

CROOK, MOORE & KNUDSEN
CERTIFIED PUBLIC ACCOUNTANTS
Members
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

532 SOUTH SCHOOL STREET
UKIAH, CALIFORNIA 95482

TELEPHONE
462-8688

June 7, 1978

Miss Jean Brown
P.O. Box 15157
San Francisco, California 94115

Dear Miss Brown:

Enclosed you will find the following returns for Rev. & Mrs. James Jones:

1. 1977 Federal income tax return showing an overpayment of \$12,511.45. Because the tax is more than we anticipated, we have had it all applied to the 1978 estimated tax.
2. 1978 Federal estimated tax return showing no tax due.
3. 1977 California income tax return showing an overpayment of \$2,871.28 which we have applied to the 1978 estimated tax.
4. 1978 California estimated tax return showing a payment due of \$300.00.

Each of the above returns should be signed by you for James W. Jones and again for Marceline M. Jones showing a power of attorney for each.

We are having you pay the \$300.00 now so that there will be no further payments due until the filing of the final 1978 returns next year.

We are enclosing an extra copy of each return so that you can send one to Rev. Jones and have one yourself in case of any questions. We have also enclosed our bill for the preparation of the returns.

If you have any questions regarding these returns, please contact us.

Sincerely,


Crook, Moore & Knudsen

RVK/th
Encls.

B/B-17- m

7-11-78

If the power of attorney is granted to an attorney, certified public accountant, or enrolled agent, this declaration must be completed.

I declare that I am not currently under suspension or disbarment from practice before the Internal Revenue Service, that I am aware of Treasury Department Circular No. 230 as amended (31 C.F.R. Part 10), Regulations Governing the Practice of Attorneys, Certified Public Accountants, and Enrolled Agents before the Internal Revenue Service, and that:

- I am a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
- I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
- I am enrolled as an agent pursuant to the requirements of Treasury Department Circular No. 230.

Designation (Attorney, C.P.A., or Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date

If the power of attorney is granted to a person other than an attorney, certified public accountant, or enrolled agent, it must be witnessed or notarized below. (See Treasury Department Circular No. 230 as amended (31 C.F.R. Part 10), Regulations Governing the Practice of Attorneys, Certified Public Accountants, and Enrolled Agents before the Internal Revenue Service, for persons recognized to practice before the Internal Revenue Service.)

The person(s) signing as or for the taxpayer(s): (Check and complete one.)

Is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

Ann E. Moore 3/4/78
(Signature of Witness) (Date)

Carolyn Layton 3/4/78
(Signature of Witness) (Date)

appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed.

No notary within 300 miles.

(Signature of Notary) (Date) NOTARIAL SEAL
(If required)

1040-ES

Department of the Treasury
Internal Revenue Service

**Estimated Tax Declaration-Voucher
for Individuals—1978**
(To be used for making declaration and payment)

Voucher 2

(Calendar year—Due June 15, 1978)

*A. Estimated tax or amended estimated tax for the year ending 12/78 <small>(month and year)</small>	*B. Overpayment from last year credited to estimated tax for this year
\$ 12,511.45	\$ 12,511.45

If fiscal year taxpayer, see Instruction 11.
 * Complete only if this is an original or amended declaration and your total estimated tax for the year is \$100.00 or more.
 Return this voucher with check or money order payable to the Internal Revenue Service. For where to file your declaration-voucher, see Instruction 4.

1 Amount of this installment ... ▶	\$ 12,511.45
2 Amount of any unused overpayment credit applied to this installment (see Instruction 9) ... ▶	12,511.45
3 Amount of this installment payment (subtract line 2 from line 1) ... ▶	\$ None

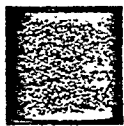
If this is an original declaration-voucher, file even if line 3 is zero.

Your social security number 303-32-5942	Spouse's number, if joint declaration
First name and middle initial (of both spouses if joint declaration) James W. & Marceline M.	Last name Jones
Address (Number and street) P.O. Box 15157	
City, State, and ZIP code San Francisco, California 94115	

Sign here ▶ **CLIENT'S COPY**
 Your Signature
 Spouse's signature (if joint declaration)

Please type or print

Detach here



Form **4868**
 Department of the Treasury
 Internal Revenue Service

CLIENT'S COPY
**Application for Automatic Extension of Time
 to File U.S. Individual Income Tax Return**

1977

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

Please	Name (if joint return, give first names and initials of both) James W. & Marceline M.	Last name Jones	Your social security number 303 32 5942
Print	Present home address (Number and street, including apartment number, or rural route) 1859 Geary Blvd.		Spouse's social security number 306 24 2805
or			
Type	City, town or post office, State and ZIP Code San Francisco, California 94115		

An automatic 2-month extension of time until June 15, 1978, is hereby requested in which to file Form 1040 for the calendar year 1977 (or if a fiscal year return until, 19....., for the taxable year beginning....., 1977, and ending, 1978).

1 Total tax you expect to owe for 1977 (see instruction C)	0	\$ 23,000.00
2 Federal income tax withheld	0	
3 1977 Estimated tax payments (include 1976 overpayment allowed as a credit)	23,600.00	
4 Other payments (see instruction C)	0	
5 Total (add lines 2, 3, and 4)	23,600.00	
6 BALANCE DUE (subtract line 5 from line 1). Pay in full with this application	0	23,600.00

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

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

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

A member in good standing of the bar of the highest court of (specify jurisdiction) _____

A certified public accountant duly qualified to practice in (specify jurisdiction) _____

A person enrolled to practice before the Internal Revenue Service.

A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are _____

John F. Brown _____ Date **4/11/78**
 Signature of preparer other than taxpayer _____ Date _____

BB-17-m-3

Form **1040** U.S. Individual Income Tax Return **1977**

CLIENT'S COPY

For the year January 1-December 31, 1977, or other taxable year beginning _____, 1977 ending _____, 19__

Use IRS label. Otherwise, print or type.	First name and initial (if joint return, give first names and initials of both) James W. & Marceline M.	Last name Jones	Your social security number 303-32-5942
	Present home address (Number and street, including apartment number, or rural route) P.O. Box 15157	For Privacy Act Notice, see page 3 of instructions.	
	City, town or post office, State and ZIP code San Francisco, California 94115	Occupation Yours MINISTER Spouse's NURSE	Spouse's social security number 306-24-7805

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)
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
5 Qualifying widow(er) with dependent child (Year spouse died **19**). See page 7 of instructions.

Exemptions

6a Yourself 65 or over Blind
b Spouse 65 or over Blind
c First names of your dependent children who lived with you **STEPHAN JAMES JR.**

Enter number of boxes checked on 6a and b **2**
Enter number of children listed **2**
Enter number of other dependents **0**
Add numbers entered in boxes above **4**

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?

Income

8 Wages, salaries, tips, and other employee compensation. (Attach Forms W-2, if available, see page 5 of instructions.) **37,738 57**

9 Interest income. (If over \$400, attach Schedule B.) **8,891 81**

10a Dividends (If over \$400, attach Schedule B) **100,337**, 10b less exclusion **64,224**, Balance **36,113**

(If you have no other income, skip lines 11 through 20 and go to line 21.)

11 State and local income tax refunds (does not apply if refund is for year you took standard deduction) 11

12 Alimony received 12

13 Business income or (loss) (attach Schedule C) 13

14 Capital gain or (loss) (attach Schedule D) 14

15 50% of capital gain distributions not reported on Schedule D 15

16 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797) 16

17 Fully taxable pensions and annuities not reported on Schedule E 17

18 Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) 18

19 Farm income or (loss) (attach Schedule F) 19

20 Other (state nature and source—see page 9 of instructions) **S.F. Housing AUTH. - FELP** 20

21 Total income. Add lines 8, 9, and 10c through 20 **46,916 51**

Adjustments to Income (If none, skip lines 22 through 27 and enter zero on line 28.)

22 Moving expense (attach Form 3903)	22	
23 Employee business expenses (attach Form 2106)	23	
24 Payments to an individual retirement arrangement (from attached Form 5329, Part III)	24	
25 Payments to a Keogh (H.R. 10) retirement plan	25	
26 Forfeited interest penalty for premature withdrawal	26	
27 Alimony paid (see page 11 of instructions)	27	
28 Total adjustments. Add lines 22 through 27	28	
29 Subtract line 28 from line 21	29	46,916 51
30 Disability income exclusion (sick pay) (attach Form 2440)	30	
31 Adjusted gross income. Subtract line 30 from line 29. Enter here and on line 32. If you want IRS to figure your tax for you, see page 4 of the instructions	31	46,916 51

TRANS FORMS INC

AB-17-m-4

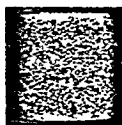
Wage and Tax Statement 1977

STATE OF CALIFORNIA KENNETH CORY, STATE CONTROLLER P.O. BOX 1019 SACRAMENTO, CA. 95805 NO. 8460013470 NO. 69-093-0001-002		Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.		Copy C For employee's records	
				Employer's State identifying number 800-4039 806-232	
Employee's social security number 306-24-2805	Federal income tax withheld 1209.97	Wages tips, and other compensation 8169.35	FICA employee tax withheld 450.76	Total FICA wages 7705.06	
M M JONES PD BOX 15384 SAN FRAN, CALIF 94115		Was employee covered by a qualified pension plan, etc? YES			
Type or print EMPLOYEE'S name, address and ZIP code above.		State or local tax with- held 203.16	State or local wages 8169.35	State or locality CALIF.	
		State or local tax with- held	State or local wages	State or locality	

Form **W-2**

This information is being furnished to the IRS and appropriate State officials

Department of the Treasury - Internal Revenue Service



Tax Computation	32 Amount from line 31	32	46,916	51
	33 If you itemize deductions, enter excess itemized deductions from Schedule A, line 41 If you do NOT itemize deductions, enter zero Caution: 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 11 of the Instructions. Also see page 11 of the Instructions if: ● You are married filing a separate return and your spouse itemizes deductions, OR ● You file Form 4563, OR ● You are a dual-status alien.	33	4194	24
	34 Tax Table Income. Subtract line 33 from line 32 Note: See Instructions for line 35 on page 11. Then find your tax on the amount on line 34 in the Tax Tables. Enter the tax on line 35. However, if line 34 is more than \$20,000 (\$40,000 if you checked box 2 or 5) or you have more exemptions than those covered in the Tax Tables for your filing status, use Part I of Schedule TC (Form 1040) to figure your tax. You must also use Schedule TC if you file Schedule G (Form 1040), Income Averaging.	34	42722	27
	35 Tax. Check if from <input type="checkbox"/> Tax Tables or <input checked="" type="checkbox"/> Schedule TC	35	10,395	02
	36 Additional taxes. (See page 12 of Instructions.) Check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, <input type="checkbox"/> Form 5405, or <input type="checkbox"/> Section 72(m)(5) penalty tax	36		
	37 Total. Add lines 35 and 36	37	10,395	02

Credits	38 Credit for contributions to candidates for public office	38		
	39 Credit for the elderly (attach Schedules R&RP)	39		
	40 Credit for child and dependent care expenses (attach Form 2441)	40		
	41 Investment credit (attach Form 3468)	41		
	42 Foreign tax credit (attach Form 1116)	42		
	43 Work incentive (WIN) Credit (attach Form 4874)	43		
	44 New jobs credit (attach Form 5884)	44		
	45 See page 12 of Instructions	45		

Other Taxes	46 Total credits. Add lines 38 through 45	46		
	47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	10,395	02
	48 Self-employment tax (attach Schedule SE)	48	1303	50
	49 Minimum tax. Check here <input type="checkbox"/> and attach Form 4625	49		
	50 Tax from recomputing prior-year investment credit (attach Form 4255)	50		
	51 Social security tax on tip income not reported to employer (attach Form 4137)	51		
	52 Uncollected employee social security tax on tips (from Form W-2)	52		
	53 Tax on an individual retirement arrangement (attach Form 5329)	53		

Payments	54 Total tax. Add lines 47 through 53	54	11,698	52
	55 Total Federal income tax withheld (attach Forms W-2, W-2G, and W-2P to front)	55	1209	97
	56 1977 estimated tax payments (include amount allowed as credit from 1976 return)	56	23,000	00
	57 Earned income credit. If line 31 is under \$8,000, see page 2 of Instructions. If eligible, enter child's name <input type="checkbox"/>	57		
	58 Amount paid with Form 4868	58		
	59 Excess FICA and RRTA tax withheld (two or more employers)	59		
	60 Credit for Federal tax on special fuels, etc. (attach Form 4136)	60		
	61 Credit from a Regulated Investment Company (attach Form 2439)	61		

Refund or Due	62 Total. Add lines 55 through 61a	62	24,209	97
	63 If line 62 is larger than line 54, enter amount OVERPAID	63	12,511	45
	64 Amount of line 63 to be REFUNDED TO YOU	64		
	65 Amount of line 63 to be credited on 1978 estimated tax	65	12,511	45
	66 If line 54 is larger than line 62, 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 (Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 14 of Instructions.)	66		

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 Here

Your signature _____ Date _____

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

CLIENT'S COPY

R. V. Knudsen 829-14-3278
 Paid preparer's signature and identifying number (see Instructions)
 CROOK, MOORE & KNUDSEN, CPA S 6/7/78
 532 SOUTH SCHOOL STREET
 UKIAH, CALIFORNIA 95482
 94-1269206
 Paid preparer's address (or employer's name, address, and identifying number)

BB-17-m-5

NAME

IDENTIFICATION NO.

STATEMENT NO. STATEMENT OF WAGES AND INCOME EARNED

YEAR ENDED 1/31/77

EMPLOYERS NAME	WHERE EMPLOYED	CODE	TOTAL WAGES	S.D.I.	F.I.C.A.	STATE INCOME TAX WITHHELD	FEDERAL INCOME TAX WITHHELD
STATE OF CALIF	SANTA ROSA	W	816935			20316	120997
DISCIPLES OF CHRIST CHURCH	SAN FRANCISCO	H	29569.22		(1)	-	-
(1) No W-2 Form							
TOTAL			37,738.57				

CODE	H (Husband) W (Wife)	LESS MAXIMUM F.I.C.A. PAYABLE	
		EXCESS F.I.C.A.	
		TOTAL STATE WITHHELD	20316
		TOTAL FEDERAL WITHHELD	120997

A13-17-m-6

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

Your social security number

Part I Interest Income

1 If you received more than \$400 in interest, complete Part I. Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see page 17 of Instructions). (List payers and amounts.)

Table with columns for Payer Name, Amount, and Total. Includes entries like COAST FEDERAL SAVINGS, IMPERIAL SAVINGS, SAVINGS BANK, WELLS FARGO BANK, BANK OF AMERICA BONDS, FINANCIAL SAVINGS, ALLEGATE SAVINGS, U.S. LIFE SAVINGS, FRONTIER SAVINGS, GIBBLET SAVINGS, GREAT WESTERN S&L, FIRST FEDERAL S&L, GREATER MIAMI S&L, DADE FEDERAL S&L, BANK OF MARIN, HOME FEDERAL S&L, ELLIOTT, BURNLEY, SNYDER, and PUBLIC EMP RETIRE SYSTEM.

2 Total Interest Income. Enter here and on Form 1040, line 9 8891 81

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 15.

Part II Dividend Income

3 If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II (see Note below and page 17 of Instructions). (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly.)

Table with columns for Payer Name, Amount, and Total. Includes entries like ANCHOR SPECTRUM FUND, ROBLIFY, and NON-QUALIFY.

4 Total of line 3 100 37

5 Capital gain distributions (see page 18 of Instructions. Enter here and on Schedule D, line 7). See Note below

6 Nontaxable distributions (see page 18 of Instructions)

7 Total (add lines 5 and 6)

8 Dividends before exclusion (subtract line 7 from line 4). Enter here and on Form 1040, line 10a 100 37

Part III Foreign Accounts and Foreign Trusts

If you are required to list interest in Part I or dividends in Part II, OR if you had a foreign account or were a grantor of, or a transferor to a foreign trust, you must answer both questions in Part III. (See page 18 of Instructions.)

1 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? Yes No

2 Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust? Yes No

BB-17-m-7

Schedules A & B—Itemized Deductions AND Interest and Dividend Income

(Form 1040)
Department of the Treasury
Internal Revenue Service

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

1977

Name(s) as shown on Form 1040

Your social security number

Schedule A Itemized Deductions (Schedule B is on back)

Medical and Dental Expenses (not compensated by insurance or otherwise) (See page 14 of Instructions.)		Contributions (See page 16 of Instructions for examples.)	
1 One-half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below)	150 00	21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	
2 Medicine and drugs		b Other cash contributions. List donees and amounts. ▶	
3 Enter 1% of line 31, Form 1040		22 Other than cash (see page 16 of instructions for required statement)	
4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)		23 Carryover from prior years	
5 Enter balance of insurance premiums for medical care not entered on line 1		24 Total contributions (add lines 21a through 23). Enter here and on line 36 ▶	
6 Enter other medical and dental expenses:		Casualty or Theft Loss(es) (See page 16 of Instructions.)	
a Doctors, dentists, nurses, etc.		25 Loss before insurance reimbursement	
b Hospitals		26 Insurance reimbursement	
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		27 Subtract line 26 from line 25. Enter difference (if less than zero, enter zero)	
7 Total (add lines 4 through 6c)		28 Enter \$100 or amount on line 27, whichever is smaller	
8 Enter 3% of line 31, Form 1040		29 Casualty or theft loss (subtract line 28 from line 27). Enter here and on line 37 ▶	
9 Subtract line 8 from line 7 (if less than zero, enter zero)		Miscellaneous Deductions (See page 16 of Instructions.)	
10 Total (add lines 1 and 9). Enter here and on line 33 ▶	150 00	30 Union dues	
Taxes (See page 14 of Instructions.)		31 Other (itemize) ▶	
11 State and local income	6696 63	INCOME TAX PROP	2500 00
12 Real estate		CSEA DUES	50 61
13 State and local gasoline (see gas tax tables)		32 Total (add lines 30 and 31). Enter here and on line 38	300 61
14 General sales (see sales tax tables)	206 00	Summary of Itemized Deductions (See page 17 of Instructions.) A	
15 Personal property	41 00	33 Total medical and dental—line 10	150 00
16 Other (itemize) ▶		34 Total taxes—line 17	6943 63
17 Total (add lines 11 through 16). Enter here and on line 34 ▶	6943 63	35 Total interest—line 20	
Interest Expense (See page 16 of Instructions.)		36 Total contributions—line 24	
18 Home mortgage		37 Casualty or theft loss(es)—line 29	
19 Other (itemize) ▶		38 Total miscellaneous—line 32	300 61
20 Total (add lines 18 and 19). Enter here and on line 35 ▶		39 Total deductions (add lines 33 through 38) ▶	7394 24
		40 If you checked Form 1040, box: 2 or 5, enter \$3,200 1 or 4, enter \$2,200 3, enter \$1,600	3200 00
		41 Excess itemized deductions (subtract line 40 from line 39). Enter here and on Form 1040, line 33. (If line 40 is more than line 39 see "Who MUST Itemize Deductions" on page 11 of the Instructions.) ▶	4194 24

TRANS FORMS INC

BB-17-m-8

▶ Attach to Form 1040.

Name(s) as shown on Form 1040

Your social security number

Instructions

Who Must File.—This schedule is for use by taxpayers who cannot use the Tax Tables and for certain taxpayers who must itemize deductions. If you must itemize and the zero bracket amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

Part I.—You must use Part I to figure your tax instead of using the Tax Tables if your income on Form 1040, line 34, is more than \$20,000 (more than \$40,000 if you are married filing a joint return or a qualifying widow(er)) or if you claim more exemptions than covered in the Tax Tables for your filing status.

You will also need to complete Part I if you figure your tax by using Schedule G (Form 1040), Income Averaging.

Part II.—If you are required to itemize deductions and the zero bracket amount on Schedule A, line 40, is more than your itemized deductions on Schedule A, line 39, you must first complete Part II to figure your Tax Table Income. The new zero bracket amount must be adjusted by certain taxpayers who must itemize deductions. This computation is necessary because the zero bracket amount is built into the Tax Tables and Tax Rate Schedules.

You MUST itemize deductions if:

(a) You are married filing a separate return and your spouse itemizes deductions (unless your spouse is described in paragraph (b) and enters earned income on Part II, line 3),

(b) You can be claimed as a dependent on your parent's return and have \$750

or more of unearned income and less than \$2,200 of earned income if you are single (less than \$1,600 of earned income if you are married filing a separate return).

Note: If your earned income is more than your itemized deductions on Schedule A, line 39, enter your earned income in Part II, line 3, unless you are married filing a separate return and your spouse itemizes deductions. (See page 11 of the Instructions for Form 1040 for a definition of earned income.)

(c) You elect to exclude income from sources in United States Possessions (see Form 4563 for details), OR

(d) You are a dual-status alien (see instructions for Dual-Status Tax Year on page 4 of Instructions for Form 1040).

Part I Tax Computation for Taxpayers Who Cannot Use the Tax Tables

Caution: Read the Instructions before completing this Part.

1	Enter your Tax Table Income from Form 1040, line 34	1	42,722 27
2	Multiply \$750 by the total number of exemptions claimed on Form 1040, line 7	2	3000 00
3	Taxable Income. Subtract line 2 from line 1 (Figure your tax on the amount on line 3 by using Tax Rate Schedule X, Y, or Z, or see page 12 of Instructions for Form 1040 for "Other Ways to Figure Your Tax.")	3	39,722 27
4	Income Tax. Check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input type="checkbox"/> Schedule D, <input type="checkbox"/> Schedule G, or <input type="checkbox"/> Form 4726	4	10,575 02
General Tax Credit			
5	Enter \$35 multiplied by the total number of exemptions claimed on Form 1040, line 7	5	140 00
Note: If you are married filing a separate return, omit lines 6 through 9 and enter the amount from line 5 on line 10.			
6	Enter amount from line 3, above	6	39,722 27
7	Enter $\left\{ \begin{array}{l} \$3,200 \text{ if you are married filing a joint return (or a qualifying widow(er)) } \\ \$2,200 \text{ if you are single (or an unmarried head of household)} \end{array} \right.$	7	3400 00
8	Subtract line 7 from line 6	8	36,522 27
9	Enter 2 percent of line 8 (but do not enter more than \$180)	9	180 00
10	General tax credit. Enter the larger of line 5 or line 9	10	180 00
11	Tax. Subtract line 10 from line 4. Enter the difference (but not less than zero) here and on Form 1040, line 35	11	10,395 02

Part II Computation of Tax Table Income for Certain Taxpayers Who Must Itemize Deductions

Caution: Read the Instructions before completing this Part.

1	Enter your adjusted gross income from Form 1040, line 31	1	
2	Enter amount from Schedule A, line 40	2	
3	Enter amount from Schedule A, line 39. (If you can be claimed as a dependent on your parent's return, see the Note in the Instructions for Part II and check the box below line 33 of Form 1040.)	3	
4	Subtract line 3 from line 2	4	
5	Tax Table Income. ADD lines 1 and 4. Enter here and on Form 1040, line 34. (Do not make an entry on Form 1040, line 33. Disregard the instruction on Form 1040, line 34, and go to the Note below line 34.)	5	

BB-11-m-9

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Computation of Social Security Self-Employment Tax

Each self-employed person must file a Schedule SE. Attach to Form 1040.
See Instructions for Schedule SE (Form 1040).

1977

If you had wages, including tips, of \$16,500 or more that were subject to social security or railroad retirement taxes, do not fill in this schedule (unless you are eligible for the Earned Income Credit). See Instructions.

If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)

JAMES W JONES

Social security number of self-employed person

30313215942

If you have only farm income complete Parts I and III. If you have only nonfarm income complete Parts II and III.
If you have both farm and nonfarm income complete Parts I, II, and III.

Part I Computation of Net Earnings from FARM Self-Employment

You may elect to compute your net farm earnings using the OPTIONAL METHOD, line 3, instead of using the Regular Method, line 2, if your gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the FARM OPTIONAL METHOD.

REGULAR METHOD	a Schedule F, line 54 (cash method), or line 72 (accrual method)	1a	
1 Net profit or (loss) from:	b Farm partnerships	1b	
2 Net earnings from farm self-employment (add lines 1a and b)		2	
FARM OPTIONAL METHOD	a Not more than \$2,400, enter two-thirds of the gross profits	3	
3 If gross profits from farming ¹ are:	b More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600		
4 Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method.		4	

Part II Computation of Net Earnings from NONFARM Self-Employment

REGULAR METHOD	a Schedule C, line 21. (Enter combined amount if more than one business.)	5a	
5 Net profit or (loss) from:	b Partnerships, joint ventures, etc. (other than farming)	5b	
	c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here <input type="checkbox"/> and enter zero on this line.	5c	29,569 22
	d Service with a foreign government or international organization	5d	
	e Other (See Form 1040 instructions for line 20.) Specify <u>Housing AUTH FEES</u>	5e	250 00
6 Total (add lines 5a through e)		6	29,819 22
7 Enter adjustments if any (attach statement)		7	
8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)		8	29,819 22

NONFARM OPTIONAL METHOD	9 a Maximum amount reportable, under both optional methods combined (farm and nonfarm)	9a	\$1,600	00
	b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero)	9b		
	c Balance (subtract line 9b from line 9a)	9c		
10 Enter two-thirds of gross nonfarm profits ¹ or \$1,600, whichever is smaller		10		
11 Enter here and on line 12b, the amount on line 9c or line 10, whichever is smaller		11		

Part III Computation of Social Security Self-Employment Tax

12 Net earnings or (loss):	a From farming (from line 4)	12a	
	b From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)	12b	29,819 22
13 Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule.)		13	29,819 22
14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1977 is		14	\$16,500 00
15 a Total "FICA" wages (from Forms W-2) and "RRTA" compensation	15a		
b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA	15b		
c Total of lines 15a and b		15c	
16 Balance (subtract line 15c from line 14)		16	16,500 00
17 Self-employment income—line 13 or 16, whichever is smaller		17	16,500 00
18 Self-employment tax. (If line 17 is \$16,500, enter \$1,303.50; if less, multiply the amount on line 17 by .079.) Enter here and on Form 1040, line 48		18	1303 50

TRANS FORMS INC

DA-17-m-10

FORM
540ES



CALIFORNIA

Declaration of Estimated
Income Tax for Individuals

YEAR
1978

Voucher 2

(Calendar Year—Due June 15, 1978)
If fiscal year taxpayer, see general instruction 10.

* A. Estimated tax (or amended estimated tax) for the year ending (month and year) <u>12/78</u>	* B. Overpayment from last year credited to estimated tax for this year
\$ 3,171.28	\$ 2,871.28

Your social security number 303 - 32 - 5942		Spouse's social security number - -	
First name and initial (If joint declaration, use first names and middle initials of both) James W. & Marceline M.		Last name Jones	
Address (Number and street) P.O. Box 15157			
City, State, and ZIP code San Francisco, California 94115			

1. Amount of this installment	\$ 3,171.28
2. Amount of unused overpayment credit, if any, applied to this installment (see general instruction 8)	\$ 2,871.28
3. Amount of this installment payment (Line 1 less line 2)	\$ 300.00

If this is an original declaration-voucher, file even though line 3 is zero.

* Sign here Your signature
 Spouse's signature (If joint declaration)

CLIENT'S COPY

* Complete only if this is an original or amended declaration.

Return this voucher with check or money order payable to "Franchise Tax Board," Sacramento, California 95867.
To insure proper credit to your account, please enter your social security number on your check or money order.

BB-17-m-11





STATE OF CALIFORNIA
FRANCHISE TAX BOARD
 SACRAMENTO, CALIFORNIA 95867

**APPROVED
 TO
 OCT 15 1978**


Franchise Tax Board
 MARTIN HUFF
 Executive Officer

**APPLICATION FOR EXTENSION
 OF TIME FOR FILING RETURN OR
 DECLARATION OF ESTIMATED
 TAX**

FOR PERSONAL INCOME TAX ONLY
 (Corporate taxpayers use Form FTB 3504)

CLIENT'S COPY

THIS APPLICATION, IF APPROVED, MUST BE ATTACHED TO YOUR RETURN TO AVOID PENALTY

Name <u>Rev. James W. & Marceline M. Jones</u> <small>(First name(s) and initials) (Last name)</small>		Year Social Security Number <u>303 32 5942</u>		File in duplicate with the Franchise Tax Board, Sacramento, California 95867, on or before the due date for filing the return or declaration. See instructions on reverse side
Current Address <u>1859 Geary Blvd.</u> <small>(Number and street or rural route)</small>		Spouse's Social Security Number <u>306 24 2805</u>		
 <u>San Francisco, CA</u> <small>(City, town or post office) (State)</small>		<u>94115</u> <small>(Zip code)</small>		

OCT.
~~June~~ 15, 1978

1. An extension

CHECK ONE

- Individual income tax return, Forms 540 or 540NR. Be **sure** to enter your social security number(s) above.
 - Partnership return of income, Form 565. Enter Federal employer identification number
 - Declaration of estimated tax, Form 540ES. Be **sure** to enter your social security number(s) above.
 - Fiduciary income tax return, Form 541. Enter federal employer identification number
- If this is unknown, enter decedent's social security number in space above.

For calendar year 19 77, or other income year beginning _____ and ending _____

2. State in detail the reason the extension is needed (see instruction 3): Rev. James W. and Marceline M. Jones are residing in Guyana, South America. They are supervising a church-related missionary project in the jungle interior and are unable to conduct their business affairs in the United States at this time.

Signature and Verification (see instruction 7)

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

Signature of taxpayer _____ Date _____

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

- A member in good standing of the bar of the highest court of (specify jurisdiction)
- A certified public accountant or public accountant duly qualified to practice in (specify jurisdiction)
- A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)
- A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are.

Signature of preparer other than taxpayer Jan F. Brown Date 4/11/78

THE FRANCHISE TAX BOARD WILL INDICATE HEREON WHETHER THE EXTENSION IS GRANTED OR DENIED AND RETURN THE ORIGINAL TO YOU

NOTICE TO APPLICANT:

The application is approved if stamped approved with extension date shown. This form must be attached to the return or declaration when filed as evidence that the extension was granted. Interest accrues on the unpaid tax from the original due date of the return to the date of payment at 6 percent for the first year and 12 percent per year thereafter.

If the application is stamped "Denied", the reason for the denial is explained on the reverse side of this form at paragraph number _____. The return or declaration should be filed by the regular due date or within 10 days from the date of this notice, if the end of such 10-day period is later than the regular due date. Attach this application to the return or declaration to explain the delay in filing.

BB-17-m-12

RESIDENT
540



CALIFORNIA
INDIVIDUAL INCOME TAX

TAXABLE YEAR
1977

PLACE PREADDRESSED LABEL HERE, if available.
(Correct label if necessary)

Check Calendar Year
One: Fiscal Year Ending _____ 1978

NAME (if joint return, give first names and initials of both) **James W. & Marceline M.** LAST NAME **Jones**
PRESENT HOME ADDRESS (Number and street, including apartment number, or rural route)
P.O. Box 15157
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE
San Francisco, California 94115

FOR PRIVACY NOTIFICATION SEE PAGE 2 OF INSTRUCTIONS
Your Social Security Number **303 32 5942**
Spouse's Social Security Number **306 24 2805**

OCUPATION _____ Years _____
Spouse's _____

FILING STATUS

1 Single (Check Only One)
2 Married filing joint return (even if only one had income)
3 Separate return of married person—Enter spouse's social security number and full name here
4 Head of Household—Enter name of qualifying person (not yourself)
5 Widower with dependent child (Year spouse died 197__)

EXEMPTIONS CREDITS

6 Personal { If line 1 or 3 checked, enter \$25 }
 { If line 2, 4 or 5 checked, enter \$50 } 6 **50** 00
7 Dependents—Do not list yourself, your spouse or the person who qualifies you as head of household. Enter name and relationship.
STEPHEN
JAMES, JR Total Number **2** × \$8 = 7 **16** 00
8 Blind (refer to instructions) Number of blind exemptions 8 00
9 Total exemption credits (add lines 6, 7 and 8) Enter here and on line 20 9 **66** 00

ATTACH COPY OF FORM W-2 AND REMITTANCE HERE. (see assembly instructions, page 3)

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 4 } 10 **37,738** 57
11 Interest. Enter total (if over \$400, complete and attach Schedule B(540)) 11 **8891** 81
12 Dividends—before federal exclusion. Enter total (if over \$400, complete and attach Schedule B(540)) 12 **100** 37
13 Income other than wages, dividends and interest (from line 44) 13 **250** 00
14 Total (add lines 10 thru 13) 14 **46,980** 75
15 Adjustments to income (from line 52) 15
16 Adjusted gross income (subtract line 15 from line 14) 16 **46,980** 75

If you DO NOT itemize deductions AND line 16 is under \$15,000 do not complete lines 17 and 18. Find Tax in Tax Table and enter on line 18. If you itemize deductions or line 16 is \$15,000 or more, complete lines 17 and 18.

17 Deductions: Itemized (from line 60) OR STANDARD (\$1,000 if line 1 or 3 checked—\$2,000 if line 2, 4 or 5 checked) 17 **2000** 00
18 Taxable income (subtract line 17 from line 16) Compute tax from Tax Rate Schedule—Enter tax on line 19 18 **44,980** 75

19 Tax on (check one) Tax Table Tax Rate Schedule Income Averaging Schedule (G or G-1) 19 **3,197** 88
20 Total exemption credits (from line 9, above) 20 **66** 00
21 Tax liability (subtract line 20 from line 19—if line 20 is greater than line 19, enter zero) 21 **3,131** 88
22 Other credits (from line 66—including Special Low Income Tax Credit) 22
23 Net tax liability (subtract line 22 from line 21—if line 22 is greater than line 21, enter zero) 23 **3,131** 88
24 Other taxes (from line 69) 24
25 Total tax liability (add lines 23 and 24) 25 **3,131** 88

26 Renter's credit—if you lived in rented property on March 1, 1977, complete Part VI on page 2 26
27 Excess California \$81 tax withheld (see instructions, page 10) 27
28 1977 California estimated tax payments (see instructions, page 10) 28 **3,800** 00
29 Total California income tax withheld (attach W-2 or W-2P to face of this return) 29 **203** 16
30 Total (add lines 26 thru 29) 30 **6003** 16

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

32 If line 25 is smaller than line 30, enter amount OVERPAID 32 **2871** 28
33 Amount of line 32 to be REFUNDED TO YOU. Allow at least six weeks. → 33
Mail return to: **FRANCHISE TAX BOARD**
P.O. BOX 12540
SACRAMENTO, CA 95813

34 Amount of line 32 to be credited on your 1978 ESTIMATED TAX 34 **2871** 28

If you do not need State income tax forms and instructions mailed to you next year, See instructions, page 10, check here

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

P. V. Knudsen 6/7/78
Preparer's signature (other than taxpayer) Date
CROOK, MOORE & KNUDSEN
CERTIFIED PUBLIC ACCOUNTANTS
532 SO. SCHOOL STREET
UKIAH, CALIFORNIA 95482
1/D #94-1269208

SIGN ▶ Your signature **CLIENT'S COPY** Date
HERE ▶ Spouse's signature—if filing a joint return Date
Your Telephone Number ()

B3-77-1-13

NAME

IDENTIFICATION NO.

STATEMENT NO.

STATEMENT OF WAGES AND INCOME EARNED

YEAR ENDED 12/31/77

EMPLOYERS NAME	WHERE EMPLOYED	CODE	TOTAL WAGES	S.D.I.	F.I.C.A.	STATE INCOME TAX WITHHELD	FEDERAL INCOME TAX WITHHELD
STATE OF CALIF.	SANTA ROSA	W	8169.35			203.16	1409.97
DISCIPLES OF CHRIST CHURCH	SAN FRANCISCO	H	29,569.22		<1>	-	-
<1> No W-2 Form							
TOTAL			37,738.57				

CODE H (Husband)
W (Wife)

LESS MAXIMUM F.I.C.A. PAYABLE

EXCESS F.I.C.A.

TOTAL STATE WITHHELD 203.16

TOTAL FEDERAL WITHHELD 1409.97



FORM 508M

REVISED 10/72

BB-17-m-14

ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

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

Your social security number

Part I Interest Income

If you received more than \$400 in interest, complete Part I. Interest includes earnings from savings and loan associations, mutual savings banks, cooperative banks, and credit unions as well as interest on bank deposits, bonds, tax refunds, etc. Interest also includes original issue discount on bonds and other evidences of indebtedness (see page 17 of instructions). (List payers and amounts.)

COAST FEDERAL SAVINGS	179	33
IMPERIAL SAVINGS	174	24
SAVINGS BANK	506	49
✓	11	23
WELLS FARGO BANK	92	21
✓	92	21
✓	16	47
✓	265	89
✓	390	54
BANK OF AMERICA—BONDS	312	50
FINANCIAL SAVINGS	281	51
✓	281	51
✓	281	51
✓	53	72
✓	215	84
ALLEGATE SAVINGS	728	32
U.S. LIFE SAVINGS	174	67
FRONTIER SAVINGS	175	83
GIBRALTAR SAVINGS	234	25
GREAT WESTERN S&L	55	28
✓	286	70
FIRST FEDERAL S&L	320	28
GREATEL MIAMI S&L	251	80
DADE FEDERAL S&L	342	41
BANK OF MARIN	203	84
HOME FEDERAL S&L	19	24
ELLIOTT	74	49
BURNLEY	914	35
SNYDER	71	65
PUBLIC EMP RETIRE SYSTEM	1880	00
2 Total interest income. Enter here and on Form 1040, line 9.		8891 81

Part II Dividend Income

If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II (see Note below and page 17 of instructions). (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly.)

ANCHOR SPECTRUM FUND	100	37
ROBIFY	64.24	
Non-QUALIFY	36.13	
4 Total of line 3		100 37
5 Capital gain distributions (see page 18 of instructions. Enter here and on Schedule D, line 7). See Note below		
6 Nontaxable distributions (see page 18 of instructions)		
7 Total (add lines 5 and 6)		
8 Dividends before exclusion (subtract line 7 from line 4). Enter here and on Form 1040, line 10a.		100 37

Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 15.

Part III Foreign Accounts and Foreign Trusts

If you are required to list interest in Part I or dividends in Part II, OR if you had a foreign account or were a grantor of, or a transferor to a foreign trust, you must answer both questions in Part III. (See page 18 of instructions.)

- 1 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? Yes No
If "Yes," see page 3 of instructions.
- 2 Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in being during the current taxable year, whether or not you have any beneficial interest in such trust? Yes No
If "Yes," you may be required to file Forms 3520, 3520-A, or 926.

BB-17-m-15

PART I — Other Income

35	Business income (or loss) (attach Schedule C(540))	●	35	
36	Net gain (or loss) from sale or exchange of capital assets (attach Schedule D(540))	●	36	
37	Net gain (or loss) from supplemental schedule of gains and losses (attach Schedule D-1(540))	●	37	
38	Pensions and annuities	●	38	
39	Rents and royalties	} [ATTACH SCHEDULE E FORM (540)]	●	39
40	Partnerships		●	40
41	Estates and trusts		●	41
42	Farm income (or loss) (attach Schedule F(540))	●	42	
43	Miscellaneous income			
	(a) Fully taxable pensions and annuities (not reported on Schedule E(540))	43a		
	(b) Alimony	43b		
	(c) Other (state nature and source) <u>S.F. Housing Auth. Pkgs</u>	43c	<u>2500</u>	
	Enter total of lines 43(a), 43(b), and 43(c)			● 43 <u>2500</u>
44	Total (add lines 35 thru 43). Enter here and on line 13			● 44 <u>2500</u>

PART II — Adjustments to Income

45	Disability income exclusion (sick pay) if included in line 10 (see instructions, page 7—attach Form FTB 3805T)	●	45	
46	Moving expenses (see instructions, page 7—attach Form FTB 3805U)	●	46	
47	Employee business expenses (attach Form FTB 3805N)	●	47	
48	Military exclusion (see instructions, page 7)	●	48	
49(a)	Payments to an individual retirement arrangement (attach Form FTB 3805P)	49a		
	(b) Payments to a Keogh (H.R. 10) retirement plan	49b		
	(c) Payments to a self-employed "Defined Benefit Plan"	49c		
	Enter total of lines 49(a), 49(b), and 49(c)			● 49
50	Forfeited interest penalty (see instructions, page 8)	●	50	
51	Alimony (Paid to) (Social Security Number)	●	51	
52	Total adjustments (add lines 45 thru 51). Enter here and on line 15			● 52

PART III — Itemized Deductions —

● Attach Schedule A(540) and enter sub-totals on lines 53 thru 59, below

53	Total deductible medical and dental expenses (from Schedule A(540), line 10)	●	53	
54	Total taxes (from Schedule A(540), line 17)	●	54	
55	Total interest expense (from Schedule A(540), line 20)	●	55	
56	Total contributions (from Schedule A(540), line 24)	●	56	
57	Total casualty loss (from Schedule A(540), line 29)	●	57	
58	Total miscellaneous deductions (from Schedule A(540), line 33)	●	58	
59	Total adoption expenses (from Schedule A(540), line 35)	●	59	
60	Total itemized deductions (add lines 53 thru 59). Enter here and on line 17	●	60	

PART IV — Other Credits — SEE INSTRUCTIONS FOR EACH CREDIT CLAIMED BELOW (NONREFUNDABLE)

61	Special low income tax credit (see instructions, page 8)	●	61	
62	Solar energy tax credit (see instructions, page 9)	●	62	
63	"Other State" net income tax credit (attach copy of other state return and Schedule S(540))	●	63	
64	Child and dependent care expense credit (attach Form FTB 3805X)	●	64	
65	Water equipment tax credit (see instructions, page 9)	●	65	
66	Total (add lines 61 thru 65). Enter here and on line 22	●	66	

PART V — Other Taxes

67	Tax on preference income (see instructions, page 9—attach Schedule P(540))	●	67	
68	Tax on premature distributions from attached Form FTB 3805P	●	68	
69	Total (add lines 67 and 68) enter here and on line 24	●	69	

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

70	Did you, on March 1, 1977, live in rented property which was your principal residence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, you may not claim this credit
71	Was the property you rented exempt from property tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, you may not claim this credit
72	Did you live with any other person who claimed you as a dependent for income tax purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, you may not claim this credit
73	Did you or your spouse claim the homeowners' property tax exemption or receive public assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, see page 9 of instructions

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

NAME _____

TAXABLE YEAR ENDED 12/31/77

RECONCILIATION TO FEDERAL RETURN

ADJUSTED GROSS INCOME - FEDERAL	46,916.51
ADD	
Dividend Exclusion	6424
Non-Taxable Dividends - Federal	
Interest - Other States	
Capital Gain - State	
Capital Loss - Federal	
Payment to Keogh (H.R. 10) - Federal	
LESS	
Non-Taxable Dividends - State	
Interest - U. S. Government	
Capital Gain - Federal	
Capital Loss - State	
Military Pay Exclusion	
Payment to Keogh (H.R. 10) - State	
ADJUSTED GROSS INCOME - STATE	46,980.75

133-17-m-17



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
 SACRAMENTO, CALIFORNIA 95867

**APPROVED
 TO
 OCT 15 1978**
 Franchise Tax Board
 MARTIN HUFF
 Executive Officer

**APPLICATION FOR EXTENSION
 OF TIME FOR FILING RETURN OR
 DECLARATION OF ESTIMATED
 TAX**

FOR PERSONAL INCOME TAX ONLY
 (Corporate taxpayers use Form FTB 3504)

THIS APPLICATION, IF APPROVED, MUST BE ATTACHED TO YOUR RETURN TO AVOID PENALTY

Name <u>Rev. James W. & Marceline M. Jones</u> <small>(First name(s) and initials) (Last name)</small>		Your Social Security Number <u>303 32 5942</u>		File in duplicate with the Franchise Tax Board, Sacramento, California 95867, on or before the due date for filing the return or declaration. See instructions on reverse side
Current Address <u>1859 Geary Blvd.</u> <small>(Number and street or rural route)</small> <u>San Francisco, CA</u> <u>94115</u> <small>(City, town or post office) (State) (Zip code)</small>		Spouse's Social Security Number <u>306 24 2805</u>		

1. An extension of time until OCT. June 15, 1978 is hereby requested in which to file:
CHECK ONE
 Individual income tax return, Forms 540 or 540NR. Be sure to enter your social security number(s) above.
 Partnership return of income, Form 565. Enter Federal employer identification number.
 Declaration of estimated tax, Form 540ES. Be sure to enter your social security number(s) above.
 Fiduciary income tax return, Form 541. Enter federal employer identification number.
 If this is unknown, enter decedent's social security number in space above.

For calendar year 19 77, or other income year beginning _____ and ending _____

2. State in detail the reason the extension is needed (see instruction 3): Rev. James W. and Marceline M. Jones are residing in Guyana, South America. They are supervising a church-related missionary project in the jungle interior and are unable to conduct their business affairs in the United States at this time.

Signature and Verification (see instruction 7)
 If Prepared by Taxpayer.—Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Signature of taxpayer: _____ Date _____

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

- A member in good standing of the bar of the highest court of (specify jurisdiction) _____
- A certified public accountant or public accountant duly qualified to practice in (specify jurisdiction) _____
- A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)
- A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are _____

Signature of preparer other than taxpayer: Jan F. Brown Date 4/11/78

THE FRANCHISE TAX BOARD WILL INDICATE HEREON WHETHER THE EXTENSION IS GRANTED OR DENIED AND RETURN THE ORIGINAL TO YOU

NOTICE TO APPLICANT:
 The application is approved if stamped approved with extension date shown. This form must be attached to the return or declaration when filed as evidence that the extension was granted. Interest accrues on the unpaid tax from the original due date of the return to the date of payment at 6 percent for the first year and 12 percent per year thereafter.
 If the application is stamped "Denied", the reason for the denial is explained on the reverse side of this form at paragraph number _____. The return or declaration should be filed by the regular due date or within 10 days from the date of this notice, if the end of such 10-day period is later than the regular due date. Attach this application to the return or declaration to explain the delay in filing.

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

1977

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

Please Print or Type	Name (If joint return, give first names and initials of both)	Last name	Your social security number
	James W. & Marceline M. Jones		303 32 5942
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security number
	1859 Geary Blvd.		306 24 2805
	City, town or post office, State and ZIP Code		
	San Francisco, California 94115		

An automatic 2-month extension of time until June 15, 1978, is hereby requested in which to file Form 1040 for the calendar year 1977 (or if a fiscal year return until _____, 19_____, for the taxable year beginning _____, 1977, and ending _____, 1978).

1 Total tax you expect to owe for 1977 (see instruction C)	\$ 23,000.00
2 Federal income tax withheld	0
3 1977 Estimated tax payments (include 1976 overpayment allowed as a credit)	23,000.00
4 Other payments (see instruction C)	0
5 Total (add lines 2, 3, and 4)	23,000.00
6 BALANCE DUE (subtract line 5 from line 1). Pay in full with this application	23,000.00

Signature and Verification

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

Your signature _____ Date _____

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

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

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

Jean F. Brewer _____ Date 4/11/78
 Signature of preparer other than taxpayer

See Instructions on reverse

Form 4868 (1977)

BB-17-V