# Richard Nixon Presidential Library White House Special Files Collection Folder List

Box Number	Folder Number	<b>Document Date</b>	<b>Document Type</b>	<b>Document Description</b>
14	6	04/10/1974	Financial Records	Doctument from State of CA Franchise Tax Board to RN & PN regarding additional tax to be paid. Includes carbon copies. 3pgs.
14	6	04/11/1974	Letter	Letter from the law offices of Willis, Butler & Scheifly signed by Dean S. Butler regarding RN & PN & the franchise tax board. 4pgs.
14	6	04/11/1974	Financial Records	"Notice of Action on Taxpayer's Protest" from the Franchise Tax Board regarding RN &PN taxes in 1969. 1pg.
14	6	04/11/1974	Financial Records	"Notice of Action on Taxpayer's Protest" from the Franchise Tax Board regarding RN & PN taxes in 1970. 1pg.
14	6	04/11/1974	Letter	Copy of letter from Dean S. Butler at Willis, Butler &Scheifly law offices to franchise Tax Board RE RN & PN taxes. 1pg.
14	6	05/13/1974	Letter	Letter to Fred Buzhardt from Fred L. Leydorf at Willis, Butler & Scheifly RE copies of letters being sent to him from 04/30/1974 from Frank DeMarco, Jr. & 04/25/1974 from Mario A. Procaccino. 1pg.

Wednesday, October 07, 2009 Page 1 of 3

Box Number	Folder Number	<b>Document Date</b>	<b>Document Type</b>	<b>Document Description</b>
14	6	05/06/1974	Letter	Copy of letter to H. Champan Rose from Dean S. Butler RE RN's non-resident CA tax returns from 1969-1972. 1pg.
14	6	04/30/1974	Letter	Copy of letter from Dean S. Butler to Franchise Tax Board RE non-resident CA tax returns. 1pg.
14	6	05/03/1974	Letter	Copy of letter from Dean S. Butler to Franchise Tax Board authorizing the release of info RE RN's tax return. Includes copy of news release from Tax Board. 3pgs.
14	6	02/05/1969	Memo	Memo to Haldeman from Bud Krogh RE "residence requirement for District of Columbia". 1pg.
14	6	n.d.	Form	Form D-4-A RE Certificate of No- nResidence in the District of Columbia. Includes handwritten notations. 2pgs.
14	6	02/03/1969	Memo	Memo from Jean Robb to Krogh RE D.C. tax forms. 1pg.
14	6	n.d.	Memo	Author and recipient unclear. RE DC Auditor's(?) Office and resident status of personnel. 1pg.

Wednesday, October 07, 2009 Page 2 of 3

<b>Box Number</b>	Folder Number	<b>Document Date</b>	<b>Document Type</b>	<b>Document Description</b>
14	6	n.d.	Form	Instruction sheet for 1968 income tax return for DC. 4pgs.
14	6	04/30/1974	Letter	Copy of letter to Fred Buzhardt from Frank De Marco, Jr. RE workmen's compensation insurance. 1pg.
14	6	04/25/1974	Letter	Copy of letter to RN from Mario A. Procaccino RE NY state income taxes from 1969. 1pg.
14	6	1969	Financial Records	Copy of RN's CA individual income tax return for 1969. 21pgs.

Wednesday, October 07, 2009 Page 3 of 3



NOTICE OF ADDITIONAL TAX PROPOSED TO BE ASSESSED

0 3207792

Date

April 10, 1974

2

RICHARD M. AND PATRICIA R. NIXON The White House Washington, D.C. 20500

567680515

Income year

Taxable year 1970

Serial No. Amount

195.85

Ind. Code

. 22

Rev. Code

3432300: JM: VM

In accordance with the provisions of the Revenue and Taxation Code, notice is hereby given that a deficiency is proposed to be assessed for the taxable year and in the amount shown above. Details of the proposed assessment are set forth below.

Taxable Income	\$9,544.00
Total tax	176.32
Credit for personal exemptions (6)	19.64
Tax bag at all pages	156.68
Penalty, Section 18681, failure to file return, 25%	39.17
Total tax and penalties	195.85

Income from California sources as determined from the report of the Joint Committee on Internal Revenue Taxation, plus royalty income from prior California services. See attached schedule.

cc: Dean S. Butler

IF YOU AGREE to the proposed assessment you should promptly remit the amount of additional liability plus interest at six percent a year on the amount of additional tax from the original due date of the return to the date of payment, unless specified differently above. (The amount of interest, if included above, is computed only to the date indicated.) The remittance should be made payable to the FRANCHISE TAX BOARD.

IF YOU DO NOT AGREE to the proposed assessment you may file a protest with the Franchise Tax Board within 60 days of the date of this notice (see the reverse side of this form). Otherwise, this proposed deficiency assessment will become final at the expiration of the 60-day period.

59778-400 1-72 75M SEXT (T) OSP



NOTICE OF ADDITIONAL TAX PROPOSED TO BE ASSESSED

03207792

Date

April 10, 1974

RICHARD M. AND PATRICIA R. NIXON The White House Washington, D.C. 20500

567680515

Income year Taxable year

1970

Serial No. Amount

195.85

Ind. Code Rev. Code

3432300: JM: VM

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cc: Dean S. Butler

### REMITTANCE TRANSMITTAL COPY

This copy is for your convenience when forwarding your remittance. Interest should be included at six percent a year on the amount of additional tax from the original due date of the return to the date of payment unless specified differently above. The remittance should be made payable to the FRANCHISE TAX BOARD.

03207792

Date

April 10, 1974

RICHARD M. AND PATRICIA R. NIXON The White House Washington, D.C. 20500

567680515

Income year Taxable year

1970

Serial No. Amount

Ind. Code Rev. Code 195.85

3432300: JM: VM

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# LAW OFFICES WILLIS, BUTLER & SCHEIFLY

ARTHUR B. WILLIS
JOHN E. SCHEIFLY
IRVING M. GRANT
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JOHN J. BARCAL
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NEAL S. MILLARO

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FRED L.LEYDORF
DUDLEY M. LANG
MICHAEL I. BLAYLOCK
DAVID R. DECKER
CHARLES R. AJALAT
DAVID L. CASE

2014 FLOOR
CITY NATIONAL BANK BUILDING
606 SOUTH OLIVE STREET
LOS ANGELES, CALIFORNIA 90014
TELEPHONE (213) 620-1650

April 11, 1974

Franchise Tax Board 1025 "P" Street Sacramento, California 95814

Re:

Richard M. and Patricia R. Nixon Reference 3432300JMVM

### Gentlemen:

We are in receipt of your Notice of Additional Tax proposed to be assessed to the above taxpayers for the taxable years 1969 and 1970, inclusive.

The indications at this time are that the adjustments giving rise to the proposed tax are generally acceptable to the taxpayers and that it should not be necessary to file a protest in this regard, except that the taxpayers do not agree with the penalty proposed for the year 1969 in the amount of \$1,026.76 based upon a failure to file a tax return for 1969. It is the taxpayers' contention that the failure to file a tax return for 1969 was in reliance on the advice and opinion of competent counsel who had been supplied all of the information required to enable them to reach an opinion as to the necessity of filing a California Income Tax Return.

With reference to tax matters the taxpayers had engaged attorney Frank DeMarco and Arthur Blech, CPA, as their advisors. A great bulk of the information required was routinely available to Mr. DeMarco, as he and his firm and his partner, Herbert Kalmbach, represented President Nixon as his personal attorney in California. The information available to Mr. DeMarco, and hence to Mr. Blech, was complete in all respects insofar as it was necessary for them to determine the responsibilities for filing an income tax return in California. After careful examination of all of the facts and information, Mr. DeMarco concluded that the President and Mrs. Nixon were not residents of California for the purpose of requiring the filing of California Resident Income Tax Return. Mr. DeMarco and Mr. Blech further examined the nature and sources of income realized

Franchise Tax Board

April 11, 1974 Page Two

by the taxpayers in 1969 and determined that the only income which could be attributable to California was a rental income from property owned in Whittier, California in the amount of \$700 which was offset by appropriate deductions attributable to this property that resulted in an overall loss from this activity in the amount of \$5,699. In the light of these circumstances, it was concluded that a nonresident return was not required. Acting on this information a memorandum was prepared by Mr. DeMarco on April 8, 1970, and transmitted to the White House reflecting these conclusions. In accordance with this memorandum, no return was prepared for 1969. A copy of that memorandum is attached for your information.

By virtue of subsequent developments, it has been determined by your office that an income attributable to California did exist in 1969 by virtue (a) an allocation of salary and related compensation with reference to the fact that the President does devote a portion of his time while in California to the conduct of his office, and (b) a determination that some of the improvements to the President's home in San Clemente were personal in nature and had been paid for by the United States Government without reimbursement by the President.

Mr. DeMarco was intimately acquainted with the nature and extent of the improvements which were made at San Clemente. It is obvious from his conclusions that he did not regard this as income to the President as there were no circumstances at that time which would have caused that implication. It is also clear that Mr. DeMarco was intimately acquainted with all of the facts and circumstances surrounding the purchase and occupancy of the home at San Clemente. He, in fact, represented the President and Mrs. Nixon in the preparation of the documents for the purchase and was as aware as anyone could be at that time of their probable use of this property. During 1969 the property was acquired to provide the Nixons with a second home which they might visit from time to time primarily for the purpose of vacation, and to which they would ultimately retire as a permanent home following his service in Washington. There was also, at that time, the contemplation that some portion of the property might be ultimately used as a site for the Richard Nixon Foundation. By virtue of the expected visits by the President and Mrs. Nixon the improvements were made to provide appropriate security and communication. improvements were not dissimilar from improvements that are made in any location which might be visited by the President for however brief a period of time. There was no decision or indicated intention that this property would develop as a base for the regular performance of any duties by the President or develop into what is generally termed a "Western White House".

Franchise Tax Board

April 11, 1974 Page Three

During the year 1969, the President and Mrs. Nixon occupied the San Clemente premises on only one occasion for any significant period of time. This was during the period from August 9th through September 8th. The other brief days of visit to California were either during the process of acquiring the property or for two days at the end of the year on a casual visit. The occupancy during the August-September period commenced immediately following the completion of the improvements and furnishing of the home were primarily with reference to a vacation period and a visit as a matter of personal interest to see and enjoy the new home as it was available. during this period of occupancy the President did conduct the affairs of State as necessary in the same sense that he would have at any location during a vacation or rest period. A log of his activities was maintained, this fact was known to Mr. DeMarco as well as the fact that log was available. There were no facts or circumstances relative to the occupancy during 1969 which were not available to Mr. DeMarco. Mr. DeMarco did not construe what he deemed to be a vacation or casual visit as a type of event which would give rise to
the need for an allocation of compensation income to the State of California.

It is noted that a similar penalty for failure to file is proposed with respect to the taxable year 1970. It is not, however, requested that this penalty be waived or abated as an investigation of the facts disclose that there was royalty income during this period which is properly attributable to a California source and would require the filing of a California Nonresident Return. Although the taxpayers hereto relied upon advice of counsel, the situation here is distinguishable in that counsel was not supplied with all of the pertinent information with regard to the royalty payment in that they did not know that the book to which this royalty was attributable was, in fact, prepared in California and the contract for its publication was executed in California. Accordingly, this penalty would appear to be appropriate by virtue of the taxpayers' failure to supply the advisors with all necessary information.

In the light of the foregoing, we respectfully request that the penalty proposed for 1969 be waived and abated and request that we be advised promptly of your decision in this matter in order that a determination can be made relative to the need to protest the proposed assessment.

The undersigned hereby states that a substantial part of the foregoing information was obtained from Mr. Frank DeMarco and Mr. Arthur Blech and that other information was developed from public sources, such as press conferences or published reports of various committees or agencies. Subject to the reliance on these sources of information, Franchise Tax Board

April 11, 1974 Page Four

the undersigned hereby states under penalty of perjury that the facts contained herein are to the best of his knowledge or belief, true and correct.

Very truly yours,

DEAN'S BUTLER

DSB:cmn



RICHARD M. AND PATRICIA R. NIXON The White House Washington, D.C. 20500

567680515

Date

April 11, 1974

Re proposed assessment: Number 03207791

Dated

April 10, 1974

Income year

Taxable year 1969 Revenue code 3432300:JM:VM

Status code

· You are hereby notified that the Franchise Tax Board has reconsidered the computation of the proposed assessment referred to above and has acted upon the protest. The notice of proposed assessment has been revised as follows:

Taxable Income Total tax Credit for personal exemptions \$55,553.00 4,115.30 8.26

4,107.04

cc: Dean S. Butler City National Bank Building 606 S. Olive Street, 20th Floor Los Angeles, CA 90014

IF YOU AGREE to the proposed assessment as revised you should remit the amount of the additional liability. The payment should include interest from the due date of the return to the date of payment at six percent a year on the amount of the additional tax. (The amount of interest, if included above, is computed only to the date of this notice.) The remittance should be made payable to the FRANCHISE TAX BOARD.

IF YOU DO NOT AGREE to the proposed assessment, as revised, you may file an appeal with the State Board of Equalization within 30 days of the date of this notice (see the reverse side of this form). Otherwise, this action will become final and a notice (formal legal demand) for the payment of the additional liability will be mailed at the expiration of the 30-day period.

FTB 5931 (9-71)

SEPT AT OSP



RICHARD M. AND PATRICIA R. NIXON The White House Washington, D.C. 20500

assessment has been affirmed as follows:

567680515

Date

April 11, 1974

Re proposed assessment:

Number

03207792

Dated

April 10, 1974

Income year

Taxable year 1970 Revenue code 3432300:JM:VM

Status code

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Taxable Income	\$9,544.00
Total tax	176.32
Credit for personal exemptions	19.64
Tax	156.68
Penalty, Section 18681, failure to file return, 25%	39.17
Total tax and penalties	195.85

cc: Dean S. Butler Willis, Butler & Scheifly 606 S. Olive, 20th Floor Los Angeles, CA 90014

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SEPT AT OSP

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20TH FLOOR
CITY NATIONAL BANK BUILDING
606 SOUTH OLIVE STREET
LOS ANGELES, CALIFORNIA 90014
TELEPHONE (213) 620-1650

April 11, 1974

Franchise Tax Board
State of California
1025 P Street
Sacramento, California 95814

Re:

Richard M. and Patricia R. Nixon

Rev. Code 3432300:JM:VM

### Gentlemen:

On behalf of the foregoing taxpayers, and acting pursuant to a Power of Attorney previously filed with your office, I advise you that I am in receipt of notices of additional tax to be assessed for the taxable years 1969 and 1970. I can advise you that the adjustments and the resulting tax in the amount of \$4,107.04 for the year 1969, and for a tax in the amount of \$156.68, plus a penalty of \$39.17 for the calendar year 1970 are acceptable to the taxpayers, and no protest will be filed in this matter.

In order that your files and records may be complete, tax returns will be prepared in accordance with your determinations, and the resulting tax and the penalty for the year 1970 will be remitted promptly.

Thank you for your courtesy and cooperation in giving this matter the priority attention that these circumstances required.

Yours very truly,

DEAN S. BUTLER

DSB:bws

## LAW OFFICES WILLIS, BUTLER & SCHEIFLY

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DEAN S. BUTLER FRED L. LEYDORF DUDLEY M. LANG MICHAEL I. BLAYLOCK DAVID R. DECKER CHARLES R. AJALAT DAVID L. CASE

ZOTH FLOOR CITY NATIONAL BANK BUILDING 606 SOUTH OLIVE STREET LOS ANGELES, CALIFORNIA 90014

TELEPHONE (213) 620-1650

May 13, 1974

Mr. J. Fred Buzhardt Counsel to the President The White House Washington, D.C. 20500

Dear Mr. Buzhardt:

In accordance with the request you made at our meeting last Saturday, I enclose for your files copies of the following letters:

- Letter dated April 30, 1974, addressed to you from Frank DeMarco, Jr., relating to the possible necessity of workmen's compensation coverage for salaried employees of President and Mrs. Nixon.
- Letter dated April 25, 1974, addressed to The President from Mario A. Procaccino, Commissioner of the Department of Taxation and Finance of the State of New York. This letter raises the possibility of New York State income taxes being due from The President for the year 1969.

I will follow through on the questions relating to the workmen's compensation problem, and Dean Butler will be devoting his attention to the New York State income tax problem. We will plan to keep you informed of any significant developments as they arise.

ERED I Sugar

FLL:mlm Enclosures LAW OFFICES

## DEMARCO, BARGER & BERAL

515 SOUTH FLOWER STREET, SUITE 4400 LAS ANGELES, CALIFORNIA 90071 TELEPHONE (213) 680-2811

April 30, 1974

NEWPORT CENTER OFFICE 550 NEWPORT CENTER DRIVE, SUITE 900 NEWPORT BEACH, CALIFORNIA 92660 TELEPHONE (714) 644-4111

OF COUNSEL
SHERWOOD C. CHILLINGWORTH
THOMAS W. NORTON

PLEASE REFER TO OUR FILE NUMBER:

FRANK DEMARCO, JR.
RICHARDS D. BARGER
HAROLD BERAL
ROBERT H. MORRISON
RICHARD C. GREENBERG
THOMAS D. PECKENPAUGH
ALAN R. WOLEN
LARRY B. THRALL
TERRY L. RHODES
OAKLEY C. FROST
WESTON L. JOHNSON
BRUCE E. HARRINGTON
A. DWAIN WHITE
ROBERT H. FORWARD, JR.
RICHARD S. CROWLEY
F. SCOTT JACKSON
HOWARD S. BLUSHER
THOMAS J. BARRACK, JR.
KENT KELLER
BRADLEY K. MATTEN
HARRY S. STAHL
THOMAS G. WILKINSON

Mr. J. Fred Buzhardt
Counsel to the President
The White House
Washington, D.C. 20500

Re: Workmen's Compensation Insurance

Dear Fred:

In connection with the San Clemente property, a California workmen's compensation insurance policy was obtained to cover Brigido Garcia, the caretaker of the property. That policy was issued by Great American Insurance Company, being its policy number C7364205. The current term of the policy will expire December 18, 1974 and covers only employees in California.

The District of Columbia labor authorities have advised Arthur Blech that if the President or Mrs. Nixon is going to employ a salaried employee, it will be necessary for a workmen's compensation insurance policy to be issued for the District of Columbia. During 1973, Mrs. Nixon did employ Rita DiSantis, and accordingly an unemployment insurance return was filed by Mr. Blech. We have been advised that Mrs. DiSantis is no longer a salaried employee. If that is the case, no District of Columbia workmen's compensation policy need be obtained. If the President or Mrs. Nixon is going to continue to have a salaried employee at the White House or elsewhere in the District of Columbia, a second policy should be issued to cover the District. The local insurance broker, Corley Company, has advised that it would be more proper for Ned Sullivan to obtain such a policy if one is required. By a copy of this letter I am advising Ned Sullivan to check with you to determine whether or not such policy need be written.

Should you have any questions, please call me.

Very truly yours,

FRANK DE MARCO, JR.

For the Firm

FDM:gem

cc: Kenneth W. Gemmill, Esq. Mr. Edward O. Sullivan



# STATE OF NEW YORK DEPARTMENT OF TAXATION AND FINANCE ALBANY, NEW YORK 12227

# MARIO A. PROCACCINO COMMISSIONER OF TAXATION AND FINANCE PRESIDENT TAX COMMISSION

### PERSONAL AND CONFIDENTIAL

April 25, 1974

The Honorable Richard M. Nixon The President The White House Washington, D. C. 20500

Dear Mr. President:

From information in our possession, there appears to be a possibility that New York State income taxes may be due from you for the year 1969.

We have searched our records carefully, but we cannot seem to locate a return for that year.

If a report was filed, and if income taxes were paid, we would appreciate it if you could provide us with a copy of the return or supply us with other information which would help us to trace and locate the return. If, on the other hand, a return was not filed, we would ask you to please do so now, either as a nonresident or resident—whichever you deem appropriate. Forms and schedules are enclosed for your convenience.

Upon receipt of these reports, which may be addressed to me personally, they will be processed immediately and we will advise you accordingly.

Thank you for your anticipated cooperation.

Respectfully yours

Mario A. Procaccino

Commissioner

Enclosures

# LAW OFFICES WILLIS, BUTLER & SCHEIFLY

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20th FLOOR
CITY NATIONAL BANK BUILDING
606 SOUTH OLIVE STREET
LOS ANGELES, CALIFORNIA 90014

TELEPHONE (213) 620-1650

May 6, 1974

H. Chapman Rose, Esquire Reavis, Pogue, Neal & Rose 1100 Connecticut Avenue, N.W. Washington, D. C. 20036

Dear Mr. Rose:

In Mr. Gemmill's absence I am forwarding to you copies of President Nixon's California Nonresident Income Tax Returns which were filed with the Franchise Tax Board for the years 1969 through 1972. I am also including a copy of my Waiver of Disclosure for the year 1973 which resulted in a press release by Martin Huff, a copy of which is also enclosed.

I am also sending a set of the same papers to Mr. Buzhardt and I am sure between the two of you copies, as necessary, will be available to the President. If you feel Mr. Gemmill should receive copies of the enclosed, please let me know and I will forward them to him.

Sincerely,

DEAN'S. BUTLER

DSB:cmn Enclosures

cc: J. Fred Buzhardt Frank DeMarco Arthur Blech

# LAW OFFICES WILLIS, BUTLER & SCHEIFLY

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CITY NATIONAL BANK BUILDING
606 SOUTH OLIVE STREET
LOS ANGELES, CALIFORNIA 90014
TELEPHONE (213) 620-1650

April 30, 1974

Franchise Tax Board
P. O. Box 1468
Sacramento, California 95807

Attention: Martin Huff

Re: Richard M. and Patricia R. Nixon

Nonresident California Income Tax Returns for 1969, 1970, 1971 and 1972

## Gentlemen:

I am enclosing herewith the above referenced Nonresident Income Tax Returns which have been executed by me on behalf of the taxpayers under the authority of a power of attorney. A copy of this power of attorney has previously been forwarded.

I am also enclosing checks in payment of the tax, interest, and penalty, if any, with reference to your earlier notice of proposed assessment. Check Number 20837 represents a payment with respect to the taxable year 1970. The interest indicated thereon is in accordance with a discussion with your office for interest to May 1, 1974.

Check Number 20836 should be applied with respect to the tax and interest for the year 1969. As indicated in our telephone conversation, this check is, however, in error as to amount since we had failed to consider the special tax credit applicable to 1969 at the time of requesting this check. I would like to ask that you apply it toward the tax as calculated in the enclosed return and the appropriate amount of interest and that any balance be refunded to the tax-payers and directed to my attention.

The returns for the years 1971 and 1972 do not, of course, reflect any tax but are being filed at this time as a matter of routine procedure. If there are any questions, please let me know. Thanks again for your cooperation. Hopefully, this matter is now resolved.

Sincerely,

DEANS. BUTLER

DSB:cmn Enclosures





# GALIFORNIA INDIVIDUAL INCOME TAX RETURN

TAXABLE YEAR 1969

	- For Nonresident and	Harr-16	ar kesident	raxba.	yers		-		
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	OR POST OFFICE	STATE		Z	IP CODE	Spouse's occ	upatio	on L	PART.
Washin	ngton	D.	C.		20500				AUDIT
nonresident at e	nd of your taxable year, of what state are you a res	sident?		110	If part	-year reside	nt, e	nter date Cal	ifornia
sidence establishe	ed and/or	r date Calif	fornia residence	terminate	d				
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active member of	of U.S. armed forces, check box [] and enter "10	00%" on f	ines 12, 13 and	19.					
	fornia return for last year? No If none						***		
1. Filing Status-	—check one: Single; Separate return—marri						*****		
	⊠ Married, filing joint return; □ U	Inmarried "	head of househ	old"—Con	iplete Part I,	page 2.			-
2. DEPENDENTS	NAME (give address if different from you	urs)			1000000	TIONSHIP		ruyes.	
Do NOT list you spouse					Day	ghter		ENTER NUMBER OF	
Do NOT list perso fies you as Head	n who quali- of Household							DEPENDENTS LISTED ->	1
3. BLIND		tions page	6) Fotor m	imher of h	olind exempti	ons ——	_	L121LU 7	
FINANCE	r of exemptions claimed for dependents and blind (t		The second secon	-			tion		0
	from all sources in Column "A". List all income whi						-		n "B"
	5. Wages, salaries, tips, etc. (before payroll dedu	uctions) (if	more than one o	employer,	list in Part I		1	S. AUT.	
Income	Employer's name		re employed (city a		A. To	tal Income	1	B. California Inc	1
If joint return,	Part II, Page 2	T MIDN IN I				, 460		27,171	
include all	6. Dividends (if over \$100, list in Schedule B (540				6				
income of both	7. Interest (if over \$100, list in Schodule B (540 Mi				-/		0	38,969	
husband and wife	8. Other income (from page 2, Part III, item 5) 9. Total (add lines 5 through 8)				9		+	66.140	-
*	10. Adjustments to income (from page 2, Part IV, i								
	11. Adjusted gross income (subtract line 10 from				11	-	-	66,140	-
**************************************							+	00,110	
	<ul><li>12. Percentage of California income (Cot. B ÷ Cot.</li><li>13. If you itemize deductions, enter total from Sche</li></ul>					,			
Taxable	If you do not itemize deductions, enter total from some			JOIEMINI D			2	10,587	
Income	(1) Separate return of single or married tax			% (from	line 12)	}   1	3 •	10,501	
	(2) Joint return of married couple, or head o					2)			
	14. Taxable Income (Subtract line 13 from line 11.)						4	55,553	
	15. Tax (Figure your tax on the amount shown at lin-						5	4,115	No.
	16. Personal Exemption Single-\$25. Married coupl					501		on town for the state of	
	17. Multiply total number of exemptions on line 4					8			
	18. Total (add lines 16 and 17)					58			
Very	19. Allowable exemptions (line 18 ×%				THE RESERVE THE PARTY OF THE PA	1	9	8	26
Your Tax,	20. Net tax (subtract line 19 from line 15)			II.		2	0	4,107	04
Credits	21. Less special tax reduction (from page 2, Part						21 =	200	00
and Payments	22. Tax Hability (subtract line 21 from line 20)						22	3,907	04
Payments	23. Credit for net income taxes paid to State of					2	23 •	-	
	Attach copy of other state return (see instructions)  24. Net tax Hability (if \$1.00 or less, enter zero) .				W. 1 - 20		4 1	3,907	0.4
	25. 1969 California estimated tax payment or cred						100	3, 707	O-T
	26. California tax withheld at source (list withhold)						-		
	27. Total prepayments (add lines 25 and 26) .						7		
Balance Dua	28. If payments (line 27) are less than tax (line						_	3,907	04
or Refund	29. If payments (line 27) are larger than tax (line 29).								0.3
			ALC: UNITED BY				-	not write in the	se spare
lief it is true, ogreco	ery. I declare that I have examined this return, including according an example to the present by a person other than texpayer, h	is dictoration	is based to all to	Coranation un	which he has	any knowledge			
ion No	whatere—If bline founds, BOTH emist sign Date,	N	ANGU	666					
1511 P Your s	emature-If bling founds, BOTH must sign Date	Signati	we at preparer other			1.1.	1		
ere	Charles 11 K. H. W. T.	£	ARTHUR BU			11/74			
Make Basi	SpleButler as Attorney In Fac	BOARD	CERTIFIED PU			24.00	-		
Manda Admin	DE DETRETY SACRAMENTA CALLEDON	IA DERI	5900 WI	LSHIRE F	ILVD.		1		

PART I. Head of Household If claims	d, answer the foll	owing questions-	(See Instructions, page 6)		
Check one: Never married; Individual who qualified you as head Name she file a joint return with spouse? Did this person reside in your hom	of household:	Relationship	Age Is this parties as your dependent for the c	erson married?_ alendar year 19	If yes, did he or 69?
Total amount necessary to maintain	household \$			bute? \$	
Include income from all sources in PART II. Wages, salaries, tips, etc. (be Employer's name United States Governm Executive Branch	fore payroll dedu	ctions) Where en	ched	A. Yotal Income 240,460	B. California Income 27,171
Total wages, etc. Enter here and on page				240,460	27,171
PART III. Other income  1. Business income (Sched. C (540))  2. Sale or exchange of property (Sched. D (540))  3a. Pensions and annuities	•••••••	8. California	PART IV. Adjustments to income  1. "Sick pay" if included in line 5, pag 1 (attach statement)  2. Employee business expense (attac statement)  3. Military exclusion (maximum \$1,00)  4. Total adjustments (items 1 through 3	))	B. California
d. Estates and trusts		* 322 * 43,636 * 38,969	Mote: Adjustments to income attributable to Californ must be directly related to California income.		
1. Taxable income (from page 1, line 14) 2. Amount (if any) entered on Schedule D ( 3. Adjusted taxable income (subtract line 4. Tax on amount on line 3, from Tax Ra 5. Allowable exemption credits (from page 6. Adjusted net tax (subtract line 5 from 17. 10 percent of line 6—not to exceed \$ return. (Enter her	Net Tax (from page 540), Part I, line 1 2 from line 1) . te Schedule on page 1, line 4)	age 1, line 20) and 0 ge 8 of instructions arried filing separate	complete line 7.	r married filling jol	4,10704

# HOW TO PREPARE YOUR RETURN

If you were a resident of California for part of the taxable year and a nonresident for the remainder of the year, or were a nonresident for the entire taxable year, file your return on Form 540NR and attach the following schedule(s) as required—

-Schedule A(540NR)-if you itemize deductions

TOTAL STREET WHEN

- -Schedule B(540NR)-if you had dividend or interest income over \$100
- -Schedule C(540) -if you had income or loss from a business or profession
- -Schedule D(540) -if you had sales or exchanges of property
- -Schedule E(540) --if you had income from pensions, annuities, rents, royalties, partnerships, estates, trusts or other sources
- -Schedule F(540) -if you had income or loss from a farm





# ITEMIZED DEDUCTIONS

See instructions on back.

Attach to Form 540NR

Name and social security number(s) as shown on Page 1 of Form 540NR

RICHARD M. and PATRICIA R. NIXON

567-68-0515

Taxable Year

1969

During the period of nonresidence no deduction may be taken which is attributable to property or business located outside of California, alimony is not deductible, and all other deductions must be directly related to California income. See instructions on back for limitations on allowance of specific deductions.

7. Enter 3% of line 11, Form 540NR  8. Subtract line 7 from line 6 (if less than zero, enter zero)  9. Total (add lines 1 and 8)  10. Total expense paid or incurred (Attach Itemized list)  11. Enter 3% of line 11, Form 540NR  12. Subtract line 11 from line 10 (See instructions for maximum limitations)  Taxes.—Real estate  State and local gasoline  General sales  Auto license (excess of registration fee)  Personal property  17. Total interest expense  17. Total interest expense  18. Miscellaneous deductions—for child care, alimony, union dues, casualty losses, etc. See instructions  17. Total interest expense  18. Miscellaneous deductions—for child care, alimony, union dues, casualty losses, etc. See instructions  18. Subtract line 11, Form 540NR  19. Subtract line 11 from line 10 (See instructions)  19. Subtract lin	Medical and dental expense (not commedicine and drugs, doctors, dentists, of for medical care, etc.  1. One-half of insurance premiums for medical care (but not more than \$150)  2. Total cost of medicine and drugs  3. Enter 1% of line 11, Form 540NR  4. Subtract line 3 from line 2 (if less than zero, enter zero)  5. Itemize other medical, dental expenses (include balance of insurance premiums not deductible on line 1)	aurses, hospital care, A. Total	Insurance premiums  B. California	Schodula Attached		
15. Other than cash less instructions for required statements. Enter total free required from 5-40-810 [Instructional purchases]  [Instructional						750
18. Total contributions (add lines 14 and 15.				15. Other than cash (see instructions for	A PART OF THE PART	-
Interest expense—Home mortgage Installment purchases Other (Itemize)  6. Total (add lines 4 and 5)	*			18. Total contributions (add lines 14 and 15—maximum deduction may not		750
8. Subtract line 7 from line 6 (if less than zero, enter zero)	6. Total (add lines 4 and 5)			Installment purchases		
9. Total (add lines 1 and 8)	8. Subtract line 7 from line 6 (if less					
Taxes.—Real estate	9. Total (add lines 1 and 8)		. 1	Miscellaneous deductions—for child care, alimony, union dues, casualty losses, etc. See instructions		
Auto license (excess of registration fee)  Personal property  State disability insurance (SDI)  18. Total miscellaneous deductions  19. TOTAL DEBUCTIONS (add lines 9, 12, 13, 16, 17 and 18, column 8—enter here and on Form 540NR, page 1, line 13)  10, 587	Taxes.—Real estate				`	
13. Total taxes	Auto license (excess of registration fee) Personal property	Schedule	Attached —			
	19 Total know		0.022			10 500
			7,001	Commit b card here and on rorll 34	orm, page 1, this 13)	10,587

# Richard M. and Patricia Nixon Income as Nonresidents of California

	Calendar Years						
•	1969	1970	1971	1972			
Income							
Apportionable income Presidential salary & allowance Personal use of gov't. airplanes Total	\$236,459 4,001 240,460	\$250,000 <u>9,276</u> 259,276	\$250,000 4,636 254,636	\$250,000 9,102 259,102			
Less business expenses	•			Own			
Total to be apportioned Apportionment formula Income apportioned to Calif.	240,460 39/345 \$ 27,171	259,276 55/365 \$ 39,072	254,636 51/365 \$ 35,572	259,102 34/366 \$ 24,072			
California income Residual compensation Interest (1)	_ 11 _			<b>u</b> ton			
Improvements to San Clemente Income Mother's Estate	<b>43,</b> 625 322	15,635	6,963	391			
Whittier rental Gain on sale of San Clemente	(5,699)	(6,188)	(5,715)	(6,448)			
<pre>property (50% NLTCG) Royalty income (2)</pre>	710	58,918 8,880	367				
ADJUSTED GROSS INCOME	\$ 66,140	\$116,317	\$ 37,187	\$ 18,015			
Deductions	*						
California contributions UCLA Alumni Ass'n Whittier College Nixon Foundation (3) E. Whittier Friends Church E. Whittier YMCA So. Calif. School Theology	\$ 500 250	\$ 100	\$ 100 10,385 1,000	200			
Total Excess over 20% of AGI	750 —	350	11,485 ( 3,998)	200			
Allowable deduction	\$ <b>7</b> 50	\$ 350	7,437	\$ 200			
California interest expense Elmore Ogden Abplanalp (4) Total		\$ 6,000 75,000 11,955 \$ 92,955	\$ 38,045 11,955 \$ 50,000	\$ 17,437 21,425 \$ 38,862			
California taxes  Real property - San Clemente California sales tax California gas tax License tags - net Total Total deductions TAXABLE INCOME (LOSS)	\$ 7,561 2,256 20 9,837 10,587 \$ 55,553	\$ 12,953 486 9 20 13,468 106,773 \$ 9,544	\$ 11,346 17 19 11,382 68,819 (\$ 31,632)	\$ 17,402 59 17,461 56,523 (\$ 38,508)			





TAXABLE YEAR

# INDIVIDUAL INCOME TAX RETURN

For Nonresident and Part-Year Resident Taxpayers

F	or Colendar Year 1970 or Fiscal Year Begun	1970 and Ended		1971	NECKLOS .
	E(S) AND INITIAL(S)	LAST NAME	Your Social	l Security Number	S
RICH	ARD M. and PATRICIA R.	NIXON	567	68 0515	c
Please PRESENT H	OME ADDRESS (Number and street or rural route)			lal Security Number	
	White House		i.	1	M
Print	TH OR POST OFFICE	STATE ZIP CODE	Preside	ent of the	В
Wash	ington, D. C.	( 20500	United	States	P
	D ADDRESS OF EMPLOYER AT TIME OF FILING			's Occupation	A
	d States Government, Executiv				1
	end of your taxable year, of what state are you a				
residence establis		1/or date California residence terminated	55 ds	377	
If full-year nonres	ident, check box 🔀 and enter number of months you I this State during the taxable year, did you maintain	ou were in Cantornia during the taxable ye	ar 33 Ge	ifornic? Yes	
	of U.S. armed forces, check box \(\sigma\) and enter "10"			normar	
	differnia return for last year? Yes If none f				
FILING STATUS		Married, filing separate return—Spouse's na			
(Check One)	2. X Married, filing joint return 4.	Unmarried, head of household—Complete Pa			•
Include incom	e from all sources in Column "A". List all income wh			dent in Column "	8".
100001 1000	5. Wages, salaries, tips, etc. (before payroll deducti	ons) (if more than two employers, attach sche	iule) <sub>i</sub>		
Income	Employer's Name	Where Employed (city and state)	A. Total Incom		
If joint return,	U.S. Government, Executive	Branch, Washington, D.C.	.5 259,276	• 39,07	2
include all					
income of	E Biudende Ceter total haza (also list in Cahadula	D (540MB) Bort I if total is over \$100)			
both husband and wife	6. Dividends. Enter total here (also list in Schedule	B (540NR), Part I, II total is over \$100)	6	е	
	7. Interest. Enter total here (also list in Schedule	R (540NR) Part II if total is over \$100)	7		
	1. Therese the total half talso has in concours	b to total is ever \$1007	′		
	8. Other income (from page 2, line 30)		8	77,24	15
A	P. C. T.				
ATTACH REMITTANGE	9. Total (add lines 5, 6, 7 and 8)		9	116,31	7
듸					
22	10. Adjustments to income (from page 2, line 35) .		10		
Z					
Z	11. Adjusted gross income (subtract line 10 from li	ine 9)	11	116,31	7
PRINCIPAL MARKET MERCELL MICH.					76 32
Your Tax,	12. Tax (from page 2, line 40)			1	9 64
Credits	13. Exemption cradits (from page 2, line 45) 14. Tax liability (subtract line 13 from line 12) .			10	6668
and Payments	15. Credit for net income taxes paid to State of			15	
r aymonto	16. Net tax Hability (subtract line 15 from line 14-			10 1	1/10
	The facility of the second sec			15	56 68
	<ol> <li>17. 1970 California estimated tax payment or credit</li> <li>18. California income tax withheld at source (attact</li> </ol>	a list of	17   1900		
Balance	withholding agents and amounts withheld) .		18		
Due or Refund	19. Total prepayments (add lines 17 and 18)			19	
	20. Balanco due (subtract line 19 from line 16) .		The state of the s	20 .	
f-	21. Overpayment (if any)   Credit on 1971 estima	ated tax 🕨 \$an	d/or □ REFUND	21	
Under penalties of a	or jusy, I declare that I have examined this return, including accounted and complete. If prepared by a person officer than taxpayer,	mpunying schedules and statements, and to the best	of my knowledge and	Do not write in the	de spaces
belief it is true, con	rest and complete. If prepared by a person other than taxpayer,	his declaration is based on all interpolation of which	he has any knowledge.	T	
Sinn	with the Thomas Hadry	1 ///1//////	1		
J. G. L. A.	timathre- it Ding jointly, BOTH must sign Date	Signature of preparer other than taxibyer	- 17 T	P	
here	ers similare Pale Pale	ARTHUR BLECH & COV	Part of the state	1	
o Mala Des	n S. Butler as Attorney In Fac	CERTIFIED PUBLIC ACCOUNTS AND MAIL 16900 WILSHIRE BLA	INTANTS Date	-	
FRANCHIS	nittonce Poyoble to FRANCHISE TAX I E TAX BOARD, SACRAMENTO, CALIFO	PRIMA 95814 toe success part	0.		
A RESTRICTED BY	and the second of the second s	LUO MIGELLO, GALIF.	20020		

PART 1—Head of Household. If claimed, answer the following questions. (See Instructions)  Check Never Final divorce/dissolution Separate maintenance W	idow(	er)		
	ate			
ndividual who qualified you as head of household:				
Name Relationship Age Is this person married? If yes, did he or she file a joint return with spouse?				
the calendar year 1970? Did this person reside in your home for the entire taxable y				
otal amount necessary to maintain household \$ How much did you			~11 ~1	was a second
oral amount necessary to maintain household \$\phi\$	Conii	ribute \$		
ART II—Other Income				
ACT II CONTINUENTO		A. Total Income		B. California income
2. Business income (or loss) (attach Schedule C (540))	22			9
3. Sale or exchange of property (attach Schedule D (540))	23			58,918
4. Pensions and annuities \	24			0
5. Rents and royalties Attach Schedule E	25			0 2,692
S. Partnerships	26			9
7. Estates or trusts /	27			
8. Farm income (or loss) (attach Schedule F (540))	28			
9. Miscellaneous income (state nature and source)	29			15,635
10. Total (add lines 22 through 29). Enter here and on page 1, line 8 Schedule Attached				
o. Ideal lead lines 22 through 25. Enter hore and on page 1, into 0				77,245
PART III—Adjustments to Income				
1. "Sick pay" if included on page 1, line 5 (attach statement)	31			
2. Moving expenses (attach statement)	32	***************		9
3. Employee business expense (attach statement)	33			
4. Military exclusion (maximum \$1,000—\$500 if separate return of husband or wife)	34			0
35. Total adjustments (add lines 31 through 34). Enter here and on page 1, line 10	35			
	·		hann le	27.0304
PART IV—Tax Computation	,	NOTE AND TO THE OWNER, WHEN PER		
18. Adjusted gross income (from page 1, line 11)	36			116,317
37. Percentage of California income (line 36, column B ÷ column A)				
18. If you itemize doductions, enter total from Schedule A (540NR), line 31, column B				. 106,773
If you do not itemize deductions, compute standard deductions as follows:			38	3 100, 113
(1) Separate return of single or married taxpayer—\$1,000 ×% (from line 37)	7)			,
(2) Joint return of married couple, or head of household—\$2,000 $\times$ % (from line 3 g. Taxable income (subtract line 38 from line 36, column B)		1	39	9,544
19. Tax from Tax Rate Schedule in instructions. Enter here and on page 1, line 12			40	
The first had consider in institutions and on page 1, and 12				176 3
PART V—Exemption Credits				
\$1. Single—\$25. Married couple or head of household—\$50			41	50
42. Diind 🔲 Yourself 🗎 Your spouse—\$8 for each box checked			42	9
43. Dependents—Do not list yourself, your spouse, or person who qualifies you as head of household				
NAME (and address if different from yours)		TIONSHIP		
Patricia	Dat	ighter		
		***************************************		
Number of dependents listed × \$8			43	. 8
14. Total exemption credits (add lines 41, 42 and 43)			44	58
45. Allowable exemption credits (line $44 \times \dots \%$ from line 37). Enter here and on page 1, line 13			45	196
		-		
The state of the s				
EASTERN STREET, THE PROPERTY OF THE PROPERTY O			45	931.400 <b>8-70 2,0</b> 9991 (I) 🛆





# ITEMIZED DEDUCTIONS

Attach to Form 540NR

TAXABLE

19 70

YEAR

Name as shown on Form 540NR
RICHARD M. and PATRICIA R. NIXON

Social Security Number

567 68 0515

During the period of nonresidence no deduction may be taken which is attributable to property or business located autiside of California, alimony is not deductible, and all other deductions must be directly related to California income. See separate instructions for limitations on allowance of specific deductions.

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.

1. One-half (but not more than \$150) of insurance premiums for medical care.

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, ductors,	A. Total	B. California
dentists, nurses, hospital care, insurance premiums for medical care, etc.  1. One-half (but not more than \$150) of insurance premiums for medical care	1	
2. Medicine and drugs	2	
3. Enter 1% of adjusted gross income shown on Form 540NR	3	
4. Subtract line 3 from line 2 (if less than zero, enter zero)	4	
5. Enter balance of insurance premiums for medical care not deducted on line 1	5	************
6. Other medical and dental expenses (attach itemized list)	6	
7. Total (add lines 4, 5 and 6)	8	
9. Subtract line 8 from line 7 (if less than zero, enter zero)	9	
0. Total (add lines 1 and 9)	10	
Child adoption expense		
11. Total expenses paid or incurred—Attach itemized list		
2. Enter 3% of adjusted income shown on Form 540NR	12	
3. Subtract line 12 from line 11—See instructions for maximum limitations	13	-
'axes 4. Real estate	14	
5. State and local gasoline		
6. General sales	16	
7. Auto license—Excess of registration and weight fees (see instructions)	17	
8. Personal property	18	
9. State disability insurance (SDI)—Employer private disability plans do not qualify		
20. Other (specify) 21. Total taxes (add lines 14 through 20)	20 21	13,468
Contributions		10, 100
22. Cash—including checks, money orders, etc. (itemize)	22	
23. Total cash contributions	23	350
44. Other than cash (see instructions)—Enter total here	24	
25. Total—Add lines 23 and 24—Maximum deduction may not exceed 20% of adjusted gross income . >	25	350
nterest expense		
16. Home mortgage	26	42
7. Installment purchases	27	
8. Other (itemize)	28	AUTOMORPHO DE
29. Total (add lines 26, 27 and 28)	29	92,955
10. Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. See instructions		
(itemize)	30	
		******
31. Total miscellaneous deductions	31	
32. Total deductions (add lines 10, 13, 21, 25, 29 and 31 of col B). Enter total here and on Form 540NR,	page 2, in space provided.	106,773
Rev. 1971) Schedule B (Form S40NR) on Reverse		







TAXABLE

Attach to Form 540 or 540NR

Name as shown on Form 540 or 540N	R					Social Security Number
RICHARD M. and PATRICIA R. NIXON						567 68 0515
Part I-CAPITAL ASSETS						
SHORT-TERM-ASSETS HELD NOT M	ORE THAN 6	MONTHS				
a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or atlowable) since acquisition (attach schedule)	f. Cost or other bas cost of subsequent improvements (if no purchased, attach explanation) and expense of sale	ot g. Gain or loss (d plus e less f)
1.						
	1					i
	í	· ·	1 .	i	1	1
	l l		l .	•	i .	•
2. Enter your share of net short-ter 3. Enter unused short-term capital 4. Net short-term gain (or loss) fro	loss carryover f m lines 1, 2 and	from precedin	g taxable years	(attach statement)		
LONG-TERM—ASSETS HELD MORE I						
5. Enter gain (if any) from line 16, San Clemente Property	7-15-69	1	I.	1	1	i
	i	1	1	1	1	1
	1	ı	1			
	1	l	1			i
6. Enter your share of net long-ter						
<ul><li>7. Enter unused long-term capital</li><li>8. Net long-term gain (or loss) fro</li></ul>	•	-	-	•		
						137.00/
<ol><li>Combine the amounts shown on</li><li>If line 9 shows a GAIN, enter 5</li></ol>			_			•
loss or no entry on line 8) .						. 58,918
11. Subtract line 10 from line 9, Ent						. 58,918
12. If line 9 shows a LOSS, enter h (a) the amount on line 9; (b) th gains and losses; or (c) \$1,000	e amount of ta	xable income	on Form 540 or	540NR, computed	•	
Part II—SALE OR EXCHANGE O						person Miles and the Control of the
13. Enter gain (if any) from line 2						
14. Enter gain (if any) from line 2:	5, Part IV					•
	1					1
	<b>I</b>	E	1		i	1
		1	1	l	1	
15. Enter your share of gain (or I 16. Net gain (or loss). If GAIN, et	oss) of Section	18181-82 it	em <b>s fro</b> m partne	rship <b>s</b> and fiducia	ries	*
PART III-TOTAL NET GAIN OR	LOSS EPOM	SALES OF	EXCHANGES C	or property		The same of the state of the same of the s
17. Net gain (or loss) from line 10						. 58,918
18. Net gain (or loss) from line 3	l, Part IV					
19. Total net gain (or loss)—Combin II, line 23						

(Rev. 1970)

# Richard M. and Patricia Nixon Income as Nonresidents of California

		Calendar `	Years	
	1969	1970	1971	1972
Income				
Apportionable income Presidential salary & allowance Personal use of gov't. airplanes Total	\$236,459 4,001 240,460	\$250,000 <u>9,276</u> 259,276	\$250,000 4,636 254,636	\$250,000 9,102 259,102
Less business expenses	-			
Total to be apportioned Apportionment formula Income apportioned to Calif.	240,460 39/345 \$ 27,171	259,276 55/365 \$ 39,072	254,636 51/365 \$ 35,572	259,102 34/366 \$ 24,072
California income Residual compensation Interest (1)	_ 11	-	<del>_</del>	_
Improvements to San Clemente Income Mother's Estate	43,625 322	15,635	6,963	391
Whittier rental Gain on sale of San Clemente property (50% NLTCG)	(5,699)	(6,188) 58,918	(5,715)	(6,448)
Royalty income (2)	710	8,880	367	A 20 015
ADJUSTED GROSS INCOME	\$ 66,140	\$116,317	\$ 37,187	\$ 18,015
Deductions	•.			•
California contributions UCLA Alumni Ass'n Whittier College Nixon Foundation (3) E. Whittier Friends Church E. Whittier YMCA So. Calif. School Theology	\$ 500 250	\$ 100 250	\$ 100 10,385 1,000	200
Total Excess over 20% of AGI	<b>7</b> 50	350	11,485 ( 3,998)	200
Allowable deduction	\$ <b>7</b> 50	\$ 350	7,437	\$ 200
California interest expense Elmore Ogden Abplanalp (4) Total	-	\$ 6,000 75,000 11,955 \$ 92,955	\$ 38,045 11,955 \$ 50,000	\$ 17,437 21,425 \$ 38,862
California taxes  Real property - San Clemente  California sales tax  California gas tax  License tags - net	\$ 7,561 2,256 20	\$ 12,953 486 9 20	\$ 11,346 - 17 19	\$ 17,402
Total deductions TAXABLE INCOME (LOSS)	9,837 10,587 \$ 55,553	$ \begin{array}{r}     \hline                                $	11,382 68,819 (\$ 31,632)	17,461 56,523 (\$ 38,508)





# GALIFORNIA INDIVIDUAL INCOME TAX RETURN

1071

For Nonresident and Part-Year Resident Taxpayers

For Calone	dar Year 1971		-	DO	NOT V	WRITE (	ON THIS L	INE		
	Year Begun 1971 and Ended	1972								
and the second second second	The same of the sa	NAME	Y	our Social Security	Humb	er	Spouse's S	ocial S	security #	(umbt
Please RI	CHARD M. and PATRICIA R.	NIXON	5	67 68 0	515	;				
	ENT HOME ADDRESS (Number and street or rural route)		1	esident o	100		Spo	use's U	crupation	
er Th	ne White House		1-1	Inited Sta	tes	ie				
The state of the s		STATE C	OUNT	Y		-	ZIP COD	E		
W	ashington	D. C.	20500				500			
The second second second	ADDRESS OF EMPLOYER AT TIME OF FILING				5	C	M	В	P	A
United	States Government, Executive Bra	nch, Washington, I	0.0	20500	4					
And in contrast of the second	nt during any part of your taxable year, of what state wer						If part-yea	r resi	dent. er	iter c
·	sidence was established		dence							
	nonresident, check box 🖾 and enter number of months yo						S			
	mber of U.S. ermed forces, check box [] and enter "100%" o		COAG	Journal of the second						
PROPERTY AND DESCRIPTION	A STATE OF THE PARTY OF THE PAR		EVE	MOTIONS.	-			-	-	1
1. Singl	everation on line 1				numi	er of	hoves che	cked	5	9
		6. Dependents—Do not list							4	
The state of the s	ied, filing joint return ied, filing separate return—if this item checked, anter spouse's	se head of household was	IE (an	d address if differen	nt from	yours)	RELATI	ONSHI	P	
	al security number in space above and enter first name									
horo	<b>&gt;</b>						*******	ter mber	B- 6	0
2172	arried "head of household"-Complete Part I, page 2	7 Total blind and dependent	t eve	untions (add line	99 5	and 6)			▶ 7	
NAME AND ADDRESS OF TAXABLE PARTY.	ome from all sources in Column "A". List all income while		DOMESTIC STREET	A CONTRACTOR MANAGEMENT AND ADDRESS OF THE PARTY.	MINE WINDS	THAT PERSONNEL		-	De no	t wri
mercup Inter	8. Wages, salaries, tips, etc. (before payroll deductions)				JII 60		ii ooramii		in this	colu
		re Employed (city and state)	1	A. Total Incom		B. C.	alifornia Inc	ome		
Income	U.S. Government, Executive Br	anch,	8	254,636		. 35	5,572			
4		Washington, D.C.								
n cine	9. Dividends, Enter total here (complete and attach Schedule	B (540NR), if total is over \$100)	9			e				
	10. Interest. Enter total here (complete and attach Schedule	B (540NR), if total is over \$100)	10			6				
2	11. Other income (from page 2, line 41)		11			7	,615			
<u> </u>	12. Total (add lines 8, 9, 10 and 11)		12			3	7,187			
KEMII JAKUE	13. Adjustments to Income (from page 2, line 47)		13							
	14. Adjusted gross income (subtract line 13 from line 12)		14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		• 3	7,187			
AI ACH	15. Tax (from page 2, line 52)				15	I	lone			
-	16. Personal Exemption. Single-\$25. Married couple or h	nead of household—\$50	16	•						
	17. Multiply total number of exemptions on line 7 above,	by \$8	17							
	18. Total exemption credits (add lines 16 and 17)		1.8							
Your	19. Allowable exemption credits (line 18 $ imes$ %	from line 49)			19					
Tax,	20. Fax liability (subtract line 19 from line 15) (not less				20	1	lone			
and Credits	21. Credit for net income taxes paid to State of	Attach other state refu	rn (se	e instructions)	21	6				
ercuits	22. Not tax (subtract line 21 from line 20)				22					
	23. Tax forgiveness-20% of line 22 (use Part V on page	2, if reporting income on Sched	ule D	(540))	23	0 I	lone	-		
	NOTE: You must have been a California resident on the I pay any lax due (line 30) by the due date to be	entitled to this forgiveness.	your	raturn ann	100	1	1			
	24. Het tax liability (subtract line 23 from line 22—If \$1.0	O or less, enter "zero")			24	1	Vone			
	25. Tax on preference income (see instructions) check here	$e \square$ if Schedule P (540) is attach	ied .		25	0	·	-	Α	
	26. Total tax Hability (add lines 24 and 25)				26	P	lone		0	
	27. 1971 California estimated tax payment (include 1970 o		M. Carrier	<b>№</b>					9	
Balance	28. California income tax withheld at source (attach list of wit	thholding agonts and amounts withheld	28			-				
Due or	29. Total prepayments (add lines 27 and 28)				29					
Refund	30. Balance due (subtract line 29 from line 26)				30	9				
	31. Overpayment (if any)  ☐ Credit on 1972 estimated to	x 🕨 \$	and/o	r 🗆 REFUND	31	1>-				
Inder penaltie	s of vermay, I declare that I have examined this return, including account, correct and complete. If presented by a person other than taxpayer, I	opanying schedules and statements, and	to th	e best of my know	ledge :	and	00	not wri	te in thes	a atlat
seller it is tru	ie, correct and complete. If produced by a person other than taxpayer, I	his osciaration is based on all informati	on of	worth he has any k	nowled	ge.	T			
Sign	> 12/20 30 72 4m 8/2136	D ///1/26	6-6	1						
D . 1 P	Yan signature—if bling partly BOTH most sign Date	Signature ANTAGRATECHES	FERENCE	PANY	1,	C	P_		-	
here	Simula's insulars Bate	GERTUELED - PUBLIC - A	ccou	MIANTSY	Date.	1.4	1			
	Dean S. Butler as Attorney in Fac		BLY	Ω.	arm sti					
	our Social Security No. on Your Check or I						T		-	
FRANCHI	ISE TAX BOARD - Moli to FRANCHISE TAX	BOARD, SACRAMENTO,	CA	LIFORNIA S	7586	27				

PART I-Head of Household. If claimed, answer the following questions. (See Instructions)				
Check Never married Legal separation (interlocutory decree One: Widow(er) — Date Final divorce/dissolution — Date	does r	not qualify) —	Da	(e
Individual who qualified you as head of household:		A		
Name Relationship Age Is this person married? If yes, did he or she file a joint return with spouse?				
the calendar year 1971? Did this person reside in your home for the entire taxable y				
Total amount necessary to maintain household \$ How much did you	u confr	ibute \$		
PART II—Other Income	r - r -			
		A. Total Income		B. California Income
32. Business income (or loss) (attach Schedule C (540))	32			
33. Net gain (or loss) from sale or exchange of capital assets (attach Schedule D (540))	33		Table .	
34. Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Schedule D-1 (540))	34			
35. Pensions and annuities	36			(5, 348)
37. Partnerships Schedule E (Form 540)	37			A THE PART HAVE
38. Estates and trusts	38			
39. Farm income (or loss) (attach Schedule F (540))	39			
(a) Fully taxable pensions and annuities (not reported on Schedule E)			1	
40. Miscel- (b) Alimony				
laneous (c) Other (state nature and source)				
income				
(d) Total miscellaneous income (add lines 40(a), (b) and (c))	40 _			6,963
41. Total (add lines 32 through 39, plus 40). Enter here and on page 1, line 11 Schedule Attached	41			1,615
	Walter Street, Street, or other Land			
PART III—Adjustments to Income				
	100		- 1	
42. "Sick pay" if included in line 8 (see instructions—attach statement)	42			9
43. Moving expenses (see instructions—attach statement)	44			0
45. Military exclusion (see instructions for line 8)	45		*****	4
46. Payments as a self-employed person to a retirement plan, etc. (attach federal Form 2950SE)	46			
47. Total adjustments (add lines 42 through 46). Enter here and on page 1, line 13	47			
PART IV—Tax Computation				
48. Adjusted gross income (from page 1, line 14)	43			37,187
49. Percentage of California income (line 48, column B + column A)% (100% maximum)	1			
50. (a) If you itemize deductions, enter total from Schedule A (540NR), line 32, column B				
(b) If you do not itemize deductions, compute standard deductions as follows:			50	68,819
(1) Separate return of single or married taxpayer—\$1,000 ×% (from line 49)				
(2) Joint return of married couple, or head of household—\$2,000 ×% (from line 49)				
51. Taxable income (subtract line 50 from line 48, column B)			51	None
52. Tax from Tax Rate Schedula in instructions. Enter here and on page 1, line 15	e e e		52	None
PART V—Tax Forgiveness Complete all items				
53. Taxable income from line 51 above			53	
54. Amount (if any) entered on Schedule D (540), line 13(a)			54.	************************
55. Adjusted taxable income (subtract line 54 from line 53)			55	
56. Adjusted tax from Tax Rate Schedule			56	
57. Allowable exemption credits (from page 1, line 19)				
58. Credit for net income tax paid to another state (from page 1, line 21)				
59. Add lines 57 and 58			50	
80. Adjusted net tax (subtract line 59 from line 56)		100	50	
61. 20% of line 60. Enter here and on page 1, line 23			61	
			-	





Attach to Form 540NR

TAXABLE

19 71

YEAR

Name as shown on Form 540NR

RICHARD M. and PATRICIA R. NIXON

Social Security Number 567 68 0515

During the period of nonresidence no deduction may be taken which is attributable to property or business located outside of California, alimony is not deductible, and all other deductions must be directly related to California income. See separate instructions for limitations on allowance of specific deductions.

MEDICAL AND DENTAL EXPENSE (not commedicine and drugs, doctors, dentists, nu for medical care, etc.	rses, hospital care,	insurance premiums	CONTRIBUTIONS  22. Cash — including checks, money orders, etc. (itemize)	A. Total	B. California
One-half (but not more than \$150) of insurance premiums for medical care.	A. Total	B. California		н — ши	
		***************************************	Schedule Attached		11,485
3. Enter 1% of adjusted gross income shown on Form 540NR					
4. Subtract line 3 from line 2 (if less than zero, enter zero) 5. Enter balance of insurance premiums for medical cars not entered on line 1					
6. Itemize other medical, dental ex- penses (include balance of insur- ance premiums not deductible on			23. Total cash contributions		11,485
line 1)			for required statement). Enter total here		_
			25. Total (Add lines 23 and 24—maximum deduction may not exceed 20% of adjusted gross income). Enter total of col. B on Form 540-NR, page 2 · Limited to		7,437
			INTEREST EXPENSE		7, 201
7. Total (add lines 4, 5 and 6)			26. Home mortgage		
8. Enter 3% of adjusted gross income shown on Form 540NR			27. Installment purchases		
9. Subtract line 8 from line 7 (if less than zero, enter zero)					
0. Total (add lines 1 and 9). Enter total of col. B on Form 540NR, page 2.					
HILD ADOPTION EXPENSE					
Total expense paid or incurred     (Attach itemized list)		~~~~	29. Total. Enter total of col. B on Form 540NR, page 2 Schodu MISCELLANEOUS DEBUCTIONS	le Attached	50,000
2. Enter 3% of adjusted gross income shown on Form 540NR			Casualty or Theft Lossies) NOTE: If you had more than one casualty		
13. Subtract line 12 from line 11 (See instructions for maximum limitations). Enter total of col. B on Form 540NR, page 2			or theft loss occurrence, omit lines 30 through 33 and follow instructions for guidance. 30. Loss before adjustments		
TAXES			31. Insurance reimbursement	\$100.00	\$100.00
4. Real estate			33. Add lines 31 and 32		
5. State and local gasoline			34. Line 30 less line 33		
6. General sales			35. Child Care—See instructions		
7. Auto license (excess of registration fee)		(1)	36. Other—For education, alimony, union dues, etc. See instructions		
Personal property     State disability insurance (SDI). Employer private disability plans do not qualify				***********	
20. Other					
21. Total taxes. Enter total of col. B on Form 540NR, page 2 Schedu		11,382	37. Total. (Add lines 34, 35 and 35). Enter total of col. B on Form 540NR, page 2		
эспеци	ie mitached	11300		DUCTIONS	68,819

# Richard M. and Patricia Nixon Income as Nonresidents of California

	1969	1970	1971	1972
Income				H
Apportionable income Presidential salary & allowance Personal use of gov't. airplane Total	,	\$250,000 <u>9,276</u> 259,276	\$250,000 4,636 254,636	\$250,000 9,102 259,102
Less business expenses		_		*-
Total to be apportioned Apportionment formula Income apportioned to Calif.	240,460 39/345 \$ 27,171	259,276 55/365 \$ 39,072	254,636 51/365 \$ 35,572	259,102 34/366 \$ 24,072
California income Residual compensation Interest (1)	_ 11	, , <b></b>		<b>e</b> ni
Improvements to San Clemente Income Mother's Estate Whittier rental	<b>43,</b> 625 322 <b>(5,</b> 699)	15,635 (6,188)	6,963 (5,715)	391 (6,448)
Gain on sale of San Clemente property (50% NLTCG) Royalty income (2)	710	58,918 8,880	367	-
ADJUSTED GROSS INCOME	\$ 66,140	\$116,317	\$ 37,187	\$ 18,015
Deductions				×
California contributions UCLA Alumni Ass'n Whittier College Nixon Foundation (3) E. Whittier Friends Church E. Whittier YMCA So. Calif. School Theology	\$ 500 250	\$ 100 250	\$ 100 10,385 1,000	200
Total Excess over 20% of AGI	750	350	11,485 ( 3,998)	200
Allowable deduction	\$ 750	\$ 350	7,437	\$ 200
California interest expense Elmore Ogden Abplanalp (4) Total		\$ 6,000 75,000 11,955 \$ 92,955	\$ 38,045 11,955 \$ 50,000	\$ 17,437 21,425 \$ 38,862
California taxes  Real property - San Clemente  California sales tax  California gas tax  License tags - net	\$ 7,561 2,256 20	\$ 12,953 486 9 20	\$ 11,346 17 19	\$ 17,402
Total Total deductions TAXABLE INCOME (LOSS)	9,837 10,587 \$ 55,553	13,468 106,773 \$ 9,544	$ \begin{array}{r} 11,382 \\ \underline{68,819} \\ (\$ 31,632) \end{array} $	17,461 56,523 (\$ 38,508)







for calendar year 1972, or other taxable year be	eginning	, 1972, ending		, 1973	V	Zar Caraman da
FIRST NAME(S) AND INITIAL(S)		LAST NAME				social security number
Tease RICHARD M. and PATRICLA	-	NIXON			-	0515 number, if Joint return
ype PRESENT HOME ADDRESS (Number and street, inclu	чана аранте	ent number, or furdi reute)			Willes	I I I I I I I I I I I I I I I I I I I
THE WHITE HOUSE			ZIP CODE		L	1 1 6 6 6
Citt, found die rost Office, state				PATION		esident of t nited States
Washington, D. C.			20500	1		The state of the s
f nonresident during any part of your taxable year, of					f part-yea	r resident, enter dat
		and/or date California residence		34 day	re	
f full-year nonresident, check box 🛐 and enter number			axable year	34 day	5.7	
f active member of U.S. armed forces, check box  and		THE RESERVE AND ADDRESS OF THE PARTY OF THE		110		
iling Status—Check Only One 1. [] Single		nts—Do not list yourself, your spous (include last name and/or address if differen		qualifies you		
2. Married, filing joint return						
3. Married, filing separate return—Enter spouse's social						
security number and first name here						Enter Number > 5
	Company of the Compan	fer to instructions)				claimed ► 6
4.   Head of Household—Complete Part 1, page 2		pendent and blind exemptions (add				
					-	1
iclude income from all sources in Column "A". List	all income	while California resident plus a	n Cantornia in		al Income	B. California Income
8. Wages, salaries, tips, and other employee compe	nsation (A	ttach Copy 2 of Form(s) W-2 to	8	259,1		24,072
9. Dividends. Enter total (if over \$500, complete an						
10. Interest Enter total (if over \$500, complete and						
11. Income other than wages, dividends and interest	(from page 2	2, line 44)	11			(6,057)
12. Total (add lines 8, 9, 10 and 11)			12			18,015
E 13. Adjustments to income (from page 2, line 50)			13			-
14. Adjusted gress income (subtract line 13 from li	ne 12)		14			18,015
15. Percentage of California income (line 14. column	B ÷ column /	A)% (100% maximum).				
16. Itemized deductions OR standard deduction (from	n page 2, line	e 59)			. 16	56,523
5 17. Taxable income (subtract line 16 from line 14,	column B) .				. 17	None
18. Tax from Tax Rate Schedule in instructions.					18	None
₹ 19. Personal Exemption. Single—\$25. Married couple	or head of h	nousehold—\$50	19			
20. Other Exemptions—Total on line 7 above,						
21. Total exemptions (add lines 19 and 20)			21			
▲ 22. Allowable Exemption Credits (line 21 ×					The second second	37
23. Tax liability (subtract line 22 from line 18) .						None
					1000	None
25. Net tax liability (subtract line 24 from line 23)						TAOTIG
26. Tax on preference income (see instructions—2						K NI
	-				27	► None
20. Total California income tax withheld (attach Form 29. 1972 California estimated tax payments						
30. Excess California SDI tax withheld (attach Form I					. 31	6
31. Total payments (add lines 28, 29 and 30)	And in case of females, specially in	the same ready of the same rea	ALCOHOL: NAME OF PERSONS ASSESSED.		. 31	
\$ 32. If line 27 is larger than line 31, enter BALANCE	E DUE. Pay	r in full. Mail payment with return nchise Tax Board, Sacramento CA 95	1 to 867.		. 💠   32	
33. If line 31 is larger than line 27, enter OVERPAY					. № 33	
34. Line 33 to be (a) REFUNDED. (Allow at least six	weeks for you	ur refund)	>			
(b) Credited on 1973 estimated tax	K					
Under penalties of perhapy, I declare that I have examined this ballef it is true, correst and complete. If prepared by a persu	return, includi	ing accompanying schedules and statements	, and to the best	of my knowledg	e and D	a not write in these spaces
belief it is true, correct and complete. If prepared by a persu	n cluer than ta	expayer, his declaration is based on all info	ormation of which h	e has any know	ledge.	
33. If line 31 is larger than line 27, enter OVERPAY.  34. Line 33 to be (a) REFUNDED. (Allow at least six  (b) Credited on 1973 estimated to  Under penalties of perhaps, I declare that I have examined this ballef it is true, correct and complete. If prepared by a persuance of the persuance of	170 4/2	12 1 /1/86/1	1661			
Your signature—if litting jointly, BOTH must		Signature of preparer other	than taxpayer BLECH & COME	ANY -	77 1	
here by the party signature	Congress of the	AUTHUR APPROXICES	PUBLIC ACCUUI	TARTS BA	2.74 A	
Dean S. Butler as Attor.			WILSHIRE BLVI		-	
Don't Duit as Intol.	mey man 1		ELES, CALIF. 9			
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117	If no	200	plain circumstances
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	A. Total lacon		B. California Income
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43			391
			(6,057)
			(0),001/
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46			
47		STATE STATE OF	
49			
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ions or	both must take t	he star	ndard deduction
ugh 5	6 below		
		51	
		52	
		53	17, 461
. 4		54	200
	2 5 2 7 7 7	55	38,862
		56	
		57	56,523
			OR
		58	
		î .	
	9 1, his p 17? 355 36 37 33 39 40 41 42 43 44 45 50 ions or ugh !	A. Total facen 35 36 37 38 39 40 41 42 45 46 47 48 49 50	## 1, line 5): this person qualify as m?





## ITEMIZED DEDUCTION

Attach to Form 540NR

TAXABLE

19 72

YEAR

Name as shown on Form 540NR

## RICHARD M. and PATRICIA R. NIXON

Social Security Number 567 68 0515

During the period of nonresidence no deduction may be taken which is attributable to property or business located outside of California, alimony is not deductible, and all other deductions must be directly related to California income. See separate instructions for limitations on allowance of specific deductions.

MEDICAL AND DENTAL EXPENSE (not con medicine and drugs, doctors, dentists, of for medical care, etc.	mpensated by Insuran nurses, hospital care, A. Total	insurance premlums	22. Cash — including checks, money orders, etc. (itemize)	A. Total	B. California
One-half (but not more than \$150) of insurance premiums for medical care		B. California	¥		
Enter 1% of adjusted gross income shown on Form 540NR					
4. Subtract line 3 from line 2 (if less than zero, enter zero) 5. Enter balance of insurance premi-			Schedule Attached		200
ums for medical care not entered on line 1					
Itemize other medical, dental expenses (include balance of insurance premiums not deductible on line 1)			23. Total cash contributions  24. Other than cash (see instructions for required statement). Enter total		200
			here		200
			INTEREST EXPENSE		
7. Total (add lines 4, 5 and 6)			26. Home mortgage		
8. Enter 3% of adjusted gross income shown on Form 540NR			27. Installment purchases		
9. Subtract line 8 from line 7 (if less than zero, enter zero)					
10. Total (add lines 1 and 9). Enter total of col. B on Form 540NR, page 2.					
CHILD ADOPTION EXPENSE			30 Total Enter total of ani D on		
11. Total expense paid or incurred (Attach itemized list)			29. Total. Enter total of col. B on Form 540NR, page 2 Schedule	Attached	38,862
12. Enter 3% of adjusted gross income shown on Form 540NR			Casualty or Theft Loss(es) NOTE: If you had more than one casualty or theft loss occurrence, omit lines 30		
13. Subtract line 12 from line 11 (See instructions for maximum limita- tions). Enter total of col. B on Form 540NR, page 2			through 33 and follow instructions for guidance. 30. Loss before adjustments		
TAXES			32. \$100 Hmitation	\$100.00	\$100.00
14. Real estate			33. Add lines 31 and 32		
15. State and local gasoline			34. Line 30 less line 33		
16. General sales			35. Child Care—See instructions		
17. Auto license (excess of registration fee)		7	36. Other—For education, alimony, union dues, etc. See instructions		
<ol> <li>Personal property</li> <li>State disability insurance (SDI). Employer private disability plans do not qualify</li> </ol>			***************************************		
20. Other			***************************************	***************************************	
21. Total taxes. Enter total of col. B on Form 540NR, page 2 School		17,461	37, Total. (Add lines 34, 35 and 36). Enter total of col. B on Form 540NR, page 2		

(Ray, 1972)

Schodule & (Form \$40NR) on Roverse

# Richard M. and Patricia Nixon Income as Nonresidents of California

	1969	1970	1971	1972		
Income				,		
Apportionable income Presidential salary & allowance Personal use of gov't, airplanes Total	\$236,459 4,001 240,460	\$250,000 <u>9,276</u> 259,276	\$250,000 <u>4,636</u> 254,636	\$250,000 9,102 259,102		
Less business expenses		-		••		
Total to be apportioned Apportionment formula Income apportioned to Calif.	240,460 39/345 \$ 27,171	259,276 55/365 \$ 39,072	254,636 51/365 \$ 35,572	259,102 34/366 \$ 24,072		
California income Residual compensation Interest (1) Improvements to San Clemente	11 - 43,625	- 15,635	<b>6,</b> 963	391		
Income Mother's Estate Whittier rental Gain on sale of San Clemente property (50% NLTCG)	322 (5,699)	(6,188) 58,918	<b>(</b> 5 <b>,</b> 715)	(6,448)		
Royalty income (2)	710	8,880	367	***		
ADJUSTED GROSS INCOME	\$ 66,140	\$116,317	\$ 37,187	\$ 18,015		
Deductions		* •	,	41		
California contributions UCLA Alumni Ass'n Whittier College Nixon Foundation (3) E. Whittier Friends Church E. Whittier YMCA So. Calif. School Theology	\$ 500 250	\$ 100 250	\$ 100 10,385 1,000	200		
Total Excess over 20% of AGI	750	350	11,485 ( 3,998)	200		
Allowable deduction	\$ 750	\$ 350	7,437	\$ 200		
California interest expense Elmore Ogden Abplanalp (4) Total	1 -	\$ 6,000 75,000 11,955 \$ 92,955	\$ 38,045 11,955 \$ 50,000	\$ 17,437 21,425 \$ 38,862		
California taxes  Real property - San Clemente California sales tax California gas tax License tags - net Total  Total deductions TAXABLE INCOME (LOSS)	\$ 7,561 2,256 20 9,837 10,587 \$ 55,553	\$ 12,953 486 9 20 13,468 106,773 \$ 9,544	\$ 11,346 17 19 11,382 68,819 (\$ 31,632)	\$ 17,402 59 17,461 56,523 (\$ 38,508)		







For calendar year 1972, or other taxable year	beginning , 1972, ending	, 1973			
FIRST NAME(S) AND INITIAL(S)	LAST NAME	The Appear of the Appear of the State of the		ocial security number	
RICHARD M. and PATRICIA R. NIXON				68 0515	
Type PRESENT HOME ADDRESS (Number and street, i	ncluding apartment number, or rotal route)		Wife's I	number, if Joint return	
The White House	4.00	Territoria de la companya della companya della companya de la companya della comp	25		
CITT, TOWN OR POST OFFICE, STATE		ZIP CODE GCOU-		esident of th	
Washington, D. C.		20300		nited States	
f nonresident during any part of your taxable year, o			part-year	resident, enter date	
California residence was established	and/or date California resider		S		
f active member of U.S. armed forces, check box		texault year			
Filling Status—Check Only One	5. Dependents—Do not list yourself, your spou	se or person who qualifies you	as head of	household	
1. Single	NAME (include last name and/or address if differe		LATIONSHIP		
2. Married, filing joint return			***********		
<ol> <li>Married, filing separate return—Enter spouse's sec security number and first name here ▶</li> </ol>	21			Enter	
				Number ▶ 5	
	6. Blind (refer to instructions)	Number of blind e	The state of the s		
4. Head of Household—Complete Part 1, page 2	7. Total dependent and blind exemptions (add	I lines 5 and 6)		7	
Include income from all sources in Column "A". L	st all income while California resident plus				
9. Warne calaries time and other ampleuse cour	pensation (Attach Copy 2 of Form(s) W-2 to front. If unavailable, attach explanation) .	A. Tetz	ai Income	B. California Income 24,072	
. O Dividende Enter total (if over \$500 complete	and attach Schedule B(540NR))		26-		
. 10 Interest Enter total (if over \$500 complete					
2 17. Income other than wages, dividends and inter				(6,057)	
12. Total (add lines 8, 9, 10 and 11)				18,015	
E 13. Adjustments to income (from page 2, line 50)		13			
2 14. Adjusted gross income (subtract line 13 from	line 12)	14		18,015	
N 15. Percentage of California income (line 14. colum	nn B ÷ column A)% (100% maximum).				
16. Itemized deductions OR standard deduction (f	rom page 2, line 59)			56,523	
17. Taxable income (subtract line 16 from line 1	4, column B)		. 17	None	
# 18. Tax from Tax Rate Schedule in instructions.			18	None	
V 19. Personal Exemption, Single—\$25, Married cou					
20. Other Exemptions—Total on line 7 above,		Personners			
21. Total exemptions (add lines 19 and 20) .			. 22		
22. Allowable Exemption Credits (line 21 ×			. 23	None	
E 24 Cradit far not import, towns said to the Clote			1		
25. Net tax liability (subtract line 24 from line 23			100	None	
	-attach Schedule P(540))		. 26		
27. Total tax liability (add lines 25 and 26) .			. 27	> None	
	orm(s) W-2 or DE-2P to front)	28			
28. Total California income tax withheld (attach F 29. 1972 California estimated tax payments .					
30. Excess California SDI tax withheld (attach For				•	
31. Total payments (add lines 28, 29 and 30) .		THE RESIDENCE OF STREET, AND ADDRESS OF THE PARTY OF THE	. 31		
\$ 32. If line 27 is larger than line 31, enter BALA	NCE BUE. Pay in full. Mail payment with return Franchise Tax Board, Sacramento CA 95	n to 5867.	32		
33. If line 31 is larger than line 27, enter OVERP	AYMENT. Mail return to P.O. Box 13-540, Sacramer	ito, CA 95813	<b>▶</b> 33		
E 34. Line 33 to be (a) REFUNDED. (Allow at least s					
th) Credited on 1973 estimated	tax	and the second s			
Under peralties of medicay, I declare that I have examined belief it is true, correct and complete. If prepared by a p	this return, including accompanying schedules and statement	is, and to the best of my knowledg	ledge.	and write in these tyaces	
E S	and the real ways, in terms along is easily of all the	11//	P P		
33. If line 31 is larger than line 27, enter OVERP 34. Line 33 to be (a) REFUNDED. (Allow at least s  (b) Credited on 1973 estimated  Under greatlies of perjury, I deflare that I have examined belief it is true, correct and complete. If prepared by a p  Sign Pyon elemeter—if Bling Jointly, Early  Here Pyone elemeter—if Bling Jointly, Early  There Pyone elemeter	2000 4/2/2 D ///2/	664	777		
Your standard of Bling Jointy, BOTH :	P 01911 Your signature—if filing jointly, BOTH must sign Date Signature of preparer of new than taxpayer ARTHUR BLECH & COMPANY				
		PUBLIC ACCOUNTAINS DATE	A.		
Dean S. Butler as Atto	rney In Fact 5900	WHISHIRE BEVO.			
	LOS AN	GELES, CALIF. 90036			

Check Never married Legal separation (interlocutory decree of one: Widow(er) Date Final divorce/dissolution Date.  Individual who qualified you as head of household (Do not list this individual as a dependent on possible Relationship Age Dividual as a dependent on possible Relationship Dividual as a dependent on possible Relation	age 1, d this p	line 5): erson qualify o	s your dependen	
the calendar year 1972? Did this person reside in your home for the entire taxable y	ear?	If not,	explain circumsta	inces
PART II—Other Income				
		A. Total Income	8. California Inco	onie
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))	4			
37. Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Schedule D-1 (540))				
38. Pensions and annuities . \	The second second			
39. Rents and reveilles / F Attach 7			(6,448)	
40. Partnerships				
41. Estates and trusts	1			
42. Farm income (or loss) (attach Schedule F (540))	42			
(a) Fully taxable pensions and annuities (not reported on Schedule E)				
43. Miscel- (b) Alimony				ļ
laneous ( c) Other (state nature and source)			391	
Income				
(d) Total miscellaneous income (add lines 43(a), (b) and (c))			391	ļ
44. Total (add lines 35 through 43). Enter here and on page 1, line 11 Schedule Attached .	44		(6,057)	
PART III—Adjustments to Income				
	T AIS T		7	
45. "Sick pay" if included in line 8 (see instructions—attach statement)				
47. Employee business expense (see instructions—attach statement)				1
48. Military exclusion—active duty pay only (see instructions for line 8, page 1)				†
49. Payments as a self-employed person to a retirement plan, etc				1
50. Total adjustments (add lines 45 through 49). Enter here and on page 1, line 13	50	~		
Telar departments and three 45 through 457, their hore and on page 1, the 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1001			1
PART-IV-Itemized Deductions OR Standard Deduction On separate returns of married taxpayers both must itemize ded	luctions or	both must take the	standard deduction	
. If you itemize deductions, complete and attach Schedule A (540NR) and enter California subtotals on lines 51 t	hrough 5	6 below		
51. Total deductible medical and dental expense (from Schedule A (540NR) line 10)			51	
52. Total child adoption expense (from Schedule A (540NR) line 13)			52	
53. Total taxes (from Schedule A (540MR) line 21)		!	17,461	1
54. Total contributions (from Schedule A (540NR) line 25)			200	
55. Total interest expense (from Schedule A (540NR) line 29)			38,862	
56. Total miscellaneous deductions (from Schedule A (540NR) line, 37			56	
57. Total itemized deductions (add lines 51 through 56)			56,523	
If you do not itemize deductions, compute standard deduction as follows			- OR -	
58. (a) Separate return of a single or married taxpayer—\$1,000 $\times$ % (from page 1, line 15) $\Big\}$			58	-
(b) Joint return of a married couple, or head of household—\$2,000 $\times$ % (from page 1, line 15 )				
59. Total itemized deductions (line 57) OR standard deduction line 58). Enter here and on page 1, line 16		!	59 56,523	





#### EMIZED DEDUCTIONS

Attach to Form 540NR

During the period of nonresidence no deduction may be taken which is attributable to property or business located outside of California,

TAXABLE 72 YEAR

Name as shown on Form 540NR

### RICHARD M. and PATRICIA R. NIXON

Social Security Number 567 | 68 | 0515

alimony is not deductible, and all other deductions must be directly related to California income. See separate instructions for limitations on allowance of specific deductions. MEDICAL AND DENTAL EXPENSE (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc. CONTRIBUTIONS A. Total B. California Cash — including checks, money orders, etc. (itemize) A. Total B. California 1. One-half (but not more than \$150) of insurance premiums for medical care 2. Total cost of medicine and drugs . Schedule Attached 4. Subtract line 3 from line 2 (if less than zero, enter zero).
5. Enter balance of insurance premiums for medical care not entered on line 1. Itemize other medical, dental expenses (include balance of insurance premiums not deductible on line 1) 200 23. Total cash contributions . . . . . 24. Other than cash (see instructions for required statement). Enter total 25. Total (Add lines 23 and 24—maximum deduction may not exceed 20% of adjusted gross income). Enter total of col. B on Form 540-200 INTEREST EXPENSE 26. Home mortgage . . . . . . . . . . . . . 7. Total (add lines 4, 5 and 6) . . . . 27. Installment purchases . . . . . . . . 8. Enter 3% of adjusted gross income shown on Form 540NR . . . . . . 28. Other (itemize) . . . . . . . . . . . . . . . . 9. Subtract line 8 from line 7 (if less than zero, enter zero) . . . . . . 10. Total (add lines 1 and 9). Enter total of col. B on Form 540NR, page 2. CHILD ADOPTION EXPENSE 29. Total. Enter total of col. B on Form 540NR, page 2 Schedule Attached 11. Total expense paid or incurred (Attach itemized list) ..... 38,862 MISCELLANEOUS DEDUCTIONS Casualty or Theft Loss(es)
NOTE: If you had more than one casualty
or theft loss occurrence, omit lines 30
through 33 and follow instructions for
guidance. 12. Enter 3% of adjusted gross income shown on Form 540NR . . . . . . 13. Subtract line 12 from fine 11 (See Instructions for meximum limita-tions). Enter total of col. B on Form 540NR, page 2 . . . . . . 30. Loss before adjustments . . . . . . 31. Insurance reimbursement . . . . . \$100.00 \$100.00 32. \$100 limitation . . . . . . . . . . . . . TAXES 33. Add lines 31 and 32 . . . . . . . . 14. Real estate . . . . . . . . . 34. Line 30 less line 33 . . . . . . . . 15. State and local gasoline . . . . . 35. Child Care—See instructions . . . . 36. Other—For education, alimony, union dues, etc. See instructions 17. Auto license (excess of registration 20. Other . . 37. Total. (Add lines 34, 35 and 36). Enter total of cel. B on Form 540NR, page 2

17,461

Schedule B (Form 540NR) on Reverse

(Rev. 1972)

21. Total taxes. Enter total of col. 8 on Form 540NR, page 2 Schedule Attached

#### Richard M. and Patricia Nixon Income as Nonresidents of California

	Calendar Years			
	1969	1970	1971	1972
Income				
Apportionable income			,	
Presidential salary & allowance	\$236,459	\$250,000	\$250,000	\$250,000
Personal use of gov't. airplanes Total	4,001 240,460	$\frac{9,276}{259,276}$	4,636 254,636	$\frac{9,102}{259,102}$
Less business expenses	_			Charm
Total to be apportioned	240,460	259,276	254,636	259,102
Apportionment formula	$\frac{39/345}{$27,171}$	55/365 \$ 39,072	$\frac{51/365}{$35,572}$	<u>34/366</u>
Income apportioned to Calif.	\$ 27,171	\$ 39,072	\$ 35,572	\$ 24,072
California income	·			
· · Residual compensation	. 11		,	
Interest (1)		***		
Improvements to San Clemente Income Mother's Estate	<b>43,6</b> 25 <b>32</b> 2	15,635	6,963	391
Whittier rental	(5,699)	(6,188)	(5,715)	(6,448)
Gain on sale of San Clemente			•	
<pre>property (50% NLTCG) Royalty income (2)</pre>	710	58,918 8,880	367	
	****			è 10 015
ADJUSTED GROSS INCOME	\$ 66,140	\$116,317	\$ 37,187	\$ 18,015
Deductions				
California contributions	•	•		
UCLA Alumni Ass'n		\$ <u>1</u> 00		•
Whittier College	<b>\$ 50</b> 0	7	<b>\$ 1</b> 00	
Nixon Foundation (3)	:		10,385	
E. Whittier Friends Church	250		1,000	
E. Whittier YMCA		250		
So. Calif. School Theology	Contract of the contract of th	Water and the state of the stat		200
Total	750	350	11,485	200
Excess over 20% of AGI	-		( 3,998)	
Allowable deduction	<b>\$ 7</b> 50	\$ 350	7,437	\$ 200
California interest expense				,
Elmore		\$ 6,000	,	
<b>O</b> gden	· .	75,000	\$ 38,045	\$ 17,437
Abplanalp (4)	*	$\frac{11,955}{255}$	11,955	$\frac{21,425}{21}$
Total	1	\$ 92,955	\$ 50,000	\$ 38,862
California taxes				
Real property - San Clemente	\$ 7,561	\$ 12,953	\$ 11,346	\$ 17,402
California sales tax	<b>2,</b> 256	486	- 17	- 50
California gas tax License tags - net	20	9 20	17 19	59
Total	9,837	13,468	$\frac{13}{11,382}$	17,461
Total deductions	10,587	106,773	$\frac{11,302}{68,819}$	56,523
TAXABLE INCOME (LOSS)	\$ 55,553	\$ 9.544	(\$ 31,632)	(\$ 38,508)
The state of the s	and the second s	And the state of t	Antonio de la companya del companya de la companya del companya de la companya del la companya de la companya d	Teaching again to some of an experimental and

# LAW OFFICES WILLIS, BUTLER & SCHEIFLY

ARTHUR B. WILLIS
JOHN E. SCHEIFLY
IRVING M. GRANT
JAMES F. CHILDS, JR.
JOHN J. BARCAL
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NEAL S. MILLARD

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MICHAEL I. BLAYLOCK
DAVID R. DECKER
CHARLES R. AJALAT
DAVID L. CASE

20th FLOOR
CITY NATIONAL BANK BUILDING
606 SOUTH OLIVE STREET
LOS ANGELES, CALIFORNIA 90014
TELEPHONE (213) 620-1650

May 3, 1974

Franchise Tax Board
State of California
P. O. Box 1468
Sacramento, California 95807

Attention: Martin Huff

Re: Richard M. and Patricia R. Nixon

1973 California Nonresident Income Tax Return

#### Gentlemen:

In accordance with the authority granted to me in a Power of Attorney from the above designated taxpayers and previously filed with your office, I hereby authorize the disclosure by your office of the fact that a 1973 California Nonresident Income Tax Return has been filed by the taxpayers and that such return discloses no tax payable. You are also authorized to disclose any of the details of the return which you feel are appropriate.

Yours very truly,

DEANS. BUTLER

DSB:cmn

NEWS RELEASE FROM:

Franchise Tax Board Sacramento, CA 95867

(916) 445-0408 or

Phone: Robert W. Longsdorf, (916) 355-0447

FOR IMMEDIATE RELEASE

On April 12, 1974, Martin Huff, Executive Officer of the Franchise

Tax Board, stated that President and Mrs. Nixon's tax counsel had indicated

that California State income tax returns for 1969 through 1972 would be

prepared in accordance with the determination of their liability.

Huff stated that those returns have now been received and the amount due has been paid. On payment, the 1969 tax liability of \$4,107 was subject to a credit of \$200 to reflect the special tax credit applicable for that year. A timely return for the year 1973 was also filed. It was prepared on a basis consistent with the department's determination for prior years.

At a press conference held February 1, 1974, questions were raised as to President Richard M. Nixon's and Patricia R. Nixon's filing status under the California Personal Income Tax Law for years prior to 1969. These questions could not be answered at that time as the department had no waiver permitting disclosure. Subsequently, a waiver was received.

For the years 1947 through 1963, California returns were filed and taxes paid by Richard M. and Patricia R. Nixon. For the years 1964 through 1968, Mr. and Mrs. Nixon were not residents of California and were not subject to the California filing requirements.

#####

A schedule setting forth the data and calculations for 1973 is attached.

74-2-550

5/3/74

### RICHARD M. and PATRICIA R. NIXON

1973 Income as Nonresidents of California

#### INCOME

Appor	tion	ab1e	Income:
-------	------	------	---------

President's salary and allowance

\$ 250,000.

Apportionment Formula -46/365 = 12.6027%

Income apportioned to California

31,507.

California Income

Whittier Rental

5,371.]

\$ 26,136.

\$ 300.

\$ 32,102.

19,833.

### ADJUSTED GROSS INCOME

#### Deductions:

California Interest Expense

California Taxes 11,969.

Total Deductions:

TAXABLE INCOME (LOSS) [\$ 5,966.]

74-2-550

5/3/74

#### February 5, 1969

TO MR. HALDEMAN

FROM BUD KROGH

RE RESIDENCE REQUIREMENT FOR DISTRICT OF COLUMBIA

Sorry to be late in getting this answer back to you, but I wanted to check on the question with Justice, our personnel office, and the District of Columbia Tax Auditing Department. The results of these checks are as follows:

- (1) Even though you are in a temporary status at the Jefferson Hotel and will probably move into the suburbs with your family during the summer, you are still, for District withholding tax purposes, a resident of the District. Consequently, you should fill out that form indicating that you are a resident of the District and Mrs. Robb's office will proceed to withhold income tax for the District according to your tax bracket.
- (2) You will not be taxed double. If, during the period from January 1 through June or July, the State of California also imposes an income tax, this will be deducted from the income tax payable to the District. In addition, if you are not a resident of the District for seven months this year, or do not live here on the last day of the month, the tax withheld from your pay checks in the next six months or so will be refunded to you.
- (3) The crux of all this is that you should not fill out form D-4-A, the pink form, but should fill out that form stating that you are a resident of the District. I forget its color.
- (4) There are no problems that I can see that might be caused by California being a community property state and the District, Virginia, or Maryland not being a community property state.

Form D-4-A Government of the District of Columbia Finance Office Washington, D. C. 20001

#### EMPLOYEE:

Upon request of your employer, you must file this form with him so his records may show clearly that you are not a resident of the District of Columbia. Otherwise, he must withhold D. C. income tax from your wages.

#### EMPLOYER:

Keep this certificate with your records. If you believe the imployee should have filed Form D.4 in lieu of Form D.4-A, the Finance Officer, D. C. should be so informed (see instructions on reverse)

CERTIFICATE	OF	NON-RESIDENCE	IN	THE	DISTRICT	OF	COLUMBIA
		(See instructions	on:	reverse	)		

Social Security No. Print full name

\_\_, certify that:

(Name) My permanent residence is \_\_\_

(Street) \_\_; that (State)

(County) do not have a place of abode within the District; that

I have not maintained a place of abode within the District for more than seven (7) months during this calendar year; that

I do not reside within the District; and that

I am not domiciled within the District.

Print street address, city, state, zip code

I certify under the penalties provided by law that the above statements are true, correct, and complete to the best of my knowledge and belief.

, -2\_\_\_ (Date) (Signature)

#### INSTRUCTIONS TO EMPLOYEES

- 1. Purpose of Certificate of Non-Residence.—Your employer is required to determine your resident status in order that he may know whether or not you are subject to the D. C. Withholding Tax. In order to establish that you are not a resident of the District and therefore not subject to the D. C. Withholding Tax, this form must be filed with your employer upon his request. Employees who are residents of the District will not use this form but will file Form D-4, "Employee's Withholding Exemption Certificate". Failure to file the appropriate certificate in any doubtful case will cause your wages to be subject to D. C. Withholding Tax without exemption.
- 2. Who Must File a Certificate of Non-Residence.—Upon the request of his employer every individual who is employed in the District must file Form D-4-A when: W-17

- (a) he did not maintain nor does he expect to maintain a place of abode within the District for more than seven months of the taxable year; and
- (b) he does not reside within the District; and
- (c) he is not domiciled within the District.
- 3. Change in Resident Status.—If your resident status changes at any time after you have filed Form D-4-A with your employer so that you have a place of abode within the District, or reside within the District, or become domiciled within the District, you must promptly file Form D-4, "Employee's Withholding Exemption Certificate", with your employer in order that he may determine the proper amount of tax to be withheld from your wages.

Mr. Krogh:

As per our conversation, furnished herewith are D.C. tax forms (Non-resident certificate and the current instructions regarding D.C. Tax Return for 1968 income). May I have copy of your resulting memorandum - for my record?

Jean Robb

## THE WHITE HOUSE

Mr. Broadlus

D.c. Auditho Office.

# 629-3324

Check resident status of our personnel.

Who are you. A.E.C. Densy

Eva Daughtry

#### INSTRUCTIONS FOR FORM D-40





### INSTRUCTIONS FOR EMPLOYEES WHO EARNED LESS THAN \$10,000

Employees who earned less than \$10,000 may follow these simple steps to use Form D-40 if they were residents for the entire year.

- 1. Enter your full name, address and social security number.
- Fill in lines 1, 2, and 3 to receive credit for your exemptions. Dependents must be listed on page 2.
- 3. Enter on line 4 the total wages and other compensation from all your 1968 Forms D-2. If you claim "sick pay" on line 4a, attach Form FR-102.
- Report all dividends and interest in Schedule A, Page 2 and enter the total on line 5, page 1.
- 5. Enter your total income on line 8.

6. Computation of Tax

a. If your income was less than \$5,000, you may figure your tax from the tax table on page 4 of these instructions.
b. If your income was \$5,000 or more, compute your own tax by completing line 10. c. Enter your tax on lines 11 and 13.

Enter the total D.C. tax withheld on lines 14 and 16. Attach all withholding statements.

8. Enter the balance due on line 17 or refund on line 20.

Sign your return. If a joint return, both husband and wife must sign.

10. Attach check or money order for any balance of tax due.

#### GENERAL INSTRUCTIONS

**IMPORTANT:** Since the District of Columbia and Federal income tax laws are not the same, you should read the following instructions carefully.

WHO MUST FILE A TAX RETURN.—Unless exempt for one the reasons shown below, you must file a return if—

(1) you maintained a permanent home (domicile) in the District on the last day of the taxable year, or

(2) you maintained a place of abode (lived) in the District for more than seven months of the taxable year.

CHANGE OF RESIDENT STATUS.—Any individual who on or before December 31st changes his permanent home (domicile) to a place outside the District shall be taxable as a resident of the District for that portion of the taxable year during which he had his permanent home (domicile) in the District. Also, any individual who, during the calendar year, acquires a permanent home (domicile) in the District is taxable on the amount of gross income received from and after the date he becomes a resident of the District. If you resided in the District for less than 12 months in 1968, be sure to enter the number of months you were a resident at the top of Page 1 (if more than half a month, count it as a full month.)

See "Personal Exemptions and Credit for Dependents Allowed on Change of Resident Status" on Page 2 of these instructions.

WHO IS NOT REQUIRED TO FILE A RETURN.—You are not

WHO IS NOT REQUIRED TO FILE A RETURN.—You are not required to file a return if you were—

(1) single, or married and not living with husband or wife, and received less than \$1,000 gross income during the tax-

and received less than \$1,000 gross income during the taxable year, or

(2) married and living with husband or wife and the combined income received by both spouses during the taxable year was less than \$2,000, or

(3) an elective officer of the U. S. Government, or

(4) an employee on the staff of an elected officer in the legislative branch of the U. S. Government and both you and the elected officer are bona fide residents of the same State, or

(5) an officer of the executive branch of the U. S. Government who had no permanent home (domicile) in the District on the last day of the taxable year and your appointment to the office held was—

(a) by the President of the United States.

(a) by the President of the United States,
(b) subject to confirmation by the U.S. Senate, and
(c) terminable at the pleasure of the President of the United States.

WHEN AND WHERE TO FILE.—File your return as soon as possible after January 1, but not later than April 15, 1969. Mail or deliver it to the Finance Office, Revenue Division, Municipal Center, 300 Indiana Avenue, N. W., Washington, D. C. 20001. If you require more time to file your return and you have a justifiable reason, an extension of time may be obtained by filing Form FR-127, in duplicate, before April 15, 1969.

PAYMENT OF BALANCE DUE.—Any balance of tax due must be paid with your return. Make your check or money order payable to "D. C. Treasurer." Do not send cash or stamps.

Notice of Charge for Dishonored Checks.—A penalty of \$5.00 will be imposed if a check in payment of any obligation due the District of Columbia is not honored by your bank.

SOCIAL SECURITY NUMBER.—Your Social Security number must be entered in the space provided. Married persons must enter the numbers of both spouses even though separate returns are filed.

1969 ESTIMATED TAX.—File a 1969 Declaration of Estimated Tax, Form D-40ES, by April 15, 1969 and make quarterly payments if you expect your gross income will exceed—

(a) \$5,000 after allowance for personal exemptions; or

(b) \$1,000 from sources other than wages subject to withholding and will exceed \$500 after allowance for personal exemptions exemptions.

MARRIED PERSONS-JOINT OR SEPARATE RETURNS .-Important—It is generally advantageous for married couples file separate returns if the combined taxable income exceeds \$2,000.

Joint Returns—Joint returns must include all income of both spouses. The names of both spouses must be entered in the heading of the return. Both spouses must sign the return.

Separate Returns—Include only the income of the filing spouse. Do not claim an exemption for the other spouse.

CHANGE FROM JOINT OR SEPARATE RETURN.—Election to file joint or separate returns cannot be changed after April 15,

NONRESIDENTS.—Use form D-40B to claim a refund. The form may also be used to request a ruling with regard to liability for D. C. income tax and to substantiate claim of domicile outside the District.

#### CHECK THESE ITEMS BEFORE MAILING YOUR RETURN:

1. Signature(s) on return.
2. Social security number(s) on return.
3. Name and address, including Zip Code, printed legibly on

return.
4. Copy of withholding statement attached for each employer.
5. All personal exemption questions answered.
6. Copy of State tax return attached if State credit claimed.
7. Form FR-102 attached if sick pay exclusion claimed.
8. Filing on Form D-40B if claiming refund as nonresident.
9. All computations double checked for accuracy.
10. Check or money order attached if balance of tax due.

#### SPECIFIC INSTRUCTIONS

These instructions are so designed that the filing of your D. C. return will be relatively easy after you have prepared your Federal income tax return. Many of the items on your D. C. return may be copied from the Federal return, but read the following instructions carefully for some of the important differences.

PERSONAL EXEMPTION-PAGE 1, LINE 1 EXEMPTION—PAGE 1, LINE 1

EXEMPTION FOR YOURSELF AND WIFE.—Claim exemption for your spouse only if all of the income of the spouse is included in this return, or if spouse had no income. Married persons not living together must file as single persons. Head of family may be claimed only if you are single or married and not living with spouse AND you supported in your home one or more dependents listed on page 2. EXEMPTIONS FOR CHILDREN AND OTHER DEPEND-ENTS.—Each dependent must be listed on page 2 and meet ALL of the following tests:

Received more than one-half of his or her support from you (or from wife or husband if a joint return is filed).
 Received less than \$500 gross income.
 Did not file a joint return with her husband (or his wife).
 Was a citizen or resident of the United States, Canada, or Mexico.

(5) Was related to you in one of the following ways:

Mother-in-law The following if re-Father-in-law lated by blood: Brother-in-law Uncle Sister-in-law Aunt Son-in-law Niece Daughter-in-law Nephew Child Sister Stepchild Mother Grandchild Stepbrother Stepsister Stepmother Father Grandparent Brother Stepfather

Note: No exemption is allowed if your child had \$500 or more gross income even though the child was under 19 or was a student.

BIRTH OR DEATH OF A DEPENDENT.—You may claim a full \$500 exemption for a dependent who was born or died during the year if the tests for claiming exemption for such dependent are met for the part of the year during which he or she

#### PRORATION OF EXEMPTIONS REQUIRED-

Change in Marital Status.—If you use the tax table, your marital status on the last day of the taxable year determines your

allowable exemptions.

If you do not use the tax table, and your marital status changed during the year, you must prorate your personal exemptions in accordance with the number of months before and after such change. A fraction of a month is disregarded, but if it is more than one-half of a month, count it as a full month.

than one-half of a month, count it as a full month.

Decedents.—The total amount of the decedent's exemptions reported on line 3 must be prorated to the date of death in the final return of an individual who died during the taxable year.

Personal Exemptions and Credit for Dependents Allowed On Change of Resident Status.—If you changed your resident status and are filing a return for a period of less than a full calendar or fiscal year you must:

1. Include in your return all gross income received while you were a resident of the District,
2. Prorate your personal exemptions and credit for dependents according to the number of months you were a resident of the District (if more than one-half of a month, count it as a full month), and
3. Itemize your deductions. Report only those deductions actually paid while you were a resident of the District. You may not use the Standard Deduction or the Optional Tax Table.

WAGES, SALARIES, TIPS, ETC.— PAGE 1. LINE 4

WAGES, SALARIES, TIPS, ETC.— PAGE 1. LINE 4
Report the full amount of your wages, salaries, fees, tips, commissions, bonuses, and other payments for your personal services even though taxes and other amounts have been withheld by your employer.

All income received, regardless of source and unless specifically exempt, must be reported even though it may be offset by expenses and other deductions. If you are filing a return for a period of less than a full calendar or fiscal year, include in your return all gross income received while you were a resident of the District.

\*\*SICK PAY\*\* EXCLUSION PAGE 1. LINE 42

"SICK PAY" EXCLUSION—PAGE 1, LINE 4a

Federal limitations on "sick pay" do not apply on the D. C. return. Enter the total of amounts received under employers' wage continuation plans for periods you were absent from work due to personal injuries or sickness. Attach to your return a completed Form FR-102 or a comparable statement showing how such amount was computed.

#### INCOME FROM PAGE 2-PAGE 1, LINE 5

If you had income from dividends and interest, enter on line 5 the total amount reported in Schedule A on page 2.

INCOME FROM PAGE 3—PAGE 1, LINE 6

If you had income required to be reported on page 3, follow the instructions for page 3 with respect to such income and enter the total on line 6.

INCOME FROM PAGE 4-PAGE 1, LINE 7

If you had income required to be reported on page 4, follow the instructions for page 4 with respect to such income and enter the total on line 7.

FIGURING YOUR TAX-PAGE 1, LINES 9 and 10

OPTIONAL TAX TABLE

If your total income shown on line 8, page 1, is \$5,000 or less, you may be eligible to use the optional tax table to compute your tax. (See instructions for the tax table on page 4.)

#### TAX COMPUTATION

If you do not use the tax table your tax must be computed in the tax computation on page 1 of the return. Instructions for the tax computation are as follows:

Line 10a.—Enter amount of standard deduction, or total of itemized deductions from page 2. The election to claim the standard deduction, or to itemize deductions, is irrevocable for the taxable year for which the election is made. If husband and wife living together file separate returns and one itemizes deductions, the other must itemize. Upon request by the Finance Officer you must be able to support all itemized deductions claimed. Generally, itemized deductions may be copied from your Federal return. Some deductions which may not be copied are as follows: are as follows:

ur Federal return. Some deductions which may not be copied as follows:

1. Contributions—Contributions to organizations which do not carry on their charitable activities to a substantial extent in the District of Columbia are not allowed on the D. C. return. The total deduction for contributions may not exceed 15% of the amount reported on line 8, page 1.

2. Taxes—No income or wage taxes, or any taxes deducted in computing the total income reported on pages 3 or 4 are allowed as itemized deductions. Taxes which are not deductible on your Federal return but which may be included in itemized deductions on your D. C. return are auto license fees; social security taxes for your domestic employees; and Federal excise taxes on services including transportation, telephone and telegraph.

3. Medical and Dental Expenses—The Federal exclusion of 1% of adjusted gross income from costs of medicines and drugs does not apply on the D. C. return. The exclusion from the D. C. total medical expense deduction, however, is 5% as compared to 3% on the Federal return. You cannot deduct one-half of the amount of the medical insurance premiums paid not exceeding \$150 for yourself, your wife, and dependents without regard to any limitation. However, the entire amount paid for medical insurance may be included with other medical expenses subject to the 5 percent exclusion. An itemized statement of all medical expenses must be attached to the return.

4. Casualty Losses and Thefts—The Federal exclusion from the deduction for losses and thefts does not apply on the D. C. return. Losses, damage, and thefts of property owned for more than two years are not deductible on the D. C. return.

5. Miscellaneous—Moving expenses, costs of child care, and alimony payments not made under a court order, are not

5. Miscellaneous—Moving expenses, costs of child care, and alimony payments not made under a court order, are not deductible on the D. C. return.

Excess deductions on the termination of an estate or trust are not allowable deductions on the D. C. Individual Income Tax Return of the beneficiary.

Itemized Deductions Limitation.—If you changed your resident status and are filing a return for a period of less than a full calendar or fiscal year you must itemize your deductions. Report only those deductions actually paid while you were a resident of the District. You may not use the Standard Deduction or the Optional Tax Table if your return is for a period of less than a full calendar or fiscal year.

Lines 10a, b and c.—Follow instructions on each of these lines on page 1.

Line 10d.—The balance on line 10d is your TAXABLE INCOME. Compute your tax on this amount by using the tax rate schedule on page 3 of the return.

Line 12—State Tax Credit.—If you were domiciled outside the District of Columbia during the entire calendar year and you were required to pay and you paid income or intangible personal property taxes for the calendar year to your state of domicile or any political subdivision thereof, enter the amount of such taxes paid.

State Tax Credit is Tax.

State Tax Credit if Resident Status Changed.—If you file a D. C. return for the portion of the calendar year that you maintained a place of abode in the District and are required to file a full calendar year return as a domiciliary resident with another jurisdiction, the amount of state tax credit must be prorated in the same ratio as the amount of adjusted gross income shown on your D. C. return bears to the amount of adjusted gross income reported on your return filed with the other jurisdiction. Attach a statement showing how you prorated your State Tax Credit.

If you file for a portion of the calendar year with the District and the balance of the year with another jurisdiction, no credit is allowed for the amount of tax paid to the other jurisdiction.

Do not take credit for any tax paid for any year other than 1968. Your home state or political subdivision must require you to pay the tax. If you voluntarily pay such tax, or any portion thereof, or if you fail to take advantage of your home state's credit provisions for taxes paid on income earned while residing in D. C., your claim for credit against the D. C. tax will be disallowed.

Attach to your D. C. return a copy of the tax return filed with the state or subdivision.

You may be requested to submit proof you were required to pay the tax to the state or subdivision and proof of domicile in

Line 14—D. C. Income Tax Withheld.—Enter the total amount of D. C. income tax withheld during 1968, and attach copy "A" of all Forms D-2 or other approved substitute withholding tax statements to your return.

REFUND OF OVERPAYMENT OR PAYMENT OF BALANCE DUE—PAGE 1.

Follow the instructions on lines 11 through 18, page 1 of the return carefully to determine if your tax is overpaid or if there is a balance of tax due, and complete the appropriate lines.

Refunds Due on Behalf of Deceased Taxpayers,—If a return is filed on behalf of a taxpayer (or his wife if a joint return is filed), who died during or after the taxable year 1968, Form FR-147, Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer, must be completed by the claimant in accordance with the instructions contained therein and attached to the return.

DIVIDENDS AND INTEREST—PAGE 2, SCHEDULE A

Dividends.—Report as taxable income all dividends received, including the following:

(1) Dividends received in liquidation of a corporation.

(2) The full amount of dividends received from regulated investment companies even though such distributions, in whole or in part, are classified as "capital gain" dividends for Federal income tax purposes.

(3) Distributions received from public utility corporations which generally are classified in part as "return of capital" for Federal income tax purposes.

Do not exclude any amount from such dividends.

Do not exclude any amount from such dividends.

Interest.—Copy interest income listed on your Federal return except interest from obligations of the United States, its agencies, or instrumentalities.

or instrumentalities.

NONTAXABLE INCOME—GAINS AND LOSSES FROM SALES
OR EXCHANGES OF CAPITAL ASSETS.—PAGE 2

"Capital Assets" Defined.—The words "capital assets" mean
any property, whether real or personal, tangible or intangible,
held by the taxpayer for more than two years (whether or not
connected with his trade or business) but do not include:

(1) Stock in trade or other property of a kind properly includible in inventory if on hand at the end of the taxable year; or

cludible in inventory if on hand at the end of the taxable year; or

(2) Property held by the taxpayer primarily for sale to customers in the ordinary course of his trade or business. Report all gains and losses from selling or exchanging capital assets in this schedule.

Following are some examples of transactions which do not qualify as a sale or exchange of capital assets for D. C. purposes:

(a) Distribution received from employees profit-sharing or pension plan (Report in Schedule C)

(b) Liquidating distributions by corporations (Report in Schedule A)

(c) Distributions received from mutual funds which are classified as "capital gains" distributions for Federal income tax purposes. (Report in Schedule A)

(d) Profit from surrender of annuity contract for cash. (Report in Schedule C)

port in Schedule C)

#### OTHER NONTAXABLE INCOME—PAGE 2

All other items of nontaxable income must be reported in the schedule provided at the bottom of page 2 of Form D-40.

If your income was all from salaries, wages, dividends and interest, disregard instructions for pages 3 and 4, and file only pages 1 and 2.

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY OTHER THAN CAPITAL ASSETS—PAGE 3, SCHEDULE B

Gains.—Gains and profits from selling or exchanging property other than capital assets are fully taxable. (For definition of "capital assets" see NONTAXABLE INCOME instructions.)

Losses.—Generally, losses from selling or exchanging property other than capital assets are fully deductible, except as follows:

(1) Loss from the sale or exchange of a personal residence or other nonbusiness property which was not held for the purpose of producing income, and

(2) Loss of stock which became worthless over two years after it was acquired.

"Capital Loss Carryover."—Capital loss carryover is not per-

"Capital Loss Carryover."—Capital loss carryover is not permitted.

### INCOME FROM ANNUITIES AND PENSIONS—PAGE 3, SCHEDULE C

Report as income each year 3-percent of all the money you paid oward your annuity or pension until you recover your cost ex-free. This is called "the 3-percent rule." Enter the figures tax-free.

called for in column,  $\ _{\star}$  through 6 of Schedule C. Each line of Schedule C is for reporting one annuity or pension.

Part-Year Annuities.—If your payments started after January 1, 1968, instead of reporting 3-percent, take 1/12 of this 3% of cost and multiply it by the number of months for which you received payments in 1968.

After You Recover Cost.—As soon as you have recovered your

After You Recover Cost.—As soon as you have recovered your cost tax-free (usually within the first few years), then everything you receive must be reported as income. From then on, you can report your full pension or annuity receipts in column 6 of Schedule C without filling out the other columns. Enter the total of column 6 in the last column to the right.

Noncontributory Annuities.—If the employee did not contribute to the cost and was not subject to tax on his employer's contributions, the full amount of an annuity or a pension of a retired employee must be included in column 6.

retired employee must be included in column 6.

Other Joint and Survivorship Annuities.—If, after the death of one annuitant, another person continues to receive the annuity payments, the new recipient must continue to report income in the same manner as the deceased annuitant.

Disability Pensions.—If your employer's plan provides for the payment of a disability pension when you become permanently disabled due to sickness or injury before you reach normal retirement age, you may exclude all of the amounts you receive up to the time you reach normal retirement age. Thereafter, you must report the payments received under the 3-percent rule explained above. However, upon death of the disability annuitant, the surviving spouse must immediately report the payment received under the 3-percent rule.

INCOME FROM RENTS AND ROYALTIES. DAGE 2. SCHED.

### INCOME FROM RENTS AND ROYALTIES—PAGE 3, SCHED-ULE D

If you received more than \$5,000 from renting property located in the District, you may be required to file an unincorporated business franchise tax return. (See instructions for filing Form D-30.) Copy the detailed information from the rent and royalty income part of your Federal return. (See instruction for Schedules D-1 and G-1 for depreciation rules.)

## INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS AND OTHER SOURCES—PAGE 3, SCHEDULE E

A partnership, estate or trust engaged in a trade or business in D. C. or receiving income from renting property located in D. C. may be required to file an unincorporated business franchise tax return. (See instructions for Form D-30.)

Partnerships.—For the tax year in which the last day of the partnership year falls, report your share of the net income (or loss) of the partnership, whether actually received by you or not.

Estates and Trusts.—Report your share of the net income of an estate or trust which, for the taxable year, is either required to be distributed to you or has been paid or credited to your account. account.

Other Income.—Report income such as alimony, separate maintenance, prizes, winnings, recoveries of bad debts and other items which reduced your tax in a prior year.

Fellowship Grants and Awards.—Report the full amount of a grant or fellowship award as taxable income unless you can establish that it was a gift and not payment in whole or in part for services performed. Submit full details with your return if you believe it was a gift.

### DEPRECIATION—PAGE 3, SCHEDULE D-1 AND PAGE 4, SCHEDULE G-1

Furnish information as required. The depreciation allowance

Furnish information as required. The depreciation allowance does not apply to inventories or stock-in-trade, nor to land.

Any method of computing depreciation approved by the Internal Revenue Service will be permitted if it produces a reasonable depreciation allowance based upon useful life of the property to the trade, business or profession and if it takes into consideration estimated salvage values. However, District law contains no provisions similar to the 7% investment tax credit and the 20% "bonus" or additional first year depreciation allowance on tangible personal property, both of which are provided for in the Federal law.

The bases to be used in computing depreciation are as follows:

The bases to be used in computing depreciation are as follows:

- (a) Property (including intangible personal property) acquired by gift or inheritance, use the highest valuation placed upon its transfer by the Federal Government or by the State or Territory imposing a tax on the transfer thereof. If the transfer of the property was not subject to the aforesaid transfer tax, use the fair market value at the time acquired. The time such inherited property was acquired shall be the date of death of the decedent.
- (b) Property acquired by purchase, use cost.
- (c) Property acquired by exchange, use fair market value at the time of the exchange.

(d) Property acquired prior to Januar, 1939 as to which an election was made in prior years to use fair market value as of that date instead of any other allowable basis, continue to use the January 1, 1939 fair market value.

The allowance for depreciation actually sustained during the taxable year may not be increased by any depreciation allowable in any prior year.

### INCOME (OR LOSS) FROM UNINCORPORATED BUSINESS—PAGE 4, SCHEDULE F

As owner or part owner of an unincorporated business you must report in this schedule the portion of your share of the income (or loss) of the business, whose taxable year ends within or with the year covered by your return, which was not taxable

by the District to .... unincorporated business. The amount to be reported in Schedule F may be found in Schedule M, column 8, of the D. C. unincorporated business franchise tax return, Form D-30, filed by the business.

### PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION—PAGE 4, SCHEDULE G

If you owned a business or practiced a profession, you must fill in Schedule G. If the total receipts from your business or profession were more than \$5,000, you may be required to include such income in an unincorporated business franchise tax return (see instructions for filing Form D-30).

Generally, the information which you furnished in Schedule C and attached to your Federal return may be copied in Schedule C of Form D-40. Attach the necessary statements.

#### 1968 OPTIONAL TAX TABLE FOR INCOMES OF \$5,000 OR LESS

DO NOT USE THIS TABLE IF YOUR RETURN IS FILED FOR A PERIOD OF LESS THAN 12 MONTHS.

If your total adjusted gross income (Line 8, page 1, on your return) is more than \$5,000 use Tax Computation on page 1 of your return.

Your tax may be found in the table below under the optional method of computing tax if (1) you are reporting on a cash basis for the full calendar year; (2) you are not claiming credit for taxes paid to another jurisdiction on any part of your income; (3) your adjusted gross income for the calendar year is \$5,000 or less; (4) your income is derived solely from salaries, wages, dividends and interest; and (5) your spouse, if filing a separate return, also uses the Optional Tax Table or takes the 10% standard deduction in lieu of itemizing deductions.

To find your tax read down income columns until you find the line covering the total adjusted gross income shown on line 8, page 1. Then read across to appropriate columns headed by the amount corresponding to the total amount of exemptions claimed on line 3, page 1. Enter tax on line 11, page 1.

income	sted gross on line 8, 1, is—	And the total	al amount o	f exemptions	s claimed or	n Line 3, Pa	ge 1, of For	m D-40, is—	
At	But less	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500 or more
least	than	THE PROPERTY OF	10 1 m		Your	tax is—	NATE DA		IQ. I.
\$0	\$1,125	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1,125 1,225 1,325 1,425	1,225 1,325 1,425 1,525	1.00 3.00 5.00 6.50	0 0 0 0	0 0 0	0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0
1,525 1,625 1,725 1,825 1,925	1,625 1,725 1,825 1,925 2,025	8.50 10.00 12.00 14.00 15.50	0 0 2.00 4.00 5.50	00000	0 0 0	0 0 0	0 0 0 0	0	0 0 0
2,025 2,125 2,225 2,325 2,425	2,125 2,225 2,325 2,425 2,525	17.50 19.00 21.50 24.00 27.00	7.50 9.00 11.00 13.00 14.50	0 0 1.00 3.00 4.50	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	0 0 0
2,525 2,625 2,725 2,825 2,925	2,625 2,725 2,825 2,925 3,025	29.50 32.00 35.00 37.50 40.50	16.50 18.00 20.00 22.50 25.50	6.50 8.00 10.00 12.00 13.50	0 0 0 2.00 3.50	0 0 0	0 0 0 0	0 0 0 0	0 0 0
3,025 3,125 3,225 3,325 3,425	3,125 3,225 3,325 3,425 3,525	43.00 46.00 48.50 51.00 54.00	28.00 31.00 33.50 36.00 39.00	15.50 17.00 19.00 21.00 24.00	5.50 7.00 9.00 11.00 12.50	0 0 0 1.00 2.50	0 0 0 0	0 0 0	0 0 0
3,525 3,625 3,725 3,825 3,925	3,625 3,725 3,825 3,925 4,025	56.50 59.00 62.00 64.50 67.50	41.50 44.00 47.00 49.50 52.50	26.50 29.00 32.00 34.50 37.50	14.50 16.00 18.00 20.00 22.50	4.50 6.00 8.00 10.00 11.50	0 0 0 0 1.50	0 0 0	0 0 0
4,025 4,125 4,225 4,325 4,425	4,125 4,225 4,325 4,425 4,525	70.00 72.50 75.50 78.00 81.00	55.00 57.50 60.50 63.00 66.00	40.00 42.50 45.50 48.00 51.00	25.00 27.50 30.50 33.00 36.00	13.50 15.00 17.00 19.00 21.00	3.50 5.00 7.00 9.00 10.50	0 0 0 0 .50	0 0 0
4,525 4,625 4,725 4,825 4,925	4,625 4,725 4,825 4,925 5,000	84.50 88.00 92.00 95.50 99.00	68.50 71.00 74.00 76.50 79.50	53.50 56.00 59.00 61.50 64.50	38.50 41.00 44.00 46.50 49.50	23.50 26.00 29.00 31.50 34.50	12.50 14.00 16.00 18.00 19.50	2.50 4.00 6.00 8.00 9.50	0 0 0