITY CARD? <i>(State)</i> <i>(Year)</i>
	10	YOUR PRESENT MAILING ADDRESS <i>(Number and Street, Apt. No., P.O. Box, or Rural Route)</i> <i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
	11	TODAY'S DATE
	12	TELEPHONE NUMBER

13 NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.
 Sign YOUR NAME HERE *(Do not print)*

T475823136 76 4

Form 3912 (Rev. 10 76)

B 4c (101)

Department of the Treasury
Internal Revenue
Service Center

FRESNO, CA 93888

TN

7823

ELLIHUE DENNIS
PO BOX 15156
SAN FRANCISCO CA 94115

33797 49

Date of This Notice

JUNE 19, 1978

Taxpayer Identifying Number

562-76-7806 TN

Document Locator Number

94211-140-03171-8

Form Number

1040

Tax Period Ended

DEC. 31, 1976

◀ If you inquire about
your account, please
refer to these num-
bers

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.

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

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

Your Overpayment to IRS...	\$864.00
Portion of your overpayment applied to unpaid accounts.	\$168.71
Interest applied to unpaid accounts.	.00
Total amount applied	168.71
Amount to be refunded to you ... (Any interest due you will be added)	695.29

YOUR NET OVERPAYMENT WILL BE REFUNDED IF YOU OWE NO OTHER TAXES.

Amount applied	Form	Tax period ended	Amount applied	Form	Tax period ended
\$168.71	1040	DEC. 31, 1976			

Overpayment
was applied
to these
accounts



B4c (102)

Form **1040** U.S. Individual Income Tax Return **1976**

Department of the Treasury—Internal Revenue Service

This space for IRS use only

For the year January 1–December 31, 1976, or other taxable year beginning 1976 ending 19

Name (if joint return, give first names and initials of both) Ellihue	Last name Dennis	Your social security number 562 76 7806
Present home address, (Number and street, including apartment number, or rural route) PO Box 15156	For Privacy Act Notification, see page 5 of Instructions.	
City, town or post office, State and ZIP code SAN FRANCISCO, CA 94115	Occupation Trustodian	Spouse's social security no.

Filing Status	1 <input type="checkbox"/> Single (Check only ONE box)	Exemptions	6a Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked	1
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)		b First names of your dependent children who lived with you Fabian Enter number	1
	3 <input type="checkbox"/> Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here		c Number of other dependents (from line 7)	2
	4 <input checked="" type="checkbox"/> Unmarried Head of Household. See page 7 of Instructions to see if you qualify Fabian		d Total (add lines 6a, b, and c)	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19). See page 7 of Instructions.		e Age 65 or older. <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse Enter number of boxes checked	
			f TOTAL (add lines 6d and e)	2

7 Other dependents:	(a) Name	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount furnished for dependent's support By YOU. If 100% write ALL. By OTHERS including dependent.
---------------------	----------	------------------	---	---	--

8 Presidential Election Campaign Fund . . . Do you wish to designate \$1 of your taxes for this fund? . . . Yes No
 If joint return, does your spouse wish to designate \$1? . . . Yes No

9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2, if unavailable, see page 6 of Instructions.)	9	3336
10a Dividends (See pages 9 and 10b less exclusion. Balance (If gross dividends and other distributions are over \$400, list in Part I of Schedule B.)	10c	
11 Interest Income. (If \$400 or less, enter total without listing in Schedule B.)	11	
12 Income other than wages, dividends, and interest (from line 37)	12	
13 Total (add lines 9, 10c, 11 and 12)	13	
14 Adjustments to income (such as moving expense, etc. from line 42)	14	
15a Subtract line 14 from line 13	15a	
b Disability income exclusion (sick pay) (attach Form 2440)	15b	
c Adjusted gross income. Subtract line 15b from line 15a, then complete Part III on back. (If less than \$8,000, see page 2 of Instructions on "Earned Income Credit.")	15c	3336

16 Tax, check if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule X, Y or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G <input type="checkbox"/> Form 2555 OR <input type="checkbox"/> Form 4726	16	
17a Multiply \$35.00 by the number of exemptions on line 6d	17a	76
b Enter 2% of line 47 but not more than \$180 (\$90 if box 3 is checked)	17b	3
18 Balance. Subtract line 17c from line 16 and enter difference (but not less than zero)	18	70
19 Credits (from line 54)	19	
20 Balance. Subtract line 19 from line 18 and enter difference (but not less than zero)	20	
21 Other taxes (from line 62)	21	
22 Total (add lines 20 and 21)	22	
23a Total Federal income tax withheld. (attach Forms W-2, or W-2P to front)	23a	590
b 1976 estimated tax payments (include amount allowed as credit from 1975 return)	23b	
c Earned income credit (from page 2 of Instructions)	23c	334
d Amount paid with Form 4868	23d	
e Other payments (from line 66)	23e	
24 TOTAL (add lines 23a through e)	24	864

25 If line 22 is larger than line 24, enter BALANCE DUE IRS (Check here <input type="checkbox"/> , if Form 2210 or Form 2210F is attached. See page 10 of Instructions.)	25	
26 If line 24 is larger than line 22, enter amount OVERPAID	26	864
27 Amount of line 26 to be REFUNDED TO YOU	27	864
28 Amount of line 26 to be credited on 1977 estimated tax	28	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here
 Your signature **Ellihue Dennis** Date **4/8/79**
 Preparer's signature (and employer's name, if any) _____ Date _____
 Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____
 Identifying number (see Instructions) **B4C(103)** Address (and ZIP code) _____

Please attach Copy B of Forms W-2 here
 Please attach Check or Money Order here
 Due or Refund
 Sign here

Part I Income other than Wages, Dividends and Interest

29 Business Income or (loss) (attach Schedule C)	29		
30a Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	30a		
b 50% of capital gain distributions (not reported on Schedule D—see page 10 of Instructions)	30b		
31 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	31		
32a Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	32a		
b Fully taxable pensions and annuities (not reported on Schedule E—see page 10 of Instructions)	32b		
33 Farm Income or (loss) (attach Schedule F)	33		
34 State income tax refunds (standard deduction—others see page 10 of Instructions)	34		
35 Alimony received	35		
36 Other (state nature and source—see page 11 of Instructions)			
37 Total (add lines 29 through 36). Enter here and on line 12	37		

Part II Adjustments to Income

38 Moving expense (attach Form 3903)	38		
39 Employee business expense (attach Form 2106)	39		
40a Payments to an individual retirement arrangement from attached Form 5329, Part III	40a		
b Payments to a Keogh (H.R. 10) retirement plan	40b		
41 Forfeited interest penalty for premature withdrawal (see page 12 of Instructions)	41		
42 Total (add lines 38 through 41). Enter here and on line 14	42		

Part III Tax Computation

43 Adjusted gross income (from line 15c). If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 9 of Instructions	43	3336	-
44a If you itemize deductions, check here <input type="checkbox"/> , and enter total from Schedule A, line 40, and attach Schedule A			
b Standard deduction—If you do not itemize deductions, check here <input type="checkbox"/> , and: If you checked the box on line 2 or 5, enter the greater of \$2,100 OR 16% of line 43—but not more than \$2,800 1 or 4, enter the greater of \$1,700 OR 16% of line 43—but not more than \$2,400 3, enter the greater of \$1,050 OR 16% of line 42—but not more than \$1,400	44	1700	-
45 Subtract line 44 from line 43 and enter difference (but not less than zero)	45	1636	-
46 Multiply total number of exemptions claimed on line 6f by \$750	46	1500	-
47 Taxable income. Subtract line 46 from line 45 and enter difference (but not less than zero)	47	136	-

• If line 47 is \$20,000 or less and you did not average your income on Schedule G, or figure your tax on Form 2555, Exemption of Income Earned Abroad, find your tax in Tax Table. Enter tax on line 16 and check appropriate box.
• If line 47 is more than \$20,000, figure your tax on the amount on line 47 by using Tax Rate Schedule X, Y, Z, or if applicable, the alternative tax from Schedule D, Income averaging from Schedule G, tax from Form 2555 or maximum tax from Form 4728. Enter tax on line 16 and check appropriate box.

Part IV Credits

48 Credit for the elderly (attach Schedules R & RP)	48		
49 Credit for child care expenses (attach Form 2441)	49		
50 Investment credit (attach Form 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		

Part V Other Taxes

55 Tax from recomputing prior-year investment credit (attach Form 4255)	55		
56 Minimum tax. Check here <input type="checkbox"/> , and attach Form 4625	56		
57 Tax on premature distributions from attached Form 5329, Part V	57		
58 Self-employment tax (attach Schedule SE)	58		
59 Social security tax on tip income not reported to employer (attach Form 4137)	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60		
61 Excess contribution tax from attached Form 5329, Part IV	61		
62 Total (add lines 55 through 61). Enter here and on line 21	62		

Part VI Other Payments

63 Excess FICA, RRTA, or FICA/RRTA tax withheld (two or more employers—see page 13 of Instructions)	63		
64 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	64		
65 Credit from a Regulated Investment Company (attach Form 2439)	65		
66 Total (add lines 63 through 65). Enter here and on line 23e	66		

B4c (104)

Wage and Tax Statement **1976**

95-6000927 W COUNTY OF LOS ANGELES - AUDITOR - CONTROLLER - HALL OF ADMINISTRATION LOS ANGELES, CALIF. 90012		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 identifying number 800-9593	
Employee's social security number 566-76-7826	1 Federal income tax withheld 569.73	2 Wages, tips, and other compensation 3,335.89	3 FICA, employee tax withheld 195.15	4 Total FICA wages 3,335.89	
Type or print Employee's name, address, and ZIP code below. 461 69-0232127 022131 DENNIS, ELLIHUE 1415 NADEAU ST LOS ANGELES CALIF		5 Was employee covered by a qualified pension plan, etc? YES	6	7 Defered Compensation	
		8 State or local tax with- held 89.04	9 State or local wages 3,335.89	10 State or locality CA	
		11 State or local tax with- held	12 State or local wages	13 State or locality	

Form W-2

B4c(105)

RESIDENT
540



INDIVIDUAL
CALIFORNIA
INCOME TAX

TAXABLE YEAR
1976

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

Check Calendar Year
Gae: Fiscal Year Ending 1977

NAME (If joint return, give first names and initials of both)
Ellihue

LAST NAME
Dennis

PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)

FOR PRIVACY NOTIFICATION
SEE PAGE 2 OF INSTRUCTIONS
Your Social Security Number
562 76 7806
Spouse's Social Security Number

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

OCCU- PATION Years Custodian
Spouse's

FILING STATUS	<input type="checkbox"/> Single (Check Only One)	EXEMPTIONS CREDITS	6 Personal { If line 1 or 3 checked, enter \$25 } { If line 2, 4 or 5 checked, enter \$50 }	6	50	00
	<input type="checkbox"/> Married filing joint return (even if only one had income)		7 Dependents—Do not list the person who qualifies you as head of household			
	<input type="checkbox"/> Separate return of married person—Enter spouse's social security number and full name here					
	<input checked="" type="checkbox"/> Head of Household—Enter name of qualifying individual: Fabian		8 Blind (see instructions) Number of blind exemptions	7		00
	<input type="checkbox"/> Widower with dependent child (Year spouse died 197)		9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20	9	50	00

10 Wages, salaries, tips and other employee compensation	10	3336	-
11 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540))	11		
12 Interest. Enter total (if over \$400, complete and attach Schedule B(540))	12		
13 Income other than wages, dividends and interest (from line 48)	13		
14 Total (add lines 10, 11, 12 and 13)	14		
15 Adjustments to income (from line 55)	15		
16 Adjusted gross income (subtract line 15 from line 14)	16	3336	-
<ul style="list-style-type: none"> If you do NOT itemize deductions AND line 16 is under \$15,000, find tax in Tax Table and enter on line 19. If you itemize deductions OR line 16 is \$15,000 or more, complete lines 17 and 18. 			
17 Deductions: Itemized (from line 63) OR STANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked)	17		
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19	18		
19 Tax from (check one) <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> Income Averaging Schedule (G or G-1)	19		
20 Total exemption credits (from line 9, above)	20	10	-
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero)	21	50	-
22 Other credits (from line 68—including Special Low Income Tax Credit)	22	0	-
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero)	23	80	-
24 Other taxes (from line 71)	24	0	-
25 Total tax liability (add lines 23 and 24)	25	80	-
26 Total California income tax withheld (attach W-2 or W-2P to face of this return)	26	89	-
27 Renter's credit—if you lived in rented property on March 1, 1976, complete Part 1 on page 2	27	37	-
28 1976 California estimated tax payments	28		
29 Excess California SDI tax withheld (see instructions)	29		
30 Total Credits	30	126	-
31 If line 25 is larger than line 30, enter BALANCE DUE. If it is equal to line 30, enter zero. Mail return to: FRANCHISE TAX BOARD SACRAMENTO, CA 95867	31		
32 If line 25 is smaller than line 30, enter amount OVERPAID Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. Mail return to: FRANCHISE TAX BOARD P.O. BOX 13-540 SACRAMENTO, CA 95813	32	126	-
33 Amount of line 32 to be credited on your 1977 ESTIMATED TAX	33	126	-
34 Amount of line 32 to be credited on your 1977 ESTIMATED TAX	34		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN Ellihue Dennis 4/18/78
Your signature Date

PREPARER'S SIGNATURE (other than taxpayer) _____ Date _____

HERE B4c(106)
Spouse's signature—if filing a joint return Address (and Zip code)

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

35. Did you, on March 1, 1976, live in rented property which was your principal residence? Yes No If no, you may not claim this credit
 36. Was the property you rented exempt from property tax? Yes No If yes, you may not claim this credit
 37. Did you live with any other person who claimed you as a dependent for income tax purposes? Yes No If yes, you may not claim this credit
 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

39. Business income (or loss) (attach Schedule C(540)) 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-1(540)) 41
 42. Pensions and annuities 42
 43. Rents and royalties 43
 44. Partnerships 44
 45. Estates and trusts 45
 46. Farm income (or loss) (attach Schedule F(540)) 46
 47. Miscellaneous income
 (a) Fully taxable pensions and annuities (not reported on Schedule E(540)) 47a
 (b) Alimony 47b
 (c) Other (state nature and source) 47c
 Enter total of lines 47(a), 47(b), and 47(c) 47
 48. Total (add lines 39 thru 47). Enter here and on line 13 48

PART III — Adjustments to Income

49. "Sick pay," if included in line 10 (see instructions — attach Form FTB 3805T) 49
 50. Moving expenses (see instructions — attach Form FTB 3805U) 50
 51. Employee business expenses (See instructions — attach Form FTB 3805N) 51
 52. Military exclusion (see instructions) 52
 53(a) Payments to an individual retirement arrangement (attach FTB 3805P) 53a
 (b) Payments to a Keogh (R.R. 10) retirement plan 53b
 (c) Payments to a self-employed "Defined Benefit Plan" 53c
 Enter total of lines 53(a), 53(b), and 53(c) 53
 54. Forfeited interest penalty (see instructions) 54
 55. Total adjustments (add lines 49 thru 54). Enter here and on line 15 55

PART IV — Itemized Deductions —

● Attach Schedule A(540) and enter sub-totals on lines 56 thru 62, below

56. Total deductible medical and dental expenses (from Schedule A(540), line 10) 56
 57. Total taxes (from Schedule A(540), line 17) 57
 58. Total interest expense (from Schedule A(540), line 20) 58
 59. Total contributions (from Schedule A(540), line 24) 59
 60. Total casualty loss (from Schedule A(540), line 29) 60
 61. Total miscellaneous deductions (from Schedule A(540), line 33) 61
 62. 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

PART V — 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
 65. Retirement income credit (attach Schedule R(540)) 65
 66. Special low income tax credit (see special instructions) 66
 67. Solar energy tax credit (see special instructions) 67
 68. TOTAL (add lines 64 thru 67). Enter here and on line 22 68

PART VI — Other Taxes

69. Tax on preference income (see instructions — attach Schedule P(540)) 69
 70. Tax on premature distributions from attached Form FTB 3805P 70
 71. Total (add lines 69 and 70) enter here and on line 24 71

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

134c(107)

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 MISCELLANEOUS EXPENSES. THE ACCOUNT SHOULD BE SET UP AS MARIA KATSARIS MANAGERIAL ACCOUNT FOR TIMOTHY AND BARBARA CARTER.

Gene Chaikin

GENE CHAIKIN

B4C(108)

Department of the Treasury
Internal Revenue Service

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

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

502 A89 9505

BURGER E DEAN
PO BOX 15156
SAN FRANCISCO, CA 94115

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 1040
Tax Period Ended 12-31-75

Balance of Prior Assessments \$ 237.09
Late Payment Penalty 29.12
Interest 33.48
Total Amount Due \$ 299.69

Reply to:
INTERNAL REVENUE SERVICE
P.O. BOX 12586
FRESNO, CA 93778

30-7512

B4C(109)

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

E.I. #75-0696577