

nothing to report since the operating expenses more than offset the gross rental income and produced a net loss.

The capital gain and gross rental income from the 231 Centre St. property are both accurately shown on the amended Section 102 statement. See Exhibit No. 1 attached hereto.

B. Mortgage on 124-26 Bowery Street.

WLF inquires whether Representative Ferraro failed to report any interest income that she received during 1978 from her half interest in the mortgage on 124-26 Bowery Street, also known as 230 Grand Street, that she owned during part of that year. Complaint at 14. There was no failure to report interest income because Representative Ferraro received none during 1978.

The facts are as follows: In November 1977 Representative Ferraro, upon putting up \$35,000 as consideration, received by assignment from the National Bank of North America a 50 percent interest in a mortgage on the premises known as 124-26 Bowery Street. On October 5, 1978, Representative Ferraro assigned her 50 percent interest in the mortgage on 124-26 Bowery Street to Melro Company in consideration of the payment of \$30,000.

Representative Ferraro received no interest income from her 50 percent ownership of the mortgage on 124-26 Bowery Street during 1978 and therefore had none to report on her financial disclosure report for that year.

C. Bank Loans to Representative
Ferraro in 1978

Representative Ferraro borrowed \$25,000 from the East River Savings Bank on October 23, 1978, and \$15,000 from the First Woman's Bank of New York on October 31, 1978. Citing the existence of these loans, WLF asks as to each whether Representative Ferraro gave some form of collateral and, if so, was the asset given as collateral reported on her financial disclosure form for 1978. Complaint at 15.

1. East River Savings Bank Loan.

As provided in the note executed by Representative Ferraro for the \$25,000 loan from the East River Savings Bank, she collateralized this loan with the joint savings account of herself and Mr. Zaccaro at that bank (account no. 3002820-3). At the time of the loan, the bank account had a balance exceeding the face amount of the loan.

Although Representative Ferraro reported interest on savings of Category II, reflecting an income of between \$1,000 and \$2,500 in her 1978 financial disclosure report, she did not report this savings bank account in Section III as an "interest in property" held during that year. Representative Ferraro's amended financial disclosure report for 1978 accurately lists this joint bank account in Section III as an interest in property of Category III of value in the \$15,000 to \$50,000 range. See Exhibit No. 1 attached hereto. It is important to note, however, that in properly reporting the interest income on the "savings"

account, Representative Ferraro disclosed, albeit in a different section of the form, the existence of this asset during 1978.

2. First Woman's Bank of New York Loan.

As the note executed by Representative Ferraro for the \$15,000 loan from the First Woman's Bank of New York attests, the loan was unsecured -- Representative Ferraro did not put up collateral -- and carried an interest rate of 11.58%. Accordingly, both questions asked by the WLF complaint are answered in the negative. Representative Ferraro did not use any asset as collateral for the loan and she did not fail to report on her 1978 financial disclosure form any asset used for that purpose.

D. Dreyfus Liquid Fund.

In Section III of her financial disclosure statement for 1982, Representative Ferraro reported a holding of an interest in the Dreyfus Liquid Fund of Category A reflecting a value of not more than \$5,000. In the same statement she reported receipt of dividend income from an investment fund of Category B reflecting a value of \$1,000 to \$2,500. WLF's complaint inquires whether there was a discrepancy in the reporting of either the dividend or the amount of shares in the fund owned by Representative Ferraro. Complaint at 16.

Review of the facts reveals that she received dividends in the Category C range, \$2,501 to \$5,000, and that her holding in the Dreyfus Liquid Assets Fund during 1982 was in the Category C range, \$15,001 to \$50,000. Appropriate amendments to

each report are being filed contemporaneously with this statement. Exhibit No. 5 hereto. Here, too, it is important to note that, while her report incorrectly categorized the asset, her disclosure form did reveal her ownership of the Dreyfus Fund asset and her receipt of dividends from that asset. The discrepancy in the report stemmed only from the selection of the wrong category for the value of the asset and the income received during the year.

E. Reporting of Honoraria.

In her financial disclosure statement for 1982, Representative Ferraro reported a \$500 honorarium received from the Washington Caucus for a speech. Upon being advised that the dates of receipt of honoraria had not been included in her report, she submitted an amendment on May 17, 1983, on which she reported the same total of \$3,310 reported originally on May 9, 1983, for honoraria received during 1982 from seven entities. In place of the Washington Caucus, she listed Akin, Gump, Strauss, Hauer & Feld. WLF's complaint asks which entity was the source of this honorarium or was this a second honorarium. Complaint at 17.

There was only one honorarium received by Representative Ferraro in connection with her speech to the Washington Caucus in 1982. The source of that honorarium was the Washington Caucus with which one of the partners in Akin, Gump, Strauss, Hauer & Feld was a participant. It may be noted that

Representative Ferraro went beyond the requirements for disclosure of honoraria in her reports for 1981, 1982, and 1983, disclosing the existence and amounts of honoraria of less than \$100.

F. Bond Holdings.

In her 1983 disclosure statement, Representative Ferraro reported in Section V, "Transactions," the following purchases of bonds:

\$25,000	MAC bond	purchased 1/12/83
\$25,000	N.Y.C. G.O.	purchased 1/13/83
\$10,000	Gloversville	purchased 2/9/83

She also reported in Section III, "Holdings," her ownership during 1983 of these bonds, giving as to each the correct category of value. In Section IB, "Income," she reported receiving interest on bonds in the Category F range, \$50,001 to \$100,000. WLF asks how she could have earned such a sum from bonds purchased for only \$60,000 and calls for an investigation. Complaint at 17.

No investigation is necessary. During 1983, Representative Ferraro received interest income on these three municipal bonds in the range of \$2,501 to \$5,000. Her form mistakenly listed Category F in place of Category C. The mistake was unintentional and not calculated to mislead anyone. The information shown on the face of the form was sufficient to alert anyone making inquiry -- as it did alert WLF -- that an

inadvertent error had been made. The amended disclosure statement for 1983 filed today, Exhibit No. 6 hereto, correctly states the category of income.

G. JEB Realty Corp.

The joint federal income tax return for 1978 and amended return for that year voluntarily released by Representative Ferraro on August 20, 1984, disclosed that she received in that year interest income of \$876 from JEB Realty and a capital gain on final liquidation of that corporation of \$61,259. WLF's supplement correctly alleges that receipt of the interest was omitted from her disclosure form for 1978. Supplement at 7-8. The capital gain was taken into account in reporting in Section IB the income received on the "Sale of Property" but, as already noted, supra, p. 55, the value category was understated. The amended form for 1978 being filed contemporaneously herewith reflects this interest income and capital gain as well as Representative Ferraro's ownership of a one-third interest in JEB Realty, a Category IV holding of value between \$50,000 and \$100,000. See Exhibit No. 1 hereto.

H. P. Zaccaro Co., Inc.

Drawing upon Representative Ferraro's voluntary disclosures on August 20, 1984, WLF alleges that she failed to report income received from that company and also misreported positions she held in the company. Supplement at 8-9.

On August 20, 1984, Representative Ferraro issued a five-page statement concerning P. Zaccaro Co., Inc., Exhibit No. 25 hereto, which describes in detail the activities of this family real estate management and insurance business and Representative Ferraro's limited relationship with it. The short of it is that in the period 1978 through 1983 the business was conducted by Mr. Zaccaro with no day-to-day involvement of Representative Ferraro. As she explained on August 21, 1984, at her press conference respecting her financial disclosures, she held nominal positions as a director and vice president so that should her husband die -- as his brother and father had -- she would be in a position to carry on the licensed real estate and insurance brokerage activities conducted by Mr. Zaccaro. See Exhibit No. 28 at 5-6. The absence of any activity on her part in either capacity left her unaware of what offices she held, facts which were ultimately ascertained only when counsel consulted the company's records in preparation of the Form 278. These revealed that she became a director in 1971 and a vice president in 1973. Her financial disclosure statements for all years 1978-83 should have shown these offices rather than "officer" in 1978 and secretary and/or treasurer in other years. While the details were incorrect, her forms were in no sense misleading for they openly reflected her officership in the company. The fact that she mischaracterized the titles of her offices only serves to underscore how distant she was from the company's activities.

While correctly reporting her ownership share in P. Zaccaro Co., Inc., on her forms for 1980 and 1981, Representative Ferraro inadvertently failed to report small amounts of dividend income in each of those years. She earned \$2,962 in 1981 and \$732 in 1980 in dividend income from P. Zaccaro Co. which should have been reported in Section IB respectively as Categories C and A. In no other year during the 1978-83 period did she earn reportable income from P. Zaccaro Co. Appropriate amendments have now been made. See Exhibits Nos. 3 and 4 hereto.

I. 1978 Campaign Committee Debt
to Representative Ferraro.

Next, WLF alleges that Representative Ferraro failed to list as an asset the amounts owed to her by her 1978 campaign committee which WLF asserts ranged from \$170,000 in 1978 to approximately \$50,000 today. Supplement at 8. This allegation is readily answered. There has been no failure to report. The financial disclosure requirements do not call for reporting of the balance due Representative Ferraro on her non-interest-bearing loan to her campaign committee.

The pertinent provisions of the Act and the various instructions implementing its disclosure provisions make clear that claims for repayment of non-interest-bearing loans to campaign committees are not "holdings" required to be reported. As we have indicated, the relevant statutory provision is Section 102(a)(3) of the Act which describes the contents of the

report insofar as interests in property are concerned, and provides as follows:

- "(3) The identity and category of value of any interest in property held during the preceding calendar year in a trade or business, or for investment or the production of income, which has a fair market value which exceeds \$1,000 as of the close of the preceding calendar year, excluding any personal liability owed to the reporting individual by a relative or any deposits aggregating \$5,000 or less in a personal savings account. For purposes of this paragraph, a personal savings account shall include any certificate of deposit or any other form of deposit in a bank, savings and loan association, credit union, or similar financial institution."

The debt to Representative Ferraro arising from her loan of \$170,000 to her 1978 campaign committee does not fit within this statutory language. While such a debt is reasonably described as an "interest in property," Section 102(a)(3) requires reporting of only those interests "held * * * in a trade or business, or for investment or the production of income * * *." The campaign committee debt fulfills none of these conditions. It was not held in a trade or business or for investment. It was non-interest-bearing and, accordingly, was not held for production of income. Thus, the debt was not required to be reported.

The instructions on the forms themselves with respect to the reporting of "holdings" appear to limit disclosure to interests held for commercial or investment purposes. Thus, the

instruction on the forms called upon members to disclose any "interest in property held during the preceding calendar year in a trade or business or for investment or production of income." See Exhibit No. 35 hereto. A non-interest-bearing campaign committee debt lies outside this instruction.

The Instructions pamphlet prepared by the staff of this Committee in February 1980 and available on request by members reflects even more explicitly the statutory intent to limit reports to property held for commercial or investment purposes. After setting forth in bold type a full paraphrase of the statutory language of Section 102(a)(3), the Instructions explain that Section III "Holdings"

"requires disclosure of all real or personal property in which the reporting individual holds an interest, other than property in the nature of household goods and furniture, automobiles, jewelry, paintings, or other personal property which is not principally held for investment or the production of income." Instructions at 14.

A non-interest-bearing debt of a campaign committee fits the description of "personal property which is not principally held for investment or the production of income" and is therefore not reportable. Confirming further this reading of the statute, the Instructions advise that "[o]ther non-reportable items include non-interest-bearing checking accounts * * *." Id.

Representative Ferraro's non-interest-bearing campaign debt had attributes similar to a non-interest-bearing checking account and was therefore not reportable.

In sum, Representative Ferraro made no error or omission in not reporting her non-interest bearing loan to her 1978 campaign committee.

J. Fire Island Lots.

In her financial disclosure report (Form 278) filed August 20, 1984, and the "Summary Statement of Financial Condition" voluntarily released the same day, Exhibit Nos. 8 and 24 hereto, Representative Ferraro disclosed her ownership of a personal residence on Fire Island, New York, which she owned jointly with her husband and four contiguous lots which she owned solely in her own name. Recognizing that personal residences need not be disclosed, WLF alleges, without supporting facts, that the four lots appear to be investment properties and should have been reported. WLF is in error.

In 1970, Representative Ferraro and her husband acquired this summer home on Fire Island and they have held the home in joint ownership as a personal residence continuously since that time. In 1977, Representative Ferraro acquired four lots contiguous to the summer home for the purpose of affording that home the privacy which the family desired. The lots have been held continuously by her since their acquisition and have never been considered to be other than a part of the personal residence. At no time have the contiguous lots been offered for sale and at no time have they been considered income-producing property. Accordingly, there was no occasion for Representative Ferraro to treat the contiguous lots any differently from the

Fire Island summer home of which they were a part in making her financial disclosure reports.

That Representative Ferraro's treatment of these holdings was completely in accord with the Act is confirmed by the Instructions published in February 1980. These provide that "a summer home or other property which is held purely for recreational or vacation purposes, and is not rented at any time during the year, need not be reported." Instructions, p. 14. Like the summer home, the contiguous lots have been held purely for recreational or vacation purposes and have not been rented at any time during the period 1978 to date. No report was required.

K. Positions in Charitable and Educational Organizations.

Again drawing upon the disclosures made by Representative Ferraro on August 20, 1984, WLF alleges that she failed to list positions she held in at least eight other corporations or organizations. As an example, citing a New York Times article, it charges that she failed to disclose in her 1978, 1979, and 1980 disclosure reports that she was a director of the Freann Realty Corporation. Supplement at 9.

Representative Ferraro held no position as a director or officer of the Freann Realty Corporation in 1978, 1979, or 1980. The minute book of the corporation confirms this fact. Accordingly, no disclosure respecting positions in Freann Realty Corporation was required of Representative Ferraro.

Contrary to the allegation of WLF, other than her nominal positions with P. Zaccaro Co., Inc., Representative

Ferraro at no time during the period 1978 through 1983 held any positions with any business or other corporation. Thus, there were no corporate positions which she failed to report.

Representative Ferraro did hold at various times during 1980-1983 positions on the boards or advisory committees of seven educational or cultural organizations. These positions were inadvertently omitted from the reports she filed. Particularly, she should have disclosed that she held the following positions in her reports for the periods indicated:

<u>Name of Organization</u>	<u>Type of Organization</u>	<u>Position Held</u>	<u>From/To</u>
Merchant Marine Board of Visitors	Educational	Board of Visitors	Feb. 1981/Present
The Pension Rights Center	Educational	Board of Directors	Nov. 1983/Present
League of Italian Americans for the Arts	Cultural	Advisory Committee	May 1982/Present
National Italian American Foundation	Cultural	Board of Directors	May 1983/Present
Institute for Art and Urban Resources	Educational	Board of Directors	Oct. 1982/Present
Lexington School for the Deaf	Educational	Board of Directors	Dec. 1980/Present
Mount Vernon College	Educational Committee	Member, Advisory	1983/Present

IV. THE ALLEGATIONS AGAINST REPRESENTATIVE
FERRARO ARE NOT SUFFICIENT TO WARRANT
FURTHER ACTION BY THIS COMMITTEE.

As we have shown in Parts II and III above, Representative Ferraro (1) reasonably claimed the spousal and dependent children's exemption and (2) reported her own financial affairs without errors or omissions that were either willful or deliberate or that concealed conduct bearing on her integrity or performance of her public duty. She has, as promised, corrected the mistakes in her Section 102 filings. Under these circumstances, this matter should now be laid to rest, as there is nothing for the Committee to investigate and no justification for proceeding further.

Taking any other action is not only unwarranted but, as we describe below, would be unprecedented. We have reviewed each of the cases which have been before the Committee or its Senate counterpart in recent years and have found no case in which action has been taken against a member of Congress in a case such as this where allegations of misconduct amount to no more than charges of good faith mistakes. Rather, what the cases show is that Congress has restricted its use of its self-discipline power to cases where criminal conduct was involved or where the challenged conduct impaired or threatened to impair the member's proper performance of his public responsibilities. No claim is made here -- nor is there any basis for a claim -- that the

alleged errors and omissions were intended to conceal or did conceal improper conduct of any kind.

A. Congressional Use of Its Self-Discipline Power

Article I, Section 5 of the Constitution provides:

"Each House may determine the Rules of its Proceedings, punish its Members for disorderly Behaviour, and, with the Concurrence of two-thirds, expel a Member." This power of self-discipline has been used sparingly by Congress over the years, and has only been invoked in cases of egregious impropriety. Congress has the power to expel, censure, reprimand, fine or impose other punishments as it deems appropriate.^{31/} Yet in nearly two hundred years, the House of Representatives has expelled only four members -- three members were expelled for treason during the Civil War, and one member was expelled for bribery in connection with the "Abscam" investigation.^{32/} In the Senate, only 15 members have been expelled, and none since 1862.^{33/} Similarly, there have been few instances where members of Congress have been censured by their colleagues. Twenty-three Congressmen and seven Senators have been subject to censure, with such action being taken since 1900 against only five Congressmen and four

^{31/} See Rule 17(b) of the Rules of Procedure, Committee on Standards of Official Conduct, United States House of Representatives, 98th Cong. (Jan. 27, 1983).

^{32/} Congressional Quarterly, Inc., Guide to Congress, 831 (3d ed. 1983).

^{33/} Id. at 829.

Senators.^{34/} Less severe sanctions -- such as reprimands and fines -- have been imposed in only a few cases.^{35/}

In recent history, we find that the House and Senate Ethics Committees have been called upon to investigate allegations of financial misconduct by members of Congress on eight occasions where investigations were completed and sanctions considered. Review of each of these cases shows that in all cases where a sanction was imposed the activity had been found to constitute egregious misconduct on the part of the sanctioned member.

1. Representative Robert L.F. Sikes

As set forth in the Report by the Committee on Standards of Official Conduct of the House of Representatives, H.R. Rep. No. 94-1364, 98th Cong., 2d Sess. (1979) ("Sikes Report"),^{36/} on or about April 6, 1976, 44 Members of Congress forwarded to the Committee a complaint submitted by Common Cause charging Congressman Sikes with engaging in activities in which he had a conflict of interest. Sikes Report at 1. See Exhibits 1 and 2 to Sikes Report at 34-191. Specifically, the complaint alleged that Congressman Sikes had failed to disclose stock

^{34/} Id. at 833; Congressional Quarterly, Inc., Almanac 581 (Vol. XXXIX 1983).

^{35/} Congressional Quarterly, Inc., Guide to Congress at 843.

^{36/} The Sikes Report, excluding exhibits, is included in the separately bound Appendix as Exhibit No. 43.

ownership in Fairchild Industries, Inc., a major defense contractor doing substantial business with the federal government. Sikes Report at 40-42. The complaint further alleged that Congressman Sikes failed to disclose his ownership interest in the First Navy Bank, a bank that he had used his official position to help establish. Id. at 42-43. Finally, the complaint particularly alleged that Congressman Sikes had improperly voted on an appropriation involving Fairchild Industries, id. at 43-44, had used improper influence in assisting in the establishment of the First Navy Bank, id. at 53-57, and had received a personal benefit from sponsoring certain legislation, id. at 44-53.

After investigating each of the allegations, the Committee found that Congressman Sikes had acted improperly in (1) failing to disclose his financial interests in Fairchild Industries and the First Navy Bank, (2) purchasing stock in the First Navy Bank during its period of organization, and using his official position to assist the bank in obtaining a charter and federal insurance of deposits; and (3) sponsoring legislation in 1961 to remove restrictions on land without disclosing that he would benefit personally from the legislation. Id. at 4.

The Committee recommended that Congressman Sikes be subject to reprimand. Id. at 4-5. The Committee found no intent to conceal the undisclosed information from the Congress or the public. It nevertheless found a sanction appropriate both for nondisclosure and for the other activities relating to the First

Navy Bank. Id. In context, it is clear that the Committee recommended reprimand, not alone because he failed to disclose certain interests but because the underlying undisclosed interests themselves were improper or suggested that improper conduct may have occurred. See H.R. Rep. No. 98-981, Vol. I, 98th Cong., 2d Sess. 390 (1984) ("Hansen Report"). Thus, the failure to disclose aggravated the serious conflict of interest allegations. The reprimand, then, which was ultimately adopted by the House, sanctioned Representative Sikes for conduct that specifically related to his performance of his official duties in Congress.

2. Korean Influence Investigation

In February 1977, the Committee on Standards of Official Conduct commenced an investigation into allegations that members of Congress had accepted money and other things of value offered by the Republic of Korea as part of a plan instituted by the Republic to influence the members' official conduct. H.R. Rep. No. 95-1817, 95th Cong., 2d Sess. (1978) ("Korean Influence Investigation Report").^{37/} After more than a year of investigating, the Committee concluded that there was sufficient evidence against four members to warrant issuing a Statement of Alleged Violations. See Korean Influence Investigation Report at 119. The Members were charged as follows:

^{37/} The Korean Influence Investigation Report, Part I, is reproduced as Exhibit No. 44 in the separately bound Appendix.

"Roybal was charged with failure to report the contribution; conversion of the contribution to his personal use; and two counts of giving deliberately false testimony under oath.

"McFall was charged with accepting the gifts under circumstances which a reasonable person might construe as influencing him in his official duties; failing to report a campaign contribution; and converting the contribution to his personal use.

"Wilson was charged with falsely denying that he had received a \$1,000 cash wedding present from Park.

"Patten was charged with passing off two contributions from Park to the Middlesex County Democratic Organization as his own."
Id. at 58.

After public hearings, the Committee sustained all but one false testimony charge against Congressman Roybal; sustained only the charge of failure to report a campaign contribution against Congressman McFall; sustained the charge against Congressman Wilson; and exonerated Congressman Patten. The Committee recommended reprimand for Congressmen McFall and Wilson and censure for Congressman Roybal because he had deliberately lied to the Committee. Id.

The House declined to follow the Committee's recommendation. Instead, it determined to reprimand all three Congressmen. Thus, in this case, the reprimand sanction was used to punish three Congressmen -- one of whom had been found to have lied to the Committee in the course of the investigation -- for participation in the plan of a foreign country to influence

members of Congress in the performance of their legislative responsibilities. It was clear that simple nondisclosure was not at issue. Rather, the sanctions were imposed for serious misconduct in participating in a scheme that impinged on the integrity of the members and impaired their ability to perform their duties.

3. Abscam

In 1980, an FBI undercover operation implicated seven members of Congress of wrongdoing. The members were indicted and charged with bribery, conspiracy and interstate travel to aid racketeering. The House members were John W. Jenrette, Jr., Richard Kelly, Raymond F. Lederer, John M. Murphy, Michael "Ozzie" Myers, and Frank Thompson, Jr.; the Senator, Harrison A. Williams, Jr. Another House member, John P. Murtha, was named an unindicted co-conspirator.

The Abscam investigation led to the following congressional actions with respect to the seven members, each of whom was convicted of various charges: (1) Ozzie Myers was expelled from the House of Representatives on October 2, 1980, only the fourth Representative ever expelled and the first since the Civil War; (2) three others -- Representatives Jenrette, Lederer and Williams -- resigned from Congress to avoid almost certain expulsion; and (3) Representatives Kelly, Murphy and Thompson were defeated by their constituents before being

convicted in court. The unindicted conspirator, Congressman Murtha, was cleared by the House Ethics Committee.

It is beyond dispute that this investigation involved the most serious misconduct impugning the integrity of the Congress.

4. Representative Charles H. Wilson

In 1979 and 1980, Congressman Wilson was found by the Committee on Standards of Official Conduct to have engaged in financial misconduct. H.R. Rep. No. 96-930 (Part I), 96th Cong., 2d Sess. 1-4 (1980) ("Wilson Report").^{38/} The allegations against Congressman Wilson included payroll padding, accepting kickbacks from an individual with a direct interest in legislation before Congress, converting campaign funds to personal use, and testifying falsely under oath. Id. at 19-22. The Committee recommended that the Congressman be censured by the House for his conduct. Id. at 10-12. The House adopted the Committee's recommendation.

This case, too, was a case of egregious and willful misconduct by a member of Congress relating directly to the performance of his public responsibilities.

5. Representative Charles C. Diggs, Jr.

On October 7, 1978, Congressman Diggs was convicted in the United States District Court for the District of Columbia on

^{38/} The Wilson Report, excluding dissents and appendices, is reproduced as Exhibit No. 45 in the separately bound Appendix.

11 counts of an indictment charging mail fraud and 18 counts charging the giving of false statements. He was sentenced to three years imprisonment. H.R. Rep. No. 96-351, Vol. I, 96th Cong. 1st Sess. 1 (1979) ("Diggs Report").^{39/}

Thereafter, on March 21, 1979, an official motion to conduct an inquiry into the matter was adopted by the Committee on Standards of Official Conduct. On April 4, 1979, the Committee adopted a Statement of Alleged Violation. Id.

The basis of the charge against Congressman Diggs was that he initiated and operated a scheme to defraud the federal government by inflating the salaries of certain employees on his congressional payroll in order to enable them to pay certain personal expenses for the Congressman. Id. at 28-37.

Congressman Diggs admitted misuse of the "clerk-hire" allowance for his personal benefit and admitted that he was unjustly enriched thereby. Id. at 19. The Committee recommended censure and restitution as appropriate sanctions. Id. at 20. The Committee explained its recommendation as follows:

"In determining the punishment of censure, which the Committee has recommended for the Member, various factors were considered. In granting each House the power to punish members 'for disorderly behaviour,' Article I, Section 5, specifically enumerates only the sanction of expulsion as a form of punishment. The framers of the Constitution

^{39/} The Diggs Report, excluding supplemental view and appendices, is reproduced as Exhibit No. 46 in the separately bound Appendix.

recognized the severity of that sanction by requiring a two-thirds vote before it could be imposed. The Committee has previously observed that expulsion has been voted only three times, all occurring during the Civil War when Members left the House to join the Confederacy.

"Next to expulsion, the precedents reveal that censure is the most severe form of legislative punishment. This sanction has been voted in the House only once during this century. Forms of punishment deemed less severe than censure, e.g., reprimand or fine, have occasionally been imposed.

"In recommending the censure of Representative Diggs, the Committee considered his admission of guilt of serious offenses against the House rules, his apology to the House therefor, his agreement to make restitution of substantial amounts by which he was unjustly enriched, and the nature of the offenses charged." Id. at 20 (footnotes omitted).

In sum, Congressman Diggs was censured by the House after he was convicted of criminal conduct and after he admitted that he had defrauded the government by using Congressional funds for his own personal use.

6. Senator Edward W. Brooke

On May 15, 1978, the Senate Select Committee on Ethics commenced an inquiry into certain disparities that had come to light between the financial statements submitted by the Senator in his divorce proceedings and the Public Financial Disclosure Statement he submitted to the Secretary of the Senate. See

Initial Review of Senator Edward W. Brooke, S. Rep. No. 96-40, 96th Cong., 1st Sess. 1 (1979) ("Brooke Report").^{40/}

After conducting an initial review, the Committee found:

"Senator Brooke failed to report on his Confidential Senate Disclosure Statements numerous items which were required to be reported pursuant to Old Senate rule 44, although many of the omitted items were published by the Senate in the Congressional Record. Most of these omissions were due to the careless fashion in which the reports were prepared." Id. at 3.

In spite of its conclusion that Senator Brooke had failed to report "numerous" items on his public disclosure form, the Committee determined not to proceed further with the investigation. Two reasons for this determination are set forth in the Brooke Report section entitled, "Conclusion of Initial Review." First, the Committee found no further investigation warranted because Senator Brooke was no longer a member of the Senate. Beyond that, however, the Committee stated that no further proceedings were justified because "the Committee does not believe the violations mentioned in its Report are sufficiently serious to justify the severe disciplinary actions specified in Senate Resolution 338, as amended (for a Member, censure, expulsion or recommendation to the appropriate party conference regarding seniority or positions of responsibility)." Brooke Report at v.

^{40/} The Brooke Report is reproduced as Exhibit No. 47 in the separately bound Appendix.

The nondisclosures at issue in the Brooke matter did not appear to have anything to do with the Senator's performance of his senatorial functions. Moreover, the omissions -- while numerous -- were not considered to be of a serious nature. Accordingly, after conducting an initial review -- comparable to the review undertaken here by this Committee -- no further action was deemed appropriate.

7. Senator Herman E. Talmadge

In June 1978, the Senate Select Committee on Ethics commenced an inquiry into certain matters relating to Senator Talmadge. Staff of Senate Select Comm. on Ethics, Report on the Investigation of Senator Herman E. Talmadge (Vol. I) (Comm. Print 1980) ("Talmadge Report").^{41/} The initial review inquired into the following allegations: (1) the alleged overpayments by the Senate to Senator Talmadge on the basis of official vouchers submitted by Senator Talmadge; (2) the alleged failure of Senator Talmadge properly to report to the Secretary of the Senate campaign expenditures for his 1974 campaign as required by law; (3) the alleged failure of Senator Talmadge properly to report gifts, contributions and his interests in property as required by Senate Rule 44 effective from 1968 to 1977; (4) allegations that Senator Talmadge had failed properly to declare on gift tax returns gifts of securities he made to his ex-wife; (5) the

^{41/} The Talmadge Report, excluding appendices, is reproduced as Exhibit No. 47 in the separately bound Appendix.

allegation that the Senator had used improper influence in connection with certain private real estate transactions; and (6) the questions raised concerning the Senator's sources of cash. Talmadge Report at 4.

On December 18, 1978, the Committee determined to authorize a full investigation into each allegation, except the charge that Senator Talmadge engaged in improper conduct with respect to certain land transactions -- a charge that was dismissed. Id. at 4-5. After conducting an investigation, the Committee concluded that Senator Talmadge had engaged in improper conduct. The Committee then recommended that Senator Talmadge be sanctioned. It stated, however, that the circumstances were unlike earlier matters in which the Senate "censured" or "reprimanded" a Member. Id. at 18. Accordingly, it recommended that some other word be chosen to sanction the Senator's conduct. The Senate accepted this recommendation and voted to "denounce" Senator Talmadge. Id. at 16.

In short, the Senate found that Senator Talmadge had engaged in improper conduct of a serious nature involving overpayments to the Senator for travel expenses, nondisclosure of gifts which might have the appearance of placing the Senator in a conflict of interest position, improper use of campaign funds, and nondisclosure of campaign information showing use of funds to repay the Senator's own expenditures. The activities at issue all related to the improper receipt or use of funds by Senator

Talmadge in the course of performing his public responsibilities.

8. Representative George V. Hansen

The most recent proceeding before the House Committee on Standards of Official Conduct -- and perhaps the most important case to discuss in analyzing the matter now at issue -- concerned Congressman George V. Hansen. See H.R. Rep. No. 98-891, Vol. I, 98th Cong., 2d Sess. (1984) ("Hansen Report").^{42/} Since WFL asserts that the matter now before the Committee is similar to the Hansen case, Complaint at 17, we discuss the Hansen proceedings in some detail to dispel any notion that the Hansen case resembles this one.

On April 2, 1984, Congressman Hansen was convicted on four counts of filing false statements in violation of 18 U.S.C. § 1001. Id. at 1. The four counts involved: (1) excluding from his Section 102 report his wife's indebtedness of \$50,000 to a Dallas bank in 1979; (2) excluding from his Section 102 report his wife's profit of \$87,475 from silver transactions in 1980; (3) excluding from his Section 102 report his wife's indebtedness of \$61,503.42 to Nelson Bunker Hunt in 1981; and (4) excluding from his Section 102 report personal loans of a total of \$135,000 from Carl McAfee, Odell Rodgers and John Meade in 1982. Id. at 302.

^{42/} The Hansen Report, excluding appendices, is reproduced as Exhibit No. 48 in the separately bound Appendix.

Following the conviction, this Committee determined to conduct an investigation to find out whether any of the offenses for which Congressman Hansen was convicted constituted a violation over which the Committee had jurisdiction. Id. at 1. Special Counsel was appointed on April 5, 1984. Id. After conducting a preliminary inquiry, Special Counsel found that Congressman Hansen had acted improperly, in violation of House Rule XLIV (financial disclosure) and House Rule XLIII (failure to act in a "manner which shall reflect creditably on the House of Representatives"). In short, Special Counsel reported the facts as follows, Hansen Report at 302-343:

Congressman and Mrs. Hansen found themselves in considerable personal debt as a result of campaigns conducted by the Congressman in running for office. In an effort to pay off the debts, Congressman Hansen devised a plan to raise money. He determined to raise the money by soliciting contributions of \$100 or less from individuals outside his congressional district. Congressman Hansen sought an Advisory Opinion as to the propriety of such action. In response, the Ethics Committee issued Advisory Opinion No. 11 on May 11, 1977, advising the Congressman that his plan was improper.

After receiving this advice, Congressman Hansen sought assistance from his attorney. Together, they determined that the way to proceed was to execute a property settlement agreement between the Hansens -- separating their financial affairs and

transferring to Mrs. Hansen the personal debts he incurred in carrying on his campaign that they were trying to pay off. This agreement was executed in September 1977.

The property settlement agreement, however, never became a public document. It therefore had no impact on the right of creditors to continue to seek repayment from the Congressman. Moreover, after the execution of the agreement, the Hansens continued to live their financial lives together -- they had joint bank accounts, filed joint tax returns, and continued to hold various assets in their joint names.

After the agreement was executed, the four transactions that were the subject of the indictment occurred. First, the Hansens sought financial assistance from Nelson Bunker Hunt. Mr. Hunt advised Mrs. Hansen to engage in certain soybean transactions which ultimately produced a loss of \$33,855 to Mrs. Hansen. To cover the loss, Mr. Hunt co-signed a \$50,000 loan from a Dallas bank. The loan check was endorsed by both Congressman and Mrs. Hansen and deposited in their joint account. The funds were used by both for personal expenses. This transaction was not disclosed on Congressman Hansen's financial disclosure form.

Second, the \$50,000 loan was not repaid by the Hansens. Ultimately, Mr. Hunt paid the bank \$61,503.42 for principal and interest. This transaction also was not disclosed by Congressman Hansen.

Third, in 1979, Mr. Hunt assisted Mrs. Hansen in entering into a silver transaction which produced for Mrs. Hansen \$87,000 in profit. The money was deposited in a joint account and used by Congressman Hansen. The transaction was not disclosed in the Congressman's financial statements. Nondisclosure was deemed particularly significant because, in the words of the Special Counsel, at the time of both loans and their repayment and the silver transaction, Mr. Hunt had an "open and notorious" interest in matters pending before Congress.

Fourth, in 1981, Congressman Hansen solicited and received loans in the amount of \$135,000 from three Virginia businessmen. The loans were not disclosed in the Congressman's financial disclosure statements. At the time the loans were made, the three businessmen were involved with the development of a hydrogen powered automobile and wanted the Army to take an interest in the project. Congressman Hansen assisted the businessmen in getting an appointment with the Secretary of the Army and urged the Army to investigate the car.

In defending against the charges against him in the proceedings before this Committee, Congressman Hansen asserted that his activities were proper and were taken upon advice of counsel. Special Counsel found, however, that Congressman Hansen's defense was unpersuasive. He concluded that Congressman Hansen was not entitled to rely upon advice of counsel for the following reasons:

- (1) Advice concerning the need to disclose these transactions was not sought in good faith, but rather was an attempt by the Congressman to find a basis for not disclosing the transactions;
- (2) The Congressman was advised that he was required to disclose the transactions but he ignored this advice; and
- (3) Congressman Hansen did not give either his counsel or the Ethics Committee sufficient information for either to be able to render advice as to the need for disclosure. Hansen Report at 319-22.

Accordingly, the Special Counsel determined that "Congressman Hansen willfully failed to disclose material information and did not have a reasonable 'advice of counsel' defense." Id. at 323.

In addition to finding that Congressman Hansen had violated House Rules by failing to make financial disclosures, the Special Counsel found further violations of House Rules. The Special Counsel found that the plan to transfer the Congressman's campaign debt to Mrs. Hansen and have her solicit funds for repayment was improper. Id. at 324. The Special Counsel found that Congressman Hansen had in effect accepted gifts from Mr. Hunt while Mr. Hunt had a direct interest in legislation pending before Congress and that this violated Rule XLIII, Clause 4. Id. at 325. Finally, the Special Counsel found that Congressman Hansen's transactions with Mr. Hunt and the three Virginia businessmen "certainly calls into question whether reasonable persons might construe acceptance of such largesse as influencing the performance of his governmental duties * * *."

Id. at 326. This appearance of conflict violated the Code of Ethics for Government Service, House Concurrent Resolution 175, 72 Stat. Pt. 2, B 12 (July 11, 1958) (Hansen Report at 325).

Based upon the findings of the Special Counsel, the Committee took two separate actions. On June 14, 1984, it found that Congressman Hansen had violated the House Rules providing for financial disclosure and requiring Congressional conduct to reflect creditably on the House and others. Hansen Report at 4. On June 20, 1984, the Committee then voted to recommend that Congressman Hansen be reprimanded for his financial disclosure violations since this was the basis of his criminal conviction. Hansen Report at 3, 4.

While Congressman Hansen was disciplined for failure to make financial disclosures that allegedly related to his wife's financial interests, the facts relating to Congressman Hansen's conduct do not resemble those at issue here, for the nondisclosure there was aimed at concealing underlying improper conduct.^{43/} Thus, having been advised that he could not himself solicit funds to repay personal debts, Congressman Hansen

^{43/} The spousal exemption at issue in the instant proceeding did not appear to be at issue in the Hansen case. Congressman Hansen did not claim the exemption in the course of filing his Section 102 forms. Nor did he appear to rely on it as a defense in this Committee's proceedings. Rather, the exemption that Congressman Hansen relied on was that found in Section 102(d)(2) which relates to spouses living apart from the Member "with the intention of terminating the marriage or providing for permanent separation." Hansen Report at 311.

attempted to circumvent the advice by purporting to transfer the liabilities to his wife. The transactions at issue put the Congressman in a conflict of interest position with respect to his official duties. Under these circumstances, the Committee found a "willful" failure to disclose "material" information. For that reason, Congressman Hansen was subject to sanction.

B. Evaluation of the Cases

In sum, analysis of these cases demonstrates that further action by this Committee against Representative Ferraro would be unwarranted and unprecedented. When disciplinary action was taken in the past, it was because there were allegations of grave misconduct that impaired a Member's performance of official congressional responsibilities.

The Committee has never taken action against a Member on the sole ground that the Member failed to make complete financial disclosure. Instead, where failure to disclose was at issue and action was taken, as occurred in the cases of Congressmen Sikes, Roybal, Wilson, McFall, Diggs, and Hansen and Senator Talmadge, there was always improper underlying conduct that the failure to disclose was calculated to conceal. Where only nondisclosure was present, as in the case of Senator Brooke, no action was taken beyond the initial inquiry.

As we demonstrated in Part II above, Representative Ferraro reasonably claimed the spousal and dependent children's exemption. To the extent that the Committee might consider the

availability of the exemption in doubt, however, there nevertheless is no basis for questioning that Representative Ferraro claimed the exemption in good faith, with neither the intent to conceal, nor the effect of concealing, any improper conduct.

As we further showed in Part III of this statement, the most that can be said of the remaining allegations against Representative Ferraro was that she made inadvertent mistakes in the preparation of her financial disclosure statements, none of which cast doubt on her integrity or performance of her Congressional responsibilities. Thus, there is no justification for taking further action.

Indeed, in the case, taking any further action would be particularly unfair. Congress is scheduled to adjourn sine die on October 4, 1984 -- only three days after this statement is submitted. It is therefore inconceivable that there would be time before the November election to resolve this matter in a responsible way other than in Representative Ferraro's favor. Were the Committee to act now to issue a Statement of Alleged Violation, Representative Ferraro would be deprived of an opportunity to demonstrate before the election that the charges were unwarranted and unfounded.

The WLF complaint was brought by a political group with self-proclaimed ties to one of the parties in the national election. The political fallout from any action now to bring

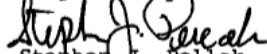
charges against Representative Ferraro -- charges that would be left unresolved at the time of the election -- would be enormous. To rush to action in this atmosphere would not be consistent with the nonpartisan and responsible traditions of this Committee or serve the ethical concerns of the House of Representatives and the Act.

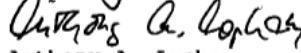
Thus, even if there were any doubt about what course to follow, this doubt should be resolved against proceeding further at this time. To do otherwise would not only be unprecedented, it would be uniquely unfair.


CONCLUSION

For the foregoing reasons, this Committee should conclude that there is no reason to believe that any violation of House Rule XLIV respecting financial disclosure has occurred and the matter should be closed without further proceedings.

Respectfully submitted,


Stephen J. Pollak


Anthony A. Lapham


Wendy S. White

Shea & Gardner
1800 Massachusetts Avenue, N.W.
Washington, D.C. 20036
202/828-2090

October 1, 1984

Attorneys for Representative
Geraldine A. Ferraro

BEFORE THE
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
OF THE
UNITED STATES HOUSE OF REPRESENTATIVES

APPENDIX

TO

STATEMENT OF
REPRESENTATIVE GERALDINE A. FERRARO
RESPECTING THE ALLEGATIONS OF THE COMPLAINT
OF THE WASHINGTON LEGAL FOUNDATION

Volume I

October 1, 1984

INDEX TO EXHIBITS

<u>Exhibit Number</u>	<u>Description of Document</u>
1	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1978 dated September 30, 1984
2	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1979 dated September 30, 1984
3	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1980 dated September 30, 1984
4	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1981 dated September 30, 1984
5	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1982 dated September 30, 1984
6	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1983 dated September 30, 1984
7	Washington Legal Foundation, <u>Annual Report</u> , Letter of the General Counsel (1983)
8	Ethics in Government Act Report (Form 278) dated August 20, 1984
9	Geraldine A. Ferraro Form 1040, U.S. Individual Income Tax Return for the year 1979
10	Geraldine A. Ferraro Form 1040, U.S. Individual Income Tax Return for the year 1980
11	Geraldine A. Ferraro Form 1040, U.S. Individual Income Tax Return for the year 1981
12	Geraldine A. Ferraro Form 1040, U.S. Individual Income Tax Return for the year 1982

<u>Exhibit Number</u>	<u>Description of Document</u>
13	Geraldine A. Ferraro Form 1040, U.S. Individual Income Tax Return for the year 1983
14	Geraldine A. Ferraro Form 1040X, Amended U.S. Individual Income Tax Return for the year 1983, dated May 10, 1984
15	John A. Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1979
16	John A. Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1980
17	John A. Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1981
18	John A. Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1982
19	John A. Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1983
20	John A. and Geraldine Zaccaro Form 1040, U.S. Individual Income Tax Return for the year 1978
21	John A. and Geraldine Zaccaro Form 1040X, Amended U.S. Individual Income Tax Return for the year 1978, dated August 19, 1984
22	Geraldine A. Ferraro Income Tax Summary, 1979-83
23	John A. Zaccaro Income Tax Summary, 1979-83
24	Summary Statements of Financial Condition, Geraldine A. Ferraro and John A. Zaccaro, dated July 31, 1984
25	Statement Concerning P. Zaccaro Co., Inc. dated August 20, 1984
26	Statement Concerning Certain Properties Managed by P. Zaccaro Co. dated August 20, 1984

<u>Exhibit Number</u>	<u>Description of Document</u>
27	Statement Concerning Ms. Ferraro's Repayment of the Family's Loans to her 1978 Congressional Campaign dated August 20, 1984
28	Press Conference Transcript, August 21, 1984
29	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1978 dated May 15, 1979
30	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1979 dated April 29, 1980
31	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1980 dated May 3, 1981
32	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1981 dated April 29, 1982
33	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1982 dated May 9, 1983
34	Financial Disclosure Statement of Geraldine A. Ferraro for the year 1983 dated May 8, 1984
35	1978 Blank Financial Disclosure Statement with Instructions
36	1979 Blank Financial Disclosure Statement with Instructions
37	1980 Blank Financial Disclosure Statement with Instructions
38	1981 Blank Financial Disclosure Statement with Instructions
39	1982 Blank Financial Disclosure Statement with Instructions
40	1983 Blank Financial Disclosure Statement with Instructions

<u>Exhibit Number</u>	<u>Description of Document</u>
41	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1982 dated May 17, 1983
42	Amended Financial Disclosure Statement of Geraldine A. Ferraro for the year 1983 dated May 8, 1984
43	H. R. Rep. No. 94-1364, 94th Cong., 2d Sess. (1976) (Sikes Report)
44	H. R. Rep. No. 95-1817, 95th Cong., 2d Sess. 1978) (Korean Influence Investigation Report)
45	H. R. Rep. No. 96-930, 96th Cong., 2d Sess. (1980) (Wilson Report)
46	H. R. Rep. No. 96-351, Vol. I, 96th Cong., 1st Sess. (1979) (Diggs Report)
47	S. Rep. No. 96-40, 96th Cong., 1st Sess. (1979) (Brooke Report)
48	Staff of Senate Select Comm. on Ethics, <u>Report on the Investigation of Senator Herman E. Talmadge</u> <u>(Vol. I)</u> (Comm. Print 1980) (Talmadge Report)
49	H. R. Rep. No. 98-981, Vol. I, 98th Cong., 2d Sess. (1984) (Hansen Report)

EXHIBIT NO. 1

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

ETHICS IN GOVERNMENT ACT OF 1978 (2 U.S.C. §§ 701-709) FINANCIAL DISCLOSURE STATEMENT

Geraldine A. Ferraro
(Full Name)
U.S. House of Representatives
Cannon House Office Building
(Mailing Address)
Washington, DC 20515

ID # _____
(OFFICE USE ONLY)

- ☒ Check if this is an amended Statement.*/
*/ Amended to show information reportable
as of original filing date (May 15, 1979).

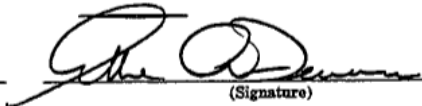
INDIVIDUAL REPORTING STATUS

(Check one only)

- ☒ MEMBER OF U.S. HOUSE OF REPRESENTATIVES—DISTRICT 9 STATE NY
☐ CURRENT OFFICER/EMPLOYEE/PRINCIPAL ASSISTANT—EMPLOYING OFFICE _____
☐ NEW OFFICER/EMPLOYEE/PRINCIPAL ASSISTANT—EMPLOYING OFFICE _____

NOTE: Requirements for new officers/employees/principal assistants differ substantially from those of Members of Congress and current officers/employees/principal assistants. Please read Instructions on reverse side carefully.

September 30, 1984
(Date)


(Signature)

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. See 2 U.S.C. § 706 and 18 U.S.C. § 1001.

RETURN COMPLETED COVER PAGE AND STATEMENT (WITH 2 COPIES OF EACH) TO:

The Clerk, U.S. House of Representatives
Office of Records and Registration
1334 Longworth House Office Building
Washington, D.C. 20515

ETHICS IN GOVERNMENT ACT OF 1978—FINANCIAL DISCLOSURE STATEMENT

Name of Person Filing Geraldine A. Ferraro Page 1 of 2

NOTE: See reverse side for Detailed Filing Instructions and Exemptions. If additional space is required, use continuation sheets provided. Complete all parts. (If None, so indicate)

SECTION I

A. INCOME (including honoraria) from any source received during preceding calendar year aggregating \$100 or more in value. Exclude income from current U.S. Government employment.

SOURCE	TYPE (salary, pension, honorarium, etc.)	AMOUNT/VALUE
Queens District Attorney	Salary	\$6,904
Private Law Practice	Fees	\$5,900
John A. Zaccaro (spouse)	real estate broker. He received salary from Zaccaro Co., Inc.	

B. INCOME from dividends, interest, rent, capital gains including trusts or other financial arrangements, received during the preceding calendar year exceeding \$100 in value. NOTE: For Section I.B. indicate Category of Value: Category I—\$100.01-\$1,000; II—\$1,000.01-\$2,500; III—\$2,500.01-\$5,000; IV—\$5,000.01-\$15,000; V—\$15,000.01-\$50,000; VI—\$50,000.01-\$100,000; VII—Over \$100,000.

SOURCE	TYPE	CATEGORY OF VALUE (I, II, III, IV, V, VI, VII)
See schedule attached.		

SECTION II

A. GIFTS of transportation, lodging, food or entertainment aggregating \$250 or more in value received from any source during the preceding calendar year.

IDENTITY OF SOURCE	BRIEF DESCRIPTION
None	

B. GIFTS other than transportation, lodging, food or entertainment aggregating \$100 or more in value received from any source during preceding calendar year.

SOURCE	BRIEF DESCRIPTION	VALUE
None		

C. REIMBURSEMENTS received from any source aggregating \$250 or more in value in preceding calendar year.

IDENTITY OF SOURCE	BRIEF DESCRIPTION
None	

NOTE: For Sections III-V below, indicate Category of Value: Category I—\$1,000.01-\$5,000; II—\$5,000.01-\$15,000; III—\$15,000.01-\$50,000; IV—\$50,000.01-\$100,000; V—\$100,000.01-\$250,000; VI—Over \$250,000.

IMPORTANT—For new Officers and Employees Only: In Sections III, IV, VI, and VII, the Reporting Individual Should List the Information Required as of Date Not More Than 31 Days Prior to the Date of Filing. The Information Listed Below is Current as of _____ (Date)

SECTION III

INTEREST IN PROPERTY HELD during preceding year in a trade or business, or for investment or production of income including trusts or other financial arrangements with a fair market value exceeding \$1,000 at the close of the preceding calendar year.

IDENTITY	CATEGORY OF VALUE (I, II, III, IV, V, VI)
See schedule attached.	

SECTION IV

LIABILITIES (total) owed to any creditor which exceeds \$10,000 at any time in the preceding calendar year and any revolving charge account with an outstanding liability over \$10,000 at the close of the calendar year.

IDENTITY	CATEGORY OF VALUE (I, II, III, IV, V, VI)
First Women's Bank	II
East River Savings Bank	III

SECTION V

PURCHASE, SALE OR EXCHANGE during the preceding calendar year which exceeds \$1,000 in real property, stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY OF VALUE (I, II, III, IV, V, VI)
See schedule attached.		

SECTION VI

POSITION HELD on or before date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or educational or other institution other than the United States.

POSITION	ORGANIZATION
Director and Vice President	P. Zaccaro Co., Inc.

SECTION VII

AGREEMENTS AND ARRANGEMENTS with respect to future employment, leave of absence, during the period of the reporting individual's Government service, continuation of payments by a former employer other than the U.S. Government, and any continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS
None		

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
GERALDINE A. FERRARO
Continuation Sheet

<u>Section</u>	<u>Source</u>	<u>Type</u>	<u>Category</u>
I.B.	Savings	Interest	III
	Savings	Interest (East River Savings Bank) of each dependent child Donna, John & Laura	I
	JEB Realty Corp.	Interest	I
	JEB Realty Corp.	Capital gain on liquidation	VI
	Property at 231 Centre St., NY	Gross rental income	IV
	Property at 231 Centre St., NY	Capital gain on sale	VI

<u>Section</u>	<u>Identity</u>	<u>Category</u>
III	East River Savings Bank	III
	Ridgewood Savings Bank	III
	One-third interest in JEB Realty Corp.	IV
	One-half interest in property at 231 Centre St., NY	V
	One-half interest in mortgage on property at 124-126 Bowery, NY	III
	P. Zaccaro Co., Inc.	
	• One-third ownership by Geraldine A. Ferraro	II
	• Two-thirds ownership by John A. Zaccaro	II
	East River Savings Bank accounts of each dependent child - Donna, John and Laura (John A. Zaccaro has signing authority)	II

<u>Section</u>	<u>Brief Description/Date</u>	<u>Category</u>
V	Purchase - Half interest in property, subject to a 1st mortgage, at 231 Centre Street, New York in May 1978	IV
	Sale - Half interest in property, subject to a 1st mortgage, at 231 Centre Street, New York in October 1978	V
	Sale - Half interest in a mortgage on property at 124-126 Bowery, New York in October 1978	III

DETAILED FILING INSTRUCTIONS AND EXEMPTIONS

MEMBERS OF CONGRESS AND CURRENT AND FORMER OFFICERS/EMPLOYEES/PRINCIPAL ASSISTANTS
SPECIFIC INFORMATION

Each Member in Office on May 15 SHALL FILE—A FINANCIAL DISCLOSURE STATEMENT ON OR BEFORE MAY 15 OF THAT CALENDAR YEAR.

Any individual who is an Officer/Employee of the Legislative Branch during any calendar year and is paid at a rate equal to or greater than GS-16 or who is a designated Principal Assistant of a Member of Congress and who performs the duties of his position or office for a period in excess of 60 days in that calendar year SHALL FILE—

A FINANCIAL DISCLOSURE STATEMENT ON OR BEFORE MAY 15 OF THE SUCCEEDING YEAR IF THE INDIVIDUAL IS EMPLOYED IN THE FOLLOWING OFFICES:

Architect of the Capitol
 Botanic Gardens
 Congressional Budget Office

Government Printing Office
 Library of Congress
 U.S. House of Representatives

PLEASE BE AWARE THAT THIS STATEMENT MUST BE FILED EVEN THOUGH THE INDIVIDUAL MAY NO LONGER BE EMPLOYED BY THE ABOVE LISTED OFFICES ON THE DATE OF FILING

NEW OFFICERS/EMPLOYEES/PRINCIPAL ASSISTANTS
SPECIFIC INFORMATION

Officers/Employees new to the Legislative Branch and paid at a rate equal to or greater than GS-16 and all employees newly designated as Principal Assistants to Members of Congress SHALL FILE—

A FINANCIAL DISCLOSURE STATEMENT WITHIN 30 DAYS OF ASSUMING SUCH POSITION IN THE FOLLOWING OFFICES:

Architect of the Capitol
 Botanic Gardens
 Congressional Budget Office

Government Printing Office
 Library of Congress
 U.S. House of Representatives

EXCEPT: Those individuals who have left another GS-16 or above or principal assistant position within the Legislative Branch (see note below) within 30 days prior to assuming new position.

NOTE: For purposes of this section, the Legislative Branch includes the U.S. House of Representatives, the U.S. Senate, the Architect of the Capitol, the Botanic Gardens, the Congressional Budget Office, the Cost Accounting Standards Board, the General Accounting Office, the Government Printing Office, the Library of Congress, the Office of the Attending Physician, and the Office of Technology Assessment.

INCOME: New officers/employees must include income (Sections I.A. and I.B.) for current year of filing as well as previous calendar year.

SECTION II: New Officers/Employees—Disregard this section.

SECTION V: New Officers/Employees—Disregard this section.

GENERAL INFORMATION

WHERE TO FILE: Clerk, U.S. House of Representatives, Office of Records and Registration, Room 1036, Longworth House Office Building, Washington, D.C. 20515. Telephone Number (202) 225-1300.

HONORARIA: In reporting any honorarium, the individual must also list the date the honorarium was received.

HOUSE RULES: Title I of the Ethics in Government Act (2 U.S.C. §§ 701-709) shall be deemed to be a Rule of the House as it pertains to Members, Officers, and employees.

POLITICAL CAMPAIGN FUNDS: Political campaign funds, including campaign receipts and expenditures, need not be included in any report filed pursuant to this title.

DESIGNATED COMMITTEE OF THE HOUSE: The Committee on Standards of Official Conduct of the U.S. House of Representatives, Room 2380, Rayburn House Office Building, Washington, D.C. 20515, telephone number (202) 225-7103, is the designated committee of the House.

EXEMPTIONS

SECTION I.A.—INCOME: Exclude income from current U.S. Government employment and any income listed in Section I.B.

SECTION I.B.—INCOME: The reporting individual need ONLY report the CATEGORY of the amount of income received by him, his spouse, or dependents from a trust (i) which was not created directly by such individual, his spouse, or any dependent; (ii) with respect to which such individual, his spouse, and dependents have no knowledge of the holdings or sources of income of the trust; and (iii) a qualified blind trust. (See 2 U.S.C. § 702(a)(3)).

SECTION I.A.—GIFTS: Exclude any gifts received from a relative of the reporting individual in the preceding calendar year; any food, lodging or entertainment received as personal hospitality of an individual; and for purposes of this section, any gift with a fair market value of \$35 or less need not be aggregated.

SECTION I.B.—GIFTS: Exclude those gifts reported in Section I.A.; gifts from a relative of the reporting individual; and for purposes of this section, any gift with a fair market value of \$35 or less need not be aggregated. (A gift need not be aggregated if in unusual circumstances a publicly available waiver is granted.)

SECTION III.—INTEREST IN PROPERTY HELD: Exclude any liability owed to the reporting individual by a relative and any deposits aggregating \$5,000 or less in personal savings accounts. In reporting property holdings, one should not simply list "stocks"—the name of each company in which stock worth over \$1,000 is held must be listed separately. In listing real property holdings, the reporting individual should include a brief description of the property (such as number of acres and indication of any improvements), and its location. In listing the category of value of any property where it is difficult to determine an approximate fair market value, the individual may use any recognized indication of value provided that the method of valuation is indicated on the disclosure form. (See 2 U.S.C. 702(c)(2) for method of valuation).

SECTION IV.—LIABILITIES: Exclude any liability owed to a relative; a mortgage on real property that is the reporting individual's spouse's personal residence; a loan on a personal motor vehicle, or household furniture or appliance secured at a value that does not exceed the value of the item.

SECTION V.—PURCHASE, SALE OR EXCHANGE: Exclude property used solely as a personal residence of the reporting individual or his spouse and any transaction solely by and between the reporting individual, his spouse, or dependent children.

SECTION VI.—POSITION HELD: Exclude those positions held in any religious, social, fraternal or political entity and positions solely of an honorary nature.

SPOUSE AND DEPENDENT DISCLOSURE

The financial interests of the spouse and dependent children should be reported as follows:

SECTION I.A.—INCOME: The source, but not amount, of spouse and dependent child-earned income which exceeds \$1,000.

SECTION I.B.—INCOME: Include all information required with respect to income derived from any asset reported by the spouse or dependent child under Section III.

SECTION I.B.—GIFTS: Exclude any gift received totally independent of the spouse's relationship to the reporting individual.

SECTION I.C.—GIFTS: Exclude any reimbursement received totally independent of the spouse's relationship to the reporting individual.

SECTIONS III, IV, AND V: Exclude items (i) which the reporting individual certifies represent the spouse or dependent child's sole financial interest or responsibility and which the reporting individual has no knowledge of; (ii) which are not in any way, past or present, derived from the income, assets, or activities of the reporting individual; and (iii) from which the reporting individual neither derives, nor expects to derive, any financial or economic benefit.

SECTION VI: Spouse disclosure not required.

SECTION VII: Spouse disclosure not required.

No report is required with respect to a spouse living separate and apart from the reporting individual with the intention of terminating the marriage or providing for permanent separation or with respect to income or obligations of an individual arising from a divorce or permanent separation from his spouse.

UNITED STATES HOUSE OF REPRESENTATIVES

Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1979

FORM A—For use by Members, officers, and employees

Geraldine A. Ferraro
(Full Name)
 U.S. House of Representatives
 Cannon House Office Building
(Mailing Address)
 Washington, DC 20515

NO. 2

(Office Use Only)

Check the appropriate box and fill in the blanks.

- ☒ Member of the U.S. House of Representatives—District 9 State NY * ☒ Check if amended Statement—
 * Amended to show information reportable as of original filing date (April 29, 1980).
☐ Officer or Employee—Employing Office _____

Note: Please read instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

- A. The source, type, and amount of income (including honoraria and date received) aggregating \$100 or more in value received from any source during the preceding calendar year. Exclude income from current U.S. Government employment.

SOURCE	TYPE	AMOUNT
American Enterprise Institute		
July 19, 1979	Honorarium	\$200
John A. Zaccaro (spouse) real estate broker. He received salaries from P. Zaccaro Co., Inc. and Freann Realty Corp.		

- B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during the preceding calendar year which exceeds \$100 in value. Note: For this part only, indicate Category of Value, as follows: Category A—not more than \$1,000; B—\$1,001–\$2,500; C—\$2,501–\$5,000; D—\$5,001–\$15,000; E—\$15,001–\$50,000; F—\$50,001–\$100,000; G—over \$100,000.

SOURCE	TYPE	CATEGORY
Interest	Savings	C
Interest (East River Savings Bank) of each dependent child — Donna, John and Laura	Savings	A

II. GIFTS AND REIMBURSEMENTS

- A. The source and a brief description of gifts of transportation, lodging, food, or entertainment aggregating \$250 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION
None	

- B. The source, a brief description, and value of all other gifts aggregating \$100 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION	VALUE
None		

- C. The source and a brief description of reimbursements aggregating \$250 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION
None	

(OVER)

NOTE: For Parts III, IV, and V below, indicate Category of Value, as follows: Category A—not more than \$5,000; B—\$5,001–\$15,000; C—\$15,001–\$50,000; D—\$50,001–\$100,000; E—\$100,001–\$250,000; F—over \$250,000.

III. HOLDINGS

The identity and category of value of any interest in property held during calendar year 1981 in a trade or business, or for investment or the production of income, which had a fair market value exceeding \$1,000 as of the end of the year.

IDENTITY	CATEGORY
East River Savings Bank	C
Ridgewood Savings Bank	C
P. Zaccaro Co., Inc.	
• One-third ownership by Geraldine A. Ferraro	B
• Two-thirds ownership by John A. Zaccaro	B
East River Savings Bank accounts of each dependent child -- Donna, John and Laura (John A. Zaccaro has signing authority).	B

IV. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeded \$10,000 at any time during calendar year 1981.

IDENTITY	CATEGORY
East River Savings Bank	C
The First Women's Bank (loan repaid in 1979)	B

V. TRANSACTIONS

A brief description, the date, and category of value of any purchase, sale, or exchange during calendar year 1981 which exceeded \$1,000 in real property, or in stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY
None		

VI. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution.

POSITION	NAME OF ORGANIZATION
Director and Vice President	P. Zaccaro Co., Inc.

VII. AGREEMENTS

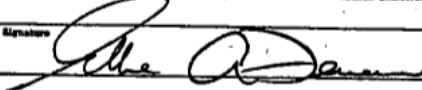
A description of the date, parties to, and terms of any agreement or arrangement with respect to: future employment; leave of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT
	None	

VIII. ADDITIONAL INFORMATION

- A. Are you aware of any interests in property or liabilities of a spouse or dependent child or property transactions by a spouse or dependent child which you have not reported because they meet the three standards for exemption? (See Instructions) YES X NO
- B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other excepted trust? (See Instructions) YES NO X

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions, (2 U.S.C. § 706 and 18 U.S.C. § 1001).

Signature 	Date September 30, 1984
--	----------------------------

UNITED STATES HOUSE OF REPRESENTATIVES
Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1980

FORM A—For use by Members, officers, and employees

Geraldine A. Ferraro
(Full Name)
U.S. House of Representatives
Cannon House Office Building
(Mailing Address)
Washington, DC 20515

EXHIBIT NO. 3

(Office Use Only)

Check the appropriate box and fill in the blanks.

☒ Member of the U.S. House of Representatives—District 9 State NY

☒ Check if amended Statement ^{*/}

^{*/} Amended to show information reportable as of original filing date (May 3, 1981).

☐ Officer or Employee—Employing Office _____

Note: Please read instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

- A. The source, type, and amount of income (including honoraria and date received) aggregating \$100 or more in value received from any source during the preceding calendar year. Exclude income from current U.S. Government employment. Do not include here income reported in part I-B below.

SOURCE	TYPE	AMOUNT
<u>American Enterprise Institute-2/13/80</u>	<u>Honorarium</u>	<u>\$200</u>
<u>American Enterprise Institute-8/20/80</u>	<u>Honorarium</u>	<u>200</u>
<u>National Town Meeting - 5/29/80</u>	<u>Honorarium</u>	<u>500</u>
<u>Quality Bakers of America Cooperative Inc.</u> <u>11/6/80</u>	<u>Honorarium</u>	<u>500</u>
<u>John A. Zaccaro (spouse) real estate</u> <u>broker & trustee in bankruptcy. He received</u> <u>salaries from P. Zaccaro Co. Inc. & Freeman Realty Corp.</u>		

- B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during the preceding calendar year which exceeds \$100 in value. Note: For this part only, indicate Category of Value, as follows: Category A—not more than \$1,000; B—\$1,001-\$2,500; C—\$2,501-\$5,000; D—\$5,001-\$15,000; E—\$15,001-\$50,000; F—\$50,001-\$100,000; G—over \$100,000.

SOURCE	TYPE	CATEGORY
<u>Interest</u>	<u>Savings</u>	<u>C</u>
<u>Interest (East River Savings Bank) of</u> <u>each dependent child-Donna, John & Laura</u>	<u>Savings</u>	<u>A</u>
<u>P. Zaccaro Co., Inc.-Geraldine A. Ferraro</u>	<u>Dividend</u>	<u>A</u>
<u>P. Zaccaro Co., Inc.-John A. Zaccaro</u>	<u>Dividend</u>	<u>B</u>

II. GIFTS AND REIMBURSEMENTS

- A. The source and a brief description of gifts of transportation, lodging, food, or entertainment aggregating \$250 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION
<u>Angelli Foundation</u>	<u>- Round trip airfare to Rome, Italy to attend meeting.</u>
<u>Women's Campaign Fund</u>	<u>- Round trip airfare to Texas to attend meeting.</u>

- B. The source, a brief description, and value of all other gifts aggregating \$100 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION	VALUE
<u>None</u>		

- C. The source and a brief description of reimbursements aggregating \$250 or more in value received from any source during the preceding calendar year.

SOURCE	BRIEF DESCRIPTION
<u>None</u>	

(OVER)

NOTE: For Parts III, IV, and V below, Indicate Category of Value, as follows: Category A—not more than \$5,000; B—\$5,001–\$15,000; C—\$15,001–\$50,000; D—\$50,001–\$100,000; E—\$100,001–\$250,000; F—over \$250,000.

III. HOLDINGS

The identity and category of value of any interest in property held during calendar year 1982 in a trade or business, or for investment or the production of income, which had a fair market value exceeding \$1,000 as of the end of the year.

IDENTITY	CATEGORY
East River Savings Bank	C
Ridgewood Savings Bank	C
Wright Patman Congressional Federal Credit Union	B
P. Zaccaro Co., Inc.	
• One-third ownership by Geraldine A. Ferraro	B
• Two-thirds ownership by John A. Zaccaro	B
East River Savings Bank accounts of each dependent child	
-- Donna, John and Laura (John A. Zaccaro has signing authority.)	B

IV. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeded \$10,000 at any time during calendar year 1982.

IDENTITY	CATEGORY
East River Savings Bank (loan repaid in 1980)	C

V. TRANSACTIONS

A brief description, the date, and category of value of any purchase, sale, or exchange during calendar year 1982 which exceeded \$1,000 in real property, or in stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY
None		

VI. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution.

POSITION	NAME OF ORGANIZATION
Director and Vice President	P. Zaccaro Co., Inc.
Board of Directors	Lexington School for the Deaf

VII. AGREEMENTS

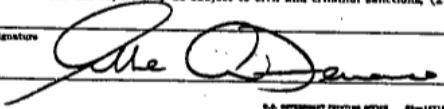
A description of the date, parties to, and terms of any agreement or arrangement with respect to: future employment; leave of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT
	None	

VIII. ADDITIONAL INFORMATION

- A. Are you aware of any interests in property or liabilities of a spouse or dependent child or property transactions by a spouse or dependent child which you have not reported because they meet the three standards for exemption? (See Instructions) YES ☒ NO ☐
- B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other excepted trust? (See Instructions) YES ☐ NO ☒

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions, (2 U.S.C. § 706 and 18 U.S.C. § 1001).

Signature		Date	September 30, 1984
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UNITED STATES HOUSE OF REPRESENTATIVES
Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1981

FORM A—For use by Members, officers, and employees

Geraldine A. Ferraro
(Full Name)
U.S. House of Representatives
Cannon House Office Building
(Mailing Address)
Washington, DC 20515

EXHIBIT NO. 4
(Office Use Only)

Check the appropriate box and fill in the blanks.

☒ Member of the U.S. House of Representatives—District 9 State NY

☒ Check if amended Statement. */
*/ Amended to show information reportable as of original filing date (April 29, 1982).

☐ Officer or Employee—Employing Office _____

Note: Please read instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

- A. The source, type, and amount of income (including honoraria and date received) aggregating \$100 or more in value received from any source during calendar year 1981. Exclude income from current U.S. Government employment. Do not include here income reported in part I-B below.

SOURCE	TYPE	AMOUNT
See schedule attached	Honoraria	
John A. Zaccaro (spouse) real estate broker and trustee in bankruptcy. He received salaries from P. Zaccaro Co. Inc. and Frajo Associates, Inc.		

- B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during calendar year 1981 which exceeds \$100 in value. Note: For this part only, indicate Category of Value, as follows: Category A—not more than \$1,000; B—\$1,001–\$2,500; C—\$2,501–\$5,000; D—\$5,001–\$15,000; E—\$15,001–\$50,000; F—\$50,001–\$100,000; G—over \$100,000.

SOURCE	TYPE	CATEGORY
Interest	Savings	C
Interest (East River Savings Bank) of each dependent child — Donna, John & Laura	Savings	B
Dividend	Investment Fund	B
P. Zaccaro Co., Inc.—Geraldine A. Ferraro	Dividend	C
P. Zaccaro Co., Inc.—John A. Zaccaro	Dividend	D

II. GIFTS AND REIMBURSEMENTS

- A. The source and a brief description of gifts of transportation, lodging, food, or entertainment aggregating \$250 or more in value received from any source during calendar year 1981.

SOURCE	BRIEF DESCRIPTION
None.	

- B. The source, a brief description, and value of all other gifts aggregating \$100 or more in value received from any source during calendar year 1981.

SOURCE	BRIEF DESCRIPTION	VALUE
None		

- C. The source and a brief description of reimbursements aggregating \$250 or more in value received from any source during calendar year 1981.

SOURCE	BRIEF DESCRIPTION
See schedule attached.	

(OVER)

NOTE: For Parts III, IV, and V below, indicate Category of Value, as follows: Category A—not more than \$5,000; B—\$5,001–\$15,000; C—\$15,001–\$50,000; D—\$50,001–\$100,000; E—\$100,001–\$250,000; F—over \$250,000.

III. HOLDINGS

The identity and category of value of any interest in property held during the preceding calendar year in a trade or business, or for investment or the production of income, which had a fair market value exceeding \$1,000 as of the end of the year.

IDENTITY	CATEGORY
First Women's Bank	B
Ridgewood Savings Bank	C
East River Savings Bank	C
Wright Patman Congressional Federal Credit Union	A
Dreyfus Liquid Fund	C
P. Zaccaro Co., Inc.	
• One-third ownership by Geraldine A. Ferraro	B
• Two-thirds ownership by John A. Zaccaro	B
East River Savings Bank accounts of each dependent child -- Donna, John and Laura (John A. Zaccaro has signing authority)	C

IV. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeded \$10,000 at any time during the preceding calendar year.

IDENTITY	CATEGORY
None	

V. TRANSACTIONS

A brief description, the date, and category of value of any purchase, sale, or exchange during the preceding calendar year which exceeded \$1,000 in real property, or in stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY
None		

VI. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution.

POSITION	NAME OF ORGANIZATION
Director and Vice President	P. Zaccaro Co., Inc.
Board of Directors	Lexington School for the Deaf
Board of Visitors	Merchant Marine Board of Visitors

VII. AGREEMENTS


A description of the date, parties to, and terms of any agreement or arrangement with respect to: future employment; leave of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT
	None	

VIII. ADDITIONAL INFORMATION

- A. Are you aware of any interests in property or liabilities of a spouse or dependent child or property transactions by a spouse or dependent child which you have not reported because they meet the three standards for exemption? (See Instructions) YES ☒ NO ☐
- B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other excepted trust? (See Instructions) YES ☐ NO ☒

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions, (2 U.S.C. § 706 and 18 U.S.C. § 1001).

Signature 	Date September 30, 1984
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ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
GERALDINE A. FERRARO

Continuation Sheet

<u>Part</u>	<u>Source and Date of Honoraria</u>	<u>Amount</u>
I.A.	American Enterprise Institute March 4, 1981	\$ 200
	American Transport Assoc. October 28, 1981	750
	Sioux Valley Empire Elect Assoc. Inc. November 24, 1981	500

<u>Part</u>	<u>Source</u>	<u>Brief Description</u>
II.C.	Sioux Valley Empire Elect Assoc, Inc.	Travel expenses to So. Dakota to tour their facilities.
	National Federation of Democratic Women	Travel expenses to attend con- ference in Indianapolis, Indiana.
	National Women's Political Caucus	Travel and lodging expenses to attend conference in Albuquerque, New Mexico.

UNITED STATES HOUSE OF REPRESENTATIVES

Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1982

FORM A—For use by Members, officers, and employees

Geraldine A. Ferraro
(Full Name)
U.S. House of Representatives
Cannon House Office Building
(Mailing Address)
Washington, DC 20515

Exhibit NO. 5

(Office Use Only)

Check the appropriate box and fill in the blanks.

☒ Member of the U.S. House of Representatives—District 9 State NY☒ Check if amended Statement.*/

*/ Amended to show information reportable as of original filing date (May 9, 1983).

☐ Officer or Employee—Employing Office _____

Note: Please read Instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

A. The source, type, and amount of income (including honoraria and date received) aggregating \$100 or more in value received from any source during calendar year 1982. Exclude income from current U.S. Government employment. Do not include here income reported in part I-B below.

SOURCE	TYPE Honoraria	AMOUNT
See schedule attached.		
John A. Zaccaro (spouse) real estate broker, trustee in bankruptcy and conservator. He received salaries from P. Zaccaro Co., Inc. and Frajo Associates, Inc.		

B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during calendar year 1982 which exceeds \$100 in value. Note: For this part only, indicate Category of Value, as follows: Category A—not more than \$1,000; B—\$1,001–\$2,500; C—\$2,501–\$5,000; D—\$5,001–\$15,000; E—\$15,001–\$50,000; F—\$50,001–\$100,000; G—over \$100,000.

SOURCE	TYPE	CATEGORY
Interest	Savings	C
Dividends	Investment Fund	C
Interest (East River Savings Bank) of each dependent child -- Donna, John and Laura.	Savings	B
P. Zaccaro Co., Inc. - John A. Zaccaro	Dividend	A

II. GIFTS AND REIMBURSEMENTS

A. The source and a brief description of gifts of transportation, lodging, food, or entertainment aggregating \$250 or more in value received from any source during calendar year 1982.

SOURCE	BRIEF DESCRIPTION
None	

B. The source, a brief description, and value of all other gifts aggregating \$100 or more in value received from any source during calendar year 1982.

SOURCE	BRIEF DESCRIPTION	VALUE
None		

C. The source and a brief description of reimbursements aggregating \$250 or more in value received from any source during calendar year 1982.

SOURCE	BRIEF DESCRIPTION
None	

(OVER)

NOTE: For Parts III, IV, and V below, indicate Category of Value, as follows: Category A—not more than \$5,000; B—\$5,001–\$15,000; C—\$15,001–\$50,000; D—\$50,001–\$100,000; E—\$100,001–\$250,000; F—over \$250,000.

III. HOLDINGS

The identity and category of value of any interest in property held during calendar year 1983 in a trade or business, or for investment or the production of income, which had a fair market value exceeding \$1,000 as of the end of the year.

IDENTITY	CATEGORY
East River Savings Bank	A
Ridgewood Savings Bank	A
Wright Patman Congressional Federal Credit Union	A
Dreyfus Liquid Fund	C
P. Zaccaro Co., Inc.	
• One-third ownership by Geraldine A. Ferraro	B
• Two-thirds ownership by John A. Zaccaro	B
East River Savings Bank accounts of each dependent child -- (John A. Zaccaro has signing authority)	
• John	C
• Donna and Laura	B

IV. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeded \$10,000 at any time during calendar year 1983.

IDENTITY	CATEGORY
None	

V. TRANSACTIONS

A brief description, the date, and category of value of any purchase, sale, or exchange during calendar year 1983 which exceeded \$1,000 in real property, or in stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY
Purchase of Troy, New York New Public Housing bonds (The bonds were then given as a gift to Geraldine A. Ferraro's mother).	May 3, 1982	C

VI. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution.

POSITION	NAME OF ORGANIZATION
Director and Vice President	P. Zaccaro Co., Inc.
Board of Directors	Lexington School for the Deaf
Board of Visitors	Merchant Marine Board of Visitors
Advisory Committee	League of Italian Americans for the Arts
Board of Directors	Institute for Art and Urban Resources

VII. AGREEMENTS

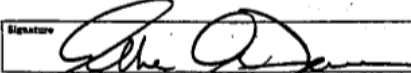
A description of the date, parties to, and terms of any agreement or arrangement with respect to: future employment; leave of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT
	None	

VIII. ADDITIONAL INFORMATION

- A. Are you aware of any interests in property or liabilities of a spouse or dependent child or property transactions by a spouse or dependent child which you have not reported because they meet the three standards for exemption? (See Instructions) YES A NO
- B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other excepted trust? (See Instructions) YES NO X

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions, (2 U.S.C. § 706 and 18 U.S.C. § 1001).

Signature	Date
	September 30, 1984

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
GERALDINE A. FERRARO

Continuation Sheet

<u>Part</u>	<u>Source and Date of Honoraria</u>	<u>Amount</u>
I.A.	Brookings Institute February 11, 1982	\$ 200
	Outdoor Advertising Assoc. of New York March 31, 1982	500
	Commodity Exchange, Inc., New York June 28, 1982	1,000
	Chicago Mercantile Exchange & Chicago Board of Trade November 23, 1982	1,000
	Washington Caucus Group December 9, 1982	500

UNITED STATES HOUSE OF REPRESENTATIVES
Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1983

FORM A—For use by Members, officers, and employees

Geraldine A. Ferraro
(Full Name)
U.S. House of Representatives
Cannon House Office Building
(Mailing Address)
Washington, DC 20515

EXHIBIT NO. 6

(Office Use Only)

Check the appropriate box and fill in the blanks.

☒ Member of the U.S. House of Representatives—District 9 State NY

☒ Check if amended Statement ^{*/}
*/ Amended to show information
reportable as of original
filing date (May 8, 1984).

☐ Officer or Employee—Employing Office _____

Note: Please read instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

- A. The source, type and amount of income (including honoraria and date received) aggregating \$100 or more in value received from any source during calendar year 1983. Exclude income from current U.S. Government employment. Do not include here income reported in part I-B below.

SOURCE	TYPE	AMOUNT
See schedule attached	Honoraria	
John A. Zaccaro (spouse) real estate broker, trustee in bankruptcy and conservator. He received a salary from P. Zaccaro Co., Inc.		

- B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during calendar year 1983 which exceeds \$100 in value. Note: For this part only, indicate Category of Value, as follows: Category A—not more than \$1,000; B—\$1,001–\$2,500; C—\$2,501–\$5,000; D—\$5,001–\$15,000; E—\$15,001–\$50,000; F—\$50,001–\$100,000; G—over \$100,000.

SOURCE	TYPE	CATEGORY
Interest	Savings	A
Dividends	Investment Fund	A
Interest	Bonds	C
Interest (East River Savings Bank) of each dependent child -- John and Laura	Savings	B

II. GIFTS AND REIMBURSEMENTS

- A. The source and a brief description of gifts of transportation, lodging, food, or entertainment aggregating \$250 or more in value received from any source during calendar year 1983.

SOURCE	BRIEF DESCRIPTION
See schedule attached	

- B. The source, a brief description, and value of all other gifts aggregating \$100 or more in value received from any source during calendar year 1983.

SOURCE	BRIEF DESCRIPTION	VALUE
None		

- C. The source and a brief description of reimbursements aggregating \$250 or more in value received from any source during calendar year 1983.

SOURCE	BRIEF DESCRIPTION
See schedule attached	

(OVER)

NOTE: For Parts III, IV, and V below, indicate Category of Value, as follows: Category A—not more than \$5,000; B—\$5,001–\$15,000; C—\$15,001–\$50,000; D—\$50,001–\$100,000; E—\$100,001–\$250,000; F—over \$250,000.

III. HOLDINGS

The identity and category of value of any interest in property held during the preceding calendar year in a trade or business, or for investment or the production of income, which has a fair market value exceeding \$1,000 as of the end of the year.

IDENTITY	CATEGORY
Ridgewood Savings Bank	A
East River Savings Bank	A
Wright Patman Congressional Federal Credit Union	A
Dreyfus Liquid Fund	A
The Reserve Fund	A
Municipal Bonds: NYC MAC	C
NYC General Obligation	C
Gloversville, NY	B
P. Zaccaro Co., Inc.	
• One-third ownership by Geraldine A. Ferraro	B
• Two-thirds ownership by John A. Zaccaro	B
East River Savings Bank accounts of each dependent child -- John and Laura (John A. Zaccaro has signing authority)	C

IV. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeds \$10,000 at any time during the preceding calendar year.

IDENTITY	CATEGORY
None	

V. TRANSACTIONS

A brief description, the date, and category of value of any purchase, sale, or exchange during the preceding calendar year which exceeds \$1,000 in real property, or in stocks, bonds, commodities futures, or other forms of securities.

BRIEF DESCRIPTION	DATE	CATEGORY
Purchase of Municipal Bonds:		
NYC MAC	Jan. 12, 1983	C
NYC General Obligation	Jan. 13, 1983	C
Gloversville, NY	Feb. 9, 1983	B

VI. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution.

POSITION	NAME OF ORGANIZATION
See schedule attached.	

VII. AGREEMENTS

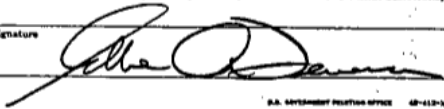
A description of the date, parties to, and terms of any agreement or arrangement with respect to: future employment; leave of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT
	None	

VIII. ADDITIONAL INFORMATION

- A. Are you aware of any interests in property or liabilities of a spouse or dependent child or property transactions by a spouse or dependent child which you have not reported because they meet the three standards for exemption? (See Instructions) YES X NO
- B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other excepted trust? (See Instructions) YES NO X

NOTE: Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions, (2 U.S.C. 706 and 18 U.S.C. 1001).

Signature 	Date September 30, 1984
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ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
GERALDINE A. FERRARO

Continuation Sheet

<u>Part</u>	<u>Source and Date of Honoraria</u>	<u>Amount</u>
I.A.	Avon Products Inc.-Feb. 18, 1983	\$2,000
	Impact-March 16, 1983	100
	New York State Home Economics Association-May 6, 1983	100
	Union of American Hebrew Congregations-June 7, 1983	100
	Outdoor Advertising Association of America-Sept. 26, 1983	500
	Institute of Outdoor Advertising-Sept. 26, 1983	500
	American Enterprise Institute-Oct. 5, 1983	200

<u>Part</u>	<u>Source</u>	<u>Brief Description</u>
II.A.	Avon Products, Inc.	Transportation, lodging and food for Geraldine A. Ferraro and John A. Zaccaro at a conference in Miami, Florida.
	Chinese Culture University	Transportation, lodging and food for Geraldine A. Ferraro and John A. Zaccaro to Taiwan, Republic of China.
II.C.	Aspen Institute for Humanistic Studies	Travel expenses to attend conference in Hilton Head, South Carolina.
	International Ladies Garment Workers Union.	Travel and lodging expenses for attendance at convention in Hollywood, Florida.
	National Women's Political Caucus	Travel and lodging expenses for attendance at convention in San Antonio, Texas.
	Democratic Women of North Carolina	Travel and lodging expenses for attendance at convention in Raleigh, North Carolina.
	AFL-CIO	Travel expenses to attend convention in Hollywood, Florida.
	Tulsa County Democratic Party	Travel and lodging expenses incurred in connection with a speech in Tulsa, Oklahoma.
	Democratic National Committee	Travel and lodging expenses in connection with attendance at pre-convention conference in Chicago, Illinois.

<u>VI. POSITION</u>	<u>NAME OF ORGANIZATION</u>
Director and Vice President	P. Zaccaro Co., Inc.
Board of Directors	Lexington School for the Deaf
Board of Visitors	Merchant Marine Board of Visitors
Advisory Committee	League of Italian Americans for the Arts
Board of Directors	Institute for Art and Urban Resources
Board of Directors	National Italian American Foundation
Board of Directors	The Pension Rights Center
Member of Advisory Committee	Mount Vernon College

WASHINGTON LEGAL FOUNDATION

ANNUAL REPORT 1983



WASHINGTON LEGAL FOUNDATION

LETTER
OF THE
GENERAL COUNSEL

You and I have a lot to be proud of. When I began the Washington Legal Foundation in 1976, I envisioned an aggressive, dedicated and effective organization that would fight in Federal and state courts to preserve the principles upon which America was built.

In just seven years, WLF has fulfilled my original vision by building a record of continuous commitment and successful substantive results. Our precedent-setting work in the courts has gained national recognition and respect.

Today, with over 85,000 members and 120,000 supporters nationwide, WLF is America's largest public interest litigation and research center. Members of our Board of Advisors are now Ambassadors, White House Counsel, and agency heads. No other organization can match the scope of WLF's activity or, more importantly, our rate of success.

The Washington Legal Foundation consistently acts to represent its number one client effectively — the taxpayer who believes in individual rights, free enterprise, a strong America and due process rights for crime victims. Our dedication to the concerns of mainstream Americans guides our selection of activities and frames the stance that WLF attorneys take in court and the public policy arena.

As an organization, WLF is lean, aggressive and able to move quickly. While the Foundation operates on a shoestring budget, its dedicated staff of lawyers has expertise in critical areas of the law which allows WLF to go head-to-head with the best legal minds in the nation. WLF has gained influence and respect on a national level as an acknowledged force from both sides of the political



spectrum. Our pioneering efforts for crime victims, for instance, are now accepted as the norm in the legal community. Indeed, our efforts in this and other areas have established WLF as a legal catalyst, led other lawyers to seek our counsel, and made commonplace the study of WLF's legal work in law schools.

WLF has earned its unmatched national reputation as a preeminent legal action center by offering a much needed litigation capability to Members of Congress, small businessmen, crime victims, and other individuals deprived of their civil liberties.

As a U.S. Court of Appeals opinion stated in a recent WLF victory, the Foundation "leaves no stone unturned."

WLF has consistently been on the cutting-edge of historic and precedent-setting cases whether:

- fighting to protect the civil liberties of small businesses from regulatory harassment by government bureaucrats;
- blocking cadres of radical attorneys in their highly-organized attempts to disrupt America's national defense and security policies through a wave of well-financed lawsuits;
- suing John Hinckley, Jr. in Federal Court on behalf of the Secret Service agent wounded in the assassination attempt on President Reagan and suing Hinckley's psychiatrist for negligence;
- attacking Consumer Product Safety Commission regulations based upon inadequate scientific evidence;
- fighting judicially-created "reverse discrimination";
- protecting the authority of military officers to give orders to subordinates without the threat of lawsuits;
- placing rational limitations on the ability of death-sentenced prisoners to repeatedly appeal the same issues in order to block their execution;
- fighting the attempts by pro-drug organizations to harass parent-supported drug rehabilitation groups by lawsuits;
- joining with 25 State Attorneys General in court to argue for a "good faith" exception to the exclusionary rule of evidence; or
- attacking attempts by government officials to seize corporate records without a search warrant.

WASHINGTON LEGAL FOUNDATION

The Washington Legal Foundation's place in the legal public policy arena is unique. The Foundation is the only effective legal counterweight to the array of disruptive anti-business, pro-criminal groups like the American Civil Liberties Union, the NAACP Legal Defense and Education Fund, and the many Ralph Nader organizations of which the media and many judges are so fond.

A hallmark of WLF's role is its strong working relations with the Administration, Members of Congress, their staffs, and other key policymakers. We have represented over 150 United States Senators and Congressmen in various cases and worked with over 25 State Attorneys General in courtrooms across the country. Similarly, we have acted as legal advisors to many of these legislators, as well as White House and Cabinet aides, on critical legal issues.

The Washington Legal Foundation has dramatically expanded beyond my original vision. Our courtroom activity is supplemented by a broad range of incisive and hard-hitting activities in which WLF works to expand support for free enterprise and to create a proper public opinion climate for our courtroom efforts.

During the past year, WLF continued to fulfill its role as the leading rational voice in the legal public policy arena by activities such as:

- WLF's speeches and briefings to business, trade and lawyers' groups on issues ranging from corporate products liability to corporate free speech and political rights;

- WLF's legal public policy monographs on significant business and legal issues which are distributed to judges, law schools, legislators, and policymakers nationwide;
- WLF's Congressional testimony and debates with the American Civil Liberties Union, Ralph Nader's Congress Watch, consumer activists, and other groups on national television and radio and at seminars on issues ranging from election law reform and products liability to the death penalty and insanity defense reform; and
- WLF's op-ed articles and analytical commentaries published in newspapers, magazines, and trade journals across the country.

Our success graphically demonstrates the impact a litigation and education-oriented public interest law firm operating in a highly political decision-making community can have on shaping public policy. The wide recognition afforded the results of our efforts speaks to the effectiveness of WLF as a fresh and persuasive voice in the national policymaking arena.

WLF has continued to reach out to the academic community through our Clinical Legal Intern Program and College Intern Program in which law students and college students work closely with WLF attorneys and staff in all facets of the WLF program.

The success of WLF's Clinical Legal Intern Program can be measured by the positions now held by our interns. The most recent WLF interns are employed as a WLF staff attorney, counsel to a Senate Committee, a high level staff member of the Department of Justice, a clerk to a judge on the U.S. Court of Appeals, and an assistant general counsel at a Fortune 500 corporation.

The Washington Legal Foundation's success in a short seven years has been gratifying. We have worked hard to be worthy of the financial support we have received. WLF is supported by people who believe we can make a difference, and we are making a difference in legal and public policy today. A direct result of our success is an ever-increasing number of requests for legal help and representation. Without your help, WLF could never have become the legal force it is nor can it continue to respond to new challenges tomorrow. With your continued support, our new national headquarters will serve as a solid base for further growth and greater victories. We have won many victories in the past. We believe, however, that our greatest victories lie in the future.

Daniel J. Popeo

Daniel J. Popeo
General Counsel



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RECEIVED AT THE FEC

84 AUG 20 P 5: 19

DATE & TIME

EXHIBIT NO. 8

RECEIPT FOR HAND-DELIVERED DOCUMENTS

FROM: Geräldine Ferraro - Ethics in Government Act ReportNUMBER OF DOCUMENTS One (1)

RECEIVED BY

Patricia Klein

[illegible]

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INCOME AND INTERESTS IN PROPERTY

IDENTIFICATION	TYPE OF INCOME	ACTUAL AMOUNT	DATE
Avon Products Inc. 9 West 57th St. N.Y., N.Y. 10019	Honoraria	\$2000	2/18/83
Impact 110 Maryland Ave. N.E. Washington, D.C. 20002	Honoraria	100	3/16/83
New York State Home Economics Association 35 James St. Cortland, N.Y. 13045	Honoraria	100	5/6/83
American University 4400 Massachusetts Ave. N.W. Washington, D.C. 20016	Honoraria	50	7/14/83
Union of American Hebrew Congregations 2027 Massachusetts Ave. N.W. Washington, D.C. 20036	Honoraria	100	6/7/83
Outdoor Advertising Assoc. of America 1899 I. Street, N.W. Washington, D.C. 20036	Honoraria	500	9/26/83
Institute of Outdoor Advertising 342 Madison Ave. N.Y., N.Y. 10173	Honoraria	500	9/26/83
Center for Study of Democratic Institutions P.O. Box 4068 Santa Barbara, California 93103	Honoraria	50	11/23/83
American Enterprises Institute 1150 17th St. N.W. Washington, D.C. 20036	Honoraria	200	10/5/83

INCOME AND INTERESTS IN PROPERTY			Page 9	Schedule A Ferraro, Geraldine A.
IDENTIFICATION	TYPE OF INCOME	ACTUAL AMOUNT	DATE	
Touche Ross & Co. 1633 Broadway N.Y., N.Y. 10019	Honoraria	\$1000	1/9/84	
St. John's University Jamaica, N.Y. 11439	Honoraria	1000	2/15/84	
American Nuclear Energy Council 410 1st St., S.E. Washington, D.C. 20003	Honoraria	250	3/8/84	
R.J. Reynolds Industries Inc. Winston Salem, N.C. 27102	Honoraria	2000	5/7/84	
American Retail Federation, Inc. 1616 N Street, N.W. Washington, D.C. 20006	Honoraria	500	5/16/84	
The Pay Improvement Co. P.O. Box 2831 San Francisco, California 94126	Honoraria	2000	6/19/84	

100-515

SECTION 7. FIDUCIARIES IN PROPERTY

This schedule is to be filed in the case of all reporting individuals

Do you, your spouse, or dependent child receive income from, or have a beneficial interest in a trust?

If "yes", have you reported the income from the trust?

If "yes", have you reported the assets of the trust?

If "yes", is this trust an "excepted" trust? ☒ or "qualified" trust? ☒

Are there any persons, other than you, your spouse, or dependent child, who are beneficiaries of the trust?

If "yes", do you wish to list all the beneficiaries?

If "yes", list the names of all persons, other than you, your spouse, or dependent child, who are beneficiaries of the trust, and the percentage of the income from the trust which each is entitled to receive.

If "no", check the box below.

4. You do not have knowledge as to the composition of such income as the beneficiaries.

Page 10

Name of Beneficiary: **Ferraro, Geraldine A.**

Beneficiary's Only

Date of Birth: **10/1/1911**

For the period January 1, 1980 to July 31, 1984.		Income in Property	
Identification	Type of Income	Category of Amount or Value	
		Actual Amount	Only if "Other" Specified
Dividends	Interest	Rents	Royalties
S. John A. Zaccaro - real estate broker, trustee in bankruptcy, and conservator.	S. P. Zaccaro Co., Inc.	218 Lafayette Street	N.Y., N.Y. 10012
Two-thirds ownership (two shares) in this real estate management and broker corporation, which owns no real property.	Salary	X	X
Total	Total	Total	Total

Pinto Number 13		Schedule A	
Filing Individual's Name Ferraro, Geraldine A.			
Date of Filing (Month, Day, Year) 11/1/84			
<p>Are there any interests in property, purchase, lease, or acquisition, of real property, of a spouse or dependent child which you have not reported?</p> <p>If "Yes," do you certify, to all of the following?</p> <p>1. They represent solely your spouse's or dependent child's financial interest.</p> <p>2. They are not, in any way, related to you or your spouse or child.</p> <p>3. You neither derive, nor expect to derive, any financial or economic benefit from them, and</p> <p>4. You do not have knowledge as to the circumstances of each interest or benefit.</p>			
<p>For the period January 1, 1989 to July 1, 1990</p> <p>INCOME</p> <p>Source of Income</p> <p>Amount of Income</p> <p>Valuation of Assets</p>			
S	East River Savings Bank, N.Y., N.Y.	(Kdough invested at a fixed rate of return)	X
S	The Bankers Life, Ben. Mo. Ins. Co.	(Kdough invested at a fixed rate of return)	X

Schedule A		Page Number 15		Requiring Individual's Name		FERRARO, Geraldine A.		Date of Filing (Month, Day, Year)		Agency Use Only													
<p>Do you, your spouse, or dependent child, people living with you, or have a beneficial interest in a trust?</p> <p>If "yes," have you reported the income from this trust?</p> <p>If "yes," have you reported the income of this trust?</p> <p>If "yes," is this trust an "excluded trust"?</p>												<p>Are there any interests in property, minerals, sales, or exchanges, or benefits of a spouse or dependent child which you have not reported?</p> <p>If "yes," do you elect to all of the following?</p> <p>1. They have been solely your assets or participation in the interest has been or is exclusively yours.</p> <p>2. They are not in any way part of marital assets that your spouse has or may have.</p> <p>3. You are not a partner, joint tenant, or co-owner in any real or personal property.</p> <p>4. You are not a partner, joint tenant, or co-owner in any real or personal property.</p> <p>5. You are not a partner, joint tenant, or co-owner in any real or personal property.</p>											
<p>For the year 1984, the following is a list of all property interests in which you have an interest, including interests in property held in joint tenancy, tenancy in common, or as a partner, joint tenant, or co-owner.</p>												<p>For the year 1984, the following is a list of all property interests in which you have an interest, including interests in property held in joint tenancy, tenancy in common, or as a partner, joint tenant, or co-owner.</p>											
<p>DC Trust accounts -</p>												<p>DC Trust accounts -</p>											
<p>East River Savings Bank</p>												<p>East River Savings Bank</p>											
<p>N.Y., N.Y. (John Zaccaro)</p>												<p>N.Y., N.Y. (John Zaccaro)</p>											
<p>has signing authority</p>												<p>has signing authority</p>											
<p>o Dependent child - Laur</p>												<p>o Dependent child - Laur</p>											
<p>(2 accounts)</p>												<p>(2 accounts)</p>											
<p>o Dependent child - John</p>												<p>o Dependent child - John</p>											
<p>(3 accounts)</p>												<p>(3 accounts)</p>											
<p>DC Each child owns a one-third</p>												<p>DC Each child owns a one-third</p>											
<p>interest in a first mortgage</p>												<p>interest in a first mortgage</p>											
<p>owned by Frajo Associates, Inc.</p>												<p>owned by Frajo Associates, Inc.</p>											
<p>on property at 218 Lafayette</p>												<p>on property at 218 Lafayette</p>											
<p>Street, N.Y., N.Y. (continued)</p>												<p>Street, N.Y., N.Y. (continued)</p>											

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Reporting Institution Name Ferrero, Geraldine A.		Agency Use Only Date of filing (Month, Day, Year)		Value
1. Location: Transportation, Food and Entertainment, cash report (including 1250 of cases in year)				
2. Name: Asian Products, Inc.	3. Address: 9 West 57th Street, New York, New York 10019	4. Description: Transportation, lodging and food for Geraldine Ferrero and John Zaccaro at a conference in Miami, Florida.		\$1000
5. Name: Chinese Culture University	6. Address: NWA Kang, Yang Ming Shan, Taiwan, Republic of China	7. Description: Transportation, lodging and food for Geraldine Ferrero and John Zaccaro to Taiwan, Republic of China.		9000
8. All other filers: For each filer, provide name, address, and description of the transaction.				Value
See page 22 for details.				
See page 23 for details.				
See page 24 for details.				
See page 25 for details.				
See page 26 for details.				
See page 27 for details.				
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See page 97 for details.				
See page 98 for details.				
See page 99 for details.				
See page 100 for details.				

Schedule C
Ferraro, Geraldine A

Page 22

GIFTS AND REIMBURSEMENTS

All other gifts

SOURCE

The following gifts were received during July, 1984, each gift is being returned to its donor. No other gifts aggregating \$100 or more in value from any one source were received during the reporting period.

Mr. & Mrs. Theodore Gianoutsos
5621 North 23rd St.
Arlington, Virginia 22205

Victor Costa Inc.
3000 Irving Blvd.
Dallas, Texas 75247

Chas. Milano Inc.
P.O. Box 1041
Boca Raton, Florida 33429

VALUE

\$100 (est.)

150 (est.)

250 (est.)

BRIEF DESCRIPTION

Sports equipment

Business suit

Four pocketbooks

Ferraro, Geraldine

SOURCE	BRIEF DESCRIPTION	VALUE
Reinforcements		
Open Institute for Humanistic Studies 2010 Massachusetts Ave. N.W. Washington, D.C. 20036	Travel expenses to attend conference in Hilton Head, South Carolina	\$285
International Ladies Garment Workers Union 1710 Broadway New York, N.Y. 10017	Travel and lodging expenses for attendance at convention in Hollywood, Florida	646
National Women's Political Caucus 1411 K Street, N.W. Washington, D.C. 20005	Travel and lodging expenses for attendance at convention in San Antonio, Texas	944
Democratic Women of North Carolina 1912 Carlton Avenue Greensboro, North Carolina 27406	Travel and lodging expenses for attendance at convention in Raleigh, North Carolina	421
APL-CIO 815 16th Street, N.W. Washington, D.C. 20006	Travel expenses to attend convention in Hollywood, Florida	278
Tulsa County Democratic Party 6373 East 31st Street Tulsa, Oklahoma 74135	Travel and lodging expenses incurred in connection with a speech in Tulsa, Oklahoma	343
Democratic National Committee 1025 Massachusetts Ave. N.W. Washington, D.C.	Travel and lodging expenses in connection with attendance at 1984 Democratic National Convention Platform Committee Hearings in Cleveland, Ohio, Birmingham, Alabama, Springfield, Ill., Los Angeles, California, Houston, Texas and attendance at pre-convention conference in Chicago, Ill.	2358

GUARANTOR; GUARANTIDH A.

S or DC	Name and Address of Creditor	Type of Liability	Category of Amount
	o 1st Mortgage obligation on jointly owned personal residence in St. Croix, U.S. Virgin Islands payable to: Charles W. and Ann Spaulding 6 N.E. Executive Park Burlington, Maine 01803	1st Mortgage, 3 year term with a balloon Payment due June 1986, 10% interest rate	\$50,001 to \$100,000
S	o 1st Mortgage obligation on properties in which Second Grand Company has an interest. (Second Grand Company, a Partnership, is one-half owned by John Zaccaro) 1. 200 Lafayette St., Corp., c/o Chemical Bank, 30 Rockefeller Plaza, N.Y., N.Y. 10112 2. Norfolk Properties Inc., 535 Fifth Avenue, N.Y., N.Y. 10017	1st Mortgage, 15 year term due August, 1995, 9% interest rate for first 10 years and 10% thereafter 1st Mortgage, 15 year term due May, 1993, 6.5% interest rate	Over \$250,000 \$100,001 to \$250,000
S	o Max Isaacs - 218 Lafayette St., N.Y., N.Y. 10012	Dec. 1983, 11.5% unsecured demand loan	\$15,001 to \$50,000
S	o Max Isaacs - 218 Lafayette St., N.Y., N.Y. 10012	July 1984, 13.5% unsecured demand loan	\$15,001 to \$50,000
S	o Frajo Associates Inc. - 218 Lafayette St., N.Y., N.Y. 10012	Periodic cash advances to John Zaccaro, non-interest bearing, starting in 1978, (July 31, 1984 net balance - \$152,916.)	\$100,001 to \$250,000

LIABILITIES

S or DC	Name and Address of Creditor	Type of Liability.	Category of Amount
S	o Manny Lerman 333 Madison Avenue N.Y., N.Y. 10017	March 1984, unsecured demand loan at prime rate	\$50,001 to \$100,000
S	o Liabilities of P. Zaccaro Co., Inc. which are guaranteed by John Zaccaro		
	1. Estate of Alice Phelan, Conservatee 218 Lafayette Street N.Y., N.Y. 10012	October 1983, term note due March 31, 1984 at 12% (note repaid March 9, 1984)	\$50,001 to \$100,000
	2. Estate of Alice Phelan, Conservatee 218 Lafayette Street N.Y., N.Y. 10012	February 1984, demand loan at 12% (loan repaid March 27, 1984)	\$50,001 to \$100,000
	3. Max Isaac 218 Lafayette Street N.Y., N.Y. 10012	October 1983, unsecured demand loan at prime rate	\$50,001 to \$100,000
	4. Max Isaac 218 Lafayette Street N.Y., N.Y. 10012	January 1984, unsecured demand loan at prime rate	\$50,001 to \$100,000

Name and Address of Organization	Type of Organization	Position Held	From	To
P. Zaccaro Co, Inc. 218 Lafayette St. N.Y., N.Y. 10012	Real estate management	Director Vice President	May 1971 Nov. 1973	Present Present
Manhattan College 231 East Seventy First Street N.Y., N.Y. 10021	Educational	Board of Trustees	Mar. 1986	Present
Merchant Marine Board of Visitors Maritime Administration U.S. Merchant Marine Academy King's Point, N.Y. 11024	Educational	Board of Visitors	Feb. 1981	Present
The Pension Rights Center 1346 Connecticut Avenue, N.W. Washington, D.C. 20036	Educational	Board of Directors	Nov. 1983	Present
League of Italian Americans for the Arts P.O. Box 357 Great Neck, N.Y. 11021	Cultural	Advisory Committee	May, 1982	Present
National Italian American Foundation 666 11th Street, N.W. Suite 800 Washington, D.C. 20001-4596	Cultural	Board of Directors	May, 1983	Present
Institute for Art and Urban Resources 46-01 21st Street Long Island City, N.Y. 11101	Educational	Board of Directors	Oct. 1982	Present
Lexington School for the Deaf 10th Avenue & 75th Street Jackson Heights, N.Y. 11369	Educational	Board of Directors	Dec. 1980	Present
Mount Vernon College 2100 Foxhall Road, N.W. Washington, D.C. 20007	Educational	Member of Advisory Committee	1983	Present

9068-R-121177
AO-C3

002003

1040 U.S. Individual Income Tax Return

1979

EXHIBIT NO. 9

Privacy Act Notice, see page 3 of Instructions | For the year January 1-December 31, 1979, or other tax year beginning 1979, ending 19

Your first name and initial (if joint return, also give spouse's name and initial)

Last name

Your social security number

GERALDINE A

ZACCARO

Present home address (Number and street, including apartment number, or rural route)

Spouse's social security no.

22 DEEPDANE RD

City, town or post office, State and ZIP code

FOREST HILLS NY

11379

Your occupation

CONGRESS US

Spouse's occupation

Presidential Election Campaign Fund

Do you want \$1 to go to this fund?

Yes

No

If joint return, does your spouse want \$1 to go to this fund?

Yes

No

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

Filing Status

Check only one box.

1

Single

2

Married filing joint return (even if only one had income)

3

Married filing separate return. Enter spouse's s.s. no. above and full name here SEE ATTACHED

4

Head of household. (See page 7 of Instructions.) If qualifying person is your unmarried child, enter child's name

5

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

Exemptions

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

6a

X Yourself

65 or over

Blind

b

Spouse

65 or over

Blind

c

First names of your dependent children who lived with you

Enter number of boxes checked on 6a and b
Enter number of children listed

d Other dependents:

(1) Name

(2) Relationship

(3) Number of months lived in your home

(4) Did dependent have income of \$1,000 or more?

(5) Did you provide more than one-half of dependent's support?

Enter number of other dependents

SEE SCHEDULE-2

Add numbers entered in boxes above

7 Total number of exemptions claimed

2

Income

Please attach Copy B of your Forms W-2 here.

If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

8

Wages, salaries, tips, etc.

52,916.

9

Interest income (attach Schedule B if over \$400)

2,682.

10a

Dividends (attach Schedule B if over \$400)

10b Exclusion

c

Subtract line 10b from line 10a

10c

11

State and local income tax refunds (does not apply unless refund is for year you itemized deductions—see page 10 of Instructions)

11

12

Alimony received

12

13

Business income or (loss) (attach Schedule C)

13

14

Capital gain or (loss) (attach Schedule D)

14

15

Taxable part of capital gain distributions not reported on Schedule D (see page 10 of Instructions)

15

16

Supplemental gains or (losses) (attach Form 4797)

16

17

Fully taxable pensions and annuities not reported on Schedule E

17

18

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

18

19

Farm income or (loss) (attach Schedule F)

19

20a

Unemployment compensation. Total amount received

20b

b

Taxable part, if any, from worksheet on page 10 of Instructions

20b

21

Other income (state nature and source—see page 10 of Instructions) SEE SCHEDULE-4

21

610.

22

Total income. Add amounts in column for lines 8 through 21

56,228.

Adjustments to Income

23

Moving expense (attach Form 3903 or 3903F)

23

24

Employee business expenses (attach Form 2106)

24

25

Payments to an IRA (see page 11 of Instructions)

25

26

Payments to a Keogh (H.R. 10) retirement plan

26

27

Interest penalty on early withdrawal of savings

27

28

Alimony paid (see page 11 of Instructions)

28

29

Disability income exclusion (attach Form 2440)

29

30

Total adjustments. Add lines 23 through 29

30

Adjusted Gross Income

31

Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see page 2 of Instructions. If you want IRS to figure your tax, see page 4 of Instructions

31

56,228.

TRIPLICATE

Form 1040 (1979)

1 Control number		222		2 Employee's State number	
3 Employee's name, address, and ZIP code				4 Subtotal Operation	
SERGEANT AT ARMS U.S. HOUSE OF REPS. WASHINGTON DC-20515				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5 Employee's social security number				6 Employer's identification number	
15-122-19				93-6002522	
7 Federal income tax withheld				8 Advance EIC payment	
15,179.00					
10 Wages, tips, other compensation				11 FICA tax withheld	
52,915.86					
12 Total FICA wages				13 FICA tips	
14 Pension plan coverage? Yes/No				15 State wages, tips, etc.	
YES				52,915.86	
16 State income tax withheld				17 Local wages, tips, etc.	
5,179.00					
18 Local income tax withheld				19 Name of locality	
				NY	
Copy C For employee's records This information is being furnished to the Internal Revenue Service.					

Form W-2 Wage and Tax Statement 1979

Department of the Treasury—Internal Revenue Service

002083

115068-2250-03

Page 2

Form 1040 (1979)

Tax Computation
 (See instructions on page 12)

32	Amount from line 31 (adjusted gross income)	32	96,228.
33	If you do not itemize deductions, enter zero	33	9,126.
If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41 Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 12 of the instructions. Also see page 12 of the instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien.			
34	Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I	34	47,102.
Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if: • Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR • You have more exemptions than are shown in the Tax Table for your filing status, OR • You use Schedule G or Form 4725 to figure your tax. Otherwise, you MUST use the Tax Tables to find your tax.			
35	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Tables or <input checked="" type="checkbox"/> Schedule TC	35	17,689.
36	Additional taxes. Check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, <input type="checkbox"/> Form 5405, or <input type="checkbox"/> Section 72(m)(5) penalty tax	36	
37	Total. Add lines 35 and 36	37	17,689.

Credits

38	Credit for contributions to candidates for public office	38	
39	Credit for the elderly (attach Schedules R&RP)	39	
40	Credit for child and dependent care expenses (Form 2441)	40	
41	Investment credit (attach Form 3468)	41	
42	Foreign tax credit (attach Form 1116)	42	
43	Work incentive (WIN) credit (attach Form 4874)	43	
44	Jobs credit (attach Form 5884)	44	
45	Residential energy credits (attach Form 5695)	45	
46	Total credits. Add lines 38 through 45	46	
47	Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	17,689.

Other Taxes

(Including Advance EIC Payments)

48	Self-employment tax (attach Schedule SE)	48	
49a	Minimum tax. Attach Form 4625 and check here <input type="checkbox"/>	49a	
49b	Alternative minimum tax. Attach Form 6251 and check here <input type="checkbox"/>	49b	
50	Tax from recomputing prior-year investment credit (attach Form 4255)	50	
51a	Social security (FICA) tax on tip income not reported to employer (attach Form 4137)	51a	
51b	Uncollected employee FICA and RRTA tax on tips (from Form W-2)	51b	
52	Tax on an IRA (attach Form 5329)	52	
53	Advance earned income credit payments received (from Form W-2)	53	
54	Total. Add lines 47 through 53	54	17,689.

Payments

Attach Forms W-2, W-2G, and W-2P to front.

55	Total Federal income tax withheld	55	15,122.
56	1979 estimated tax payments and credit from 1978 return	56	
57	Earned income credit. If line 52 is under \$10,000, see page 2 of instructions	57	
58	Amount paid with Form 4868	58	
59	Excess FICA and RRTA tax withheld (two or more employers)	59	
60	Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T)	60	
61	Regulated Investment Company credit (attach Form 2439)	61	
62	Total. Add lines 55 through 61	62	15,122.

Refund or Balance Due

63	If line 62 is larger than line 54, enter amount OVERPAID	63	
64	Amount of line 63 to be REFUNDED TO YOU	64	
65	Amount of line 63 to be credited on 1980 estimated tax	65	
66	If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order	66	2,567.
(Check <input type="checkbox"/> if Form 2210 (2210F) is attached. <input type="checkbox"/> \$			

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

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

Please Sign Here

Preparer's signature and date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.
Firm's name (or yours, if self-employed) and address		E.I. No.
SELGER & BRESSMAN CPA 60 E 42ND STREET NEW YORK NY		11-2408598
		ZIP code

115060-2250-03

002063

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

(Form 1040)

Department of the Treasury

Internal Revenue Service

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

1979

08

Name(s) as shown on Form 1040

Your social security number

GERALDINE A ZACCARO

Schedule A—Itemized Deductions

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of instructions.)		Contributions (See page 17 of instructions.)	
1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶	150.	21 a Cash contributions for which you have receipts, cancelled checks or other written evidence	570.
2 Medicine and drugs	562.	b Other cash contributions (show to whom you gave and how much you gave) ▶	
3 Enter 1% of Form 1040, line 31	0.	22 Other than cash (see page 17 of instructions for required statement)	
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero	370.	23 Carryover from prior years	
5 Balance of insurance premiums for medical care not entered on line 1		24 Total contributions (add lines 21a through 23). Enter here and on line 36	570.
6 Other medical and dental expenses:		Casualty or Theft Loss(es) (See page 18 of instructions.)	
a Doctors, dentists, nurses, etc.		25 Loss before insurance reimbursement	
b Hospitals		26 Insurance reimbursement	
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero	
		28 Enter \$100 or amount on line 27, whichever is smaller	
7 Total (add lines 4 through 6c)	370.	29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37	
8 Enter 3% of Form 1040, line 31	1,067.	Miscellaneous Deductions (See page 18 of instructions.)	
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero	0.	30 Union dues	
10 Total medical and dental expenses (add lines 7 and 9). Enter here and on line 33	150.	31 Other (itemize) ▶	SEE SCHEDULE-12
Taxes (See page 16 of instructions.)			3,062.
Note: Gasoline taxes are no longer deductible.			
11 State and local income	5,179.		
12 Real estate			
13 General sales (see sales tax tables)	447.		
14 Personal property			
15 Other (itemize) ▶			
16 Total taxes (add lines 11 through 15). Enter here and on line 34	5,676.		
Interest Expense (See page 17 of instructions.)		Summary of Itemized Deductions (See page 18 of instructions.)	
17 Home mortgage		33 Total medical and dental—from line 10	150.
18 Credit and charge cards		34 Total taxes—from line 16	5,676.
19 Other (itemize) ▶ SEE SCHEDULE-11	1,306.	35 Total interest—from line 20	1,365.
		36 Total contributions—from line 24	570.
		37 Total casualty or theft loss(es)—from line 29	
		38 Total miscellaneous—from line 32	3,062.
		39 Add lines 33 through 38	10,626.
		40 If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400	
		1 or 4, enter \$2,300	
		3, enter \$1,700	1,700.
20 Total interest expense (add lines 17 through 19). Enter here and on line 35	1,306.	41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the instructions for line 41 on page 18.)	9,126.

TRIPLICATE

115066-2250-03

002063

SCHEDULE G
(Form 1040)

 DEPARTMENT OF THE TREASURY
 Internal Revenue Service

Income Averaging

 ▶ See instructions on pages 2 and 3.
 ▶ Attach to Form 1040.

1979

18

Name(s) as shown on Form 1040

Your social security number

GERALDINE A ZACCARO

Base Period Income and Adjustments	(a) 1st preceding base period year 1976	(b) 2d preceding base period year 1977	(c) 3rd preceding base period year 1976	(d) 4th preceding base period year 1975
1 Enter amount from: Form 1040 (1977 and 1978)—line 34 Form 1040A (1977 and 1978)—line 10	37,769.	21,170.		
2 Multiply \$750 by the total number of exemp- tions claimed in 1977 and 1978.	750.	1,500.		
3 Subtract line 2 from line 1. If less than zero, enter zero (see instructions)	37,019.	19,670.	18,571.	16,440.
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1979 (2 or 5 enter \$2,200 Form 1040; if 1 or 4 enter \$2,200 you checked box 3 enter \$1,600) in columns (c) and (d)			1,600.	1,600.
6 Base period income (add lines 3, 4 and 5)	37,019.	19,670.	20,171.	18,040.
Computation of Averageable Income				
7 Taxable income for 1979 from Schedule TC (Form 1040), Part I, line 3			45,102.	
8 Certain amounts received by owner-employees subject to a penalty under sec- tion 72(m)(5)				
9 Subtract line 8 from line 7			45,102.	
10 Excess community income				
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero				45,102.
12 Enter columns (a) through (d), line 6, and enter here			94,800.	
13 Enter 30% of line 12				28,470.
14 Averageable income (subtract line 13 from line 11)				16,632.
If line 14 is \$3,000 or less, do not complete the rest of the form. You do not qualify for income averaging.				
Computation of Tax				
15 Amount from line 13				28,470.
16 20% of line 14				3,326.
17 Total (add lines 15 and 16)				31,796.
18 Excess community income from line 10				
19 Total (add lines 17 and 18)				31,796.
20 Tax on amount on line 19* (see caution below)				10,809.
21 Tax on amount on line 17* (see caution below)			10,809.	
22 Tax on amount on line 15* (see caution below)			9,689.	
23 Subtract line 22 from line 21			1,120.	
24 Multiply the amount on line 23 by 4				6,880.
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.				
25 Tax on amount on line 7* (see caution below)				
26 Tax on amount on line 9* (see caution below)				
27 Subtract line 26 from line 25				
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box				17,689.

*Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use tax tables.

Page 2 of Schedule G —

DOES APPLY ☐DOES NOT APPLY ☐

11506E-2250-03

002083

SCHEDULE TC

(Form 1040)

Department of the Treasury
Internal Revenue Service

Tax Computation Schedule

▶ Attach to Form 1040.

1979

Name(s) as shown on Form 1040
GERALDINE A ZACCARO

Your social security number

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

Use this part to figure your tax if:

- Your income on Form 1040, line 34, is more than \$40,000 and you checked Filing Status Box 2 or 5 on Form 1040.
- You figure your tax using Schedule G (Income Averaging) or Form 4726 (Maximum Tax on Personal Service Income).
- You had more exemptions than were shown in the Tax Table for your filing status.

1 Enter the amount from Form 1040, line 34	1	47,102.
2 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 7	2	2,000.
3 Taxable income. Subtract line 2 from line 1. (Figure your tax on this amount by using the Tax Rate Schedules or one of the other methods listed on line 4.)	3	45,102.
4 Income tax. Enter tax and check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input checked="" type="checkbox"/> Schedule G, or <input type="checkbox"/> Form 4726. Also enter on Form 1040, line 35.	4	17,689.

Part II Computation for Certain Taxpayers Who MUST Itemize Deductions

If you are included in one of the groups below, you **MUST** itemize. If you must itemize and the amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

You **MUST** itemize your deductions if:

A. You can be claimed as a dependent on your parents' return and had interest, dividends, or other unearned income of \$1,000 or more and had earned income of less than \$2,300 if single (less than \$1,700 if married filing a separate return).

Note: If your earned income is more than your itemized deductions, you don't have to fill in Schedule A. Just enter your earned income in Part II, line 3, of this schedule, unless you are married filing a separate return and your spouse itemizes deductions. Generally, your earned income is the total of all amounts on Form 1040, lines 8, 13, and 19. See page 12 of the instructions for Form 1040 for more details.

B. You are married filing a separate return and your spouse itemizes deductions. (There is an exception to this rule. You don't have to itemize if your spouse must itemize only because he or she is described in A and enters earned income instead of itemized deductions on Part II.

line 3, of this schedule. If this is the case, don't complete Part II. Go back to Form 1040, line 33, and enter \$0. Then go to Form 1040, line 34.)

C. You file Form 4563 to exclude income from sources in U.S. possessions. (Please see Form 4563, and Publication 570, Tax Guide for U.S. Citizens Employed in U.S. Possessions, for more details.)

D. You had dual status as a nonresident alien for part of 1979, and during the rest of the year you were either a resident alien or a U.S. citizen. However, you don't have to itemize if at the end of 1979, you were married to a U.S. resident or citizen and file a joint return reporting your combined worldwide income.

1 Enter the amount from Form 1040, line 31	1	
2 If you checked Form 1040, Filing Status Box: [2 or 5, enter \$3,400] [1 or 4, enter \$2,300] [3, enter \$1,700]	2	
3 Enter the amount from Schedule A, line 39	3	
Caution: If you can be claimed as a dependent on your parents' return, see the Note above. Be sure you check the box below line 33 of Form 1040.		
4 Subtract line 3 from line 2	4	
5 Add lines 1 and 4. Enter here and on Form 1040, line 34. (Leave Form 1040, line 33 blank. Disregard the instruction to subtract line 33 from line 32. Follow the rest of the instructions for Form 1040, line 34.)	5	

The example below may help you to complete Part II.

Example—Walter Green, a single individual, is claimed as a dependent on his parents' return. Walter's adjusted gross income, Form 1040, line 31, is \$4,000. Of this amount, \$1,500 was earned income from a summer job and \$2,500 was unearned income that he received as a beneficiary of a trust. Because Walter is being claimed as a dependent on his parents' return and has unearned income of \$1,000 or more and earned income of less than

\$2,300, he must use Part II of Schedule TC. Walter knows that his total itemized deductions are only \$500. Since this is less than his earned income (\$1,500), he does not have to complete Schedule A. Walter enters \$2,500, the zero bracket amount for a single individual, on line 2 of Part II and his earned income on line 3. He completes Part II as shown below and enters the total of \$4,800 on Form 1040, line 34. He then figures his tax using the Tax Tables as explained in the instructions for lines 34 and 35 on page 12.

1 Adjusted gross income	\$4,000
2 Zero bracket amount for a single individual	\$2,300
3 Earned income	1,500
4 Subtract line 3 from line 2	800
5 Add lines 1 and 4. Enter here and on Form 1040, line 34	\$4,800

Note: If Walter's itemized deductions are more than his earned income, he must complete Schedule A first.

FORM 11 - 1979 REGULAR + TAXPAYER IDENTIFICATION DATA, INCOME AVERAGE OPTIONS ESTIMATED TAX & 2210 INFORM.

5N

225-3

PREPARER'S NAME SELGER + BRESSMAN		(11) (8) TAXPAYER'S S.S. NO. 3	(117-18) ACCOUNT NO. 11 10 115668	R # 11
(21) TAXPAYER'S FIRST NAME & INIT GERALDINE A.	(31) SPOUSE'S FIRST NAME & INIT	(51) LAST NAME ZACCARO	(71) SPOUSE'S S.S. NO.	(91)
(22) STREET ADDRESS 22 DESPDALE R.D.		(41) CITY FOREST HILLS	(61) COUNTY QUEENS	(71)
(22) STATE NY	(27) ZIP 11375	(32) TAXPAYER'S OCCUPATION CONGRESS - U.S.	(53) SPOUSE'S OCCUPATION	(70)
(23) CARE OF NAME				
(22) NAME OF THE PERSON WHO QUALIFIES THE TAXPAYER AS HEAD OF HOUSEHOLD (47)				
(22) ENTER SPOUSE'S FULL NAME IF MARRIED FILING SEPARATELY JOHN A.				

FILING STATUS ENTER ONE OF THE FOLLOWING		1. SINGLE 2. MARRIED - JOINT 3. HEAD OF HOUSE 4. SURV. WIDOWER 5. MARRIED - SPOUSE NOT FILING	MARRIED - FILING SEPARATE SPOUSE IS FILING 6. ITEMIZED 7. STAND. DEDUCTION 8. LOWEST METHOD	12 6
ENTER DIGIT 1 IF TAXPAYER IS MARRIED FILING SEPARATELY AND LIVING WITH SPOUSE				13
*ENTER YEAR SPOUSE DIED FOR FILING STATUS 4 (TWO DIGITS)				14
RESIDENT SCHOOL CODES N.Y., MICH., OHIO & PA.	EXTRA EXEMPTIONS ENTER DIGIT 1	AGE 65 OR OVER SELF SPOUSE	BLIND SELF SPOUSE	
15 519		16	17 18 19	

STATE/CITY RESIDENT & NON-RESIDENT RETURN CODING (ENTER DIGIT 1 TO REQUEST PROPER RETURN)			
N.Y. STATE RESIDENT	20 1	N.J. RESIDENT	25
N.Y. CITY RESIDENT	21 1	N.J. CITY RESIDENT	26
N.Y. CITY NON-RESIDENT	22	N.J. CITY NON-RESIDENT	27
N.Y. STATE NON-RESIDENT	23	N.J. STATE NON-RESIDENT	28
OTHER RESIDENT CODES - ENTER 2 DIGIT CODES	24	OTHER NON-RESIDENT CODES - ENTER 2 DIGIT CODES	29
OTHER RESIDENT CODES - ENTER 2 DIGIT CODES		OTHER NON-RESIDENT CODES - ENTER 2 DIGIT CODES	
OTHER RESIDENT CODES - ENTER 2 DIGIT CODES		OTHER NON-RESIDENT CODES - ENTER 2 DIGIT CODES	

FEDERAL INCOME AVERAGING (REFER TO FORM 37 FOR FOREIGN INCOME, ETC.)			
1978 TAX TABLE INCOME	32 37769	1978 TOTAL EXEMPTIONS	33 1
1977 TAX TABLE INCOME	34 21120	1977 TOTAL EXEMPTIONS	35 2
ENTER TAXABLE INCOME	36 18571	1978 - 37 16440	

PREPARER'S OPTIONS			
DROP POINT	38 38	CLIENT LABELS	39
PRESIDENTIAL ELECTION CAMPAIGN FUND	40 1	DO NOT PRINT FIRM NAME ON FORM	41
COULD TAXPAYER BE CLAIMED ON PARENT'S RETURN?	42	TAXPAYER INVOICE	44
POLITICAL CONTRIBUTIONS	45	SPOUSE	46
PREPARER'S SOCIAL SECURITY NUMBER	47	ENTER DIGIT 1 IF PREPARER IS SELF-EMPLOYED	49 1
PTS TO MATH INPUT	51 1	DO NOT PREPARE DIAGNOSTIC	52

ESTIMATED TAX INFORMATION	
1979 ESTIMATED TAX INCLUDES 1978 OVER- CREDITED TO 1980 ESTIMATE - OR - PAYMENT CREDITED TO 1979 ESTIMATE PLUS PAYMENTS MADE ON 1979 TAX	FED. 55
ENTER AMOUNT OF 1979 OVERPAYMENT TO BE - CREDITED TO 1980 ESTIMATE - OR - ENTER DIGIT 1 IF OVERPAYMENT IS TO BE CREDITED. ENTER DIGIT 2 IF ESTIMATE IS TO BE THE EXACT AMOUNT OF THE OVERPAYMENT. ENTER DIGIT 3 IF THE OVERPAYMENT IS TO BE APPLIED TO THE FIRST INSTALLMENT ONLY. ANY EXCESS TO BE REFUNDED.	FED. 56
ENTER ESTIMATED W-2 WITHHOLDING TAX FOR 1980 IF DIFFERENT THAN 1979 WITHHOLDING TAX.	FED. 57
ENTER EXACT DOLLAR AMOUNT OF ESTIMATE DESIRED OR ENTER DIGIT 1 IF ESTIMATE IS TO BE BASED ON THE TOTAL 1979 TAX LIABILITY LESS INCOME TAXES WITHHELD.	FED. 58
ENTER NUMBER OF PAYMENTS DESIRED	FED. 59
DIGIT 1 - TOTAL DUE 4/15/80	FED. 60
DIGIT 2 - TOTAL DUE 1/15/81	FED. 61
DIGIT 3 - BLANK ESTIMATE	FED. 62
IF BLANK - QUARTERLY ESTIMATE ASSUMED	FED. 63
	FED. 64
	FED. 65
	FED. 66
	FED. 67
	FED. 68
	FED. 69

FORM 2210 INFORMATION - REFER TO INSTRUCTIONS			
EXCEPTION 1: 1978 TAX INCLUDING SCH. SE TAX	70		
EXCEPTION 2: TAX ON 1979 INCOME USING 1979 RATES AND EXEMPTIONS.	71		
ENTER DIGIT 1 IF THE COMPUTED PENALTY IS TO BE PRINTED ON FORM 1040, PAGE 3, LINE 58.	72		
ENTER BELOW THE AMOUNTS PAID ON ESTIMATED TAX FOR EACH PERIOD AND THE TAX WITHHELD. REFER TO INSTRUCTIONS			
APR. 15, 1979	JUNE 15, 1979	SEPT. 15, 1979	JAN. 15, 1980
73	74	75	76
PTS USE ONLY		PHOTO	ENTRIES
93 A-1 278	94 2	95 M	96
97 KP 406	98 KV	99 BA	

FORM 12 - COPYRIGHT 1979, PROGRAMMED TAX SYSTEMS, INC.

GERALDINE A. ZACCARO

ACCOUNT NO

1156

[illegible]

FORM 14 - INTEREST INCOME - 1979

FOR PTS USE ONLY	99	1
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99	1
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14	SCHEDULE 6 - INTEREST INCOME	H.W. OR J.	FEDERAL AMOUNT	STATE MODIFICATION	MASS. S% INTEREST	FORFEITED INTEREST PENALTY FOR PREMATURE WITHDRAWAL	
	TAXPAYER	SPOUSE				17	18
1	EAST KING L SAW		1122				
2	RIDGEWOOD SAW		1160				
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FORM 12 - COPYRIGHT 1979 PROGRAMMED TAX SYSTEMS, INC. ---

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99 | 1

FORM 15 - ITEMIZED DEDUCTIONS 1979

TAXPAYERS NAME:

GERALDINE A. ZACCARO

ACCOUNT NO.	(17) (18)
115084	15

SCHEDULE 7 - MEDICAL & DENTAL		SCHEDULE 8 - TAXES	
MEDICAL INSURANCE PREMIUMS IN FULL	11	RECAP OF STATE &/OR CITY TAX PAYMENTS	
MEDICINE AND DRUGS BEFORE EXCLUSION	12	1. 1979 WITHHOLDING	5174
a DOCTORS, DENTISTS, ETC. (RECEIPTS & CHECKS)	13	2. 1979 ESTIMATED TAX PAYMENTS MADE IN 1979 ...	
b HOSPITALS	14	3. 4TH QUARTER 1978 ESTIMATE PAID IN 1979	
c OTHER MEDICAL (DO NOT DUPLICATE ENTRY OF DRS, ETC.)		4. BALANCE PAID WITH 1978 RETURN	
GLASSES, HEARING AIDS, ETC.		5. OTHER PAYMENTS MADE DURING 1979	
LAB FEES & X-RAYS		STATE AND LOCAL INCOME (TOTAL LINES 1 TO 5)	50 5179
MEDICAL SUPPLIES		REAL ESTATE TAX	51
MEDICAL TRAVEL @ .84 MILE		GENERAL SALES OPTIONAL COMPUTATION BELOW	52 497
MEDICAL INSURANCE REIMBURSEMENTS	()	PERSONAL PROPERTY	53
		SALES TAX ON NEW AUTO	
		SALES TAX ON MAJOR PURCHASES	
		STOCK TRANSFER TAX	
		NEW JERSEY STATE UNEMPLOYMENT	
		FEDERAL DEDUCTIBLE TAXES	60 5676
		INFORMATION FOR SALES TAX COMPUTATION	
		ENTER DIGIT 1 FOR OPTIONAL COMPUTATION...	70
		ENTER PERCENT TO ADD TO TABLE (ROUNDED TO NEAREST %)	71 %
		INCREASE OR (DECREASE) AGI	72
TOTAL MEDICAL (TOTAL OF ALL ITEMS) →	21 520		

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FORM 17 - ITEMIZED DEDUCTIONS (CONTINUED) 1979

ACCOUNT NO. (17-1B)
115068 17TAXPAYER'S NAME: GERALDINE A. ZACCARO

SCHEDULE 10 - CONTRIBUTIONS			SCHEDULE 11 - INTEREST EXPENSE		
CASH CONTRIBUTIONS (RECEIPTS & CHECKS)	11	57.0	HOME MORTGAGE	40	
CHURCH			CREDIT AND CHARGE CARDS	41	
TEMPLE			AUTO LOAN		
UNITED JEWISH APPEAL			FINANCE CO.		
UNITED FUND			HOME IMPROVEMENT LOAN		
HEART FUND			BANK LOAN		1368
UNION FUND			MARGIN ACCOUNT		
CAR EXPENSE FOR CHARITY @ 34 MILE					
BOY/GIRL SCOUTS					
MISCELLANEOUS ORGANIZED CHARITIES					
CONTRIBUTION OTHER THAN CASH	23				
CONTRIBUTION CARRYOVER (ATTACH STATEMENT)	50% 24				
	30% 25				
CURRENT YEAR CONTRIBUTIONS SUBJECT TO: (ATTACH STATEMENT)	30% LIMITATION 26				
	20% LIMITATION 27				
			TOTAL INTEREST	50	1368
			SCHEDULE 12 - MISCELLANEOUS DEDUCTIONS		
			UNION DUES	60	
			INVESTMENT EXPENSES		
			TAX PREPARATION FEE		
			SAFE DEPOSIT BOX		
			PROFESSIONAL DUES		
			BUSINESS PUBLICATIONS		
			EDUCATION EXPENSES		
			UNIFORMS		
			WORK TOOLS		
			OFFICE IN HOME		
			BUSINESS ENTERTAINMENT AND GIFTS		
			DUES		165
			CONGRESSIONAL EXPENSES		289.7
TOTAL CONTRIBUTIONS			28	57.0	
SCHEDULE 13 - CASUALTY OR THEFT LOSSES					
25. LOSS BEFORE REIMBURSE.	30				
26. INSURANCE REIMBURSEMENT. (DO NOT MAKE ENTRIES IF MORE THAN 1 CASUALTY OR THEFT LOSS)	31	()			
27. SUBTRACT LINE 26 FROM LINE 25.					
28. ENTER SMALLER OF \$100 OR LINE 27.	(100)				
29. CASUALTY OR THEFT LOSS (LINE 27 LESS LINE 28) IF MORE THAN ONE LOSS - SEE INSTRUCTIONS	32				
			TOTAL MISCELLANEOUS DEDUCTIONS	72	3067

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99 1

GERARDINE A. ZACCARO

4-115068

STATEMENT OF CONGRESSIONAL REIMBURSEMENTS AND EXPENSES

NOTE: Before preparing this statement, please read the accompanying information. Some reimbursements are not includible in gross income and other reimbursements, in some circumstances, need not be reported on your return. Do not include amounts received from non-Congressional sources. You may use Form 2106 in place of this statement (attached).

Congressional Reimbursements for Expenses

1. Reimbursement at the rate of 20 cents a mile for one round trip to the home district during each regular session \$ 103
2. Reimbursement for other travel expenses _____
3. Reimbursement for other deductible expenses (if any) _____
4. Reimbursement for nondeductible expenses (if any) _____
5. Total reportable reimbursements \$ 103

Expenses Deductible as Adjustments to Income

6. Travel expenses: Living expenses in the Washington, D.C. area. The maximum amount allowable is \$3,000 3000
7. Travel expenses: Other (attach detailed statement) _____
8. Other expenses (limited to amount on line 3) _____
9. Total expenses \$ 3000
10. Excess reimbursement (excess of line 5 over line 9. Include on Form 1040, line 21) \$
11. Deductible expenses (excess of line 9 over line 5. Include on Form 1040, line 24) \$ 2897

Expenses Deductible as Itemized Deductions

NOTE: These expenses include deductible Congressional expenses, other than for travel, which were not reimbursed by Congressional allowances. They include those expenses which may have been reimbursed from outside sources, such as contributed funds. Specify the kind of expense and total all expenses of the same kind. If additional space is needed, list the expenses on a separate sheet. Write "See separate sheet attached" on line 12 and enter the total amount on line 13.

12. _____ \$ _____
13. Total expenses deductible. Include on line 31, Schedule A (Form 1040). \$

115063-R-334241-1
5039-01

202173

Form **1040** Department of the Treasury—Internal Revenue Service **1980** **EXHIBIT NO. 10**
U.S. Individual Income Tax Return

For Privacy Act Notice, see Instructions		For the year January 1–December 31, 1980, or other tax year beginning 1980, ending 19	
Your first name and initial (if joint return, also give spouse's name and initial) JOSEPH A		Last name ZACCARO	
Your social security number			
Present home address (Number and street, including apartment number, or rural route) 22 DEEDANE RD		Spouse's social security no.	
City, town or post office, State and ZIP code FOREST HILLS, NY 11375		Your occupation CONGRESS US Spouse's occupation	
Presidential Election Campaign Fund	Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Requested by Census Bureau for Revenue Sharing	A Where do you live (actual location of residence)? (See page 2 of Instructions.) State: NY City, village, borough, etc.: FOREST HIL	B Do you live within the legal limits of a city, village, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C In what country do you live? DUEFN
Filing Status	D. In what township do you live?		
Check only one box.	1 <input type="checkbox"/> Single		
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)		
	3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's s. s. no. above and full name here JOHN A ZACCARO		
	4 <input type="checkbox"/> Head of household. (See page 6 of Instructions.) If qualifying person is your unmarried child, enter child's name		
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of Instructions.)		
Exemptions	6a <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind		Enter number of boxes checked on 6a and b
	b <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind		
	c First names of your dependent children who lived with you		Enter number of children listed on 6c
	d Other dependents:		(1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support?
SEE SCHEDULE-2		Enter number of other dependents. Add numbers entered in boxes above	
7 Total number of exemptions claimed		2	
Income	8 Wages, salaries, tips, etc.		8 60,663.
	9 Interest income (attach Schedule B if over \$400)		9 3,044.
	10a Dividends (attach Schedule B if over \$400)		10a
	10b Exclusion		10b
	11 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see page 9 of Instructions)		11
	12 Alimony received		12
	13 Business income or (loss) (attach Schedule C)		13
	14 Capital gain or (loss) (attach Schedule D)		14
	15 40% of capital gain distributions not reported on line 14 (See page 9 of Instructions)		15
	16 Supplemental gains or (losses) (attach Form 4797)		16
	17 Fully taxable pensions and annuities not reported on line 18		17
	18 Pensions, annuities, rents, royalties, partnerships, etc. (attach Schedule E)		18
	19 Farm income or (loss) (attach Schedule F)		19
	20a Unemployment compensation (insurance). Total received		20a
	b Taxable amount, if any, from worksheet on page 10 of Instructions		20b
21 Other income (state nature and source—see page 10 of Instructions) SEE SCHEDULE-4		21	
22 Total income. Add amounts in column for lines 8 through 21		22 65,785.	
Adjustments to Income	23 Moving expense (attach Form 3903 or 3903F)		23
	24 Employee business expenses (attach Form 2106)		24 2,897.
	25 Payments to an IRA (enter code from page 10)		25
	26 Payments to a Keogh (H.R. 10) retirement plan		26
	27 Interest penalty on early withdrawal of savings		27
	28 Alimony paid		28
	29 Disability income exclusion (attach Form 2440)		29
	30 Total adjustments. Add lines 23 through 29		30 2,897.
Adjusted Gross Income	31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions.		31 62,888.

Form 1040 (1980)

TRIPLICATE

Copy C For employee's records

1. Employee's name, address, and ZIP code SERGEANT AT ARMS U.S. HOUSE OF REPS. WASHINGTON DC 20515		2. Employer's identification number 53-002522		3. Employer's State number	
4. Employee's social security number 17-53-35		5. Federal income tax withheld 676.62		6. Advance BC payment	
7. Employee's name, address, and ZIP code GILBERT, J. E. JR.		8. Wages, tips, other compensation 676.62		9. FICA tax withheld	
10. FICA wages		11. FICA tips		12. Employer's use	
13. State income tax 5.45		14. State wages, tips, etc. 676.62		15. Name of State Y	
16. Local income tax		17. Local wages, tips, etc.		18. Name of locality	

Form W-2 Wage and Tax Statement 1980

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury: R.S.
REG. 100-10-100

202173

115068-5039-01

Form 1040 (1980)

Page 2

Tax Computation
 (See instructions on page 11)

- 32 Amount from line 31 (adjusted gross income) 32 **62,888.**
- 33 If you do not itemize deductions, enter zero 33 **8,605.**
- If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41
- Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see page 11 of the instructions. Also see page 11 of the instructions if:
- You are married filing a separate return and your spouse itemizes deductions, OR
 - You file Form 4563, OR
 - You are a dual-status alien.
- 34 Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I 34 **54,283.**
- Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if:
- Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 5), OR
 - You have more exemptions than are shown in the Tax Table for your filing status, OR
 - You use Schedule G or Form 4726 to figure your tax.
- Otherwise, you MUST use the Tax Tables to find your tax.
- 35 Tax. Enter tax here and check if from ☐ Tax Tables or ☒ Schedule TC 35 **21,872.**
- 36 Additional taxes. Check if from ☐ Form 4970, ☐ Form 4972, ☐ Form 5544, ☐ Form 5405, or ☐ Section 72(m)(5) penalty tax 36
- (See page 12 of instructions.)
- 37 Total. Add lines 35 and 36 37 **21,872.**

Credits
 (See instructions on page 12)

- 38 Credit for contributions to candidates for public office 38 **50.**
- 39 Credit for the elderly (attach Schedules R&RP) 39
- 40 Credit for child and dependent care expenses (Form 2441) 40
- 41 Investment credit (attach Form 3468) 41
- 42 Foreign tax credit (attach Form 1116) 42
- 43 Work incentive (WIN) credit (attach Form 4874) 43
- 44 Jobs credit (attach Form 5884) 44
- 45 Residential energy credits (attach Form 5695) 45
- 46 Total credits. Add lines 38 through 45 46 **50.**
- 47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero) 47 **21,822.**

Other Taxes
 (Including Advance EIC Payments)

- 48 Self-employment tax (attach Schedule SE) 48
- 49a Minimum tax. Attach Form 4625 and check here ☐ 49a
- 49b Alternative minimum tax. Attach Form 6251 and check here ☐ 49b
- 50 Tax from recomputing prior-year investment credit (attach Form 4255) 50
- 51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 51a
- 51b Uncollected employee FICA and RRTA tax on tips (from Form W-2) 51b
- 52 Tax on an IRA (attach Form 5329) 52
- 53 Advance earned income credit (EIC) payments received (from Form W-2) 53
- 54 Balance. Add lines 47 through 53 54 **21,822.**

Payments
 Attach Forms W-2, W-2c, and W-2p to front.

- 55 Total Federal income tax withheld 55 **17,583.**
- 56 1980 estimated tax payments and amount applied from 1979 return 56
- 57 Earned income credit. If line 32 is under \$10,000, see pages 13 and 14 of instructions 57
- 58 Amount paid with Form 4868 58
- 59 Excess FICA and RRTA tax withheld (two or more employers) 59
- 60 Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T) 60
- 61 Regulated Investment Company credit (attach Form 2439) 61
- 62 Total. Add lines 55 through 61 62 **17,583.**

Refund or Balance Due

- 63 If line 62 is larger than line 54, enter amount OVERPAID 63
- 64 Amount of line 63 to be REFUNDED TO YOU 64
- 65 Amount of line 63 to be applied to your 1981 estimated tax 65
- 66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order 66 **4,239.**
- (Check ☐ if Form 2210 (2210F) is attached. ☐ \$)

Please Sign Here

- Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
- Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign even if only one had income)
- Preparer's signature and date _____ Check if self-employed ☒ Preparer's social security no. _____

Paid Preparer's Use Only

- Firm's name (or yours, if self-employed) and address **SELGER & BRESSMAN CPA
60 E 42ND STREET
NEW YORK NY**
- E.I. No. **11-2408598**
ZIP code **10017**

115068-5039-01

202173

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

1980

(Form 1040)
Department of the Treasury
Internal Revenue Service

► Attach to Form 1040. ► See instructions for Schedules A and B (Form 1040).

08

Your social security number

(Indicate by check box whether on Form 1040)

GERALDINE A ZACCARD

Schedule A—Itemized Deductions

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of instructions.)

1 One-half (but not more than \$150) of insurance premiums you paid for medical care (file one to include in line 10 below.)	150.
2 Medicine and drugs	
3 Enter 1% of Form 1040, line 31	629.
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero	0.
5 Balance of insurance premiums for medical care not entered on line 1	150.
6 Other medical and dental expenses:	
a Doctors, dentists, nurses, etc.	
b Hospitals	
c Other (itemize)—include hearing aids, dentures, eyeglasses, transportation, etc.	
7 Total (add lines 4 through 6c)	150.
8 Enter 3% of Form 1040, line 31	1,887.
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero	0.
10 Total medical and dental expenses (add lines 1 and 9). Enter here and on line 33	150.

Taxes (See page 17 of instructions.)

Note: Gasoline taxes are no longer deductible.

11 State and local income taxes	7,483.
12 Real estate taxes	815.
13 General sales (see sales tax tables)	
14 Personal property	
15 Other (itemize)	
16 Total taxes (add lines 11 through 15). Enter here and on line 34	8,298.

Interest Expense (See page 17 of instructions.)

17 Home mortgage interest	
18 Credit and charge cards	
19 Other (itemize)	
20 Total interest expense (add lines 17 through 19). Enter here and on line 35	

Contributions (See page 17 of instructions.)

21 a Cash contributions for which you have receipts or cancelled checks	692.
b Other cash contributions (show to whom you gave and how much you gave)	
22 Other than cash (see page 17 of instructions for required statement)	
23 Carryover from prior years	
24 Total contributions (add lines 21a through 23). Enter here and on line 36	692.

Casualty or theft loss(es) (See page 18 of instructions.)

25 Loss before insurance reimbursement	
26 Insurance reimbursement	
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero	
28 Enter \$100 or amount from line 27, whichever is smaller	
29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37	

Miscellaneous Deductions (See page 18 of instructions.)

30 Union dues	
31 Other (itemize)	SEE SCHEDULE-B
32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 38	1,165.

Summary of Itemized Deductions (See page 19 of instructions.)

33 Total medical and dental—from line 10	150.
34 Total taxes—from line 16	8,298.
35 Total interest—from line 20	
36 Total contributions—from line 24	692.
37 Total casualty or theft loss(es)—from line 29	
38 Total miscellaneous—from line 32	1,165.
39 Add lines 33 through 38	10,305.
40 If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400 1 or 4, enter \$2,300 3, enter \$1,700	1,700.
41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the instructions for line 41 on page 19.)	8,605.

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115068-5039-01

202173

SCHEDULE G
(Form 1040)Department of the Treasury
Internal Revenue Service**Income Averaging**See instructions on back.
Attach to Form 1040.**1980**

21

Name(s) as shown on Form 1040

Your social security number

GERALDINE A ZACCARO**Base Period Income and Adjustments**

	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11	47,102.	37,769.	21,170.	
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978		750.	1,500.	
b Multiply \$1,000 by your total number of exemptions in 1979	2,000.			
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero	45,102.	37,019.	19,670.	18,371.
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1980 (2 or 5 enter \$3,200 Form 1040, if 1 or 4 enter \$2,200 you checked box 3 enter \$1,600) in column (d)				1,600.
6 Base period income (add lines 3, 4 and 5)	45,102.	37,019.	19,670.	20,171.

Computation of Averageable Income

7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3	7	92,283.	
8 Certain amounts received by owner-employees subject to a penalty under section 72(m)(5)	8		
9 Subtract line 8 from line 7	9	92,283.	
10 Excess community income	10		
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero			92,283.
12 Add columns (a) through (d), line 6, and enter here	12	121,962.	
13 Enter 30% of line 12	13		36,589.
14 Averageable income (subtract line 13 from line 11)	14		15,694.

If line 14 is \$3,000 or less, do not complete the rest of
this form. You do not qualify for income averaging.**C****Computation of Tax**

15 Amount from line 13	15	36,589.
16 20% of line 14	16	3,139.
17 Total (add lines 15 and 16)	17	39,728.
18 Excess community income from line 10	18	
19 Total (add lines 17 and 18)	19	39,728.
20 Tax on amount on line 19 (see caution below)	20	15,092.
21 Tax on amount on line 17 (see caution below)	21	15,092.
22 Tax on amount on line 15 (see caution below)	22	13,397.
23 Subtract line 22 from line 21	23	1,695.
24 Multiply the amount on line 23 by 4	24	6,780.
25 Tax on amount on line 7 (see caution below)	25	
26 Tax on amount on line 9 (see caution below)	26	
27 Subtract line 26 from line 25	27	
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box	28	21,872.

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

TRIPLICATE

115068-5039-01

202173

SCHEDULE TC
(Form 1040)Department of the Treasury
Internal Revenue Service

Tax Computation Schedule

▶ Attach to Form 1040.

1980

Name(s) as shown on Form 1040

Your social security number

GFRALDINE A ZACCARO

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

Use this part to figure your tax if:

- Your income on Form 1040, line 34, is more than \$40,000 and you checked Filing Status Box 2 or 5 on Form 1040.
- You figure your tax using Schedule G (Income Averaging) or Form 4726 (Maximum Tax on Personal Service Income).
- You had more exemptions than were shown in the Tax Table for your filing status.

1 Enter the amount from Form 1040, line 34	1	54,283.
2 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 7	2	2,000.
3 Taxable income. Subtract line 2 from line 1. (Figure your tax on this amount by using the Tax Rate Schedules or one of the other methods listed on line 4.)	3	52,283.
4 Income tax. Enter tax and check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input checked="" type="checkbox"/> Schedule G, or <input type="checkbox"/> Form 4726. Also enter on Form 1040, line 35.	4	21,872.

Part II Computation for Certain Taxpayers Who MUST Itemize Deductions

If you are included in one of the groups below, you **MUST** itemize. If you must itemize, the amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

You MUST itemize your deductions if:

A. You can be claimed as a dependent on your parents' return and had interest, dividends, or other unearned income of \$1,000 or more and had earned income of less than \$2,300 if single (less than \$1,700 if married filing a separate return).

Note: If your earned income is more than your itemized deductions, you don't have to fill in Schedule A. Just enter your earned income in Part II, line 3, of this schedule, unless you are married filing a separate return and your spouse itemizes deductions. Generally, your earned income is the total of any amounts on Form 1040, lines 8, 13, and 19. See page 11 of the instructions for Form 1040 for more details.

B. You are married filing a separate return and your spouse itemizes deductions. (There is an exception to this rule. You don't have to itemize if your spouse must itemize only because he or she is described in A and enters earned income instead of itemized deductions on Part II,

line 3, of this schedule. If this is the case, don't complete Part II. Go back to Form 1040, line 33, and enter \$0. Then go to Form 1040, line 34.)

C. You file Form 4563 to exclude income from sources in U.S. possessions. (Please see Form 4563, and Publication 570, Tax Guide for U.S. Citizens Employed in U.S. Possessions, for more details.)

D. You had dual status as a nonresident alien for part of 1980, and during the rest of the year you were either a resident alien or a U.S. citizen. However, you don't have to itemize if at the end of 1980, you were a nonresident alien married to a U.S. resident or citizen and file a joint return reporting your combined worldwide income.

1 Enter the amount from Form 1040, line 31	1	
2 If you checked Form 1040, Filing Status Box: [2 or 5, enter \$3,400] [1 or 4, enter \$2,300] [3, enter \$1,700]	2	
3 Enter the amount from Schedule A, line 39	3	
Caution: If you can be claimed as a dependent on your parents' return, see the Note above. Be sure you check the box below line 33 of Form 1040.		
4 Subtract line 3 from line 2	4	
5 Add lines 1 and 4. Enter here and on Form 1040, line 34. (Leave Form 1040, line 33 blank. Disregard the instruction to subtract line 33 from line 32. Follow the rest of the instructions for Form 1040, line 34.)	5	

The example below may help you to complete Part II.

Example—Walter Green, a single individual, is claimed as a dependent on his parents' return. Walter's adjusted gross income, Form 1040, line 31, is \$4,000. Of this amount, \$1,500 was earned income from a summer job and \$2,500 was unearned income that he received as a beneficiary of a trust. Because Walter is being claimed as a dependent on his parents' return and has unearned income of \$1,000 or more and earned income of less than

\$2,300, he must use Part II of Schedule TC. Walter knows that his total itemized deductions are only \$500. Since this is less than his earned income (\$1,500), he does not have to complete Schedule A. Walter enters \$2,300, the zero bracket amount for a single individual, on line 2 of Part II and his earned income on line 3. He completes Part II as shown below and enters the total of \$4,800 on Form 1040, line 34. He then figures his tax using the Tax Tables as explained in the instructions for lines 34 and 35 on page 12.

1 Adjusted gross income	\$4,000
2 Zero bracket amount for a single individual	\$2,300
3 Earned income	1,500
4 Subtract line 3 from line 2	800
5 Add lines 1 and 4. Enter here and on Form 1040, line 34	\$4,800

Note: If Walter's itemized deductions are more than his earned income, he must complete Schedule A first.

TRIPPLICATE

115062-5030-01

202173

Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses
(Please use Form 3903 to figure moving expense deduction.)
▶ Attach to Form 1040.

1990

Your name
GERALDINE A ZACCARO

Social security number

Occupation in which expenses were incurred
COMPRESS US

Employer's name

Employer's address

Instructions

Use this form to show your business expenses as an employee during 1990. Include amounts:

- You paid as an employee;
- You charged to your employer (such as by credit card);
- You received as an advance, allowance, or repayment.

Several publications, available from IRS, give more information about business expenses:

- Publication 463, *Travel, Entertainment, and Gift Expenses*.
- Publication 529, *Miscellaneous Deductions*.
- Publication 587, *Business Use of Your Home*.
- Publication 508, *Educational Expenses*.

Part I.—You can deduct some business expenses even if you do not itemize your deductions on Schedule A (Form 1040). Examples are expenses for travel (except commuting to and from work), meals, or lodging. List these expenses in Part I and use them in figuring your adjusted gross income on Form 1040, line 31.

Line 2.—You can deduct meals and lodging costs if you were at a business trip away from your main place of work. Do not deduct the cost of meals you ate on one-day trips, when you did not need sleep or rest.

Line 3.—If you use your own car in your work, you can deduct the cost of the business use. Enter the cost here after figuring it in Part II.

IV, V, and VI. Base the cost on your actual expenses (such as gas, oil, repairs, depreciation) or on a mileage rate.

The mileage rate is 20 cents a mile up to 15,000 miles. After that, or for all business mileage on a fully depreciated car, the rate is 11 cents a mile. A car whose cost is being figured under the mileage rate is considered to have a useful life of 5 years. If in any year actual expenses are claimed using a useful life of less than 5 years, use of the mileage rate after that shorter useful life will be limited to 11¢ per mile. (For depreciation, see Publication 463.)

Figure your mileage rate amount and add it to the business part of what you spent on the car for parking fees, tolls, interest, and State and local taxes (except gasoline tax).

Line 4.—If you were an outside salesperson with other business expenses, list them on line 4. Examples are selling expenses or expenses for stationery and stamps. An outside salesperson does all selling outside the employer's place of business. A driver-salesperson whose main duties are service and delivery, such as delivering bread or milk, is not an outside salesperson. (For outside salesperson, see Publication 463.)

Line 5.—Show other business expenses on line 5 if your employer repaid you for them. If you were repaid for part of them, show here the amount you were repaid. Show the rest in Part II.

Part II.—You can deduct other business expenses only if (a) your employer did not repay you, and (b) you itemize your deductions on Schedule A (Form 1040). Report these expenses here and under Miscellaneous Deductions on Schedule A. Examples are union or professional dues and expenses for tools and uniforms. (For details, see Publication 529.)

You can deduct expenses for business use of the part of your home that you exclusively and consistently use for your work. If you are not self-employed, your working at home must be for your employer's convenience. (For business use of home, see Publication 587.)

If you show education expenses in Part I or Part II, you must fill out Part III.

Part III.—You can deduct the cost of education that helps you keep or improve your skills for the job you have now. This includes education that your employer, the law, or regulations require you to get in order to keep your job or your salary. Do not deduct the cost of study that helps you meet the basic requirements for your job or helps you get a new job. (For education expenses, see Publication 508.)

Part V.—If you trade in a car you used in business for a new one you also used in business, fill out lines 3 through 15. If you paid cash for the new car or traded in a car not used in business, fill out only lines 10 through 15. Refigure the basis for depreciation each year in the future that your percentage of business use changes.

PART I.—Employee Business Expenses Deductible in Figuring Adjusted Gross Income on Form 1040, Line

1	Fares for airplane, boat, bus, taxicab, train, etc.	
2	Meals and lodging	
3	Car expenses (from Part IV, line 21)	
4	Outside salesperson's expenses (see Part I instructions above) ▶	2,897.
SEE FORM 71		
5	Other (see Part I instructions above) ▶	
6	Add lines 1 through 5	2,897.
7	Employer's payments for these expenses if not included on Form W-2	
8	Deductible business expenses (subtract line 7 from line 6). Enter here and include on Form 1040, line 24	2,897.
9	Income from excess business expense payments (subtract line 6 from line 7). Enter here and include on Form 1040, line 21	

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

1	Business expenses not included above (list expense and amount) ▶	
2	Total. Deduct under Miscellaneous Deductions, Schedule A (Form 1040)	

PART III.—Information About Education Expenses Shown in Part I or Part II

1	Name of educational institution or activity ▶	
2	Address ▶	
3	Did you need this education to meet the basic requirements for your job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Will this study program qualify you for a new job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	If your answer to question 3 or 4 is No, explain (1) why you are getting the education and (2) what the relationship was between the courses you took and your job. (If you need more space, attach a statement) ▶	
6	List your main subjects, or describe your educational activity ▶	

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11-066-5037-01

Form 2106

Page 2

PART IV.—Car Expenses (Use either your actual expenses or the mileage rate)

	Car 1	Car 2	Car 3
A. Number of months you used car for business during	_____ months	_____ months	_____ months
B. Total mileage for months in line A	_____ miles	_____ miles	_____ miles
C. Business part of line B mileage	_____ miles	_____ miles	_____ miles
Actual Expenses (Include expenses for only the months shown in line A, above.)			
1 Gasoline, oil, lubrication, etc.			
2 Repairs			
3 Tires, supplies, etc.			
4 Other: (a) Insurance			
(b) Taxes			
(c) Tags and licenses			
(d) Interest			
(e) Miscellaneous			
5 Total (add lines 1 through 4(e))			
6 Business percentage of car use (divide line C by line B, above)	%	%	%
7 Business part of car expense (multiply line 5 by line 6)			
8 Depreciation (from Part VI, column (h))			
9 Divide line 8 by 12 months			
10 Multiply line 9 by line A, above			
11 Total (add line 7 and line 10; then skip to line 19)			
Mileage Rate			
12 Enter the smaller of (a) 15,000 miles or (b) the combined mileages from line C, above			_____ miles
13 Multiply line 12 by 20¢ (11¢ if car is fully depreciated) and enter here			_____
14 Enter any combined mileage from line C that is over 15,000 miles			_____ miles
15 Multiply line 14 by 11¢ and enter here			_____
16 Total mileage expense (add lines 13 and 15)			_____
17 Business part of car interest and State and local taxes (except gasoline tax)			_____
18 Total (add lines 16 and 17)			_____
Summary:			
19 Enter amount from line 11 or line 18, whichever you used			_____
20 Parking fees and tolls			_____
21 Total (add lines 19 and 20). Enter here and in Part I, line 3			_____

PART V.—Basis for Depreciation of Car Used in Business (See instructions on front)

Trade-in of Old Car:			
1 (a) Total mileage at trade-in	_____ miles	5 Multiply line 4 by percentage on line 1(c)	_____
(b) Business mileage	_____ miles	6 Gain or (loss) on previous trade-in	_____
(c) Business percentage (divide line (b) by line (a))	_____ %	7 Balance of lines 5 and 6 (subtract gain or add (loss))	_____
2 Purchase price or other basis	_____	8 Depreciation allowed or allowable	_____
3 Trade-in allowance	_____	9 Gain or (loss) on business part (Subtract line 7 from line 8 for gain; or line 8 from line 7 for (loss)).	_____
4 Difference (subtract line 3 from line 2)	_____	13 Multiply line 12 by the percentage on line 6 of Part IV	_____
New Car:			
10 Purchase price or other basis	_____	14 Enter gain or (loss) from line 9	_____
11 Estimated salvage value	_____	15 Basis for depreciation (Balance of lines 13 and 14; subtract gain or add (loss))	_____
12 Difference (subtract line 11 from line 10)	_____		

PART VI.—Car Depreciation

Make and model of car (a)	Date acquired (b)	Basis (from line 15, Part V) (c)	Age of car when acquired (d)	Depreciation allowed in previous years (e)	Method of figuring depreciation (f)	Rate (%) or life (years) (g)	Depreciation this year (h)

TRIPLICATE

FORM 11 - 1980 REGULAR + ⑥ ? PAYER IDENTIFICATION DATA, INCOME AVERAGE, TAXPAYER OPTIONS ESTIMATED TAX & 2210 INFORMATION 5039 01

PREPARED BY NAME SELGERA BRESSMAN										(11) (18) TAXPAYER'S S.S. NO. (18)	(11-18)	ACCOUNT NO.	R #			
										3	11	10	115068	11 727754		
(01) (21) TAXPAYER'S FIRST NAME & INIT	(31)	(38) SPOUSE'S FIRST NAME & INIT	(53)	(54)	LAST NAME		(70)	(71)	SPOUSE'S S.S. NO.		(79)					
GERALDINE A				ZACCARD												
(22) STREET ADDRESS				(44)	(45)	CITY		(62)	(64)	COUNTY						
22 DEEPDANE RD				FOREST HILLS		QUEENS										
(23)	STATE		(38)	(39)	ZIP		(41)	(42)	TAXPAYER'S OCCUPATION		(53)					
NY		11375		CONGRESS US												
(24)	CARE OF NAME															
(05) ENTER SPOUSE'S FULL NAME IF MARRIED FILING SEPARATELY:		(21)	SPOUSE'S NAME		(31)	(34)	SPOUSE'S S.S. NO.		(42)	(43)	NAME OF PERSON QUALIFYING TAXPAYER AS UNMARRIED HEAD OF HOUSEHOLD					
		JOHN A ZACCARD														
REVENUE SHARING ENTER ONLY IF DIFFERENT THAN ADDRESS ABOVE																
(25) (31) STATE	(38)	(39)	CITY, VILLAGE, BOROUGH, ETC.		(53)	(54)	COUNTY		(62)	(63)	DO YOU LIVE WITHIN THE LEGAL LIMITS OF A CITY, VILLAGE, ETC.?					
										DIGIT 1 = NO BLANK = YES 56						
ESTIMATED TAX INFORMATION																
1980 ESTIMATED TAX (INCLUDE 1979 OVERPAYMENT CREDITED TO 1980 ESTIMATE PLUS PAYMENTS MADE ON 1980 TAX)																
										FED.	57					
										RES. STATE	58					
										CITY	59					
ENTER AMOUNT OF 1980 OVERPAYMENT TO BE CREDITED TO 1981 ESTIMATE - OR - ENTER DIGIT 1 IF OVERPAYMENT IS TO BE CREDITED. ENTER DIGIT 2 IF ESTIMATE IS TO BE THE EXACT AMOUNT OF THE OVERPAYMENT. ENTER DIGIT 3 IF THE OVERPAYMENT IS TO BE APPLIED TO THE FIRST INSTALLMENT ONLY. ANY EXCESS TO BE REFUNDED																
										FED.	60					
										RES. STATE	61					
										CITY	62					
ENTER ESTIMATED W-2 WITHHOLDING TAX FOR 1981 IF DIFFERENT THAN 1980 WITHHOLDING TAX																
										FED.	63					
										RES. STATE	64					
										CITY	65					
ENTER EXACT DOLLAR AMOUNT OF ESTIMATE DESIRED - OR - ENTER DIGIT 1 IF ESTIMATE IS TO BE BASED ON THE TOTAL 1980 TAX LIABILITY LESS INCOME TAXES WITHHELD.																
										FED.	66					
										RES. STATE	67					
										CITY	68					
ENTER NUMBER OF PAYMENTS DESIRED: DIGIT 1 = TOTAL DUE 4/15/81; DIGIT 2 = TOTAL DUE 7/15/81; DIGIT 3 = BLANK ESTIMATE IF BLANK - QUARTERLY ESTIMATE ASSUMED																
										FED.	69					
										RES. STATE	70					
										CITY	71					
FORM 2210 INFORMATION - REFER TO INSTRUCTIONS																
EXCEPTION 1: 1979 TAX INCLUDING SCH. SE TAX																
											72					
EXCEPTION 2: TAX ON 1979 INCOME USING 1980 RATES AND EXEMPTIONS.																
											73					
ENTER DIGIT 1 IF THE COMPUTED PENALTY IS TO BE PRINTED ON FORM 1040 PAGE 2, LINE 95																
											74					
ENTER BELOW THE AMOUNTS PAID ON ESTIMATED TAX FOR EACH PERIOD AND THE TAX WITHHELD. REFER TO INSTRUCTIONS.																
APR 15, 1980 JUNE 15, 1980 SEPT 15, 1980 JAN 15, 1981																
										75	76	77	78			
FOR ADP USE ONLY																
										PHOTO	91	3	ENTRIES	99	2	
										93	AM	94	1	95	2	96
										97	RF	98	7.05	92	KH	
FORM 11 - © 1980 Automatic Data Processing, Mid-Atlantic, Inc.																

P	503401	
	ACCOUNT NO	1271 (11)
	115068	12

TAXPAYER(S) NAME: GERALDINE A ZACCARO

[illegible]**SCHEDULE 2 – OTHER DEPENDENTS**

NAME	RELATIONSHIP	NO MOS IN HOME	DID DEPENDENT HAVE INCOME OF \$1000 OR MORE?	DID YOU PROVIDE MORE THAN ONE-HALF OF DEPENDENT SUPPORT?	TOTAL OTHER DEPENDENTS
ANTONETTE	MOTHER		NO	YES	12 1

SCHEDULE 3 – INCOME FROM WAGES, SALARIES & TIPS (IF GROSS WAGES ARE NOT EQUAL TO FICA WAGES SEE INSTRUCTIONS)[illegible]

SCHEDULE 2A NON-RESIDENT RAGERS DO NOT DUPLICATE YOUR ENTRY ON THE STATE SHEETS	NEW YORK STATE FT 203		NEW YORK CITY NYC 203 MED. CITY NON-RESIDENTS		1040E — LINES 7 & 15A1 ADJUSTMENTS ENTER RICA WAGES AS — INDICATED ON FORM W-2 THAT HAVE BEEN INCLUDED IN SCHEDULE C GROSS RECEIPTS.	TAXPAYER	SPOUSE
	— TAXPAYER —	— SPOUSE —	— TAXPAYER —	— SPOUSE —			
	25	26	27	28		29	30

SCHEDULE 4 – OTHER INCOME

SCHEDULE 4 - OTHER INCOME	H.W. OR J.	FEDERAL TAXABLE INCOME	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
FULLY TAXABLE PENSIONS AND ANNUITIES	47	48	49	PENSION RETURN FOR RESIDENT STATE EXCLUSIONS (ENTER AS POSITIVE)		
STATE AND/OR LOCAL INCOME TAX REFUNDS	50	51	52	74	75	
ALIMONY RECEIVED	53	54	55	MISCELLANEOUS INCOME LOSS SUBJECT TO SELF-EMPLOYMENT TAX		
NET OPERATING LOSS	56	57	58	76	77	
EXCLUSION FROM FORM 2555	59	60	61	PERSONAL SERVICE INCOME INCLUDED IN MISCELLANEOUS INCOME FOR MAXIMUM TAX COMPUTATION NOTE: INCLUDE INCOME FROM QUALIFYING PENSIONS & ANNUITIES	78	79
COMMISSION OR FEE INCOME						
DIRECTORS FEES						
GROUP INSURANCE		678			78	79
HONORARIUMS		1400				
TOTALS	71	72	73	80	81	82
				ENTER DIGIT 1 IF TAXPAYER IS MARRIED FILING SEPARATELY AND LIVING WITH SPOUSE		

FORM 12 -- © 1980 Automatic Data Processing, Map Atlanta, Inc.

FOR ADP USE ONLY 99 1

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ACCOUNT NO.	(17) (18)
115068	13

GERALDINE A ZACCARD

[illegible]

FORM 14 - INTEREST INCOME - 1980

FOR ADP USE ONLY

99	1
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[illegible]

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FOR APP USE ONLY

99	1
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P	ACCOUNT NO.	(17) (18)
	115068	15

... ..

[illegible]**SCHEDULE B – TAXES**[illegible]

FORM 17 - ITEMIZED DEDUCTIONS (CONTINUED) 1980

84-042

P

ACCOUNT NO. (17-18)
115068 17

TAXPAYERS NAME: GERALDINE A ZACCARO

SCHEDULE 9 - CONTRIBUTIONS				SCHEDULE 11 - INTEREST EXPENSE			
CASH CONTRIBUTIONS (RECEIPTS & CHECKS)	11	692		HOME MORTGAGE	40		
CHURCH				CREDIT AND CHARGE CARDS	41		
TEMPLE				AUTO LOAN			
UNITED JEWISH APPEAL				FINANCE CO.			
UNITED FUND				HOME IMPROVEMENT LOAN			
HEART FUND				BANK LOAN			
CANCER FUND				MARGIN ACCOUNT			
CAR EXPENSE FOR CHARITY - 94 MILE							
BOY/GIRL SCOUTS							
MISCELLANEOUS ORGANIZED CHARITIES							
CONTRIBUTION OTHER THAN CASH	23						
CONTRIBUTION CARRYOVER (ATTACH STATEMENT)	24	50%					
	25	30%					
CURRENT YEAR CONTRIBUTIONS SUBJECT TO: (ATTACH STATEMENT)	26	30% LIMITATION					
	27	20% LIMITATION					
				TOTAL INTEREST	50		
				SCHEDULE 12 - MISCELLANEOUS DEDUCTIONS			
				UNION DUES	60		
				INVESTMENT EXPENSES			
				TAX PREPARATION FEE			
				SAFE DEPOSIT BOX			
				PROFESSIONAL DUES			
				BUSINESS PUBLICATIONS			
				EDUCATION EXPENSES			
				UNIFORMS			
				WORK TOOLS			
				OFFICE IN HOME			
				BUSINESS ENTERTAINMENT AND GIFTS			
				SCHEDULE 1265			
TOTAL CONTRIBUTIONS				28	692		
SCHEDULE 10 - CASUALTY OR THEFT LOSSES							
25. LOSS BEFORE REIMBURSE. (DO NOT MAKE ENTRIES IF MORE THAN 1 CASUALTY OR THEFT LOSS)	30						
26. INSURANCE REIMBURSEMENT.	31	()					
27. SUBTRACT LINE 26 FROM LINE 25.							
28. ENTER SMALLER OF \$100 OR LINE 27.		(100)					
29. CASUALTY OR THEFT LOSS (LINE 27 LESS LINE 28) IF MORE THAN ONE LOSS - SEE INSTRUCTIONS!	32			TOTAL MISCELLANEOUS DEDUCTIONS	72	1165	

ENTER BELOW IN BOX 18 DIGIT 1 FOR TAXPAYER DIGIT 2 FOR SPOUSE		
ACCOUNT NO.	(17)	(18)
115058	7	1

TAXPAYER(S) NAME

CELAIDINE A. ZACCARO

EMPLOYER'S NAME		OCCUPATION			
EMPLOYER'S ADDRESS		CITY		STATE	ZIP

ENTER DIGIT 1 (EQUALS 100%) OR ENTER TWO-DIGIT PERCENTAGE (IF LESS THAN 100%)
TO TRANSFER EMPLOYEE BUSINESS EXPENSES TO N.Y. STATE NONRESIDENT & THE MICHIGAN CITY AND CLEVELAND COA

PART IV - CAR EXPENSES - ENTER OPTIONAL AND/OR REGULAR METHOD INFORMATION AS APPLICABLE

A. MONTHS AUTO HELD FOR BUSINESS USE		12	CAR INTEREST		40
B. TOTAL MILEAGE FOR MONTHS IN (A) ABOVE		13	STATE AND LOCAL TAXES OTHER THAN GASOLINE		41
C. ENTER ONLY ONE	ACTUAL MILES APPLICABLE TO BUSINESS	14	ENTER DIGIT 1 IF CAR IS FULLY DEPRECIATED (11 CENTS A MILE)		42
	OR USUAL FRACTION OF MILEAGE APPLICABLE TO BUSINESS	15			
REGULAR METHOD INFORMATION: ENTER DIGIT 1 IF OPTIONAL METHOD IS NOT AVAILABLE FOR AUTO →					
1. GASOLINE, OIL, LUBRICATION, ETC.		17	2. REPAIRS		20
3. TIRES, SUPPLIES, ETC.		18	4. INSURANCE		21
5. TAGS AND LICENSES		19	4. OTHER - ITEMIZE BELOW		22
6. DEPRECIATION - ATTACH SCHEDULE					23
PARKING FEES AND TOLLS (FOR BUSINESS USE ONLY)					24

PART 1 — EMPLOYEE BUSINESS EXPENSES WHICH ARE DEDUCTIBLE IN FIGURING ADJUSTED GROSS INCOME ON FORM 1040

AIRPLANE, SOAT, RAILROAD FARES	27	DINNER AND MEAL EXPENSES	ADVERTISING, EXHIBIT FEES	
MEALS AND LODGING	28	ENTERTAINMENT	GIFTS	
TAXI, BUS AND SUBWAY FARES		COMMISSIONS PAID	OFFICE SUPPLIES & EXPENSES	
AUTO RENTAL CHARGES		TELEPHONE & TELEGRAMS	DUES & SUBSCRIPTIONS	
TIPS AND BAGGAGE CHARGES		STATIONERY & POSTAGE	PUBLIC STENOGRAPHER FEES	
OTHER TRAVEL EXPENSES		INSURANCE	OTHER - ITEMIZE BELOW	
DEPRECIATION - ATTACH SCHEDULE		PROFESSIONAL FEES	TOTAL	64 2897
CONGRESSIONAL EXPENSES				
EMPLOYER'S RETIREMENT BENEFITS	ENTER THE AMOUNT OF EMPLOYER'S PAYMENTS FOR THESE EXPENSES IF NOT INCLUDED ON FORM W-2			25

PART II – EMPLOYEE BUSINESS EXPENSES WHICH ARE DEDUCTIBLE IF YOU ITEMIZE DEDUCTIONS ON SCHEDULE A (FORM 1040)

TELEPHONE	ENTERTAINMENT
OFFICE-IN-HOME	GIFTS
EDUCATION EXPENSE	OTHER -- ATTACH SCHEDULE TO RETURN
PART II, LINE 7 -- VOYAL BUSINESS EXPENSES ITEMIZED DEDUCTIONS --	

OTHER BUSINESS EXPENSES - ITEMIZE AND INDICATE APPLICABLE LINE REFERENCE

1. Name of the person or organization	2. Address	3. City	4. State	5. Zip
6. Telephone number	7. Fax number	8. E-mail address	9. Website	10. Other contact information
11. Description of the project or activity				
12. Estimated cost of the project or activity				
13. Estimated time to complete the project or activity				
14. Other relevant information				

PART III – INFORMATION ABOUT EDUCATION EXPENSES SHOWN IN PART I OR PART II

1) NAME OF EDUCATIONAL INSTITUTION OR ACTIVITY											
2) ADDRESS											
3) DID TAXPAYER NEED THIS EDUCATION TO MEET BASIC REQUIREMENTS FOR HIS JOB?											YES
4) WILL THIS STUDY PROGRAM QUALIFY TAXPAYER FOR A NEW JOB?											YES
5) IF ANSWER TO 3 OR 4 IS NO, EXPLAIN WHY TAXPAYER IS GETTING THE EDUCATION AND THE RELATIONSHIP BETWEEN THE COURSES AND THE JOB.											
6) LIST MAIN SUBJECTS OR DESCRIBE EDUCATIONAL ACTIVITY											

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FOR ADF LIFE ONLY 99 1

#115068

STATEMENT OF CONGRESSIONAL REIMBURSEMENTS AND EXPENSES

GERALDINE A FERRARO - 1980

NOTE: Before preparing this statement, please read the accompanying information. Some reimbursements are not includible in gross income and other reimbursements, in some circumstances, need not be reported on your return. Do not include amounts received from non-Congressional sources. You may use Form 2106 in place of this statement (attached).

Congressional Reimbursements for Expenses

1. Reimbursement at the rate of 20 cents a mile for one round trip to the home district during each regular session \$ 103.
2. Reimbursement for other travel expenses
3. Reimbursement for other deductible expenses (if any)
4. Reimbursement for nondeductible expenses (if any)
5. Total reportable reimbursements \$ 103

Expenses Deductible as Adjustments to Income

6. Travel expenses: Living expenses in the Washington, D.C. area. The maximum amount allowable is \$3,000 (Internal Revenue Code USC 26 § 162(A)) \$ 3,000
7. Travel expenses: Other (attach detailed statement)
8. Other expenses (limited to amount on line 3)
9. Total expenses \$ 3,000.
10. Excess reimbursement (excess of line 5 over line 9. Include on Form 1040, line 21) \$ 2897
11. Deductible expenses (excess of line 9 over line 5. Include on Form 1040, line 24) \$ 2897

Expenses Deductible as Itemized Deductions

NOTE: These expenses include deductible Congressional expenses, other than for travel, which were not reimbursed by Congressional allowances. They include those expenses which may have been reimbursed from outside sources, such as contributed funds. Specify the kind of expense and total all expenses of the same kind. If additional space is needed, list the expenses on a separate sheet. Write "See separate sheet attached" on line 12 and enter the total amount on line 13.

12. DUES, SUBSCRIPTIONS, AND OTHER \$ 1165.
- MISC. EXPENSES \$ 1165.
13. Total expenses deductible. Include on line 31, Schedule A (Form 1040). \$ 1165

1040 For the year January 1-December 31, 1981, or other year beginning 1981 ending 19	3-115068-156-6 2,414 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return 1981	EXHIBIT NO. 11
GERALDINE A ZACCARO 22 DEEPDANE RD FOREST HILLS, NY 11375		Your social security number _____ Spouse's social security no. _____ Your occupation CONGRESS US Spouse's occupation _____
Presidential Election Campaign Fund <input checked="" type="checkbox"/> Do you want \$1 to go in this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Note: Checking Yes will not increase your tax or reduce your refund.) If you want your spouse want \$1 to go in this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Privacy Act and Paperwork Reduction Act Notices, see instructions.		
Filing Status Check only one box	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separate return. Spouse's full name JOHN A ZACCARO 4 <input type="checkbox"/> Head of household, (with qualifying person). (See page 6 of instructions). If he or she is your unmarried child, enter child's name _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Your spouse died <input type="checkbox"/> 19 <input type="checkbox"/>) (See page 6 of instructions)	
Exemptions Always check the box labeled Yourself. Check other boxes if they apply	6a <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind b <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind c First names of your dependent children who lived with you _____ Enter number of boxes checked on 6a and b 1 Enter number of children listed on 6c _____ d Other dependents: (1) Name and Relationship (2) Number of months lived in your home (3) Did dependent have income of \$1000 or more? (4) Did you provide more than one-half of dependent's support? SEE SCHEDULE-2 Enter number of other dependents 1 Add numbers entered in boxes above 2 e Total number of exemptions claimed 2	
Income Please attach Copy B of your Forms W-2 here If you do not have a W-2 see page 5 of instructions.	7 Wages, salaries, tips, etc. 8a 5,358 8a Interest income (attach Schedule B if over \$400) 8b Dividends (attach Schedule B if over \$400) 8c 5,358 8c Total. Add lines 8a and 8b 8d 200 8d Exclusion (See page 9 of instructions) 8e Subtract line 8d from line 8c (but not less than zero) 5,158 9 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year - see page 9 of instructions.) 10 Alimony received 11 Business income or (loss) (attach Schedule C) 12 Capital gain or (loss) (attach Schedule D) 13 40% of capital gain distributions not reported on line 12 (See page 9 of instructions) 14 Supplemental gains or (losses) (attach Form 4797) 15 Fully taxable pensions and annuities not reported on line 16 16a Other pensions and annuities. Total received 16b 2,962 b Taxable amount, if any, from worksheet on page 10 of instructions 17 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 18 Farm income or (loss) (attach Schedule F) 19a Unemployment compensation (insurance). Total received 19b 2,232 b Taxable amount, if any, from worksheet on page 10 of instructions 20 Other income (state nature and source-see page 11 of instructions) SEE SCHEDULE-4 21 Total income. Add amounts in column for lines 7 through 20 71,015	
Adjustments to Income (See instructions on page 11)	22 Moving expense (attach Form 3903 or 3903F) 23 Employee business expenses (attach Form 2106) 19,548 24 Payments to an IRA (enter code from page 11) 25 Payments to a Keogh (D.R. 10) retirement plan 26 Interest penalty on early withdrawal of savings 27 Alimony paid 28 Disability income exclusion (attach Form 2440) 29 Other adjustments - see page 12 30 Total adjustments. Add lines 22 through 29 19,548	
Adjusted Gross Income	31 Adjusted gross income. Subtract line 30 from line 21. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on page 15 of instructions. If you want IRS to figure your tax, see page 3 of instructions 51,467	

CPFD01

Form 1040 (1981)

Tax Computation	32a Amount from line 31 (adjust gross income)	32a	51,467
	32b If you do not itemize deductions, enter zero. If you itemize, complete Schedule A (Form 1040) and enter amount from Schedule A, line 41. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 12 of the instructions. Also see page 12 of the instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien	32b	8,226
	32c Subtract line 32b from line 32a	32c	43,241
	33 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e	33	2,000
(See instructions on page 12)	34 Taxable Income. Subtract line 33 from line 32c	34	41,241
	35 Tax—Enter tax here & check if from <input checked="" type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X,Y,Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G <input type="checkbox"/> Form 4726	35	15,702
	36 Additional taxes. (See page 13 of instructions) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972 <input type="checkbox"/> Form 5544 <input type="checkbox"/> Section 72(m)(5) penalty tax	36	
	37 Total. Add lines 35 and 36	37	15,702
Credits	38 Credit for contributions to candidates for public office	38	50
	39 Credit for the elderly (attach Schedules R&RP)	39	
	40 Credit for child & dependent care expenses (attach Form 2441)	40	
	41 Investment credit (attach Form 3468)	41	138
	42 Foreign tax credit (attach Form 1116)	42	
	43 Work Incentive (WIN) Credit (attach Form 4874)	43	
	44 Jobs credit (attach Form 5884)	44	
	45 Residential energy credit (attach Form 5635)	45	
	46 Total credits. Add lines 38 through 45	46	188
	47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	15,514
Other Taxes	48 Self-employment tax (attach Schedule SE)	48	
	49a Minimum tax. Attach Form 4625 and check here <input type="checkbox"/>	49a	
	49b Alternative minimum tax. Attach Form 6251 and check here <input type="checkbox"/>	49b	
	50 Tax from recomputing prior-year investment credit (attach Form 4255)	50	
	51a Social security (FICA) tax on tip income not reported to employer (attach Form 4137)	51a	
	51b Uncollected employee FICA and RRTA tax on tips (from Form W-2)	51b	
	52 Tax on an IRA (attach Form 5329)	52	
D6	53 Advance earned income credit (EIC) payments received (from Form W-2)	53	
	54 Total. Add lines 47 through 53	54	15,514
Payments	55 Total Federal income tax withheld	55	17,501
	56 1981 estimated tax payments & amt applied from 1980 return	56	
	57 Earned income credit. If line 32a is under \$10,000, see page 15 of instructions	57	
	58 Amount paid with Form 4868	58	
	59 Excess FICA and RRTA tax withheld (two or more employers)	59	
	60 Credit for Federal tax on special fuels & oils (attach Form 4136 or 4136-T)	60	
	61 Regulated Investment Company credit (attach Form 2439)	61	
Refund or Balance Due	62 Total. Add lines 55 through 61	62	17,501
	63 If line 62 is larger than line 54, enter amount Overpaid	63	1,987
	64 Amount of line 63 to be REFUNDED TO YOU	64	1,987
	65 Amount of line 63 to be applied to your 1982 estimated tax	65	
Please Sign Here	66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1981 Form 1040" on it. (Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 16 of instructions) \$	66	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> _____ Date _____	Spouse's signature (if filing jointly. BOTH must sign even if only one had income) _____ Date _____	Preparer's social security no. _____
	Firm's name (or yours if self-employed) and address SELGER & BRESSMAN CPA 60 E 42ND STREET	E.I. No. 11-2408598	ZIP code 10017
	CFP104 NEW YORK NY		

*Name(s) as shown on Form 1040

Your social security number

GERALDINE A ZACCARO

Part 1	Interest Income
--------	-----------------

If you received more than \$400 in interest or you received any interest from Savings Bonds, you must complete Part III and list ALL interest received. Also complete Part III if you received more than \$400 in interest. See page 8 of the instructions to find out what interest to report. Then answer the questions in Part III, below. If you received interest as a nominee or transferee for someone else, accrued interest on bonds, or interest on a loan between related parties, please see page 20 of the instructions.

Part B. Dividend Income

If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II and Part III. Please see page 9 of the instructions. Then answer the questions in Part III, below. If you received dividends as a nominee for another, please see page 21 of the instructions.

[illegible]

Part III	Foreign Accounts and Foreign Trusts
-----------------	--

12 If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III. Please see page 21 of the instructions.

9 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?

Yes	No
-----	----

	X
--	---

	1	2
1	1	2
2	2	1

	X
--	---

3-115068-156

E 1

SCHEDULE E

SUPPLEMENTAL INCOME SCHEDULE

OMB No. 1545-0074

(Form 1040)

Department of the Treasury
Internal Revenue Service(From rents and royalties, partnerships, estates and trusts, etc.)
▶ Attach to Form 1040. ▶ See instructions for Schedule E (Form 1040).1981
15

Name(s) as shown on Form 1040

Your social security number

GERALDINE A ZACCARO

Part I Rent and Royalty Income or Loss.

1 Are any of the expenses listed below for a vacation home or similar dwelling rented to others (see instructions)?

YES

NO

2 If you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or similar dwelling for more than 14 days during the tax year?

YES

NO

Rental and Royalty Income

Properties

Totals

(Describe property in Part VI)

3 a Rents received

b Royalties received

Rental and Royalty Expenses

4 Advertising

5 Auto and travel

6 Cleaning and maintenance

7 Commissions

8 Insurance

9 Interest

10 Legal and other professional fees

11 Repairs

12 Supplies

13 Taxes (do NOT include Windfall Profit)

Tax, see Part III, line 35

14 Utilities

15 Wages and salaries

16 Other (list)

17 Total deductions (add lines 4 through 16)

18 Depreciation expense (see instructions or Depreciation, attach computation)

19 Total (add lines 17 and 18)

20 Income or (loss) from rental or royalty properties (subtract line 19 from line 3a (rents) or 3b (royalties))

21 Add properties with profits on line 20, and enter total profits here

22 Add properties with losses on line 20, and enter total (losses) here

23 Combine amounts on lines 21 and 22, and enter net profit or (loss) here

24 Net farm rental profit or (loss) from Form 4835, line 50

25 Total rental or royalty income or (loss). Combine amounts on lines 23 and 24. Enter here and include in line 37 on page 2

Schedule F (Form 1040) 1981

3-115068-1561

Page 2

Part II Income or Losses from Partnerships, Estates or Trusts or Small Business Corporations

If you have a loss reported below, do you have amounts for which you are not "at risk" in that loss activity (see instructions)?

Yes ☐ No ☐ If "Yes," and your loss exceeded your amount "at risk," did you limit your loss to your amount "at risk"? Yes ☐ No ☐

	(a) Name	(b) Employer identification number	(c) Net loss (see instructions for "at risk" limitation)	(d) Net income
Partnerships				
	26 Add amounts in columns (c) and (d) and enter here			26 ()
	27 Combine amounts in columns (c) and (d), line 26 and enter net income or (loss)			27 ()
	28 Additional first-year depreciation			28 ()
	29 Total partnership income or (loss). Combine lines 27 and 28. Enter here and include in line 37.			29 ()
Estates or Trusts				
	30 Add amounts in columns (c) and (d) and enter here			30 ()
	31 Total estate or trust income or (loss). Combine amounts in columns (c) and (d), line 30. Enter here and include in line 37.			31 ()
Small Business Corporations	SEE FORM 44			
	32 Add amounts in columns (c) and (d) and enter here			32 ()
	33 Total small business corporation income or (loss). Combine amounts in columns (c) and (d), line 32. Enter here and include in line 37.			33 2,962

Part III Windfall Profit Tax Summary

34 Windfall Profit Tax Credit or Refund received in 1981 (see instructions)	34
35 Windfall Profit Tax withheld in 1981 (see instructions)	35 ()
36 Combine amounts on lines 34 and 35. Enter here and include in line 37.	36

Part IV Summary

37 TOTAL income or (loss). Combine lines 25, 29, 31, 33, and 36. Enter here and on Form 1040, line 17.	37	2,962
38 Farmers and fishermen: Enter your share of gross farming and fishing income applicable to Parts I and II.	38	

Part V Depreciation Claimed in Part I - Complete only if the property was placed in service before January 1, 1981. If you need more space, use Form 4562. If you placed any property in service after December 31, 1980, you MUST use Form 4562; do NOT complete Part V.

	(a) Description and location of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Depreciation claimed	(f) Life or rate	(g) Depreciation for this year
Property A							
	Totals (Property A)						
Property B							
	Totals (Property B)						
Property C							
	Totals (Property C)						

CP154

3-115068-1561

Form **2106****EMPLOYEE BUSINESS EXPENSES**

OMB No. 1545-0139

1981Department of the Treasury
Internal Revenue Service(Please use Form 3903 to figure moving expense deduction.)
➔ Attach to Form 1040.Your name
GERALDINE A ZACCARO

Social security number

Occupation in which expenses were incurred

CONGRESS US

Employer's name

Employer's address

Paperwork Reduction Act Notice. - The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Instructions

Use this form to show your business expenses as an employee during 1981. Include amounts:

- You paid as an employee;
- You charged to your employer (such as by credit card);
- You received as an advance; allowance, or repayment.

Several publications available from IRS give more information about business expenses.

- Publication 463, Travel, Entertainment, and Gift Expenses.
- Publication 528, Miscellaneous Deductions.
- Publication 567, Business Use of Your Home.
- Publication 508, Educational Expenses.

Part I. - You can deduct some business expenses, even if you do not itemize your deductions on Schedule A (Form 1040). Examples are expenses for travel (except commuting to and from work), meals, or lodging. List these expenses in Part I and use them in figuring your adjusted gross income on Form 1040, line 33.

Line 2. - You can deduct meals and lodging costs if you were on a business trip away from your main place of work. Do not deduct the cost of meals you ate on one-day trips when you did not need sleep or rest.

Line 3. - If you use a car you own in your work, you can deduct the cost of the business use. Enter the cost here after figuring it in Part IV. You can take either the cost of your actual

expenses (such as gas, oil, repairs, depreciation, etc.) or you can use the standard mileage rate.

The mileage rate is 20 cents a mile up to 10,000 miles. After that, or for all business mileage on a fully depreciated car, the rate is 11 cents a mile. If you use the standard mileage rate to figure the cost of business use, the car is considered to have a useful life of 50,000 miles of business use at the maximum standard mileage rate. After 50,000 miles of business use at the maximum rate, the car is considered to be fully depreciated. For details, see Publication 463.

Caution. - You cannot use the mileage rate for a leased vehicle. Figure your mileage rate amount and add it to the business part of what you spent on the car for parking fees, tolls, interest, and State and local taxes (except gasoline tax).

Line 4. - If you were an outside salesperson with other business expenses, list them on line 4. Examples are selling expenses or expenses for stationery and stamps. An outside salesperson does all selling outside the employer's place of business. A driver-salesperson whose main duties are service and delivery, such as delivering bread or milk, is not an outside salesperson. For details, see Publication 463.

Line 5. - Show other business expenses on line 5 if your employer repaid you for them. If you were repaid for part of them, show the amount you were repaid. Show the rest in Part II.

Part II. - You can deduct other business expenses only if (a) your employer did not repay you, and (b) you itemize your deductions on Schedule A (Form 1040). Report these expenses here and under Miscellaneous Deductions on Schedule A. For details, see Publication 529. You can deduct expenses for business use of the part of your home that you exclusively and consistently use for your work. If you are not self-employed, your working-at-home must be for your employer's convenience. For business use of home, see Publication 567.

If you show education expenses in Part I or Part II, you must fill out Part III.

Part III. - You can deduct the cost of education that helps you keep or improve your skills for the job you have now. This includes education that your employer, the law, or regulations require you to get in order to keep your job or your salary. Do not deduct the cost of study that helps you meet the basic requirements for your job or helps you get a new job. For education expenses, see Publication 508.

Part IV, line 8. - Depreciation

Cars placed in service before 1/1/81. You must continue to use either the standard mileage rate or the method of depreciation you used in earlier years. You cannot change to either of the new methods available in 1981.

Cars placed in service after 12/31/80. If you placed a car in service in 1981 and you do not use the standard mileage rate, you must use the new Accelerated Cost Recovery System (ACRS). One method lets you deduct the following percentage of your cost basis regardless of what month you placed the car in service:

- 1981 - 35%
- 1982 - 38%
- 1983 - 37%

Example. You bought a new car without a trade-in for \$10,000 in September 1981, and used it 60% for business. Your basis for depreciation is \$6,000 (\$10,000 × 60%). For 1981 your depreciation deduction is \$1,500 (\$6,000 × 25%). If your percentage of business use changes in 1982, you must refigure your basis for depreciation.

There is also an alternative ACRS method under which you may use a straight-line method over a recovery period of 3, 5, or 12 years.

Note: If you use the mileage rate, you are considered to have made an election to exclude this vehicle from ACRS.

You do not have to consider salvage value in either of these methods. Please see Publication 463 for details on how to figure the deduction under either method.

PART I. - Employee Business Expenses Deductible in Figuring Adjusted Gross Income on Form 1040, Line 31

1-Fares for airplane, boat, bus, taxicab, train, etc.	
2-Meals and lodging	
3-Car expenses (from Part IV, line 21)	
4-Outside salesperson's expenses (see Part I instructions above)	
SEE FORM 71	19,548
5-Other (see Part I instructions above)	
6-Add lines 1 through 5	19,548
7-Employer's payments for these expenses if not included on Form W-2	
8-Deductible business expenses (subtract line 7 from line 6). Enter here and include on Form 1040, line 23	19,548
9-Income from excess business expense payments (subtract line 6 from line 7). Enter here and include on Form 1040, line 20	

PART II. - Employee Business Expenses that are Deductible Only If You Itemize Deductions on Schedule A (Form 1040)

1-Business expenses not included above (list expense and amount)	
2-Total Deduct under Miscellaneous Deductions, Schedule A (Form 1040)	

343-142-1
FD-901

Form 2106 (1981)

PART III - Information About Education Expenses Shown in Part I or Part II

1 Name of educational institution or activity

2 Address

3 Did you need this education to meet the basic requirements for your job?

☐ Yes☐ No

4 Will this study program qualify you for a new job?

☐ Yes☐ No

5 If your answer to question 3 or 4 is Yes, you cannot deduct these expenses. If No, explain (1) why you are getting the education, and (2) what the relationship was between the courses you took and your job. (If you need more space, attach a statement)

6 List your main subjects, or describe your educational activity

PART IV - Car Expenses (Use either your actual expenses or the mileage rate)

	Car 1	Car 2	Car 3
A. Number of months you used car for business during 1981	months	months	months
B. Total mileage for months in line A	miles	miles	miles
C. Business part of line B mileage	miles	miles	miles

Actual Expenses (include expenses on lines 1-5 for only the months shown in line A, above.)

1 Gasoline, oil, lubrication, etc.			
2 Repairs			
3 Tires, supplies, etc.			
4 Other: (a) Insurance			
(b) Taxes			
(c) Fees and licenses			
(d) Interest			
(e) Miscellaneous			
5 Total (add lines 1 through 4(e))			
6 Business percentage of car use (divide line C by line B, above)	%	%	%
7 Business part of car expense (multiply line 5 by line 6)			
8 Depreciation (see instructions on front)			
9 Divide line 8 by 12 months			
10 Multiply line 9 by line A, above			
11 Total (add line 7 and line 10; then skip to line 19)			

Mileage Rate

12 Enter the smaller of (a) 15,000 miles or (b) the combined mileages from line C, above	miles
13 Multiply line 12 by 20¢ (11¢ if car is fully depreciated) and enter here	
14 Enter any combined mileage from line C that is over 15,000 miles	miles
15 Multiply line 14 by 11¢ and enter here	
16 Total mileage expense (add lines 13 and 15)	
17 Business part of car interest and State and local taxes (except gasoline tax)	
18 Total (add lines 16 and 17)	

Summary

19 Enter amount from line 11 or line 18, whichever you used	
20 Parking fees and tolls	
21 Total (add lines 19 and 20; Enter here and in Part I, line 3)	

3-115068-15616

COMPUTATION OF INVESTMENT CREDIT

OMB No. 1545-0155

3468

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Use separate Schedule B (Form 3468) to figure your tentative energy investment credit.

1981

27

Name

Scheduling number as shown on page 1
of your tax return

GERALDINE A ZACCARO

Part I Check the box(es) below that apply to you (see Elections for details):

A The corporation elects the basic or basic and matching employee plan percentage under section 4809(1).

B I elect to increase my qualified investment to 100% for certain commuter highway vehicles under section 46(c)(6).

C I elect to increase my qualified investment by all qualified progress expenditures made this tax year and all later years.

Enter total qualified progress expenditures included in column (4), Part II ▶

D I claim full credit on certain ships under section 46(a)(7). (See How to Figure the Credit for details.)

Part II Qualified Investment

Figure your qualified investment in new or used investment credit property acquired or constructed and placed in service during the tax year. The qualified investment for qualified progress expenditures and qualified rehabilitation expenditures is allowed in the tax year the expenditure is incurred or in the case of self-constructed property the year the expenditure is chargeable to a capital account for the property.

For certain taxpayers the basis or cost of property placed in service after February 18, 1981, is limited to the amount the taxpayer is at risk for the property at year end. See instruction E.

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

1 Recovery Property	Line	(1) Recovery Period	(2) Basis or cost	(3) Applicable percentage	(4) Qualified investment (Column 2 x column 3)
New	(a)	3-Year		60	
	(b)	Other	1,382	100	1,382
	(c)	3-Year		60	
Used	(d)	Other		100	
	(e)	Other			
2 Total--Add lines 1(a) through 1(d)					2 1,382
3 Nonrecovery Property	Line	(1) Life years	(2) Basis or cost	(3) Applicable percentage	(4) Qualified investment (Column 2 x column 3)
New property	(a)	3 or more but less than 5		33 1/3	
	(b)	5 or more but less than 7		66 2/3	
	(c)	7 or more		100	
Used property	(d)	3 or more but less than 5		33 1/3	
	(e)	5 or more but less than 7		66 2/3	
	(f)	7 or more		100	
4 Total--Add lines 3(a) through 3(f)					4
5 New commuter highway vehicle--Enter total qualified investment. (See instruction D).					5
6 Used commuter highway vehicle					6
7 Qualified rehabilitation expenditures incurred before January 1, 1982, for: (see specific instructions)					7(a)
(a) Improvements with 5 or more but less than 7 years--Enter 66 2/3 of expenditures					7(b)
(b) Improvements with 7 or more life years--Enter 100% of expenditures					7(c)
8 Total qualified investment in 10% property--Add lines 2, 4, 5, 6, 7(a) and 7(b). (See instructions for special limits.)					8 1,382
9 Enter 100% of qualified rehabilitation expenditures incurred after December 31, 1981 for:					9a
(a) For 30-year old buildings					9b
(b) For 40-year old buildings					9c
(c) For certified historic structures (enter the Dept. of Interior assigned project number)					9d
10 Total qualified investment--Add lines 8, 9(a), 9(b), and 9(c)					10 1,382
Part III Tentative Regular Investment Credit					
11 10% of line 8					11 138
12 15% of line 9(a)					12
13 20% of line 9(b)					13
14 25% of line 9(c)					14
15 Corporations electing the basic or basic and matching employee plan percentage for contributions to tax credit employee stock ownership plans--Check box A above (see instruction D)					15a
(a) Basic 1% credit--Enter 1% of line 10					15b
(b) Matching credit (not more than 0.5%)--Enter allowable percentage times adjusted line 10 (attach schedule)					15c
16 Credit from Cooperative--Enter regular investment credit from cooperatives					16
17 Current year regular investment credit--Add lines 11 through 15					17 138
18 Carryover of unused credits					18
19 Carryback of unused credits					19
20 Tentative regular investment credit--Add lines 17, 18, 19, enter here and in Part IV, line 21					20 138

For Paperwork Reduction Act Notice, see page 1 of the instructions.
CPPO59

FORM 3468-1981

Part IV Tax Liability Limitations

21 Tentative credit from Part III, line 20	21	138
22 (a) Individuals--Enter amount from Form 1040, line 37, page 2	22	15,702
(b) Estates and trusts--Enter amount from Form 1041, line 25, page 1		
(c) Corporations--Enter amount from Schedule J (Form 1120), line 3, page 3		
(d) Others--Enter tax before credits from your return		
23 (a) Credit for the elderly (individuals only)	23(a)	
(b) Foreign tax credit	23(b)	
(c) Tax on lump-sum distribution from Form 4972 or Form 5544	23(c)	
(d) Possessions corporation tax credit (corporations only)	23(d)	
(e) Section 72(m)(5) penalty tax (individuals only)	23(e)	
24 Total--Add lines 23(a) through 23(e)	24	
25 Subtract line 24 from line 22	25	15,702
26 (a) Enter smaller of line 25 or \$25,000. See instruction for line 26	26(a)	12,500
(b) If line 25 is more than line 26(a), and your tax year ends in 1981, enter 80% of the excess (if your tax year ends in 1982, enter 90% of the excess)	26(b)	2,562
27 Regular investment credit limitation--Add lines 26(a) and 26(b)	27	15,062
28 Allowed regular investment credit--Enter the smaller of line 21 or 27	28	138
29 Business energy investment credit limitation--Subtract line 28 from line 25	29	15,564
30 Business energy investment credit--Enter amount from line 14 of Schedule B (Form 3468)	30	
31 Allowed business energy investment credit--Enter smaller of line 29 or line 30	31	
32 Total allowed regular and business energy investment credit--Add lines 28 and 31. Enter here and on Form 1040, line 41; Schedule J (Form 1120), line 4(b), page 3; or the proper line on other returns	32	138

Paperwork Reduction Act Notice.-- The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and so that we can figure and collect the correct amount of tax. You are required to give us this information.

Form 6251 Department of the Treasury Internal Revenue Service	3-115068-15616 ALTERNATIVE MINIMUM TAX COMPUTATION ▶ See instructions on back ▶ Attach to Forms 1040, 1040NR, 1041 or 990-T (Trust).	DMB No. 1545-0227 1981 34
Name(s) as shown on tax return GERALDINE A ZACCARO		Identifying number

Part I Computation of Alternative Minimum Tax			
1 Adjusted gross income from Form 1040, line 32a or Form 1040NR, line 33 (see instructions)			1 51,467
2 Deductions (applies to individuals only):			
a Enter amount from Form 1040, line 32b or Form 1040NR, line 36	2a	8,226	
b On your 1981 Form 1040, if you checked Filing Status box 2 or 3, enter \$3,400 1 or 4, enter \$2,300 3, enter \$1,700	2b	1,700	
c Multiply \$1,000 by the total number of exemptions on Form 1040, line 6e	2c	2,000	
d Add lines 2a through 2c (estates and trusts, enter zero)			2d 11,926
3 Subtract line 2d from line 1			3 39,541
4 Tax preference items:			
a Adjusted itemized deductions	4a		
b Capital gain deduction	4b		
c Add lines 4a and 4b			4c
5 Alternative minimum taxable income (add lines 3 and 4c)			5 39,541
6 Tax on amount on line 5 from Part IV, line D or Part III, line 27			6 3,908
7 Amount from Form 1040, line 47 (see instructions)	7	15,514	
8 Minimum tax from Form 1040, 1041, or 990-T	8		
9 Tax from recomputing prior-year investment credit	9	0	
10 Add lines 7 through 9			10 15,514
11 Subtract line 10 from line 6. If zero or less, do not complete the rest of this form			11 0
12 Foreign tax credit (see instructions)			12
13 Subtract line 12 from line 11. If line 12 is more than line 11, enter zero			13
14 Credits allowed against alternative minimum tax from Part II, line 21			14
15 Alternative minimum tax (subtract line 14 from line 13). If zero or less, enter zero. Enter here and on Form 1040, line 49b (estates and trusts--see instructions)			15

Part II Computation of Credits Allowed Against Alternative Minimum Tax			
16 Enter amount from line 3 above			16
17 Enter 66 2/3% of line 4b			17
18 Subtract line 17 from line 16			18
19 Tax on amount on line 18 from Part IV, line D			19
20 Credits, other than Foreign Tax Credit, from Form 1040, line 46. (See instructions.)			20
21 Enter line 19 or line 20, whichever is smaller. Enter here and on line 14 above			21

Part III See instructions for line 6 before completing this part			
22 Enter amount from line 5 above			22
23 Enter amount from line 29 of Schedule D (Form 1040 or Form 1041)			23
24 Subtract line 23 from line 22			24
25 Tax on amount on line 24 from Part IV, line D			25
26 Enter amount from line 34 of Schedule D (Form 1040 or Form 1041)			26
27 Add line 25 and line 26. Enter on line 5 above, only if less than the tax on amount on line 5 from Part IV, line D			27

Part IV Alternative Minimum Tax Computation Schedules						
MARRIED FILING SEPARATELY, OR ESTATE OR TRUST						
Not over 10,000 -0-						
	Of the amount over	but not over	Tax on amount on line 5	Tax on amount on line 18	Tax on amount on line 24	
A. 10%	\$ 10,000	\$ 30,000	=\$ 2,000	=\$	=\$	
B. 20%	\$ 30,000	\$ 50,000	=\$ 1,908	=\$	=\$	
C. 25%	\$ 50,000-		=\$	=\$	=\$	
D. Total (A+B+C)			=\$ 3,908	=\$	=\$	

For Paperwork Reduction Act Notice, see back of form.

Form 6251 (1981)

FORM 11 - 1981 REGULAR + / TRI

TAXPAYER IDENTIFICATION DATA / PREPARER OPTIONS ESTIMATED

INCOME AVERAGING & 2210 INFORMATION

156,789

PREPARER'S NAME SALPER & BRESSMAN CPA		(11) ACCOUNT NO. (12) 115755		(13) JOB NUMBER (14) 1561		(15) 11		ADP USE ONLY R # 334241		901 TAXPAYER S.S. NO. 15	
10-211 TAXPAYER'S FIRST NAME & INIT		131 SPOUSE'S FIRST NAME & INIT		151 LAST NAME		151		151		151	
01 GERALDINE A				ZACCARO							
121 STREET ADDRESS		141 CITY		161 COUNTY							
02 22 DEEPAJANE RD		FOREST HILLS		QUEENS							
121 STATE		131 ZIP		141 TAXPAYER'S OCCUPATION		161 SPOUSE'S OCCUPATION					
03 NY		11375		CONGRESS US							
121 CARE OF NAME											
04											
05 ENTER SPOUSE'S FULL NAME IF MARRIED FILING SEPARATELY		121 SPOUSE'S NAME		151 SPOUSE'S S.S. NO.		161 NAME OF PERSON QUALIFYING TAXPAYER AS UNMARRIED HEAD OF HOUSEHOLD		180			
FILING STATUS ENTER ONE OF THE FOLLOWING 1 SINGLE 2 MARRIED - JOINT 3 HEAD OF HOUSE 4 SURV. WIDOWER 5 MARRIED - SPOUSE NOT FILING 6 MARRIED - FILING SEPARATE SPOUSE IS FILING 7 ITEMIZED 8 STANDARD DEDUCTION 9 LOWEST METHOD		12 6									
DATE DECEASED ENTER MO. DAY YR.		TAXPAYER 13		SPOUSE 14							
ENTER YEAR SPOUSE DIED FOR FILING STATUS 4 (TWO DIGITS)				15							
RESIDENT SCHOOL CODES N.Y. HIGH SCHOOL & PA.		SELF AGE		SPOUSE		BLIND DIGIT 1 - SELF SPOUSE					
16 519		17		18		19 20					
STATE/CITY RESIDENT & NON-RESIDENT RETURN CODING (ENTER DIGIT 1 TO REQUEST PROPER RETURN)											
N.Y. STATE RESIDENT		21 1		N.J. RESIDENT		26					
N.Y. CITY RESIDENT		22 1		N.J. TT 203 AND N.J. 1040 NR		TAXPAYER 27					
N.Y. CITY NON-RESIDENT		23				SPOUSE 28					
N.Y. STATE NON-RESIDENT		TAXPAYER 24		CONJ. RESIDENT		29					
		SPOUSE 25		NO STATE RETURN		30					
OTHER RESIDENT CODES - ENTER 2 DIGIT CODES		31		MC COUNTY CODES MICH. & OHIO RESIDENT CITY CODES		32					
FEDERAL INCOME AVERAGING REFER TO FORM 37 FOR FOREIGN INCOME, ETC.											
1980 TAX TABLE INCOME		34 54253		NO. OF 1980 TOTAL EXEMPTIONS		35 2					
1979 TAX TABLE INCOME		36 67132		NO. OF 1979 TOTAL EXEMPTIONS		37 2					
1978 TAX TABLE INCOME		38 37769		NO. OF 1978 TOTAL EXEMPTIONS		39 1					
1977 TAX TABLE INCOME		40 21170		NO. OF 1977 TOTAL EXEMPTIONS		41 2					
PREPARER'S OPTIONS											
ORIG. POINT OR CARRIER		43 72		CLIENT LABELS ENTER 3 OR 6		44					
PRESIDENTIAL ELECTION CAMPAIGN FUND ENTER DIGIT 1		45 1		DO NOT PRINT FIRM NAME ON FORM - DIGIT 1		46					
COULD TAXPAYER BE CLAIMED ON PARENT'S RETURN?		47		TAXPAYER INVOICE		48					
POLITICAL CONTRIBUTIONS		TAXPAYER 49		SPOUSE 50							
PREPARER'S SOCIAL SECURITY NUMBER		51 353		ENTER DIGIT 1 IF PREPARER IS SELF-EMPLOYED		53 1					
DO NOT PRINT ADP TAX ORGANIZER FOR 1982 - DIGIT 1		54 1		DO NOT PRINT INPUT AUDIT LIST - DIGIT 1		55 1					
DO NOT PRINT TAXPAYER LETTER - DIGIT 1		56		ADP TO MATH INPUT - DIGIT 1		57					
ESTIMATED TAX INFORMATION											
1981 ESTIMATED TAX (INCLUDE 1980 OVER PAYMENT CREDITED TO 1981 ESTIMATE PLUS PAYMENTS MADE ON 1981 TAX)								FED 60			
								RES STATE 61			
								CITY 62			
ENTER AMOUNT OF 1981 OVERPAYMENT TO BE CREDITED TO 1982 ESTIMATE - OR - ENTER DIGIT 1 IF OVERPAYMENT IS TO BE CREDITED								FED 63			
ENTER DIGIT 2 IF ESTIMATE IS TO BE THE EXACT AMOUNT OF THE OVERPAYMENT								RES STATE 64			
ENTER DIGIT 3 IF THE OVERPAYMENT IS TO BE APPLIED TO THE FIRST INSTALLMENT ONLY. ANY EXCESS TO BE REFUNDED								CITY 65			
ENTER ESTIMATED W-2 WITHHOLDING TAX FOR 1982 IF DIFFERENT THAN 1981 WITHHOLDING TAX								FED 66			
								RES STATE 67			
								CITY 68			
ENTER EXACT DOLLAR AMOUNT OF ESTIMATE DESIRED								FED 69			
ENTER DIGIT 1 IF ESTIMATE IS TO BE BASED ON THE TOTAL 1981 TAX LIABILITY LESS INCOME TAXES WITHHELD								RES STATE 70			
								CITY 71			
ENTER NUMBER OF PAYMENTS DESIRED								FED 72			
DIGIT 1 = TOTAL DUE 4/15/82								RES STATE 73			
DIGIT 2 = TOTAL DUE 1/15/82								CITY 74			
DIGIT 3 = BLANK ESTIMATE											
IF BLANK - QUARTERLY ESTIMATE ASSUMED											
FORM 2210 INFORMATION - REFER TO INSTRUCTIONS											
EXCEPTION 1 1980 TAX INCLUDING SCH 3E TAX								75			
EXCEPTION 2 TAX ON 1980 INCOME USING 1981 RATES AND EXEMPTIONS								76			
ENTER DIGIT 1 IF THE COMPUTED PENALTY IS TO BE PRINTED ON FORM 1041 PAGE 2, LINE 56. ENTER DIGIT 2 IF YOU WANT ADP TO PRINT FORM 2210 REGARDLESS OF APPLICABILITY								77			
IF UNEQUAL PAYMENTS WERE MADE DURING THE YEAR ENTER THE AMOUNTS PAID ON ESTIMATED TAX AND THE TAX WITHHELD DURING EACH PERIOD. REFER TO INSTRUCTIONS.											
APR 15 1981		JUNE 15 1981		SEPT 15 1981		JAN 15 1982					
82		83		84		85					
ENTER DIGIT 1 IF YOU REQUEST A 2210F.								86			
FOR ADP USE ONLY								PHOTO 91		3	
93 AM		94 1		95 2		96					
97 KP		98 348		99 KH							

100 28 1600

SCHEDULE 2 – OTHER DEPENDENTS**SCHEDULE 3 – INCOME FROM WAGES, SALARIES & TIPS* (IF GROSS WAGES ARE NOT EQUAL TO FICA WAGES SEE INSTRUCTIONS)**FORM 12 — © 1981 Automatic Data Processing, Inc.

FORM 13 - DIVIDEND INCOME - 1981

ACCOUNT NO.	1171 111
115748	13

TAXPAYER(S) NAME: GERRILYN A TACCHARD

[illegible]

FORM 14 - INTEREST INCOME - 1981

[illegible]

P	ACCOUNT NO.	(17-1)
.	115068	17

TAXPAYERS NAME: GERALDINE A ZACCARD

[illegible]

FORM 71 - REGULAR - FORM 7106 - EMPLOYEE BUSINESS EXPENSES - 1981

P

156-749

ENTER BELOW IN

BOX 18 1, 2, 3 OR 4

ACCOUNT NO. (17) (18)

15068 7 1

TAXPAYER'S NAME GERALDINE A ZACCARD

EMPLOYER'S NAME		OCCUPATION	
EMPLOYER'S ADDRESS		CITY	
		STATE	ZIP
ENTER DIGIT 1 TO INDICATE SPOUSE'S FORM 2106		10	
ENTER DIGIT 1 TO INDICATE TOTAL OF ENTER TWO-DIGIT PERCENTAGE (IF LESS THAN 100%) TO TRANSFER EMPLOYEE BUSINESS EXPENSES TO W-2 STATE NONRESIDENT & THE MICHIGAN CITY AND CLEVELAND COA		11	
PART IV - CAR EXPENSES - ENTER OPTIONAL AND/OR REGULAR METHOD INFORMATION AS APPLICABLE			
A. MONTHS AUTO HELD FOR BUSINESS USE		12	CAR INTEREST
B. TOTAL MILEAGE FOR MONTHS IN (A) ABOVE		13	STATE AND LOCAL TAXES OTHER THAN GASOLINE
C. ENTER ONLY MILE	ACTUAL MILES APPLICABLE TO BUSINESS	14	ENTER MILES AT 30% USED ELSEWHERE OR ENTER DIGIT 1 IF CAR IS FULLY DEPRECIATED (174 A MILE)
OR	DECIMAL FRACTION OF MILEAGE APPLICABLE TO BUSINESS	15	
REGULAR METHOD INFORMATION: ENTER DIGIT 1 IF OPTIONAL METHOD IS NOT AVAILABLE FOR AUTO		16	
1. GASOLINE, OIL, LUBRICATION, ETC		17	2. REPAIRS
3. TIRES, SUPPLIES, ETC		18	4. INSURANCE
4. TAGS AND LICENSES		19	4. OTHER - ITEMIZE BELOW
B. DEPRECIATION - ATTACH SCHEDULE		23	
PARKING FEES AND TOLLS (FOR BUSINESS USE ONLY)		24	

PART I - EMPLOYEE BUSINESS EXPENSES WHICH ARE DEDUCTIBLE IN FIGURING ADJUSTED GROSS INCOME ON FORM 1040

AIRPLANE, BOAT, RAILROAD FARES	27	DINNER AND MEAL EXPENSES	ADVERTISING, EXHIBIT FEES
MEALS AND LODGING	28	ENTERTAINMENT	GIFTS
TAXI, BUS AND SUBWAY FARES		COMMISSIONS PAID	OFFICE SUPPLIES & EXPENSES
AUTO RENTAL CHARGES		TELEPHONE & TELEGRAMS	DUES & SUBSCRIPTIONS
TIPS AND BAGGAGE CHARGES		STATIONERY & POSTAGE	PUBLIC STENOGRAPHER FEES
OTHER TRAVEL EXPENSES		INSURANCE	OTHER - ITEMIZE BELOW
DEPRECIATION - ATTACH SCHEDULE		PROFESSIONAL FEES	TOTAL SCHEDULE 64 19845
EMPLOYER'S REIMBURSEMENTS	ENTER THE AMOUNT OF EMPLOYER'S PAYMENTS FOR THESE EXPENSES IF NOT INCLUDED ON FORM W-2.		
	25		

PART II - EMPLOYEE BUSINESS EXPENSES WHICH ARE DEDUCTIBLE IF YOU ITEMIZE DEDUCTIONS ON SCHEDULE A (FORM 1040)

TELEPHONE	ENTERTAINMENT
OFFICE-IN-HOME	GIFTS
EDUCATION EXPENSE	OTHER - ATTACH STATEMENT TO RETURN
PART II, LINE 1 - TOTAL BUSINESS EXPENSES ITEMIZED DEDUCTIONS -	
75	

OTHER BUSINESS EXPENSES - ITEMIZE AND INDICATE APPLICABLE LINE REFERENCE

PART III - INFORMATION ABOUT EDUCATION EXPENSES SHOWN IN PART I OR PART II

1) NAME OF EDUCATIONAL INSTITUTION OR ACTIVITY	
2) ADDRESS -	
3) DID TAXPAYER NEED THIS EDUCATION TO MEET BASIC REQUIREMENTS FOR HIS JOB?	YES
4) WILL THIS STUDY PROGRAM QUALIFY TAXPAYER FOR A NEW JOB?	YES
5) IF ANSWER TO 3 OR 4 IS NO, EXPLAIN WHY TAXPAYER IS GETTING THE EDUCATION AND THE RELATIONSHIP BETWEEN THE COURSES AND THE JOB.	
6) LIST MAIN SUBJECTS OR DESCRIBE EDUCATIONAL ACTIVITY	

GERAIDINE A. ZACCARO #11568

STATEMENT OF CONGRESSIONAL REIMBURSEMENTS AND EXPENSES

NOTE: Before preparing this statement, please read the accompanying information. Some reimbursements are not includible in gross income and other reimbursements, in some circumstances, need not be reported on your return. Do not include amounts received from non-Congressional sources. You may use Form 2106 in place of this statement (attached).

Congressional Reimbursements for Expenses - 1981

1. Reimbursement at the rate of 20 cents a mile for travel going to and returning from each regular session, (2 USC sec. 43) \$162
2. Reimbursement for other travel expenses
3. Reimbursement for other deductible expenses (if any)
4. Reimbursement for nondeductible expenses (if any)
5. Total reportable reimbursements \$102

Expenses Deductible as Adjustments to Income

6. Living expenses in the Washington, D.C. area: (Internal Revenue Code 26 USC 162(A))

A. Actual Living Expenses
(attach detailed statement)

B. Maximum Daily Allowance Subsistence

(222 "Congressional Days" × \$75.00)

19650

C. Two-Thirds Maximum Daily Allowable Subsistence

(148 "Congressional Days" × \$50.00)

Interest on Residence

Taxes on Residence

Total

7. Travel expenses: Other (attach detailed statement)

8. Other expenses (limited to amount on line 3)

9. Total expenses

19650

10. Excess reimbursement (excess of line 5 over line 9. Include on Form 1040, line 20)

11. Deductible expenses (excess of line 9 over line 5. Include on Form 1040, line 23)

19548

Expenses Deductible as Itemized Deductions

NOTE: These expenses include deductible Congressional expenses, other than for travel, which were not reimbursed by Congressional allowances. They include those expenses which may have been reimbursed from outside sources, such as contributed funds. Specify the kind of expense and total all expenses of the same kind. If additional space is needed, list the expenses on a separate sheet. Write "See separate sheet attached" on line 12 and enter the total amount on line 13.

12

DUES, ADVERTISING, AND

MISC. EXPENSES

13. Total expenses deductible. Include on line 30, Schedule A (Form 1040)

972

972

FORM 37 - DATA SHEET #1 1981

TAXPAYER(S) NAME: GERALDINE A ZACCARO

ACCOUNT NO.	(17-18)
115062	37

ADJUSTMENTS TO FEDERAL INCOME (ENTER AS POSITIVE AMOUNTS)					
DO NOT MAKE ENTRIES IN BOXES 11-12, 17-20 IF YOU ARE SUBMITTING FORMS 41A, 41B, 71 OR 75B (FORMS 3902)					
KEOGH CONTRIBUTIONS	11		12		
DO NOT LIMIT KEOGH DEDUCTION. ENTER DIGIT 1	13		14		
ALIMONY PAID	15		16		
EMPLOYEE BUSINESS EXPENSE (MANUALLY PREPARED)	17		18		
FORM 3902 (MANUALLY PREPARED)	19		20		
FORM 3558 EXPENSES	21		22		
FORESTATION / REFORESTATION AMORTIZATION	23		24		
REPAYMENT OF SUB-PAY UNDER THE TRADE ACT OF 1974	25		26		
PAYMENTS TO AN IRA (FORM 1040, PAGE 1, LINE 24 & 25)					
ENTER APPLICABLE CODE	1 Individual IRA 2 Two individual IRAs 3 One individual IRA and one spousal IRA 4 One SEP 5 One SEP 6 Two SEP 7 One individual IRA and one SEP		CODE		
IRA CODES 4, 5, & 6 ONLY: ENTER DIGIT 1 IF TAXPAYER IS A SCHEDULE C OR F FILER OR A PARTNER WITH A SEP	27		28		
ENTER AMOUNT PAID TO IRA	30		31		
EMPLOYER'S SEP PAYMENTS TO IRA	32		33		
AMOUNT PAID TO YOUR NON-GRADING SPOUSE'S IRA	34		35		
ELIGIBLE EXCESS PAYMENTS MADE IN EARLIER YEARS	36		37		
WAGES & OTHER EARNED INCOME (OVERIDES COMPUTER)	38		39		
DO NOT LIMIT IRA DEDUCTION (DIGIT 1)	40		41		
INCOME AVERAGING - ADDITIONAL INFORMATION					
LINE 4	1980	42			
INCOME EARNED OUTSIDE OF THE UNITED STATES OR WITHIN U.S. POSSESSIONS AND EXCLUDED UNDER SECTIONS 911 AND 931	1978	43			
	1976	44			
	1977	45			
LINE 7 AMOUNTS RECEIVED BY OWNER-EMPLOYEES SUBJECT TO SEC. 72 (b) (3) PENALTY	46				
LINE 8 EXCESS COMMUNITY INCOME	47				
FORM 3468 - INVESTMENT CREDIT - REGULAR + ONLY (EXECUTAX - USE FORMS 19 B/ OR 35)					
LINE 1 - RECOVERY PROPERTY	NEW	USED	QUALIFIED PROGRESS EXPENDITURES - PART 1, LINE C	90	
RECOVERY PERIOD - 3 YEARS	78	79	QUALIFIED REHABILITATION EXPENDITURES INCURRED BEFORE JANUARY 1, 1962		
RECOVERY PERIOD - OTHER	80	81	LINE 7A - LIFE YEARS 6 TO 7	91	
LINE 2 - NONRECOVERY PROPERTY	NEW	USED	LINE 7B - LIFE YEARS 7 OR MORE	92	
LIFE YEARS 3-5	82	83	REGULAR INVESTMENT CREDIT - ALLOCATED FROM COOPERATIVE	93	
LIFE YEARS 5-7	84	85	ENTER CARRY-OVER OF UNUSED CREDITS - FORM 3468, LINE 18	94	
LIFE YEARS 7 OR MORE	86	87	TAX ON LUMP SUM DISTRIBUTIONS, LINE 23C	95	
COMMUTER HIGHWAY VEHICLE	88	89	TENTATIVE BUSINESS ENERGY INVESTMENT CREDIT SCHEDULE B, LINE 14	96	

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 1982		EXHIBIT NO. 12
For the year January 1–December 31, 1982, or other tax year beginning _____, 1982, ending _____, 19. [DMS No. 1645-0074]		
Your first name and initial (if joint return, also give spouse's name and initial) GERALDINE A (ZACCARO) FERRARO		Last name FERRARO
Present home address 22 DEEPDANE RD		Your social security number _____
City, town or post office, State and ZIP code FOREST HILLS NY 11375		Spouse's social security no. _____
Your occupation CONGRESS US		Spouse's occupation _____
Presidential Election Campaign Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Filing Status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's social security number above and full name here JOHN (ZACCARO) FERRARO 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 6 of instructions.) If the qualifying person is your unmarried child but not your dependent, enter child's name _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of instructions.)		
Exemptions Always check the box labeled Yourself. Check other boxes if they apply. 6a <input checked="" type="checkbox"/> Yourself 65 or over <input type="checkbox"/> Blind b <input type="checkbox"/> Spouse 65 or over <input type="checkbox"/> Blind c First names of your dependent children who lived with you _____ d Other dependents: (1) Name ANTOINETTE (2) Relationship MOTHER (3) Number of months lived in your home _____ (4) Did dependent have income of \$1,000 or more? NO (5) Did you provide more than one-half of dependent's support? YES e Total number of exemptions claimed 2		
Income Please attach Copy B of your Form W-2 here. <input checked="" type="checkbox"/> If you do not have a W-2, see page 5 of instructions. Please check off where other here. _____ 7 Wages, salaries, tips, etc. SEE STATEMENT 1 8 Interest income (attach Schedule B if over \$400 or you have any A/R-Savers interest) 1,880. 9a Dividends (attach Schedule B if over \$400) 100. 9b Exclusion _____ 9c Subtract line 9b from line 9a. 1,780. 10 Refunds of State and local income taxes _____ 11 Alimony received _____ 12 Business income or (loss) (attach Schedule C) _____ 13 Capital gain or (loss) (attach Schedule D) _____ 14 40% capital gain distributions not reported on line 13 (See page 9 of instructions) _____ 15 Supplemental gains or (losses) (attach Form 4797) _____ 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17 _____ 17a Other pensions and annuities. Total received 17a _____ b Taxable amount, if any, from worksheet on page 10 of instructions _____ 17b _____ 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) _____ 19 Farm income or (loss) (attach Schedule F) _____ 20a Unemployment compensation (insurance). Total received 20a _____ b Taxable amount, if any, from worksheet on page 10 of instructions _____ 20b _____ 21 Other income SEE STATEMENT 4 21 _____ 22 Total income. Add amounts in column for lines 7 through 21. 69,088.		
Adjustments to Income See instructions on page 11. 23 Moving expense (attach Form 3903 or 3903F) _____ 24 Employee business expenses 3,450. 25 Payments to an IRA. Enter code from page 11 (1) 2,000. 26 Payments to a Keogh (R.R.T.) retirement plan _____ 27 Penalty on early withdrawal of savings _____ 28 Alimony paid _____ 29 Deduction for married couple when both work (attach Schedule W) _____ 30 Disability income exclusion (attach Form 2440) _____ 31 Total adjustments. Add lines 23 through 30. 5,450.		
Adjusted Gross Income 32 Adjusted gross income. Subtract line 31 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 62) on page 15 of instructions. If you want IRS to figure your tax, see page 3 of instructions. 63,638.		

Form 1040 (1982)

Page 2

33 Amount from line 32 (adjusted gross income)		33	63,638.
34a If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 30		34a	8,706.
Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 12 of the instructions. Also see page 12 of the instructions if: <ul style="list-style-type: none"> • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien. 			
34b If you do not itemize, complete the worksheet on page 13. Then enter the allowable part of your charitable contributions here		34b	
35 Subtract line 34a or 34b, whichever applies, from line 33		35	54,932.
36 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e		36	2,000.
37 Taxable income. Subtract line 36 from line 35		37	52,932.
38 Tax. Enter tax here and check it from <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G		38	20,191.
39 Additional Taxes. (See page 13 of instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes		39	
40 Total. Add lines 38 and 39		40	20,191.
Credits			
41 Credit for the elderly (attach Schedules R & AP)		41	
42 Foreign tax credit (attach Form 1116)		42	
43 Investment credit (attach Form 3468)		43	
44 Partial credit for political contributions		44	50.
45 Credit for child and dependent care expenses (attach Form 2441)		45	
46 Jobs credit (attach Form 5884)		46	
47 Residential energy credit (attach Form 5695)		47	
48 Other Credits - see page 14		48	
49 Total credits. Add lines 41 through 48		49	50.
50 Balance. Subtract line 49 from line 40 and enter difference (but not less than zero)		50	20,141.
Other Taxes			
51 Self-employment tax (attach Schedule SE)		51	
52 Minimum tax (attach Form 4626)		52	
53 Alternative minimum tax (attach Form 6251)		53	
54 Tax from recapture of investment credit (attach Form 4255)		54	
55 Social security (FICA) tax on tip income not reported to employer (attach Form 4137)		55	
56 Uncollected employee FICA and RRTA tax on tips (from Form W-2)		56	
57 Tax on an IRA (attach Form 5329)		57	
58 Advance earned income credit (EIC) payments received (from Form W-2)		58	
59 Total Tax. Add lines 50 through 58		59	20,141.
Payments			
60 Total Federal income tax withheld		60	16,802.
61 1982 estimated tax payments and amount applied from 1981 return		61	
62 Earned income credit. If line 33 is under \$10,000, see page 15 of instructions		62	
63 Amount paid with Form 4868		63	
64 Excess FICA and RRTA tax withheld (two or more employers)		64	
65 Credit for Federal tax on special fuels and oils (attach Form 4136)		65	
66 Regulated Investment Company credit (attach Form 2439)		66	
67 Total. Add lines 60 through 66		67	16,802.
Refund or Amount You Owe			
68 If line 57 is larger than line 59, enter amount OVERPAID		68	
69 Amount of line 68 to be REFUNDED TO YOU		69	
70 Amount of line 68 to be applied to your 1983 estimated tax		70	
71 If line 59 is larger than line 67, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to Internal Revenue Service. Write your social security number and "1982 Form 1040" on it. (Check <input type="checkbox"/> if Form 2210 (2210F) is attached)		71	3,339.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Taxpayer's signature _____ Date _____		Spouse's signature (if filing jointly BOTH must sign) _____ Date _____	
Preparer's signature _____ Date _____		Preparer's social security no. _____	
Firm's name (or yours if self-employed) and address: SILGER & BRESSMAN 60 E 42ND STREET NEW YORK, N.Y.		E.I. No 11-2408598 ZIP code 10017	

94-2388832

Schedules A & B
(Form 1040)Department of the Treasury
Internal Revenue Service

Schedule A - Itemized Deductions

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

OMB NO. 1545-0074

1982

07

Signify on Form 1040

GERALDINE A (ZACCARD) FERRARO

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See page 17 of Instructions.)	1 Medicines and drugs	1		
	2 Write 1% of Form 1040, line 33	2		
	3 Subtract line 2 from line 1. If line 2 is more than line 1, write zero	3		
	4 Total insurance premiums you paid for medical and dental care	4	1,061.	
	5 Other medical and dental expenses:			
	a Doctors, dentists, nurses, hospitals, etc.	5a		
	b Transportation	5b		
	c Other (list - include hearing aids, dentures, eyeglasses, etc.) ▶	5c		
	6 Add lines 3 through 5c	6	1,061.	
	7 Multiply amount on Form 1040, line 33, by 3% (.03)	7	1,909.	
8 Subtract line 7 from line 6. If line 7 is more than line 6, write zero	8	0.		
9 Write one-half of amount on line 4, but not more than \$150	9	150.		
10 COMPARE amounts on line 8 and line 9, and write the LARGER amount here	▶ 10		150.	
Taxes (See page 18 of Instructions.)	11 State and local income	11	8,021.	
	12 Real estate	12		
	13 a General sales (see sales tax tables)	13a	728.	
	b General sales on motor vehicles	13b		
	14 Other (list-include personal property) SPECIAL PURCHASE ▶	14	288.	
15 Add lines 11 through 14. Write your answer here	▶ 15		9,037.	
Interest Expense (See page 19 of Instructions.)	16 a Home mortgage interest paid to financial institutions	16a		
	b Home mortgage interest paid to individuals (show that person's name and address) ▶	16b		
	17 Credit cards and charge accounts	17		
	18 Other (list) ▶ BANK		38.	
	19 Add lines 16a through 18. Write your answer here	▶ 19		38.
Contributions (See page 19 of Instructions.)	20 a Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 20b.)	20a	350.	
	b Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.) ▶	20b		
	21 Other than cash	21		
	22 Carryover from prior years	22		
	23 Add lines 20a through 22. Write your answer here	▶ 23		350.
Casualty and Theft Losses and Miscellaneous Deductions (See page 20 of Instructions.)	24 Total casualty or theft losses (attach Form 4684)	24		
	25 a Union and professional dues	25a		
	b Tax return preparation fee	25b		
	26 Other (list) ▶ SCHEDULE	26	831.	
	27 Add lines 24 through 26. Write your answer here	▶ 27		831.
Summary of Itemized Deductions (See page 20 of Instructions.)	28 Add lines 10, 15, 19, 23, and 27	28	10,406.	
	29 If you checked Form 1040, Filing Status box { 2 or 5, write \$3,400 1 or 4, write \$2,300 3, write \$1,700	29	1,700.	
	30 Subtract line 29 from line 28. Write your answer here and on Form 1040, line 34a. (If line 29 is more than line 28, see the Instructions for line 30 on page 20.)	▶ 30		8,706.

95-2390883

ZACCARO, FERRARO

247

4549-01

06

Schedules A & B (Form 1040) 1992

Schedule B-Interest and Dividend Income

OMB No. 1545-0047 07 Page 2

Name(s) as shown on Form 1040

Your social security number

GERALDINE A (ZACCARO) FERRARO

Part I Interest Income		If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, please see page 20.	
(See pages 8 and 20 of instructions.)			
Also complete Part III if you received more than \$400 in interest.			
Interest income other than interest from All-Savers Certificates			
1 Interest income from seller-financed mortgages. (See instructions and show name of payer.)		1	
2 Other interest income (list name of payer)			Amount
CITIBANK			685.
C A FRITZ			50.
RIDGEWOOD SAV			413.
EAST RIVER			619.
FIRST WOMENS BK			728.
3 Add lines 1 and 2		3	2,495.
Interest from All-Savers Certificates (ASCs). (See page 21.)			
4 FED CR UNION			243.
5 Add amounts on line 4		5	243.
6 Write the amount of your ASC exclusion from the worksheet on page 21 of instructions		6	243.
7 Subtract line 6 from line 5		7	
8 Add lines 3 and 7. Write your answer here and on Form 1040, line 8		8	2,495.
Part II Dividend Income		If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, or you are electing to exclude qualified reinvested dividends from a public utility, complete Part II. If you received dividends as a nominee for another, see page 21.	
(See pages 9 and 21 of instructions.)			
Also complete Part III if you received more than \$400 in dividends.			
9 DREYFUS FUND			1,560.
CONG FED CR UNION			320.
10 Add amounts on line 9		10	1,880.
11 Capital gain distributions. Enter here and on line 13, Schedule D.*		11	
12 Nontaxable distributions. (See instructions for adjustment to basis)		12	
13 Exclusion of qualified reinvested dividends from a public utility. (See instructions.)		13	
14 Add lines 11, 12, and 13		14	
15 Subtract line 14 from line 10. Write your answer here and on Form 1040, line 9a		15	1,880.
*If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file that schedule. Instead, enter 40% of your capital gain distributions on Form 1040, line 14.			
Part III Foreign Accounts and Foreign Trusts		If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	
(See page 21 of instructions.)			
16 At any time during the tax year, did you have an interest in, or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?		Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Were you the grantor of or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes" you may have to file Forms 3520, 3520-A, or 926		<input type="checkbox"/>	<input checked="" type="checkbox"/>

95-2398853

SCHEDULE E
(Form 1040)

 Department of the Treasury
 Internal Revenue Service

Supplemental Income Schedule

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

OMB No. 1545-0074

1982

15

Name(s) as shown on Form 1040

GERALDINE A (ZACCARD) FERRARO

Your social security number

Part E Rent and Royalty Income or Loss
1 Are any of the expenses listed below for a vacation home or other recreational unit (see Instructions)? ☐ Yes ☐ No2 If you checked "Yes," to question 1, did you or a member of your family occupy the vacation home or recreational unit for more than 14 days or more than 10% of the total days rented at fair rental value during the tax year? ☐ Yes ☐ No

Property Codes Kind and Location of Property

A

B

C

Rental and Royalty Income
Properties
Totals

(Add columns A, B, and C)

3 a Rents received

b Royalties received

3

Rental and Royalty Expenses

4 Advertising

5 Auto and travel

6 Cleaning and maintenance

7 Commissions

8 Insurance

9 Interest

10 Legal and other professional fees

11 Repairs

12 Supplies

13 Taxes (do NOT include Windfall Profit Tax here. See Part III, line 35.)

14 Utilities

15 Wages and salaries

16 Other (list)

17 Total expenses other than depreciation and depletion. Add lines 4 through 16

18 Depreciation expense or Depletion

19 Total. Add lines 17 and 18

20 Income or (loss) from rental or royalty properties. Subtract line 19 from line 3

21 Add properties with profits on line 20, and write the total profits here

22 Add properties with losses on line 20, and write the total (losses) here

23 Combine amounts on lines 21 and 22, and write the net profit or (loss) here

24 Net farm rental profit or (loss) from Form 4835, line 50

25 Total rental or royalty income or (loss). Combine amounts on lines 23 and 24. If Parts II, III, and IV on page 2 do not apply, write the amount on Form 1040, line 18. Otherwise, include the amount in line 37 of Schedule E

100-28-1400

Schedule F (Form 1040) 1982

Page 2

Part I Income or Losses from Partnerships, Estates or Trusts, or Small Business CorporationsIf you report a loss below, do you have amounts invested in that activity for which you are not "at risk" (see instructions)? ☐ Yes ☐ No
If "Yes" and your loss exceeded your amount "at risk," did you limit your loss to your amount "at risk"? ☐ Yes ☐ No

	(a) Name	(b) Employer identification number	(c) Net loss (see instructions for "at risk" limitations)	(d) Net income
Partnerships				
	26 Add amounts in columns (c) and (d) and write here		26	
	27 Combine amounts in columns (c) and (d), line 26, and write net income or (loss)			27
Estates or Trusts				
	28 Expense deduction for section 179 property, (Form 1065, Schedule K-1, line 11). Do not enter more than \$5,000 (\$2,500 if married filing separately)			28
Small Business Corporations	29 Total partnership income or (loss). Combine lines 27 and 28. Write here and include in line 37 below			29
	30 Add amounts in columns (c) and (d) and write here		30	
	31 Total estate or trust income or (loss). Combine amounts in columns (c) and (d), line 30. Write here and include in line 37 below			31
SEE STATEMENT 2				51.
Small Business Corporations				
	32 Add amounts in columns (c) and (d) and write here		32	51.
	33 Total small business corporation income or (loss). Combine amounts in columns (c) and (d), line 32. Write here and include in line 37 below			33 51.
Part II Windfall Profit Tax Summary				
	34 Windfall profit tax credit or refund received in 1982 (see instructions)			34
	35 Windfall profit tax withheld in 1982 (see instructions)			35
	36 Combine amounts on lines 34 and 35. Write here and include in line 37 below			36
Part III Summary				
	37 TOTAL income or (loss). Combine lines 29, 31, 33, and 36. Write here and on Form 1040, line 18			37 51.
	38 Farmers and fishermen: Write your share of GROSS FARMING AND FISHING INCOME applicable to Parts I and II		38	

Part IV Depreciation Claimed in Part I—Complete only if property was placed in service before January 1, 1981. For more space, use Form 4562. If you placed any property in service after December 31, 1980, use Form 4562 for all property; do NOT complete Part V.

	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year
Property A							
Totals (Property A)							
Property B							
Totals (Property B)							
Property C							
Totals (Property C)							

95-2396135

Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses
(Please use Form 3903 to figure moving expense deduction.)
▶ Attach to Form 1040.

OMB No. 1545-0129
1982
54

Your name GERALDINE A. (ZACCARD) FERRARO	Social security number	Occupation in which expenses were incurred CONGRESSWOMAN
Employer's name	Employer's address	

Part II Employee Business Expenses Deductible in Figuring Adjusted Gross Income on Form 1040, Line 32

1 Reimbursed and unreimbursed fares for airplane, boat, bus, taxicab, train, etc.	1	
2 Reimbursed and unreimbursed expenses for meals and lodging while away from your main place of work	2	
3 Reimbursed and unreimbursed car expenses from Part II.	3	
4 Reimbursed and unreimbursed outside salesperson's expenses other than those shown on lines 1, 2, and 3 ▶	4	
5 Reimbursed expenses other than those shown on lines 1 through 4 SEE STATEMENT 3	5	3,450.
6 Add lines 1 through 5	6	3,450.
7 Employer's payments for these expenses only if not included on Form W-2	7	
8 If line 6 is more than line 7, subtract line 7 from line 6. Enter here and on Form 1040, line 24.	8	3,450.
9 If line 7 is more than line 6, subtract line 6 from line 7. Enter here and on Form 1040, line 7.	9	

Part III Car Expenses (Use either your actual expenses or the mileage rate.)

	Car 1	Car 2	Car 3
A. Number of months you used car for business during 1982	months	months	months
B. Total mileage for months in line A	miles	miles	miles
C. Business part of line B mileage	miles	miles	miles
Actual Expenses (Include expenses on lines 1 and 2 for only the months shown in line A, above.)			
1 Gasoline, oil, lubrication, etc.	1		
2 Other	2		
3 Total (add lines 1 and 2)	3		
4 Divide line C by line B, above	4	%	%
5 Multiply line 3 by line 4	5		
6 Depreciation (based on percentage shown on line 4)	6		
Note: Do not complete line 7 if you use ACRS or 12 months is entered on line A above. Go to line 8.			
7 Divide line 6 by 12 months	7		
8 Multiply line 7 by line A, or enter the amount from line 6 if line 7 was not completed	8		
9 Section 179 expense deduction (see instructions)	9		
10 Business parking fees and tolls	10		
11 Total (add lines 5, 8, 9, and 10). Enter here and in Part I, line 3	11		
Mileage Rate			
12 Enter the smaller of (a) 15,000 miles or (b) the total mileage (Car 1 + Car 2 + Car 3) from line C, above	12	miles	
13 Multiply line 12 by 20¢ (11¢ if applicable, see instructions)	13		
14 Enter any total mileage (Car 1 + Car 2 + Car 3) from line C that is over 15,000 miles.	14	miles	
15 Multiply line 14 by 11¢ and enter here	15		
16 Business part of car interest, parking fees, tolls, and State and local taxes (except gasoline tax)	16		
17 Total (add lines 13, 15, and 16). Enter here and in Part I, line 3	17		

Part III Information About Educational Expenses Shown in Part I or on Schedule A (Form 1040)

1 Did you need this education to meet the basic requirements for your business or profession?	Yes	No
2 Will this study program qualify you for a new business or profession?	Yes	No
Note: If your answer to question 1 or 2 is "Yes", stop here, you cannot deduct these expenses, even if you do not intend to change your business or profession.		
3 If "No", list the courses you took and their relationship to your business or profession ▶		

1982 FEDERAL INCOME TAX STATEMENTS

PAGE 1

STATEMENT 1 WAGES, SALARIES, TIPS, ETC.

EMPLOYERS NAME AND ADDRESS	INCOME TAX WITHHELD	WAGES SALARIES TIPS, ETC	FICA
US HOUSE OF REPRESENTATIVES	16,802	60,663	
TOTAL TAX WITHHELD, WAGES, AND FICA	16,802	60,663	0

STATEMENT 2 INCOME FROM SMALL BUSINESS CORPORATIONS

NAME AND ADDRESS OF CORPORATION
P ZACCARD CO INC NO
13-2687158

ORDINARY INCOME 51

STATEMENT 3 OTHER EMPLOYEE BUSINESS EXPENSES DEDUCTIBLE
IN FIGURING ADJUSTED GROSS INCOME - FORM 2106

OTHER EXPENSES

SCHEDULE

3,450

TOTAL OTHER BUSINESS EXPENSES 3,450

100-28-1600 (ZACCARD) FERRARD

247

4549-01

1982 FEDERAL INCOME TAX STATEMENTS

PAGE 2

STATEMENT 4 - MISCELLANEOUS INCOME

	SUBJECT TO ESTATE TAX	OTHER TAXABLE INCOME	TOTAL TAXABLE INCOME
GROUP INSURANCE		789	789
HONORARIUMS		3,310	3,310
TOTAL MISCELLANEOUS INCOME	0	4,099	4,099

GERALDINE A ZACCA - 1982

STATEMENT OF CONGRESSIONAL REIMBURSEMENTS AND EXPENSES

NOTE: Before preparing this statement, please read the accompanying information. Some reimbursements are not includible in gross income and other reimbursements, in some circumstances, need not be reported on your return. Do not include amounts received from non-Congressional sources. You may use Form 2106 in place of this statement (attached).

Congressional Reimbursements for Expenses

1. Reimbursement at the rate of 20 cents a mile for travel going to and returning from each regular session (2 USC sec. 43) \$ 51.
2. Reimbursement for other travel expenses _____
3. Reimbursement for other deductible expenses (if any) _____
4. Reimbursement for nondeductible expenses (if any) _____
5. Total reportable reimbursements \$ 51.

Expenses Deductible as Adjustments to Income

6. Travel expenses: Living expenses in the Washington, D.C. area. The maximum amount allowable is \$3,000 (Internal Revenue Code 26 USC 162(a)) \$ 3,000
7. Travel expenses: Other (attach detailed statement) \$ 501
8. Other expenses (limited to amount on line 3) _____
9. Total expenses \$ 3,501
10. Excess reimbursement (excess of line 5 over line 9. Include on Form 1040, line 21) \$ _____
11. Deductible expenses (excess of line 9 over line 5. Include on Form 1040, line 24) \$ 3,450

Expenses Deductible as Itemized Deductions

NOTE: These expenses include deductible Congressional expenses, other than for travel, which were not reimbursed by Congressional allowances. They include those expenses which may have been reimbursed from outside sources, such as contributed funds. Specify the kind of expense and total all expenses of the same kind. If additional space is needed, list the expenses on a separate sheet. Write "See separate sheet attached" on line 12 and enter the total amount on line 13.

12. DUES ADVERTISING & MISC. \$ _____
EXPENSES \$ 831.
13. Total expenses deductible. Include on line 26, Schedule A (Form 1040) \$ 831

Form **1040** U.S. Individual Income Tax Return **1983** EXHIBIT NO. 13

Department of the Treasury Internal Revenue Service		1983 ending		15		OMB No. 1545-0047	
Your first name and initial of joint return, also give spouse's name and initial							
ANTINETTE A				(ZACCARD) FERRARO			
Please print address				Your social security number			
22 DEEPDANE RD				Spouse's social security no.			
City, town or post office, State and ZIP code				1983 occupation			
FOREST HILLS NY 11375				Spouse's occupation			
1983 occupation				CONGRESS US			
Presidential Election Campaign		Do you want \$1 to go to this fund?		X Yes		No	
		If joint return, does your spouse want \$1 to go to this fund?		Yes		No	
Filing Status		1 Single		2 Married filing separate return (even if only one had income)		3 Married filing joint return (even if only one had income)	
Check only one box		3 X Married filing separate return. Enter spouse's social security number and full name here		JOHN (ZACCARD) FERRARO			
		4 Head of household (with qualifying person). (See page 6 of instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here					
		5 Qualifying widow(er) with dependent child (Year spouse died) 19		19			
Exemptions		6 a X Yourself		b Spouse		c First names of your dependent children who lived with you	
Allow, check the box checked		7 85 or over		8 Blind		Enter number of boxes checked on 6a to 6c	
Check other boxes, if they apply:		d Other dependents		e Total number of exemptions claimed		1	
		(1) Name		(2) Relationship		(3) Number of months lived in your home 51,000 or more	
		ANTINETTE MOTHER				NO YES	
						1	
						2	
Income		7 Wages, salaries, tips, etc.		SEE STATEMENT 1		71 69,369.	
Please attach Copy B of your Forms W-2, 1042-S, and 1099-INT		8 Interest income (attach Schedule B if over \$400 or you have any All-Savers interest)		8a 691.		8b 100.	
		9a Dividends (attach Schedule B if over \$400)				9b 100.	
		b Exclusion				9c 591.	
If you do not have a 1042-S, see page 2 of the 1040-INT		10 Refunds of State and local income taxes				10	
		11 Alimony received				11	
		12 Business income or (loss) (attach Schedule C)				12	
		13 Capital gain or (loss) (attach Schedule D)				13	
		14 40% capital gain distributions not reported on line 13 (See page 10 of instructions)				14	
		15 Supplemental gains or (losses) (attach Form 4797)				15	
		16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17				16	
		17a Other pensions and annuities, including rollovers. Total received		17a		17b	
		b Taxable amount, if any, from worksheet on page 10 of instructions				17b	
Please attach Copy C of your Forms 1042-S, 1042-INT, and 1099-INT		18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)				18 -4,082.	
		19 Farm income or (loss) (attach Schedule F)				19	
		20a Unemployment compensation (insurance) Total received		20a		20b	
		b Taxable amount, if any, from worksheet on page 11 of instructions				20b	
		21 Other income		SEE STATEMENT 4		21 5,150.	
		22 Total income. Add amounts in column for lines 7 through 21				22 73,258.	
Adjustments to income		23 Moving expense (attach Form 3903 or 3903-1)		23		24	
		24 Employee business expenses		24 2,846.		25a	
		25a IRA deduction, from the worksheet on page 12		25a 2,000.		25b	
		b Enter here IRA payments you made in 1984 that are included in line 25a above				25b	
GSA		26 Payments to a Keogh, IRA, 1031 retirement plan		26		27	
Instructions on page 10		27 Penalty on early withdrawal of savings		27		28	
		28 Alimony paid		28		29	
		29 Deduction for married couple when both work (attach Schedule W)		29		30	
		30 Disability income exclusion (attach Form 2440)		30		31	
		31 Total adjustments. Add lines 23 through 30				31 4,846.	
Adjusted Gross income		32 Adjusted gross income. Subtract line 31 from line 22. If this line is less than \$10,000, see "Exempt Income Credit" (line 59) on page 16 of instructions. If you want to figure your tax, see page 3 of instructions				32 66,412.	

Copy C For employee's records

010240

2 Employer's name, address, and ZIP code SERGEANT AT ARMS U.S. HOUSE OF REPS. L WASHINGTON DC 20515		3 Employer's identification number 53-6002522		4 Employer's State number	
6 Employee's social security number 19141022		5 Stat em- ployee Do- ceased Legal rep amp X		942 amp	
12 Employee's name, address, and ZIP code SERALDINE A. FERRARO		8 Allocated tips		7 Advance EIC payment	
9 Federal income tax withheld 19141022		10 Wages, tips, other compensation 67,368.61		11 Social security tax withheld 464.10	
13 Social security wages 35,700.00		14 Social security tips			
16		18 State wages, tips, etc. 67368.61		19 Name of State NY	
20 Local income tax 6046.00		21 Local wages, tips, etc.		22 Name of locality	

Form W-2 Wage and Tax Statement 1983

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

Dept. of the Treasury 1983
IRS Reg. 4780-03 12-27-8003

1040-60-1000

Form 1040 (1983)

		Page 2	
33	Amount from line 32 (adjusted gross income)	33	66,412.
34a	If you are married, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 28. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 13 of the Instructions. Also see page 13 of the Instructions if: <ul style="list-style-type: none"> You are married filing a separate return and your spouse itemizes deductions, OR You file Form 4563, OR You are a dual-status alien. If you do not itemize deductions on Schedule A (Form 1040), complete the worksheet on page 14. Then enter the allowable part of your charitable contributions here.	34a	9,093.
34b	Subtract line 34a or 34b, whichever applies, from line 33	34b	
35	Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e	35	57,319.
36	Taxable income. Subtract line 35 from line 34	36	2,000.
37	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G	37	55,319.
38	Additional Taxes (See page 14 of Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4872, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes	38	19,661.
39		39	
40	Total. Add lines 35 and 39	40	19,661.
41	Credit for the elderly (attach Schedules R & RP)	41	
42	Foreign tax credit (attach Form 1116)	42	
43	Investment credit (attach Form 3468)	43	
44	Partial credit for political contributions	44	50.
45	Credit for child and dependent care expenses (attach Form 2441)	45	
46	Jobs credit (attach Form 5884)	46	
47	Residential energy credit (attach Form 5695)	47	
48	Total credits. Add lines 41 through 47	48	50.
49	Balance. Subtract line 48 from line 40 and enter difference (but not less than zero)	49	19,611.
50	Self-employment tax (attach Schedule SE)	50	
51	Alternative minimum tax (attach Form 6251)	51	
52	Tax from recapture of investment credit (attach Form 4255)	52	
53	Social security tax on tip income not reported to employer (attach Form 4137)	53	
54	Uncollected employee social security tax and RRTA tax on tips (from Form W-2)	54	
55	Tax on an IRA (attach Form 5329)	55	
56	Total tax. Add lines 49 through 55	56	19,611.
57	Federal income tax withheld	57	19,148.
58	1983 estimated tax payments and amount applied from 1982 return	58	3,360.
59	Earned income credit. If line 33 is under \$10,000, see page 16	59	
60	Amount paid with Form 4868	60	
61	Excess social security tax and RRTA tax withheld (two or more employers)	61	
62	Credit for Federal tax on special fuels and oils (attach Form 4136)	62	
63	Regulated investment company credit (attach Form 2439)	63	
64	Total payments. Add lines 57 through 63	64	22,508.
65	If line 64 is larger than line 56, enter amount OVERPAID	65	2,897.
66	Amount of line 65 to be REFUNDED TO YOU	66	2,417.
67	Amount of line 65 to be applied to your 1984 estimated tax	67	480.
68	If line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1983 Form 1040" on it. (Check <input type="checkbox"/> if Form 2210 (2-2109) is attached)	68	5.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Please Sign Here			
Taxpayer's signature		Date	
Preparer's signature		Date	
Preparer's name (or name of self-employed RPA address)		Preparer's social security no.	
SELGER & BRESSMAN		E.I. No. 11-2408598	
60 E 42ND STREET		ZIP code 10017	
NEW YORK, N.Y.			

95-2396E13

GERALDINE A (ZACCAR) FRANKO

STATEMENT OF CONGRESSIONAL REIMBURSEMENTS AND EXPENSES

NOTE: Before preparing this statement, please read the accompanying information. Some reimbursements are not includible in gross income and other reimbursements, in some circumstances, need not be reported on your return. Do not include amounts received from non-Congressional sources. You may use Form 2106 in place of this statement (attached).

Congressional Reimbursements for Expenses

1. Reimbursement at the rate of 20 cents a mile for travel going to and returning from each regular session (2 USC sec. 43) \$ 154
2. Reimbursement for other travel expenses.....
3. Reimbursement for other deductible expenses (if any).....
4. Reimbursement for nondeductible expenses (if any).....
5. Total reportable reimbursements..... \$ 154

Expenses Deductible as Adjustments to Income

6. Travel expenses: Living expenses in the Washington, D.C. area. The maximum amount allowable is \$3,000 (Internal Revenue Code 26 USC 162(a)) \$ 3,000
7. Travel expenses: Other (attach detailed statement).....
8. Other expenses (limited to amount on line 3).....
9. Total expenses..... \$ 3,000
10. Excess reimbursement (excess of line 5 over line 9. Include on Form 1040, line 21)..... \$
11. Deductible expenses (excess of line 9 over line 5. Include on Form 1040, line 24)..... \$ 2,846

Expenses Deductible as Itemized Deductions

NOTE: These expenses include deductible Congressional expenses, other than for travel, which were not reimbursed by Congressional allowances. They include those expenses which may have been reimbursed from outside sources, such as contributed funds. Specify the kind of expense and total all expenses of the same kind. If additional space is needed, list the expenses on a separate sheet. Write "See separate sheet attached" on line 12 and enter the total amount on line 13.

12. DUES..... \$ 155
- \$
13. Total expenses deductible. Include on line 28, Schedule A (Form 1040)..... \$ 155

(ZACCARD) FERRARO

389

3932-92

05

Schedules A & B
(Form 1040)Department of the Treasury
Internal Revenue Service

Schedule A - Itemized Deductions

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

OMB NO 1545-0047

1983

07

Name(s) as shown on Form 1040

GERALDINE A (ZACCARD) FERRARO

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See page 18 of instructions.)	1	Medicines and drugs	1	
	2	Write 1% of Form 1040, line 33	2	
	3	Subtract line 2 from line 1. If line 2 is more than line 1, write zero	3	
	4	Other medical and dental expenses:		
	a	Doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.	4a	
	b	Transportation	4b	
	c	Other (list - include hearing aids, dentures, eyeglasses, etc.)	4c	
5	Add lines 3 through 4c.	5		
6	Multiply amount on Form 1040, line 33, by 5% (.05).	6		
7	Subtract line 6 from line 5. If line 6 is more than line 5, write zero.	7		
Taxes (See page 19 of instructions.)	8	State and local income	8	9,299.
	9	Real estate	9	
	10	a General sales (see sales tax tables)	10a	729.
	b	General sales on motor vehicles	10b	
	11	Other (list - include personal property)	11	
	12	Add lines 8 through 11. Write your answer here	12	10,028.
Interest Expense (See page 20 of instructions.)	13	a Home mortgage interest paid to financial institutions	13a	
	b	Home mortgage interest paid to individuals (show that person's name and address)	13b	
	14	Credit cards and charge accounts	14	
	15	Other (list)	15	
	16	Add lines 13a through 15. Write your answer here	16	
Contributions (See page 20 of instructions.)	17	a Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 17b.)	17a	610.
	b	Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.)	17b	
	18	Other than cash (attach required statement)	18	
	19	Carryover from prior years	19	
20	Add lines 17a through 19. Write your answer here	20	610.	
Casualty and Theft Losses	21	Total casualty or theft losses (attach Form 4684)	21	
Miscellaneous Deductions (See page 21 of instructions.)	22	Union and professional dues	22	
	23	Tax return preparation fee	23	
	24	Other (list)	24	155.
	25	Add lines 22 through 24. Write your answer here	25	155.
Summary of Itemized Deductions (See page 21 of instructions.)	26	Add lines 7, 12, 16, 20, 21 and 25.	26	10,793.
	27	If you checked Form 1040: Filing Status box 2 or 5, write \$3,400 Filing Status box 1 or 4, write \$2,300 Filing Status box 3, write \$1,700	27	1,700.
	28	Subtract line 27 from line 26. Write your answer here and on Form 1040, line 34a. (If line 27 is more than line 26, see the instructions for line 26 on page 21.)	28	9,093.

83-235853

Schedule A (Form 1040) 1983

See pages 6 & 8 of Form 1040, 1040

Taxpayers as shown on Form 1040

GERALDINE A (ZACCARO) FERRARO

Schedule B-Interest and Dividend Income 08 01/95 No. 1345-0074 Page 2

Your social security number

Part I Interest income	If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, please see page 22.	
(See pages 6 and 23 of instructions.)	Interest income other than interest from All-Savers Certificates	
Also complete Part III	1 Interest income from seller-financed mortgages (See instructions and show name of payer.)	1
	2 Other interest income (list name of payer) ▶	2
	3 Add lines 1 and 2	3
	Interest from All-Savers Certificates (ASCs). (See page 22.)	Amount
	4	4
	5 Add amounts on line 4	5
	6 Write the amount of your ASC exclusion from the worksheet on page 22 of instructions	6
	7 Subtract line 6 from line 5	7
	8 Add lines 3 and 7. Write your answer here and on Form 1040, line 8	8
Part II Dividend income	If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, or you are electing to exclude qualified reinvested dividends from a public utility, complete Part II. If you received dividends as a nominee for another, see page 22.	
(See pages 6 and 23 of instructions.)	Name of payer	
Also complete Part III	9 DREYFUS FUND	472.
	RESERVE FUND	219.
	10 Add amounts on line 9	691.
	11 Capital gain distributions. Enter here and on line 15, Schedule D *	11
	12 Nontaxable distributions (See instructions for adjustment to basis)	12
	13 Exclusion of qualified reinvested dividends from a public utility. (See page 22 of instructions.)	13
	14 Add lines 11, 12, and 13	14
	15 Subtract line 14 from line 10. Write your answer here and on Form 1040, line 9a	15 691.
	* If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file that schedule. Instead, enter 40% of your capital gain distributions on Form 1040, line 16.	
Part III Foreign Accounts and Foreign Trusts	If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	
(See page 23 of instructions.)	16 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? (See page 23 of the instructions for exceptions and filing requirements for Form 90-22.1)	Yes No
	17 Were you the grantor of or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes", you may have to file Forms 3520, 3520-A, or 926	X

15-235613

Schedule B (Form 1040) 1993

SCHEDULE E
(Form 1040)

 Department of the Treasury
 Internal Revenue Service

Supplemental Income Schedule

(From rents and royalties, partnerships, estates, and trusts, etc.)

Attach to Form 1040. See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1983

12

Name(s) as shown on Form 1040

GERALDINE A (ZACCARD) FERRARD

Your social security number

PART I - Rent and Royalty Income or Loss

 1 Are any of the expenses listed below for a vacation home or other recreational unit (see instructions)? ☐ Yes ☐ No

 2 If you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational unit for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? ☐ Yes ☐ No

Property Codes, Kind and Location of Property

A	B	C

Rental and Royalty Income

- 3 a Rents received
-
- b Royalties received

Properties			Totals
A	B	C	(Add columns A, B, and C)
			3

Rental and Royalty Expenses

4 Advertising	4			
5 Auto and travel	5			
6 Cleaning and maintenance	6			
7 Commissions	7			
8 Insurance	8			
9 Interest	9			
10 Legal and other professional fees	10			
11 Repairs	11			
12 Supplies	12			
13 Taxes (Do not include Windfall Profit Tax here. See Part III, line 37.)	13			
14 Utilities	14			
15 Wages and salaries	15			
16 Other (list) ▶				
17 Total expenses other than depreciation and depletion. Add lines 4 through 16	17			17
18 Depreciation expense or depletion	18			18
19 Total. Add lines 17 and 18	19			
20 Income or (loss) from rental or royalty properties. Subtract line 19 from line 3	20			
21 Add properties with profits on line 20, and write the total profits here				21
22 Add properties with losses on line 20, and write the total (losses) here				22
23 Combine amounts on lines 21 and 22, and write the net profit or (loss) here				23
24 Net farm rental profit or (loss) from Form 4835, line 49				24
25 Total rental or royalty income or (loss). Combine amounts on lines 23 and 24, and write the total here. If Parts II, III, and IV on page 2 do not apply to you, write the amount from line 25 on Form 1040, line 16. Otherwise, include the amount in line 39 on page 2 of Schedule E				25

55-2395653

Schedule E (Form 1040) 1983

(ZACCARDI) FERRARO

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Schedule E (Form 1040) 1993 12

Page 2

Name(s) as shown on Form 1040

Your social security number

GERALDINE A (ZACCARDI) FERRARO

PART II. - Income or Losses from Partnerships, Estates or Trusts, or S Corporations

If you report a loss below, and have amounts invested in that activity for which you are not at risk, you may have to file Form 6198. See instructions.

	(d) Name	(e) Check if foreign partnership	(f) Employer identification number	(g) Net loss (see instructions for at-risk limitations)	(h) Net income	
Partnerships						
	26 Add amounts in columns (d) and (e) and write the total(s) here			26		
	27 Combine amounts in columns (d) and (e), line 26, and write the net income or (loss)				27	
	28 Deduction for section 179 property (from Form 1065, Schedule K-1). (See instructions for limitations.)				28	
	29 Total partnership income or (loss). Combine amounts on lines 27 and 28. Write the total here and include in line 39 below				29	
Estates or trusts						
	30 Add amounts in columns (d) and (e) and write the total(s) here			30		
	31 Total estate or trust income or (loss). Combine amounts in columns (d) and (e), line 30. Write the total here and include in line 39 below				31	
S Corporations	SEE STATEMENT 2				4,082.	
	32 Add amounts in columns (d) and (e) and write the total(s) here			32	-4,082.	
	33 Combine amounts in columns (d) and (e), line 32, and write the net income or (loss)				33	-4,082.
	34 Deduction for section 179 property (from Form 1120S, Schedule K-1). (See instructions for limitations.)				34	
	35 Total S corporation income or (loss). Combine amounts on lines 33 and 34. Write the total here and include in line 39 below				35	-4,082.

PART III. - Windfall Profit Tax Summary

36 Windfall profit tax credit or refund received in 1993 (see instructions)

36

37 Windfall profit tax withheld in 1993 (see instructions)

37

38 Combine amounts on lines 36 and 37. Write the total here and include in line 39 below

38

PART IV. - Summary

39 TOTAL income or (loss). Combine lines 25, 29, 31, 35, and 38. Write total here and on Form 1040, line 18

39

-4,082.

40 Farmer's and fisherman: Write your share of GROSS FARMING AND FISHING INCOME applicable to Parts I and II

40

PART V. - Depreciation Claimed in Part I. - Complete only if property was placed in service before January 1, 1981. For more space, use Form 4562. If you placed any property in service after December 31, 1980, use Form 4562 for all property. Do NOT complete Part V.

	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year
Property A							
	Totals (Property A)						
Property B							
	Totals (Property B)						
Property C							
	Totals (Property C)						

15-23961(1)

ZACCARDI FERRARO

389

3932-92

09

Form 2106		Employee Business Expenses		OMB No. 1545-0121	
Department of the Treasury Internal Revenue Service		(Please use Form 3903 to figure moving expense deduction.) Attach to Form 1040.		1983	
Your name GERALDINE A (ZACCARDI) FERRARO		Social security number		Occupation in which expenses were incurred CONGRESSWOMAN	
Employer's name		Employer's address			

PART I - Employee Business Expenses Deductible in Figuring Adjusted Gross Income on Form 1040, Line 32

1 Reimbursed and unreimbursed fares for airplane, boat, bus, taxicab, train, etc.	1	
2 Reimbursed and unreimbursed meal, lodging, and other expenses while away from your tax home.	2	
3 Reimbursed and unreimbursed car expenses from Part II	3	
4 Reimbursed and unreimbursed outside salesperson's expenses other than those shown on lines 1 through 3. Caution: Do not use this line unless you are an outside salesperson (see instructions)	4	
5 Reimbursed expenses other than those shown on lines 1 through 3 (see instructions)	5	2,846.
6 Add lines 1 through 5.	6	2,846.
7 Employer's payments for these expenses only if not included on Form W-2	7	
8 If line 6 is more than line 7, subtract line 7 from line 6. Enter here and on Form 1040, line 24	8	2,846.
9 If line 7 is more than line 6, subtract line 6 from line 7. Enter here and on Form 1040, line 7	9	

PART II - Car Expenses (Use either your actual expenses or the mileage rate.)

	Car 1	Car 2	Car 3
	months	months	months
A. Number of months you used car for business during 1983			
B. Total mileage for months on line A	miles	miles	miles
C. Business part of line B mileage	miles	miles	miles

Actual Expenses (Include expenses on lines 1 and 2 only for the months shown on Line A, above.)

1 Gasoline, oil, lubrication, etc.	1		
2 Other	2		
3 Total (add lines 1 and 2)	3		
4 Divide line 3 by line B, above	4	%	%
5 Multiply line 3 by line 4	5		
6 Depreciation (see instructions)	6		
7 Section 179 deduction (see instructions)	7		
8 Business parking fees and tolls	8		
9 Total (add lines 5 through 8). Enter here and in Part I, line 3	9		

Mileage Rate

10 Enter the smaller of (a) 15,000 miles or (b) the total mileage (Car 1 + Car 2 + Car 3) from line C, above	10	miles
11 Multiply line 10 by 20¢ (11¢ if applicable, see instructions)	11	
12 Enter the total mileage, if any (Car 1 + Car 2 + Car 3) from line C that is over 15,000 miles	12	miles
13 Multiply line 12 by 11¢ and enter here	13	
14 Business part of car interest, parking fees, tolls, and State and local taxes (except gasoline tax)	14	
15 Total (add lines 11, 13, and 14). Enter here and in Part I, line 3	15	

PART III - Information About Educational Expenses Shown in Part I or on Schedule A (Form 1040)

1 Did you need this education to meet the basic requirements for your business or profession? ☐ Yes ☐ No

2 Will this study program qualify you for a new business or profession? ☐ Yes ☐ No

Note: If your answer to question 1 or 2 is "Yes," stop here. You cannot deduct these expenses, even if you do not intend to change your business or profession.

3 If "No," list the courses you took and their relationship to your business or profession

1983 FEDERAL INCOME TAX STATEMENTS

PAGE 1

STATEMENT 1 WAGES, SALARIES, TIPS, ETC.

EMPLOYERS NAME AND ADDRESS	INCOME TAX WITHHELD	WAGES SALARIES TIPS, ETC	FICA
US HOUSE OF REPRESENTATIVES	19,148	69,369	
TOTAL TAX WITHHELD, WAGES, AND FICA	19,148	69,369	0

STATEMENT 2 INCOME FROM S CORPORATIONS

NAME AND ADDRESS OF CORPORATION
P ZACCARD CO INC NO
13-2687158

ORDINARY INCOME -4,082

STATEMENT 3 - OTHER EMPLOYEE BUSINESS EXPENSES DEDUCTIBLE
IN FIGURING ADJUSTED GROSS INCOME - FORM 2106

OTHER EXPENSES

SCHEDULE

2,846

TOTAL OTHER BUSINESS EXPENSES

2,846

100-28-1600

(ZACCARO) FERRARD

389

3932-92

1983 FEDERAL INCOME TAX STATEMENTS

PAGE 2

STATEMENT 4 MISCELLANEOUS INCOME

	SUBJECT TO SE TAX	OTHER TAXABLE INCOME	TOTAL TAXABLE INCOME
GROUP INSURANCE		550	550
HONDRARIUMS		4,600	4,600
TOTAL MISCELLANEOUS INCOME	0	5,150	5,150
	=====	=====	=====

100-28-1600

(ZACCARD) FERRARO

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3932-92

1983 FEDERAL INCOME TAX STATEMENTS

PAGE 3

STATEMENT 5 - INTEREST INCOME

RIDGEWOOD SAV
EAST RIVER
FED CR UNION
TOTAL INTEREST INCOME

87

51

92

230

=====

Form **1040X**
(Rev. February 1987)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0047

This return is for calendar year **1983**, OR fiscal year ended **EXHIBIT NO. 14, 19**

Your first name and initial (if joint return, also give spouse's name and initial) GERALDINE A. (BACCARO) FERRARO	Last name FERRARO	Your social security number 1-1-1-1-1-1
Present home address (number and street, including apartment number, or rural route) 22 BIRCH AVE RD		Spouse's social security number 1-1-1-1-1-1
City, town or post office, State, and ZIP code ROFFER HILLS NY 11375		Telephone no. (optional) ()

Enter below name and address as shown on original return (if same as above, write "Same"). If changing from separate to joint return, enter names and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed.)

SAME

- a. Service center where original return was filed **HOLTSVILLE NY**
- b. Has original return for the year being changed been audited? . . . ☐ Yes ☒ No
 If "No," have you been notified that it will be? . . . ☐ Yes ☒ No
 If "Yes," identify IRS office

- c. Filing status claimed. (Note: You cannot change from joint to separate returns after the due date has passed.)

On original return . . . ☐ Single ☐ Married filing joint return ☒ Married filing separate return ☐ Head of Household ☐ Qualifying Widow(er)
 On this return . . . ☐ Single ☐ Married filing joint return ☐ Married filing separate return ☐ Head of Household ☐ Qualifying Widow(er)

Income and Deductions	A. As originally reported or as adjusted (See instructions)	B. Net change—Increase or (Decrease)—explain on page 2	C. Correct amount
1 Total income (see instructions)	71258	16358	71258
2 Adjustments to income (see instructions)	4846	4846	4846
3 Adjusted gross income (subtract line 2 from line 1)	66412	2412	66412
4 Deductions (see instructions)	9093	9093	9093
5 Subtract line 4 from line 3	57319	57319	57319
Note: If this return is for 1980, and you use the tax tables, do not complete lines 6 and 7. Instead, enter on line 8 the tax on the income you reported on line 5.			
6 Exemptions from page 2, line 5	2000	2000	2000
7 Taxable income (subtract line 6 from line 5)	55319	55319	55319
Tax Liability			
8 Tax (see instructions) (method used in column C)	19661	19661	19661
9 Credits (such as residential energy credit, credit for the elderly—see instructions)	50	50	50
10 Subtract line 9 from line 8	19111	19111	19111
11 Other taxes (such as self-employment tax, alternative minimum tax)			
12 Total tax liability (add line 10 and line 11)	19111	19111	19111
Payments			
13 Federal income tax withheld and excess FICA and RRTA tax withheld	19148	19148	19148
14 Estimated tax payments	3360	3360	3360
15 Earned income credit			
16 Credits for Federal tax on special fuels, regulated investment company, etc.			
17 Amount paid with Form 2568 or Form 4868 (application for extension of time to file)			
18 Amount paid with original return, plus additional tax paid after it was filed			
19 Total of lines 13 through 18, column C			42508

Refund or Amount You Owe

- 20 Overpayment, if any, as shown on original return (or as previously adjusted)
- 21 Subtract line 20 from line 19 (see instructions)
- 22 AMOUNT YOU OWE. If line 12, column C is more than line 21, enter difference. If line 12, column C is less than line 21, enter difference. If line 12, column C is equal to line 21, enter 0.
- 23 REFUND to be received. If line 12, column C is less than line 21, enter difference.

Please Sign Here	Your signature [Signature] Date 1/4/84		Spouse's signature (if filing jointly, BOTH must sign) [Signature]	
	Preparer's signature [Signature] Date 1/4/84		Preparer's social security no. 1-1-1-1-1-1	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address SELIGER & BRODEMAN CPA		E.I. No. 60-1107-40	
	ZIP code 10017		ZIP code 10017	

For Paperwork Reduction Act Notice, see page 1 of 10017. BE SURE TO COMPLETE PAGE 2

PART I.—Exemptions (See Form 1040 or Form 1040A Instructions)

Complete lines 1 through 5 in all cases. Complete lines 6 and 7 only if you claim more exemptions.

	A. Number originally reported	B. Net change	C. Corrected number
1 Exemptions—yourself and spouse, 65 or over, blind			
2 Your dependent children who lived with you			
3 Other dependents			
4 Total exemptions (add lines 1 through 3)			
5 Multiply \$1,000 by the total number of exemptions claimed on line 4. Enter this amount here and, if applicable, on page 1, line 6			
6 Enter first names of your dependent children who lived with you, but were not claimed on original return: Enter number ▶ <input type="text"/>			
7 Other dependents not claimed on original return:			
(a) Name	(b) Relationship	(c) Number of months lived in your home	(d) Did dependent have income of \$1,000 or more?
			(e) Did you provide more than one-half of dependent's support?
Enter number ▶ <input type="text"/>			

PART II.—Explanation of Changes to Income, Deductions, and Credits

Enter the line reference from page 1 for which you are reporting a change and give the reason for each change. Attach applicable schedules.

If the change pertains to a net operating loss carryback, an investment credit carryback, a WIN credit carryback, a job credit carryback, or a research credit carryback

Check here ▶ ☐

MISCELLANEOUS

NO HONORARIUMS

AMOUNT REPORTED

4600

CORRECT AMOUNT

3600

DIFFERENCE

1000

COPY

PART III.—Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

If you did not previously want to have \$1 go to the fund but now want to
if joint return and if spouse did not previously want to have \$1 go to the fund but now wants toCheck here ▶ ☐Check here ▶ ☐

2290-03
1040 U.S. Individual Income Tax Return 1979 EXHIBIT NO. 15

Department of the Treasury—Internal Revenue Service

For Privacy Act Notice, see page 3 of Instructions | For the year January 1–December 31, 1979, or other tax year beginning 1979, ending 19

Your first name and initial (if joint return, also give spouse's name and initial) Last name
JOHN A ZACCARO

Your social security number

Present home address (Number and street, including apartment number, or rural route)
22 DEEPCANE RD

Spouse's social security no.

City, town or post office, State and ZIP code
FOREST HILLS NY 11375

Your occupation
Spouse's occupation

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

Filing Status
Check only one box.
1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's s.s. no. above and full name here **GERALDINE**
4 Head of household. (See page 7 of Instructions.) If qualifying person is your unmarried child, enter child's name
5 Qualifying widow(er) with dependent child (Year spouse died **19**). (See page 7 of Instructions.)

Exemptions
Always check the box labeled Yourself.
Check other boxes if they apply.
a ☒ Yourself ☐ 65 or over ☐ Blind
b ☐ Spouse ☐ 65 or over ☐ Blind
c First names of your dependent children who lived with you
SEE SCHEDULE-E-1
d Other dependents:
(1) Name (2) Relationship (3) Number of months lived in your home (4) Did dependent have income of \$1,000 or more? (5) Did you provide more than one-half of dependent's support?
7 Total number of exemptions claimed **4**

Income
Please attach Copy B of your Form W-2 here.
If you do not have a W-2, see page 5 of Instructions.
Please attach check or money order here.
8 Wages, salaries, tips, etc. **34,104.**
9 Interest income (attach Schedule B if over \$400) **1,439.**
10a Dividends (attach Schedule B if over \$400) **10b Exclusion**
c Subtract line 10b from line 10a
11 State and local income tax refunds (does not apply unless refund is for year you itemized deductions—see page 10 of Instructions)
12 Alimony received
13 Business income or (loss) (attach Schedule C)
14 Capital gain or (loss) (attach Schedule D) **730.**
15 Taxable part of capital gain distributions not reported on Schedule D (see page 10 of Instructions)
16 Supplemental gains or (losses) (attach Form 4797)
17 Fully taxable pensions and annuities not reported on Schedule E
18 Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E) **3,450.-**
19 Farm income or (loss) (attach Schedule F)
20a Unemployment compensation. Total amount received
b Taxable part, if any, from worksheet on page 10 of Instructions
21 Other income (state nature and source—see page 10 of Instructions) SEE SCHEDULE-4 **94,652.**
22 Total Income. Add amounts in column for lines 8 through 21 **91,779.**

Adjustments to Income
23 Moving expense (attach Form 3903 or 3903F) **24**
24 Employee business expenses (attach Form 2106) **25**
25 Payments to an IRA (see page 11 of Instructions) **1,500.**
26 Payments to a Keogh (H.R. 10) retirement plan
27 Interest penalty on early withdrawal of savings
28 Alimony paid (see page 11 of Instructions)
29 Disability income exclusion (attach Form 2440)
30 Total adjustments. Add lines 23 through 29 **1,500.**

Adjusted Gross Income
31 Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see page 3 of Instructions. If you want IRS to figure your tax, see page 4 of Instructions **90,279.**

TRIPLICATE

Form 1040 (1979)

1 Control number		2 Employer's State number	
22222			
3 Employer's name, address, and ZIP code			
Freedom Realty Corp. 220 P. Zaccare Co., Inc. 218 Lafayette St. New York, NY 10012			
4 Subtotal Correction Void			
<input type="checkbox"/> Subtotal <input type="checkbox"/> Correction <input type="checkbox"/> Void			
5 Employer's identification number			
12-2553087			
6 Advance EC payment			
31.00			
7 Federal income tax withheld			
390.00			
8 Employee's social security number			
12-2553087			
9 Federal income tax withheld			
390.00			
10 Wages, tips, other compensation			
5,000.00			
11 RCA tax withheld			
306.50			
12 Total RCA wages			
5,000.00			
13 Employee's name (first, middle, last)			
John Zaccare			
14 State income tax withheld			
168.00			
15 Local income tax withheld			
3,000.00			
16 State wages, tips, etc.			
5,000.00			
17 Local wages, tips, etc.			
3,000.00			
18 Name of State			
NY			
19 Name of locality			
NY			
20 Name of locality			
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21 Name of locality			
NY			
22 Name of locality			
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23 Name of locality			
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Form W-2 Wage and Tax Statement 1979

Copy C For Employee's records
This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

1 Control number		2222		2 Employer's State number		06-88765	
3 Employer's name, address, and ZIP code				4 Subtotal			
P. Zaccaro Co., Inc. 218 Lafayette St. New York, NY 10012				5 Employer's identification number 13-2682153 6 Advance BC payment 17 100.00 7 100.00			
8 Employer's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation		11 RCA tax withheld	
2601.60		29,104.00		1,403.83		12 Total RCA wages	
13 Employee's name (first, middle, last)				14 Insurance plan coverage (yes/no)			
John Zaccaro				15 100.00			
22 Deepdene Road Forest Hills New York, NY 11375				16 FICA wages, tips, etc. 22,900.00			
17 Employee's address and ZIP code				18 State income tax withheld		19 State wages, tips, etc.	
				960.80		20 Name of State NY	
				21 Local income tax withheld		22 Local wages, tips, etc.	
				403.90		23 Name of locality NY	
				24 100.00		25 100.00	
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Tax Computation (See instructions on page 12)	32	Amount from line 31 (adjusted gross income)	32	90,279.
	33	If you do not itemize deductions, enter zero. If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 41. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 12 of the instructions. Also see page 12 of the instructions if: <ul style="list-style-type: none"> a You are married filing a separate return and your spouse itemizes deductions, OR b You file Form 4563, OR c You are a dual-status alien. 	33	31,628.
Credits	34	Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I. Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if: <ul style="list-style-type: none"> a Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 6), OR b You have more exemptions than are shown in the Tax Table for your filing status, OR c You use Schedule G or Form 4726 to figure your tax. Otherwise, you MUST use the Tax Tables to find your tax.	34	58,448.
	35	Tax. Enter tax here and check if from: <ul style="list-style-type: none"> <input type="checkbox"/> Tax Tables or <input checked="" type="checkbox"/> Schedule TC 	35	21,478.
Other Taxes (Including Advance EIC Payments)	36	Additional taxes. Check if from: <ul style="list-style-type: none"> <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, <input type="checkbox"/> Form 5405, or <input type="checkbox"/> Section 72(m)(5) penalty tax 	36	
	37	Total. Add lines 35 and 36	37	21,478.
Credits	38	Credit for contributions to candidates for public office	38	50.
	39	Credit for the elderly (attach Schedules R&RP)	39	
	40	Credit for child and dependent care expenses (attach Form 2441)	40	
	41	Investment credit (attach Form 3468)	41	
	42	Foreign tax credit (attach Form 1116)	42	
	43	Work incentive (WIN) credit (attach Form 4874)	43	
	44	Jobs credit (attach Form 5884)	44	
	45	Residential energy credits (attach Form 5695)	45	300.
	46	Total credits. Add lines 38 through 45	46	350.
	47	Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	21,628.
Payments	48	Self-employment tax (attach Schedule SE)	48	
	49a	Minimum tax. Attach Form 4625 and check here <input type="checkbox"/>	49a	
	49b	Alternative minimum tax. Attach Form 6251 and check here <input type="checkbox"/>	49b	
	50	Tax from recomputing prior-year investment credit (attach Form 4255)	50	
	51a	Social security (FICA) tax on tip income not reported to employer (attach Form 4137)	51a	
	51b	Uncollected employee FICA and RRTA tax on tips (from Form W-2)	51b	
	52	Tax on an IRA (attach Form 5329)	52	
	53	Advance earned income credit payments received (from Form W-2)	53	
	54	Total. Add lines 47 through 53	54	21,628.
	55	Total Federal income tax withheld	55	2,492.
Refund or Balance Due	56	1979 estimated tax payments and credit from 1978 return	56	18,000.
	57	Earned income credit. If line 32 is under \$10,000, see page 2 of Instructions.	57	
	58	Amount paid with Form 4868	58	
	59	Excess FICA and RRTA tax withheld (two or more employers)	59	307.
	60	Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-7)	60	
	61	Regulated Investment Company credit (attach Form 2439)	61	
	62	Total. Add lines 55 through 61	62	21,299.
	63	If line 62 is larger than line 54, enter amount OVERPAID	63	
	64	Amount of line 63 to be REFUNDED TO YOU	64	
	65	Amount of line 63 to be credited on 1980 estimated tax	65	
66	If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order. (Check <input type="checkbox"/> if Form 2210 (2210F) is attached.)	66	129.	

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

Preparer's signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign area if only one has income) _____

Preparer's signature and date _____ Check if self-employed ☒ Preparer's social security no. _____

Firm's name (or yours, if self-employed) and address _____ E.I. No. 11-240898

SELGER & BRESSMAN CPA
60 E 42ND STREET
NEW YORK NY
ZIP code 10017

TRIPLICATE

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

1979

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 1040.

▶ See instructions for Schedules A and B (Form 1040).

08

Name(s) as shown on Form 1040

Your social security number

JOHN A ZACCARO

Schedule A—Itemized Deductions

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of instructions.)

1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶ 150.

2 Medicine and drugs

3 Enter 1% of Form 1040, line 31 903.

4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero 0.

5 Balance of insurance premiums for medical care not entered on line 1 150.

6 Other medical and dental expenses:

a Doctors, dentists, nurses, etc.

b Hospitals

c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶

7 Total (add lines 4 through 6) 150.

8 Enter 3% of Form 1040, line 31 2,708.

9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero 0.

10 Total medical and dental expenses (add lines 7 and 9). Enter here and on line 33 150.

Taxes (See page 16 of instructions.)

Note: Gasoline taxes are no longer deductible.

11 State and local income 22,433.

12 Real estate 5,084.

13 General sales (see sales tax tables) 1,006.

14 Personal property

15 Other (itemize) ▶

16 Total taxes (add lines 11 through 15). Enter here and on line 34 28,523.

Interest expense (See page 17 of instructions.)

17 Home mortgage 1,353.

18 Credit and charge cards

19 Other (itemize) ▶ SEE SCHEDULE—11 2,565.

20 Total interest expense (add lines 17 through 19). Enter here and on line 35 3,918.

Contributions (See page 17 of instructions.)

21 a Cash contributions for which you have receipts, cancelled checks or other written evidence 912.

b Other cash contributions (show to whom you gave and how much you gave) ▶

22 Other than cash (see page 17 of instructions for required statement)

23 Carryover from prior years

24 Total contributions (add lines 21a through 23). Enter here and on line 36 912.

Casualty or Theft Loss(es) (See page 18 of instructions.)

25 Loss before insurance reimbursement

26 Insurance reimbursement

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero

28 Enter \$100 or amount on line 27, whichever is smaller

29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37

Miscellaneous Deductions (See page 18 of instructions.)

30 Union dues

31 Other (itemize) ▶ SEE SCHEDULE—12 24.

32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 38 24.

Summary of Itemized Deductions (See page 18 of instructions.)

33 Total medical and dental—from line 10 150.

34 Total taxes—from line 16 28,523.

35 Total interest—from line 20 3,918.

36 Total contributions—from line 24 912.

37 Total casualty or theft loss(es)—from line 28

38 Total miscellaneous—from line 32 24.

39 Add lines 33 through 38 33,527.

40 If you checked Form 1040, Filing Status box:

2 or 5, enter \$3,400

1 or 4, enter \$2,500

3, enter \$1,700 1,700.

41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the instructions for line 41 on page 18.) 31,827.

TRIPPLICATE

Your social security number

Part II Dividend Income

3 If you received more than \$40

capital gain distributions) and other distributions on stock, complete Part II and Part III. Please see page 9 of the instructions. Write (H), (W), or (J), for stock held by husband, wife, or jointly. Then answer the questions in Part III, below. If you received dividends as a nominee for another, please see page 1 of the instructions.

2 Total interest income. Enter here and on Form 1040, line 9	1,419
--	--------------

4 Total of line 3

5 Capital-gain distributions. Enter here and on the appropriate line(s) on Schedule D. See Note

Yes	No
	
	
	
	
	
	
	
	
	
	
	
	

7 Total (add lines 5 and 6)

7 from line 4). Enter here and on Form 1040, line 10a

Note: If your capital gain distributions for the year do not include any gains before Nov. 1, 1978, and you do not need Schedule D to report any gains or losses, do not file that schedule. Instead, enter the taxable part of your capital gain distributions on Form 1040, line 14.

TRIPLICATE

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CC2009

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses** (Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.)
▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).**1979**
12

Name(s) as shown on Form 1040

Your social security number

JOHN A ZACCARO

Caution: Columns f and g are not the same as last year. Most other lines have also been changed.

Part I Short-term Capital Gains and Losses—Assets Held One Year or Less**D**

1. Kind of property and description (Example, 100 shares 7% preferred of "X" Co.)	2. Date acquired (Mo., day, yr.)	3. Date sold (Mo., day, yr.)	4. Gross sales price less expenses of sale	5. Cost or other basis, as adjusted (See instructions page 23)	6. LOSS If column (4) is more than (5) subtract (5) from (4)	7. GAIN If column (5) is more than (4) subtract (4) from (5)
1						
2						
3						
4						
5						
6						
7						
8						

2 Enter your share of net short-term gain or (loss) from transactions entered into by partnerships and fiduciaries after 10/31/78. **2**

3 Add lines 1 and 2 in column f and column g. **3**

4 Combine line 3, column f and line 3, column g and enter the net gain or (loss). **4**

5 Short-term capital loss carryover from years beginning after 1969. **5**

Note: If there is an entry on this line and line 7 or 19, see instructions for lines 7 and 19.

6 Net gain or (loss), combine lines 4 and 5. **6**

7 Enter your share of net short-term gain or (loss) from transactions entered into by partnerships and fiduciaries before 11/1/78. **7**

8 Net short-term gain or (loss), combine lines 6 and 7. **8**

Part II Long-term Capital Gains and Losses—Assets Held More Than One Year

9	SEE ATTACHED					1,826.
10						
11						1,826.
12						1,826.
13						
14						
15						
16						1,826.
17						
18						1,826.
19						
20						1,826.

Note: If you have capital loss carryovers from years beginning before 1970, do not complete Parts III or V. See Form 4798 instead.

TRIPLICATE

Part III Summary of Parts I and II

21 Combine lines 8 and 20, and enter the net gain or (loss) here	21	1,826
Note: Do not complete line 22 if lines 20 and 21 show a gain, and there is a net gain on line 7 or 19. Instead, complete Part IV.		
22 If line 21 shows a gain—		
a Enter 60% of line 20 or 60% of line 21, whichever is smaller. Enter zero if there is a loss or no entry on line 20	22a	1,096
b Subtract line 22a from line 21. Enter here and on Form 1040, line 14	22b	710
23 If line 21 shows a loss—		
a Enter one of the following amounts:		
(i) If line 8 is zero or a net gain, enter 50% of line 21.		
(ii) If line 20 is zero or a net gain, enter line 21; or,		
(iii) If line 8 and line 20 are net losses, enter amount on line 8 added to 50% of the amount on line 20	23a	
b Enter here and enter as a loss on Form 1040, line 14, the smallest of:		
(i) The amount on line 23a.		
(ii) \$3,000 (\$1,500 if married and filing a separate return); or,		
(iii) Taxable income, as adjusted	23b	
Note: If the loss on line 23a is more than the loss shown on line 23b, complete Part V to determine post-1969 capital loss carryovers from 1979 to 1980.		

Part IV Computation of Capital Gain Deduction for Sales or Exchanges Before 11/1/78

24 Enter the smaller of line 20 or line 21 (or Form 4798, lines 8 and 9)	24	
25 If line 18 (or Form 4798, line 5) is a gain, combine lines 6 and 18 (or Form 4798, lines 1 and 5), and enter here. If this line or line 18 (or Form 4798, line 5) shows a loss or zero, skip to line 29 and enter zero on line 27	25	
26 Enter smaller of line 18 (or Form 4798, line 5) or line 25	26	
27 Enter smaller of line 24 or line 26	27	
28 Enter 60% of amount on line 27	28	
29 Subtract line 27 from line 24	29	
30 Enter 50% of amount on line 29	30	
31 Add line 28 and line 30. This is your capital gain deduction	31	
32 Subtract line 31 from line 21 (or Form 4798, line 9). Enter here and on Form 1040, line 14	32	

Part V Computation of Post-1969 Capital Loss Carryovers from 1979 to 1980
(Complete this part if the loss on line 23a is more than the loss shown on line 23b)

Section A—Short-term Capital Loss Carryover	
33 Enter loss shown on line 8; if none, enter zero and skip lines 34 through 38—then go to line 39	33
34 Enter gain shown on line 20. If that line is blank or shows a loss, enter zero	34
35 Reduce any loss on line 33 to the extent of any gain on line 34	35
36 Enter amount shown on line 23b	36
37 Enter smaller of line 35 or 36	37
38 Subtract line 37 from line 35	38
Note: The amount on line 38 is the part of your short-term capital loss carryover from 1979 to 1980 that is from years beginning after 1969.	
Section B—Long-term Capital Loss Carryover	
39 Subtract line 37 from line 36 (Note: If you skipped lines 34 through 38, enter amount from line 23b)	39
40 Enter loss from line 20; if none, enter zero and skip lines 41 through 44	40
41 Enter gain shown on line 8. If that line is blank or shows a loss, enter zero	41
42 Reduce any loss on line 40 to the extent of any gain on line 41	42
43 Multiply amount on line 39 by 2	43
44 Subtract line 43 from line 42	44
Note: The amount on line 44 is the part of your long-term capital loss carryover from 1979 to 1980 that is from years beginning after 1969.	

* If the amount you enter on this line is other than zero, you may be liable for the alternative minimum tax. See Form 6251.

115068-2250-05

002085

SCHEDULE E
(Form 1040)

 Department of the Treasury
 Internal Revenue Service

Supplemental Income Schedule

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

1979

13

Name(s) as shown on Form 1040

Your social security number

JOHN A ZACCARO

Part I Pension and Annuity Income. If fully taxable, do not complete this part. Enter amount on Form 1040, line 17. For one pension or annuity not fully taxable, complete this part. If you have more than one pension or annuity that is not fully taxable, attach a separate sheet listing each one with the appropriate data and enter combined total of taxable parts on line 4.

1a Did you and your employer contribute to the pension or annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," do you expect to get back your contribution within 3 years from the date you receive the first payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If "Yes," show: Your contribution ▶ \$	d Contribution received in prior years ▶
2 Amount received this year	3
3 Amount on line 2 that is not taxable	4
4 Taxable part (subtract line 3 from line 2). Enter here and include in line 18 below	5

Part II Rent and Royalty Income or Loss. If you need more space, attach a separate sheet.

5a Have you claimed expenses connected with your vacation home (or other dwelling unit) rented to others (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If "Yes," did you or a member of your family occupy the vacation home (or other dwelling unit) for more than 14 days during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a Did you elect to claim amortization (under section 191) or depreciation (under section 167(e)) for a rehabilitated certified historic structure (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Amortizable basis (see instructions) ▶	

6a Property made (describe in Part VI)	6b Total amount of rents	6c Total amount of royalties	6d Depreciation (see instructions in Part VI) or depletion (see instructions in Part VI)	6e Other expenses (include in Part VI)	6f Loss	6g Income
Property A						
Property B						
Property C			SEE FORM 51			
Property D						
7 Property E. Amounts from Form 4835						
8 Totals					(235)	
9 Total rent and royalty income or (loss). Combine amounts in columns (f) and (g), line 8. Enter here and include in line 18 below						235-

	9a Name	9b Employer identification number	9c Loss	9d Income
Partnerships	SEE FORM 44			
	10 Add amounts in columns (c) and (d) and enter here	10 (3,315)		
	11 Combine amounts in columns (c) and (d), line 10, and enter net income or (loss)		11 3,315-	
Estate or Trust	12 Additional first-year depreciation		12 ()	
	13 Total partnership income or (loss). Combine lines 11 and 12. Enter here and include in line 18 below		13 3,315-	
	14 Add amounts in columns (c) and (d) and enter here	14 ()		
Small Business Corporations	15 Total estate or trust income or (loss). Combine amounts in columns (c) and (d), line 14. Enter here and include in line 18 below		15	
	16 Add amounts in columns (c) and (d) and enter here	16 ()		
	17 Total small business corporation income or (loss). Combine amounts in columns (c) and (d), line 16. Enter here and include in line 18 below		17	

18 TOTAL income or (loss). Combine lines 4, 9, 13, 15, and 17. Enter here and on Form 1040, line 18	18 3,550-
19 Enter your share of gross farming and fishing income applicable to Parts II and III	19

119068-2250-99

002089

SCHEDULE G
(Form 1040)

Department of the Treasury

(Internal Revenue Service)

Income Averaging

 ▶ See instructions on pages 2 and 3.
 ▶ Attach to Form 1040.

1979

18

Name(s) as shown on Form 1040

JOHN A ZACCARO

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1978	(b) 2d preceding base period year 1977	(c) 3rd preceding base period year 1976	(d) 4th preceding base period year 1975
1 Enter amount from: Form 1040 (1977 and 1978)—line 34 Form 1040A (1977 and 1978)—line 10	52,562.	21,378.		
2 Multiply \$750 by the total number of exemp- tions claimed in 1977 and 1978	3,000.	3,000.		
3 Taxable income (subtract line 2 from line 1). If less than zero, enter zero (see instructions)	49,562.	18,378.	6,694.	9,668.
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On year 1979 (2 or 5 enter \$3,200) Form 1040, R (1 or 4 enter \$2,200) (in columns you checked box 3 enter \$1,600) (c and (d))			1,600.	1,600.
6 Base period income (add lines 3, 4 and 5)	49,562.	18,378.	7,694.	6,668.

Computation of "Averageable" Income	7	8	9	10
7 Taxable income for 1979 from Schedule TC (Form 1040), Part I, line 3	44,448.			
8 Certain amounts received by owner-employees subject to a penalty under sec- tion 72(m)(5)				
9 Subtract line 8 from line 7	44,448.			
10 Excess community income				
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero			44,448.	
12 Add columns (a) through (d), line 6, and enter here	12	82,302.		
13 Enter 30% of line 12			24,691.	
14 Averageable income (subtract line 13 from line 11)			29,757.	

 If line 14 is \$3,000 or less, do not complete the rest of
 the form. You do not qualify for income averaging.

G

Computation of Tax	15	16	17	18	19	20	21	22	23	24	25	26	27	28
15 Amount from line 13	24,691.													
16 20% of line 14	5,951.													
17 Total (add lines 15 and 16)	30,642.													
18 Excess community income from line 10														
19 Total (add lines 17 and 18)	30,642.													
20 Tax on amount on line 19* (see caution below)						10,186.								
21 Tax on amount on line 17* (see caution below)						7,239.								
22 Tax on amount on line 15* (see caution below)						2,944.								
23 Subtract line 22 from line 21														
24 Multiply the amount on line 23 by 4										11,792.				
25 Tax on amount on line 7* (see caution below)														
26 Tax on amount on line 9* (see caution below)														
27 Subtract line 26 from line 25														
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box														21,978.

*Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 Instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use tax tables.

Page 2 of Schedule G —

DOES APPLY ☐DOES NOT APPLY ☐

117068-2250-05

002085

SCHEDULE SE
(Form 1040)
 Department of the Treasury
 Internal Revenue Service

Computation of Social Security Self-Employment Tax

 ▶ See Instructions for Schedule SE (Form 1040).
 ▶ Attach to Form 1040.

1979
14

Name of self-employed person (as shown on social security card)

JOHN A

ZACCARD

Social security number of self-employed person ▶

Part I Computation of Net Earnings from FARM Self-employment

Regular Method

1 Net profit or (loss) from:

a Schedule F (Form 1040) 1a

b Farm partnerships 1b

2 Net earnings from farm self-employment (add lines 1a and 1b) 2

Farm Optional Method

3 If gross profits from farming are:

a Not more than \$2,400, enter two-thirds of the gross profits 3

b More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600 3

4 Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method 4

Part II Computation of Net Earnings from NONFARM Self-employment

SE

Regular Method

5 Net profit or (loss) from:

a Schedule C (Form 1040) 5a

b Partnerships, joint ventures, etc. (other than farming) 5b

c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361 and have not revoked that exemption, check here ☐ and enter zero on this line 5c

d Service with a foreign government or international organization 5d

e Other (specify) ▶ SEE SCHEDULE 4 5e

6 Total (add lines 5a through 5e) 6

7 Enter adjustments if any (attach statement, see page 29 of Instructions) 7

8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7) 8

Note: If line 8 is \$1,600 or more or if you do not elect to use the Nonfarm Optional Method, skip lines 9 through 11 and enter amount from line 8 on line 12b, Part III.

Nonfarm Optional Method

9 a Maximum amount reportable under both optional methods combined (farm and nonfarm) 9a

b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.) 9b

c Balance (subtract line 9b from line 9a) 9c

10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller 10

11 Enter here and on line 12b, the amount on line 9c or line 10, whichever is smaller 11

Part III Computation of Social Security Self-employment Tax

12 Net earnings or (loss):

a From farming (from line 4) 12a

b From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method) 12b

13 Total net earnings or (loss) from self-employment reported on lines 12a and 12b. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule) 13

14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1979 is 14

15 a Total "FICA" wages (from Forms W-2) and "RRTA" compensation 15a

b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA 15b

c Add lines 15a and 15b 15c

16 Balance (subtract line 15c from line 14) 16

17 Self-employment income—line 13 or 16, whichever is smaller 17

18 Self-employment tax. (If line 17 is \$22,900, enter \$1,854.90; if less, multiply the amount on line 17 by .081.) Enter here and on Form 1040, line 48 18

TRIPLICATE

115065-2250-09

002089

SCHEDULE TC
(Form 1040)Department of the Treasury
Internal Revenue Service

Tax Computation Schedule

▶ Attach to Form 1040.

1979

Name(s) as shown on Form 1040

JOHN A ZACCARO

Your social security number

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

Use this part to figure your tax if:

• Your income on Form 1040, line 34, is more than \$20,000 and you checked Filing Status Box 1, 3, or 4 on Form 1040.

• Your income on Form 1040, line 34, is more than \$40,000 and you checked Filing Status Box 2 or 5 on Form 1040.

• You had more exemptions than were

shown in the Tax Table for your filing status.

• You figure your tax using Schedule G (Income Averaging) or Form 4726 (Maximum Tax on Personal Service Income).

1 Enter the amount from Form 1040, line 34	1	56,446.
2 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 7	2	4,000.
3 Taxable income. Subtract line 2 from line 1. (Figure your tax on this amount by using the Tax Rate Schedules or one of the other methods listed on line 4.)	3	54,446.
4 Income tax. Enter tax and check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input checked="" type="checkbox"/> Schedule G, or <input type="checkbox"/> Form 4726. Also enter on Form 1040, line 35	4	21,978.

Part II Computation for Certain Taxpayers Who MUST Itemize Deductions

If you are included in one of the groups below, you **MUST** itemize. If you must itemize and the amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

You **MUST** itemize your deductions if:

A. You can be claimed as a dependent on your parents' return and had interest, dividends, or other unearned income of \$1,000 or more and had earned income of less than \$2,300 if single (less than \$1,700 if married filing a separate return).

Note: If your earned income is more than your itemized deductions, you don't have to fill in Schedule A. Just enter your earned income in Part II, line 3, of this schedule, unless you are married filing a separate return and your spouse itemizes deductions. Generally, your earned income is the total of any amounts on Form 1040, lines 8, 13, and 19. See page 12 of the instructions for Form 1040 for more details.

B. You are married filing a separate return and your spouse itemizes deductions. (There is an exception to this rule. You don't have to itemize if your spouse must itemize only because he or she is described in A and enters earned income instead of itemized deductions on Part II,

line 3, of this schedule. If this is the case, don't complete Part II. Go back to Form 1040, line 33, and enter \$0. Then go to Form 1040, line 34.)

C. You file Form 4563 to exclude income from sources in U.S. possessions. (Please see Form 4563, and Publication 570, Tax Guide for U.S. Citizens Employed in U.S. Possessions, for more details.)

D. You had dual status as a nonresident alien for part of 1979, and during the rest of the year you were either a resident alien or a U.S. citizen. However, you don't have to itemize if at the end of 1979, you were married to a U.S. resident or citizen and file a joint return reporting your combined worldwide income.

1 Enter the amount from Form 1040, line 31	1	
2 If you checked Form 1040, Filing Status Box: [2 or 5, enter \$3,400] [1 or 4, enter \$2,300] [3, enter \$1,700]	2	
3 Enter the amount from Schedule A, line 39	3	
Caution: If you can be claimed as a dependent on your parents' return, see the Note above. Be sure you check the box below line 33 of Form 1040.		
4 Subtract line 3 from line 2	4	
5 Add lines 1 and 4. Enter here and on Form 1040, line 34. (Leave Form 1040, line 33 blank. Disregard the instruction to subtract line 33 from line 32. Follow the rest of the instructions for Form 1040, line 34.)	5	

The example below may help you to complete Part II.

Example—Walter Green, a single individual, is claimed as a dependent on his parents' return. Walter's adjusted gross income, Form 1040, line 31, is \$4,000. Of this amount, \$1,500 was earned income from a summer job and \$2,500 was unearned income that he received as a beneficiary of a trust. Because Walter is being claimed as a dependent on his parents' return and has unearned income of \$1,000 or more and earned income of less than

\$2,300, he must use Part II of Schedule TC. Walter knows that his total itemized deductions are only \$500. Since this is less than his earned income (\$1,500), he does not have to complete Schedule A. Walter enters \$2,300, the zero bracket amount for a single individual, on line 2 of Part II and his earned income on line 3. He completes Part II as shown below and enters the total of \$4,800 on Form 1040, line 34. He then figures his tax using the Tax Tables as explained in the instructions for lines 34 and 35 on page 12.

1 Adjusted gross income	\$4,000
2 Zero bracket amount for a single individual	\$2,300
3 Earned income	1,500
4 Subtract line 3 from line 2	800
5 Add lines 1 and 4. Enter here and on Form 1040, line 34	\$4,800

Note: If Walter's itemized deductions are more than his earned income, he must complete Schedule A first.

TRIPLICATE

115068-2250-05

002089

Form 5695	Energy Credits	1979 29
Department of the Treasury Internal Revenue Service		
▶ Attach to Form 1040. ▶ See instructions on back.		
Name(s) as shown on Form 1040 JOHN A ZACCARD		Your social security number
Enter in the space below the address of your principal residence on which the credit is claimed if it is different from the address shown on Form 1040. 		
Part I Fill in your energy conservation costs (but do not include repair or maintenance costs). If you have an unused energy credit carryover from the previous tax year and no energy savings costs this year, skip to Part III, line 20.		
Was your principal residence substantially completed before April 20, 1977? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you checked "No," do not fill in Part I.		
1 Energy Conservation Items:		
a Insulation	1a	4,800.
b Storm (or thermal) windows or doors	1b	
c Caulking or weatherstripping	1c	
d Other items (list here)		
	1d	
2 Total (add lines 1a through 1d)	2	4,800.
3 Maximum amount	3	\$2,000
4 Enter the total energy conservation costs for this residence from your 1978 Form 5695, line 2	4	2,000.
5 Subtract line 4 from line 3	5	2,000.
6 Enter the amount on line 2 or line 5, whichever is less	6	2,000.
7 Enter 15% of line 6	7	300.
Part II Fill in your renewable energy source costs (but do not include repair or maintenance costs).		
If you have an unused energy credit carryover from the previous year and no energy savings costs this year, skip to Part III, line 20.		
8 Renewable Energy Source Items:		
a Solar	8a	
b Geothermal	8b	
c Wind	8c	
9 Total (add lines 8a through 8c)	9	
10 Maximum amount	10	\$10,000
11 Enter the total renewable energy source costs for this residence from your 1978 Form 5695, line 5	11	10,000.
12 Subtract line 11 from line 10	12	
13 Enter amount on line 9 or line 12, whichever is less	13	
14 Enter 20% of line 13	14	
15 Subtract amount on line 11 from \$2,000. If zero or less, enter zero	15	
16 Enter amount on line 13 or line 15, whichever is less	16	
17 Enter 10% of line 16	17	
18 Add lines 14 and 17	18	
Part III Fill in this part to figure the limitation.		
19 Add line 7 and line 18. If less than \$10, enter zero	19	300.
20 Enter your unused energy credit carryover from the previous tax year	20	
21 Add lines 19 and 20	21	300.
22 Enter the amount of tax shown on Form 1040, line 47	22	21,078.
23 Add lines 38 through 44 from Form 1040 and enter the total	23	50.
24 Subtract line 23 from line 22. If zero or less, enter zero	24	21,028.
25 Residential energy credit. Enter the amount on line 21 or line 24, whichever is less. Also, enter this amount on Form 1040, line 49	25	300.

TRIPLICATE

115068-2250-03

002085

Form
6251

Alternative Minimum Tax Computation

1979

Department of the Treasury
Internal Revenue Service

▶ Attach to Forms 1040, 1041 or 990-T (Trust).

30

Name(s) as shown on tax return

Identifying number

JOHN A ZACCARD

1	Adjusted gross income from Form 1040, line 32 (estates and trusts—see instructions)	1	90,279.
2	Deductions (applies to individuals only):		
a	Enter amount from Form 1040, line 33	2a	31,827.
b	On Form 1040, if you checked Filing Status box: 2 or 5, enter \$3,400; 1 or 4, enter \$2,500; 3, enter \$1,700.	2b	1,700.
c	Multiply \$1,000 by the total number of exemptions on Form 1040, line 4	2c	4,000.
d	Add lines 2a through 2c (estates and trusts, enter zero)	2d	37,527.
3	Subtract line 2d from line 1	3	52,748.
4	Tax preference items:		
a	Adjusted itemized deductions	4a	
b	Capital gain deduction	4b	1,096.
c	Add lines 4a and 4b	4c	1,096.
5	Alternative minimum taxable income (add lines 3 and 4c)	5	53,844.
6	Enter \$20,000 (\$10,000 if married filing separately, or an estate or trust)	6	10,000.
7	Subtract line 6 from line 5. If zero or less, do not complete the rest of this form	7	43,844.
8	Enter the smaller of line 7 or \$40,000 (\$20,000 if married filing separately or an estate or trust)	8	20,000.
9	Subtract line 8 from line 7	9	23,844.
10	Enter the smaller of line 9 or \$40,000 (\$20,000 if married filing separately or an estate or trust)	10	20,000.
11	Subtract line 10 from line 9	11	3,844.
12	Enter 10% of line 8	12	2,000.
13	Enter 20% of line 10	13	4,000.
14	Enter 25% of line 11	14	961.
15	Add lines 12, 13 and 14	15	6,961.
16	Amount from Form 1040, line 47 (estates and trusts—see instructions)	16	21,628.
17	Minimum tax from Form 1040, line 49A (estates and trusts—see instructions)	17	
18	Tax from recomputing prior-year investment credit (from Form 1040, line 50) (estates and trusts—see instructions)	18	
19	Tax from recomputing prior-year work incentive (WIN) credit	19	
20	Add lines 16 through 19	20	21,628.
21	Alternative minimum tax (subtract line 20 from line 15). If zero or less, do not complete the rest of this form	21	0.
22	Foreign tax credit (see instructions)	22	
23	Subtract line 22 from line 21. Enter here and on Form 1040, line 49B (estates and trusts—see instructions)	23	

*Do not include any tax from Form 4970, Form 4972, Form 5544, or any penalty tax under section 72(m)(5).

Form 6251 1979

TRIPLICATE

PREPARED BY		PREPARED FOR		ESTIMATED TAX & 2210 INFORMATION		OMIT CENTS	
PREPARED BY		(11) (12) TAXPAYER'S S.S. NO.	(13) (14) ACCOUNT NO.	R #			
SELGER & BRESSMAN		3	11 10	115068		11	
(21) (22) TAXPAYER'S FIRST NAME & INIT	(23) (24) SPOUSE'S FIRST NAME & INIT	(25) (26) LAST NAME	(27) (28) SPOUSE'S S.S. NO.				
JOHN A.		ZACCARO					
(32) STREET ADDRESS		(33) (34) CITY	(35) (36) COUNTY				
22 DEEPDAVE RD		FOREST HILLS	QUEENS				
(37) (38) STATE	(39) (40) ZIP	(41) (42) TAXPAYER'S OCCUPATION	(43) (44) SPOUSE'S OCCUPATION				
N.Y.	11375	BROKER					
(45) CARE OF NAME							
(46) NAME OF THE PERSON WHO QUALIFIES THE TAXPAYER AS HEAD OF HOUSEHOLD (47)							
(48) ENTER SPOUSE'S FULL NAME IF MARRIED FILING SEPARATELY		(49) (50) SPOUSE'S NAME	(51) (52) SPOUSE'S S.S. NO.				
GERALDINE			10078:160				

FILING STATUS	1. SINGLE 2. MARRIED - JOINT 3. HEAD OF HOUSE 4. BURY WIDOWER 5. MARRIED - SPOUSE NOT FILING	MARRIED - FILING SEPARATE 6. ITENIZED 7. STAND REDUCTION 8. LOWEST METHOD	12	6
ENTER ONE OF THE FOLLOWING				
ENTER DIGIT 1 IF TAXPAYER IS MARRIED FILING SEPARATELY AND LIVING WITH SPOUSE			13	
*ENTER YEAR SPOUSE DIED FOR FILING STATUS (TWO DIGITS)			14	
RESIDENT SCHOOL CODES N.Y., MICH., OHIO & PA	EXTRA EXEMPTIONS ENTER DIGIT 1	AGE 65 OR OVER SELF SPOUSE SELF SPOUSE	15	16 17 18 19
519				

STATE/CITY RESIDENT & NON-RESIDENT RETURN CODING (ENTER DIGIT 1 TO REQUEST PROPER RETURN)		N.Y. STATE RESIDENT		N.J. RESIDENT	
N.Y. STATE RESIDENT	20	1	N.J. RESIDENT	25	
N.Y. CITY RESIDENT	21	1	N.J. TT 203-208 AND N.J. 1040 MR	TAXPAYER	26
N.Y. CITY NON-RESIDENT	22	1		SPOUSE	27
N.Y. STATE NON-RESIDENT	TAXPAYER	23	COMM. RESIDENT	28	
	SPOUSE	24	NO STATE RETURN	29	
OTHER RESIDENT CODES - ENTER 2 DIGIT CODES	30		NO. COUNTY CODES MICH. & OHIO RESIDENT CITY CODES	31	

FEDERAL INCOME AVERAGING (REFER TO FORM 37 FOR FOREIGN INCOME, ETC.)		1978 TAX TABLE INCOME		1978 TOTAL EXEMPTIONS	
1978 TAX TABLE INCOME	32	52562	1978 TOTAL EXEMPTIONS	33	4
1978 TAX TABLE INCOME	34	21378	1978 TOTAL EXEMPTIONS	35	4
ENTER TAXABLE INCOME 1978	36	6094	1978	37	5068

PREPARED BY'S OPTIONS		CLIENT LABELS	
DROP POINT	38	38	39
PRESIDENTIAL ELECTION CAMPAIGN FUND	40	1	DO NOT PRINT FIRM NAME ON FORM
COULD TAXPAYER BE CLAIMED ON PARENT'S RETURN?	42	TAXPAYER INVOICE	44
POLITICAL CONTRIBUTIONS	TAXPAYER	45	100
PREPARED BY'S SOCIAL SECURITY NUMBER ENTER 9 DIGIT NUMBER	46	48	SPOUSE
47	48	49	1
PTS TO MATH INPUT	51	1	DO NOT PREPARE DIAGNOSTIC
			52

ESTIMATED TAX INFORMATION		FED.		RES. STATE		CITY	
1978 ESTIMATED TAX INCLUDE 1978 OVERPAYMENT CREDITED TO 1978 ESTIMATE PLUS PAYMENTS MADE ON 1978 TAX		55	1000	56	2.50	57	1000
ENTER AMOUNT OF 1978 OVERPAYMENT TO BE CREDITED TO 1980 ESTIMATE - OR - ENTER DIGIT 1 IF OVERPAYMENT IS TO BE CREDITED		58		59		60	
ENTER DIGIT 2 IF ESTIMATE IS TO BE THE EXACT AMOUNT OF THE OVERPAYMENT. ENTER DIGIT 3 IF THE OVERPAYMENT IS TO BE APPLIED TO THE FIRST INSTALLMENT ONLY. ANY EXCESS TO BE REFUNDED		61		62		63	
ENTER ESTIMATED W-2 WITHHOLDING TAX FOR 1980 IF DIFFERENT THAN 1978 WITHHOLDING TAX.		64		65		66	
ENTER EXACT DOLLAR AMOUNT OF ESTIMATE DESIRED - OR - ENTER DIGIT 1 IF ESTIMATE IS TO BE BASED ON THE TOTAL 1978 TAX LIABILITY LESS INCOME TAXES WITHHELD.		67		68		69	
ENTER NUMBER OF PAYMENTS DESIRED		70		71		72	
DIGIT 1 - TOTAL DUE 4/15/80 DIGIT 2 - TOTAL DUE 7/15/81 DIGIT 3 - BLANK ESTIMATE ASSUMED							

FORM 2210 INFORMATION - REFER TO INSTRUCTIONS			
EXCEPTION 1 - 1978 TAX INCLUDING SDN \$5 TAX	70		
EXCEPTION 2 - TAX ON 1978 INCOME USING 1978 RATES AND EXEMPTIONS	71		
ENTER DIGIT 1 IF THE COMPUTED PENALTY IS TO BE PRINTED ON FORM 1040, PAGE 2, LINE 56	72		
ENTER BELOW THE AMOUNTS PAID ON ESTIMATED TAX FOR EACH PERIOD AND THE TAX WITHHELD REFER TO INSTRUCTIONS			
APR. 15, 1979	JUNE 15, 1979	SEPT. 15, 1979	JAN. 15, 1980
73	74	75	76
PTS USE ONLY	PHOTO	91	ENTRIES
93	94	95	96
97	98	99	100

[illegible]

FORM 13—DIVIDEND INCOME—1979

TAXPAYER(S) NAME: JOHN A. ZACCARO

ACCOUNT NO.

17

[illegible]

FORM 14 - INTEREST INCOME - 1979

FOR PTE USE ONLY

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SCHEDULE E - INTEREST INCOME	H.W. OR J	FEDERAL AMOUNT	STATE MODIFICATION	MAR. 19 INTEREST	FORFEITED INTEREST PENALTY FOR PREMATURE WITHDRAWAL
EAST RIVER BANK OF BABYLON N.E. MUTUAL MORTGAGE		1303			
		73			
		43			
		80			
TAXPAYER					SPOUSE
17					18
FOREIGN ACCOUNTS AND FOREIGN TRUSTS					
ENTER DIGIT 1 IF THE TAXPAYER(S) HAS A FOREIGN BANK ACCOUNT, ETC., DURING THE TAXABLE YEAR. IF YES, SEE PAGE 18 OF IRS INSTRUCTIONS. IF LEFT BLANK, THE COMPUTER WILL INDICATE A NO ANSWER.					
					20
FOREIGN GRANTS OR TRANSFERS OF A FOREIGN TRUST DURING THE TAXABLE YEAR. IF YES, ATTACH FORM 3520, 3520A, OR 990 TO THE RETURN. IF LEFT BLANK, THE COMPUTER WILL INDICATE A NO ANSWER.					
					21
STATE MODIFICATION OF INTEREST INCOME					
ENTER STATE NONTAXABLE PORTION OF FEDERAL INTEREST INCOME IN THE STATE MODIFICATION COLUMN AS A NEGATIVE.					
ENTER FEDERAL, NONTAXABLE INTEREST INCOME WHICH IS TO BE PICKED UP BY STATE RETURN IN THE STATE MODIFICATION COLUMN AS A POSITIVE.					
ENTER NET MODIFICATION IN THE APPROPRIATE BOX(ES).					
TAXPAYER	11	434	12	30	
SPOUSE	13		14	31	
JOINT INC	15		16	32	

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SCHEDULE 9 - CONTRIBUTIONS		SCHEDULE 11 - INTEREST EXPENSE			
CASH CONTRIBUTIONS (RECEIPTS & CHECKS)	11	912	HOME MORTGAGE	40	1352
CHURCH			CREDIT AND CHARGE CARDS	41	
TEMPLE			AUTO LOAN		
UNITED JEWISH APPEAL			FINANCE CO.		
UNITED FUND			HOME IMPROVEMENT LOAN		
HEART FUND			BANK LOAN		1952
CANCER FUND			MARGIN ACCOUNT		
CAR EXPENSE FOR CHARITY @ 84 MILE			NY 5-125-1972547		55
BOY/GIRL SCOUTS					
MISCELLANEOUS ORGANIZED CHARITIES					
CONTRIBUTION OTHER THAN CASH	23				
CONTRIBUTION CARRYOVER (ATTACH STATEMENT)	24				
	25				
CURRENT YEAR CONTRIBUTIONS SUBJECT TO: (ATTACH STATEMENT)	26				
	27				
TOTAL INTEREST		50	3912		
SCHEDULE 12 - MISCELLANEOUS DEDUCTIONS					
UNION DUES	60				
INVESTMENT EXPENSES					
TAX PREPARATION FEE					
SAFE DEPOSIT BOX					24
PROFESSIONAL DUES					
BUSINESS PUBLICATIONS					
EDUCATION EXPENSES					
UNIFORMS					
WORK TOOLS					
OFFICE IN HOME					
BUSINESS ENTERTAINMENT AND GIFTS					
TOTAL CONTRIBUTIONS		28	912		
SCHEDULE 10 - CASUALTY OR THEFT LOSSES					
25. LOSS BEFORE REIMBURSE.	30				
26. INSURANCE REIMBURSEMENT.	31				
27. SUBTRACT LINE 26 FROM LINE 25.					
28. ENTER SMALLER OF \$100 OR LINE 27.	100				
29. IF MORE THAN ONE LOSS - SEE INSTRUCTIONS	32				
TOTAL MISCELLANEOUS DEDUCTIONS		72	24		
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FORM-28 - SUPPLEMENTAL DATA EET (ENERGY CREDITS & FORM 2210) - 1979

OMIT CENTS	(17-18)
ACCOUNT NO.	28

TAXPAYER(S) NAME: JOHN A. ZACCARO

Energy Credits - FORM 5695

1 Energy Conservation Items:	Insulation	11	2700	Electrical or mechanical switches and/or system	16
	Storm (or thermal) windows or doors	12		Automatic setback thermostat	17
	Caulking or weatherstripping	13		Energy Meter	18
	Energy efficient furnace replacement burner	14		Other - Attach statement to the return	19
	Energy saving flue modification device	15		Total of boxes 11-19	
8 Renewable Energy Source Items:	Solar				25
	Geothermal				26
	Wind				27
Complete this section if Form 5695 was filed in 1979:	Total energy conservation costs for this residence from your 1978 Form 5695, line 2.				30
	Total renewable energy source costs for this residence from your 1978 Form 5695, line 5.				31
	Unused residential energy credit carryover from the previous tax year.				32

Form 3468 - Schedule B - Business Energy Investment Credit

NOTE: **Executives:** Enter data for computation of regular investment credit on Form 19 and/or on 38.**Regular:** Enter data for computation of regular investment credit on Form 37.**Triline:** Do not use Box 35. The non-refundable portion of any business energy investment credit should be considered in arriving at the amount to be entered in Box 57 of Triline Form 14.

Non-refundable business energy investment credit for Form 3468, Line 19.

Enter the amount from Line 8 of your manually prepared Form 3468, Schedule B.

35

Refundable business energy investment credit for Form 1040, Line 62.

Enter amount from Line 10 of your manually prepared Schedule B.

36

FORM 2210

To annualize your adjusted gross income and itemized deductions follow the computation below:

Exception 3 Worksheet

Actual amount x $\left(\begin{array}{l} 4 \text{ for period ended March 31, 1979} \\ 2.4 \text{ for period ended May 31, 1979} \\ 1.6 \text{ for period ended August 31, 1979} \end{array} \right) = \text{Annualized amount.}$

If you do not itemize deductions, figure your annualized adjusted gross income using the computation above. Enter the amount on line 4. Skip lines 1 through 3. Complete the rest of the worksheet.

	3/31/79	5/31/79	8/31/79
1 Figure your annualized itemized deductions for period(s) shown			
2 Enter the zero bracket amount for your filing status: \$3,400 if married filing jointly (or widow or widower) \$2,300 if single or head of household \$1,700 if married filing separately			
3 a If line 1 is more than line 2, subtract line 2 from line 1. b If line 2 is more than line 1, subtract line 1 from line 2			
4 If you have an amount on: Line 2a, subtract line 3a from Line 3b, add line 3b to			
5 Tax Table users—Skip to line 6. Tax Rate Schedule users—Multiply \$1,000 by the number of personal exemptions and subtract the total from line 4. 6 Tax Table users—Find your tax on the amount on line 4. Tax Rate Schedule users—Figure your tax on the amount on line 5. 7 Enter your self-employment tax from worksheet below. 8 Total tax (add lines 6 and 7). Form 2210, Line 21	40	41	42

Self-Employment Tax Worksheet

	3/31/79	5/31/79	8/31/79
1 Actual self-employment income			
2 a Limit b Actual wages subject to FICA tax c Annualization amounts d Multiply line 2b by line 2c e Subtract line 2d from line 2a f Multiply line 1 or line 2e, whichever is smaller, by .081	22,900.00	22,900.00	22,900.00
	4	2.4	1.5

Form 2210 Exception 4

Tax on actual 1979 income for period(s) shown,
As if those months constituted a full taxable year.

	1/1/79 to 3/31/79	1/1/79 to 5/31/79	1/1/79 to 8/31/79
43		44	45

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FORM 37 - DATA SHEET #1 1979

TAXPAYER(S) NAME: JOHN A. ZACCARO

ACCOUNT NO.	(17-18)
<u>3-1</u>	<u>37</u>

ADJUSTMENTS TO FEDERAL INCOME (ENTER AS POSITIVE AMOUNTS)				OTHER CREDITS TO FEDERAL INCOME TAX			
DO NOT MAKE ENTRIES IN BOXES 13-16, 17-19 IF YOU ARE SUBMITTING FORMS 41A, 41B, & 71	TAXPAYER	SPOUSE		1118 FOREIGN TAX CREDIT (BOTH BOXES MUST HAVE ENTRIES)	INCOME		
IRA DEDUCTION - FORM 1040, PAGE 1, LINE 26	11	12			TAX PAID	33	
KEOGH DEDUCTION - FORM 1040, PAGE 1, LINE 26	13	14		4874 WORK INCENTIVE PROGRAM CREDIT ENTER SALARIES & WAGES FIRST YEAR PERIOD OF EMPLOYMENT		34	
ALIMONY PAID	15	16		4874 2ND YEAR WIN EXPENSES - EMPLOYEES HIRED AFTER 9/28/78 - 2ND YEAR PERIOD		35	
EMPLOYER BUSINESS EXPENSE (MANUALLY PREPARED)	17	18		4874 FIRST YEAR EXPENSES - NONBUSINESS EMPLOYEES - FIRST ONE YEAR PERIOD		36	
INCOME AVERAGING - ADDITIONAL INFORMATION				PATRON'S WIN CREDIT - ALLOCATED FROM COOPERATIVE		37	
LINE 4	1976	19		CARRYBACK & CARRYOVER OF UNUSED WIN CREDITS		38	
INCOME EARNED OUTSIDE OF THE UNITED STATES OR WITHIN U.S. POSSESSORIES EXCLUDED UNDER SECTIONS 911 AND 801	1977	20		5884 JOBS CREDIT (MANUALLY PREPARED)		39	
	1978	21		5885 ENERGY CREDIT - FORM 1040, PAGE 2, LINE 45 (MANUALLY PREPARED)		40	
	1979	22		4870 TAX FROM ACCUMULATION TRUSTS		41	
		23		4972 SPECIAL 10 YEAR AVERAGING METHOD (MANUALLY PREPARED)		42	
LINE 8 AMOUNTS RECEIVED BY OWNER-EMPLOYEES SUBJECT TO SEC. 72 (M) (B) PENALTY		23		5844 MULTIPLE RECIPIENT SPECIAL 10-YEAR AVERAGING METHOD		43	
LINE 10 EXCESS COMMUNITY INCOME		24		5400 RECAPTURE OF CREDIT FOR PURCHASE OF A NEW PRINCIPAL RESIDENCE		44	
FEDERAL EXTENSION DATA				4355 TAX FROM RECOMPUTING PRIOR YEAR INVESTMENT CREDIT (MANUALLY PREPARED)		45	
4886 AMOUNT PAID WITH APPLICATION FOR AUTOMATIC EXTENSION		25		TAX FROM RECOMPUTING PRIOR YEAR WORK INCENTIVE (WIN) CREDIT		46	
ENTER THE FILING DATE OF THIS RETURN		26		4157 SOC. SEC. TAX ON UNREPORTED TIP INCOME		47	
EARNED INCOME CREDIT - LINE 2 - ENTER AMOUNT TO OVERRIDE SCHEDULE SE, LINE 13		27		W2 UNCOLLECTED EMPLOYER SOC. SEC. - TIPS		48	
EARNED INCOME CREDIT - ENTER DIGIT 1 IF EARNED INCOME CREDIT SHOULD NOT BE COMPUTED		30		4328 - TAX ON AN IRA - FORM 1040, PAGE 2, LINE 52		49	
LIMITED STANDARD DEDUCTION OF CHILD WITH UNEARNED INCOME. ENTER TOTAL EARNED INCOME (LOSS) IF TAXPAYER'S EARNED INCOME INCLUDED MORE THAN INCOME FROM WAGES & SCHEDULE C AND/OR F.		31		OTHER PAYMENTS			
				2438 REGULATED INVESTMENT COMPANY CREDIT		50	
				TAX FREE COVENANT BOND CREDIT		51	

SCHEDULES R & RP - CREDIT FOR THE ELDERLY							
	TAXPAYER	SPOUSE	DEDUCTIONS	TAXPAYER	SPOUSE		
AGE AS OF 1/1/80	60	61	SOCIAL SECURITY BENEFITS, ETC.	66	67		
RETIREMENT INCOME	TAXPAYER	SPOUSE	TOTAL EARNED INCOME UNDER AGE 72	68	69		
UNDER AGE 65 - ENTER ONLY PUBLIC PENSIONS & ANNUITIES	62	63	ENTER DIGIT 1 IF TAXPAYER(S) QUALIFY FOR ELECTION TO USE RP	70			
AGE 65 OR OVER - ENTER PENSIONS & ANNUITIES, INTEREST DIVIDENDS (AFTER EXCLUSION) & GROSS RENTS, ETC.	64	65	ENTER DIGIT 1 IF THE TAXPAYER IS MARRIED, FILING A SEPARATE RETURN AND HAS NOT LIVED WITH SPOUSE DURING THE TAXABLE YEAR	71			
01 NAME OF PUBLIC RETIREMENT SYSTEM OF SPOUSE UNDER 65							(82)

FORM 3468 - INVESTMENT CREDIT - REGULAR + ONLY EXCEPT - USE FORMS 19 & OR 38				LINE 1 - QUALIFIED PROPERTY		LINE 1 IN 1979	
	NEW	USED					
LIFE YEARS 3-6	80	81	LINE 4 - PROPERTY ELIGIBLE FOR 7% INVESTMENT CREDIT			89	
LIFE YEARS 6-7	82	83	ENTER THE INVESTMENT IN PROPERTY WHICH WAS ACQUIRED OR CONSTRUCTED PRIOR TO JAN. 22, 1976 AND PLACED IN SERVICE DURING THE TAXABLE YEAR			90	
LIFE YEARS 7 OR MORE	84	85	PATRON'S REGULAR INVESTMENT CREDIT ALLOCATED FROM COOPERATIVE			91	
COMMUTER HIGHWAY VEHICLE	86	87	ENTER CARRYOVER OF UNUSED CREDITS - FORM 3468, LINE 8			92	
LINE 194 QUALIFIED PROGRESS EXPENDITURES - 1974 TO 1978 - LIFE 7 OR MORE YEARS		88	TAX ON LUMP SUM DISTRIBUTIONS, LINE 13C			93	
FORM 37 - COPYRIGHT 1979 PROGRAMMED TAX SYSTEMS INC.						FOR PTS USE ONLY	99 1

FORM 44 - SCHEDULE E - PENSION AND ANNUITY INCOME
PARTNERSHIP, ESTATE OR TRUST, SMALL BUSINESS CORP. INCOME - 1979

TAXPAYER'S NAME JOHN F. ZACARI ACCOUNT NO. 11538 117 118 44

PART I PENSION AND ANNUITY INCOME

NAME OF PAYER	1A DID YOU OR YOUR EMPLOYER CONTRIBUTE PART OF THE COST?	1B IF "YES," IS YOUR CONTRIBUTION RECOVERABLE WITHIN 2 YEARS OF THE ANNUITY STARTING DATE?	1C IF "YES," SHOW YOUR CONTRIBUTIONS 1	1D YOUR CONTRIBUTION RECOVERED IN PRIOR YEARS	1E AMOUNT RECEIVED THIS YEAR	2 AMOUNT ON LINE 2 THAT IS NOT TAXABLE	3 TAXABLE PORTION (LINE 1 LESS LINE 2)	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1A	1B	1C	1D	1E	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

PART II INCOME OR LOSSES FROM PARTNERSHIPS, ESTATES OR TRUSTS, SMALL BUSINESS CORPORATIONS

NAME ADDRESS & PHONE NO. OF EMPLOYER (IF ANY)	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N	1O	1P	1Q	1R	1S	1T	1U	1V	1W	1X	1Y	1Z	1AA	1AB	1AC	1AD	1AE	1AF	1AG	1AH	1AI	1AJ	1AK	1AL	1AM	1AN	1AO	1AP	1AQ	1AR	1AS	1AT	1AU	1AV	1AW	1AX	1AY	1AZ	1BA	1BB	1BC	1BD	1BE	1BF	1BG	1BH	1BI	1BJ	1BK	1BL	1BM	1BN	1BO	1BP	1BQ	1BR	1BS	1BT	1BU	1BV	1BW	1BX	1BY	1BZ	1CA	1CB	1CC	1CD	1CE	1CF	1CG	1CH	1CI	1CJ	1CK	1CL	1CM	1CN	1CO	1CP	1CQ	1CR	1CS	1CT	1CU	1CV	1CW	1CX	1CY	1CZ	1DA	1DB	1DC	1DD	1DE	1DF	1DG	1DH	1DI	1DJ	1DK	1DL	1DM	1DN	1DO	1DP	1DQ	1DR	1DS	1DT	1DU	1DV	1DW	1DX	1DY	1DZ	1EA	1EB	1EC	1ED	1EE	1EF	1EG	1EH	1EI	1EJ	1EK	1EL	1EM	1EN	1EO	1EP	1EQ	1ER	1ES	1ET	1EU	1EV	1EW	1EX	1EY	1EZ	1FA	1FB	1FC	1FD	1FE	1FF	1FG	1FH	1FI	1FJ	1FK	1FL	1FM	1FN	1FO	1FP	1FQ	1FR	1FS	1FT	1FU	1FV	1FW	1FX	1FY	1FZ	1GA	1GB	1GC	1GD	1GE	1GF	1GG	1GH	1GI	1GJ	1GK	1GL	1GM	1GN	1GO	1GP	1GQ	1GR	1GS	1GT	1GU	1GV	1GW	1GX	1GY	1GZ	1HA	1HB	1HC	1HD	1HE	1HF	1HG	1HH	1HI	1HJ	1HK	1HL	1HM	1HN	1HO	1HP	1HQ	1HR	1HS	1HT	1HU	1HV	1HW	1HX	1HY	1HZ	1IA	1IB	1IC	1ID	1IE	1IF	1IG	1IH	1II	1IJ	1IK	1IL	1IM	1IN	1IO	1IP	1IQ	1IR	1IS	1IT	1IU	1IV	1IW	1IX	1IY	1IZ	1JA	1JB	1JC	1JD	1JE	1JF	1JG	1JH	1JI	1JJ	1JK	1JL	1JM	1JN	1JO	1JP	1JQ	1JR	1JS	1JT	1JU	1JV	1JW	1JX	1JY	1JZ	1KA	1KB	1KC	1KD	1KE	1KF	1KG	1KH	1KI	1KJ	1KK	1KL	1KM	1KN	1KO	1KP	1KQ	1KR	1KS	1KT	1KU	1KV	1KW	1KX	1KY	1KZ	1LA	1LB	1LC	1LD	1LE	1LF	1LG	1LH	1LI	1LJ	1LK	1LL	1LM	1LN	1LO	1LP	1LQ	1LR	1LS	1LT	1LU	1LV	1LW	1LX	1LY	1LZ	1MA	1MB	1MC	1MD	1ME	1MF	1MG	1MH	1MI	1MJ	1MK	1ML	1MN	1MO	1MP	1MQ	1MR	1MS	1MT	1MU	1MV	1MW	1MX	1MY	1MZ	1NA	1NB	1NC	1ND	1NE	1NF	1NG	1NH	1NI	1NJ	1NK	1NL	1NM	1NO	1NP	1NQ	1NR	1NS	1NT	1NU	1NV	1NW	1NX	1NY	1NZ	1OA	1OB	1OC	1OD	1OE	1OF	1OG	1OH	1OI	1OJ	1OK	1OL	1OM	1ON	1OO	1OP	1OQ	1OR	1OS	1OT	1OU	1OV	1OW	1OX	1OY	1OZ	1PA	1PB	1PC	1PD	1PE	1PF	1PG	1PH	1PI	1PJ	1PK	1PL	1PM	1PN	1PO	1PP	1PQ	1PR	1PS	1PT	1PU	1PV	1PW	1PX	1PY	1PZ	1QA	1QB	1QC	1QD	1QE	1QF	1QG	1QH	1QI	1QJ	1QK	1QL	1QM	1QN	1QO	1QP	1QQ	1QR	1QS	1QT	1QU	1QV	1QW	1QX	1QY	1QZ	1RA	1RB	1RC	1RD	1RE	1RF	1RG	1RH	1RI	1RJ	1RK	1RL	1RM	1RN	1RO	1RP	1RQ	1RR	1RS	1RT	1RU	1RV	1RW	1RX	1RY	1RZ	1SA	1SB	1SC	1SD	1SE	1SF	1SG	1SH	1SI	1SJ	1SK	1SL	1SM	1SN	1SO	1SP	1SQ	1SR	1SS	1ST	1SU	1SV	1SW	1SX	1SY	1SZ	1TA	1TB	1TC	1TD	1TE	1TF	1TG	1TH	1TI	1TJ	1TK	1TL	1TM	1TN	1TO	1TP	1TQ	1TR	1TS	1TT	1TU	1TV	1TW	1TX	1TY	1TZ	1UA	1UB	1UC	1UD	1UE	1UF	1UG	1UH	1UI	1UJ	1UK	1UL	1UM	1UN	1UO	1UP	1UQ	1UR	1US	1UT	1UU	1UV	1UW	1UX	1UY	1UZ	1VA	1VB	1VC	1VD	1VE	1VF	1VG	1VH	1VI	1VJ	1VK	1VL	1VM	1VN	1VO	1VP	1VQ	1VR	1VS	1VT	1VU	1VV	1VW	1VX	1VY	1VZ	1WA	1WB	1WC	1WD	1WE	1WF	1WG	1WH	1WI	1WJ	1WK	1WL	1WM	1WN	1WO	1WP	1WQ	1WR	1WS	1WT	1WU	1WV	1WW	1WX	1WY	1WZ	1XA	1XB	1XC	1XD	1XE	1XF	1XG	1XH	1XI	1XJ	1XK	1XL	1XM	1XN	1XO	1XP	1XQ	1XR	1XS	1XT	1XU	1XV	1XW	1XX	1XY	1XZ	1YA	1YB	1YC	1YD	1YE	1YF	1YG	1YH	1YI	1YJ	1YK	1YL	1YM	1YN	1YO	1YP	1YQ	1YR	1YS	1YT	1YU	1YV	1YW	1YX	1YY	1YZ	1ZA	1ZB	1ZC	1ZD	1ZE	1ZF	1ZG	1ZH	1ZI	1ZJ	1ZK	1ZL	1ZM	1ZN	1ZO	1ZP	1ZQ	1ZR	1ZS	1ZT	1ZU	1ZV	1ZW	1ZX	1ZY	1ZZ
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

PART III INCOME OR LOSSES FROM PARTNERSHIPS, ESTATES OR TRUSTS, SMALL BUSINESS CORPORATIONS

NAME ADDRESS & PHONE NO. OF EMPLOYER (IF ANY)	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N	1O	1P	1Q	1R	1S	1T	1U	1V	1W	1X	1Y	1Z	1AA	1AB	1AC	1AD	1AE	1AF	1AG	1AH	1AI	1AJ	1AK	1AL	1AM	1AN	1AO	1AP	1AQ	1AR	1AS	1AT	1AU	1AV	1AW	1AX	1AY	1AZ	1BA	1BB	1BC	1BD	1BE	1BF	1BG	1BH	1BI	1BJ	1BK	1BL	1BM	1BN	1BO	1BP	1BQ	1BR	1BS	1BT	1BU	1BV	1BW	1BX	1BY	1BZ	1CA	1CB	1CC	1CD	1CE	1CF	1CG	1CH	1CI	1CJ	1CK	1CL	1CM	1CN	1CO	1CP	1CQ	1CR	1CS	1CT	1CU	1CV	1CW	1CX	1CY	1CZ	1DA	1DB	1DC	1DD	1DE	1DF	1DG	1DH	1DI	1DJ	1DK	1DL	1DM	1DN	1DO	1DP	1DQ	1DR	1DS	1DT	1DU	1DV	1DW	1DX	1DY	1DZ	1EA	1EB	1EC	1ED	1EE	1EF	1EG	1EH	1EI	1EJ	1EK	1EL	1EM	1EN	1EO	1EP	1EQ	1ER	1ES	1ET	1EU	1EV	1EW	1EX	1EY	1EZ	1FA	1FB	1FC	1FD	1FE	1FF	1FG	1FH	1FI	1FJ	1FK	1FL	1FM	1FN	1FO	1FP	1FQ	1FR	1FS	1FT	1FU	1FV	1FW	1FX	1FY	1FZ	1GA	1GB	1GC	1GD	1GE	1GF	1GG	1GH	1GI	1GJ	1GK	1GL	1GM	1GN	1GO	1GP	1GQ	1GR	1GS	1GT	1GU	1GV	1GW	1GX	1GY	1GZ	1HA	1HB	1HC	1HD	1HE	1HF	1HG	1HH	1HI	1HJ	1HK	1HL	1HM	1HN	1HO	1HP	1HQ	1HR	1HS	1HT	1HU	1HV	1HW	1HX	1HY	1HZ	1IA	1IB	1IC	1ID	1IE	1IF	1IG	1IH	1II	1IJ	1IK	1IL	1IM	1IN	1IO	1IP	1IQ	1IR	1IS	1IT	1IU	1IV	1IW	1IX	1IY	1IZ	1JA	1JB	1JC	1JD	1JE	1JF	1JG	1JH	1JI	1JJ	1JK	1JL	1JM	1JN	1JO	1JP	1JQ	1JR	1JS	1JT	1JU	1JV	1JW	1JX	1JY	1JZ	1KA	1KB	1KC	1KD	1KE	1KF	1KG	1KH	1KI	1KJ	1KL	1KM	1KN	1KO	1KP	1KQ	1KR	1KS	1KT	1KU	1KV	1KW	1KX	1KY	1KZ	1LA	1LB	1LC	1LD	1LE	1LF	1LG	1LH	1LI	1LJ	1LK	1LM	1LN	1LO	1LP	1LQ	1LR	1LS	1LT	1LU	1LV	1LW	1LX	1LY	1LZ	1MA	1MB	1MC	1MD	1ME	1MF	1MG	1MH	1MI	1MJ	1MK	1ML	1MN	1MO	1MP	1MQ	1MR	1MS	1MT	1MU	1MV	1MW	1MX	1MY	1MZ	1NA	1NB	1NC	1ND	1NE	1NF	1NG	1NH	1NI	1NJ	1NK	1NL	1NM	1NO	1NP	1NQ	1NR	1NS	1NT	1NU	1NV	1NW	1NX	1NY	1NZ	1OA	1OB	1OC	1OD	1OE	1OF	1OG	1OH	1OI	1OJ	1OK	1OL	1OM	1ON	1OO	1OP	1OQ	1OR	1OS	1OT	1OU	1OV	1OW	1OX	1OY	1OZ	1PA	1PB	1PC	1PD	1PE	1PF	1PG	1PH	1PI	1PJ	1PK	1PL	1PM	1PN	1PO	1PP	1PQ	1PR	1PS	1PT	1PU	1PV	1PW	1PX	1PY	1PZ	1QA	1QB	1QC	1QD	1QE	1QF	1QG	1QH	1QI	1QJ	1QK	1QL	1QM	1QN	1QO	1QP	1QQ	1QR	1QS	1QT	1QU	1QV	1QW
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FORM 51 - SCHEDULE E - PART II - RENT & ROYALTY INCOME - 1979

P ACCOUNT NO. 1171 118
11508 51

TAXPAYER'S NAME

JOHN A. ZACCARO

KIND AND LOCATION OF PROPERTY IF RESIDENTIAL, ALSO WRITE "R"	A	BUILDING							
	B	353 BROOME ST NYC							
	C								
	D								
INCOME	A	500	B		C		D		TOTALS
GROSS RENTS									
GROSS ROYALTIES									
TOTAL INCOME									
EXPENSES									
DEPRECIATION									
OPERATING COSTS - BUILDING PAYROLL									
REPAIRS AND MAINTENANCE		70							
UTILITIES		31							
TELEPHONE									
MISC.		1							
MANAGEMENT - COMMISSIONS									
OFFICE SALARIES									
PROFESSIONAL FEES		50							
TAXES - REAL ESTATE		407							
PAYROLL									
WATER									
OTHER									
OTHER - MORTGAGE INTEREST		176							
MORTGAGE COSTS - AMORTIZATION									
INSURANCE									
TOTAL EXPENSES		735							
LESS FOR OWNER'S USE (%)									
ALLOWABLE EXPENSES		(735)							
NET INCOME									
NET LOSS		(235)							
TOTAL NET INCOME (OR LOSS)									
							FEDERAL	53	(235)
							TAXPAYER	54	(225)
							SPOUSE	55	
DEPRECIATION SCHEDULE IF YOU NEED MORE SPACE USE FORM 482.									
(A) DESCRIPTION OF PROPERTY	(B) DATE ACQUIRED	(C) COST OR OTHER BASIS	(D) DEPRECIATION ALLOWED OR ALLOWABLE IN PRIOR YEARS	(E) METHOD OF COMPUTING DEPRECIATION	(F) LIFE OR RATE	(G) DEPRECIATION FOR THIS YEAR	ENTER DIGIT 1 IF TAXPAYER IS CLAIMING EXPENSES IN CONNECTION WITH A VACATION HOME RENTED TO OTHERS 61		
1. TOTAL ADDITIONAL FIRST-YEAR DEPRECIATION (DO NOT INCLUDE IN ITEMS BELOW)									
2. TOTALS							62		
FORM 51 COPYRIGHT 1979 PROGRAMMED TAX SYSTEMS, INC.							FOR PTS USE ONLY 99 1		

Department of the Treasury—Internal Revenue Service 1040 U.S. Individual Income Tax Return		1980	EXHIBIT NO. 16
For Privacy Act Notice, see Instructions. For the year January 1–December 31, 1980, or other tax year beginning 1980, ending 19			
Your first name and initial (if joint return, also give spouse's name and initial) J M M A		Last name ZACCAPO	
Present home address (number and street, including apartment number, or rural route) 22 DEEPDAME RD		Your social security number 	
City, town or post office, State and ZIP code FOREST HILLS, NY 11375		Spouse's social security no. 	
Your occupation BROKER		Spouse's occupation 	
Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
A Where do you live (actual location of residence)? (See page 2 of instructions.) State: NY City, village, borough, etc.: FOREST HILL		B. Do you live within the legal limits of a city, village, etc.? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
C. In what county do you live? QUEENS		D. In what township do you live? 	
Filing Status Check only one box. 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's s.s. no. above and full name here GERALDINE 4 <input type="checkbox"/> Head of household. (See page 6 of instructions.) If qualifying person is your unmarried child, enter child's name _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19). (See page 6 of instructions.)		For IRS use only 	
Exemptions *Always check the box labeled Yourself. Check other boxes if they apply. 6a <input checked="" type="checkbox"/> Yourself 65 or over <input type="checkbox"/> Blind b <input type="checkbox"/> Spouse 65 or over <input type="checkbox"/> Blind c Enter number of boxes checked on 6a and b 1 d Enter number of children listed on 6c 3 e Enter number of other dependents entered in boxes above 4 f Total number of exemptions claimed 8		g Enter number of other dependents entered in boxes above 4	
Income Please attach Copy B of your Forms W-2 here. If you do not have a W-2, see page 5 of instructions. Please attach check or money order here.		8 Wages, salaries, tips, etc. 25,674. 9 Interest income (attach Schedule B if over \$400) 2,755. 10a Dividends (attach Schedule B if over \$400) 10c 10b Exclusion 510. 11 Refunds of State and local income taxes (do not enter an amount unless you deducted these taxes in an earlier year—see page 9 of instructions) 510. 12 Alimony received 12 13 Business income or (loss) (attach Schedule C) 13 14 Capital gain or (loss) (attach Schedule D) 14 15 40% of capital gain distributions not reported on line 14 (See page 9 of instructions) 15 16 Supplemental gains or (losses) (attach Form 4797) 16 17 Fully taxable pensions and annuities not reported on line 18 17 18 Pensions, annuities, rents, royalties, partnerships, etc. (attach Schedule E) 18 19 Farm income or (loss) (attach Schedule F) 19 20a Unemployment compensation (insurance). Total received 20a 20b Taxable amount, if any, from worksheet on page 10 of instructions 20b 21 Other income (state nature and source—see page 10 of instructions) 21 22 Total income. Add amounts in column for lines 8 through 21 22	
Adjustments to Income (See instructions on page 10)		23 Moving expense (attach Form 3903 or 3903F) 23 24 Employee business expenses (attach Form 2106) 24 25 Payments to an IRA (enter code from page 10) 25 26 Payments to a Keogh (H.R. 10) retirement plan 26 27 Interest penalty on early withdrawal of savings 27 28 Alimony paid 28 29 Disability income exclusion (attach Form 2440) 29 30 Total adjustments. Add lines 23 through 29 30	
Adjusted Gross Income Adjusted gross income. Subtract line 30 from line 22. If this line is less than \$10,000, see "Earned Income Credit" (line 57) on pages 13 and 14 of instructions. If you want IRS to figure your tax, see page 3 of instructions.		31 106,010.	

Form 1040 (1980)

TRIPPLICATE

4

1 Control number 22222		3 Employer's identification number 13-2553852		4 Employer's State number	
2 Employer's name, address, and ZIP code Froant Realty Corp. c/o P. Zaccaro Co., Inc. 218 Lafayette St. New York, NY 10012		5 Stat. emp. De- clared <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		642 Sub- total <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8 Employee's social security number		9 Federal income tax withheld 750.00		10 Wages, tips, other compensation \$,000.00	
12 Employee's name, address, and ZIP code John A. Zaccaro 22 Deepdene Rd. Forest Hills, NY 11375		13 FICA wages \$,000.00		14 FICA tips	
		16 Employer's use		17 State income tax 250.00	
				18 State wages, tips, etc. \$,000.00	
				19 Name of State NY	
				20 Local income tax 100.00	
				21 Local wages, tips, etc. \$,000.00	
				22 Name of locality NY	

Form W-2 Wage and Tax Statement 1980
Department of the Treasury-Internal Revenue Service

Copy C For employee's records
This information is being furnished to the Internal Revenue Service.

1 Control number 22222		3 Employer's identification number 13-2682158		4 Employer's State number 06-00765	
2 Employer's name, address, and ZIP code P. Zaccaro Co., Inc. 218 Lafayette St. New York, NY 10012		5 Stat. emp. De- clared <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		642 Sub- total <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8 Employee's social security number		9 Federal income tax withheld \$,192.60		10 Wages, tips, other compensation 23,604.00	
12 Employee's name, address, and ZIP code John Zaccaro 22 Deepdene Road Forest Hills, NY 11375		13 FICA wages 23,604.00		14 FICA tips	
		16 Employer's use		17 State income tax 795.20	
				18 State wages, tips, etc. 23,604.00	
				19 Name of State NY	
				20 Local income tax 306.80	
				21 Local wages, tips, etc. 23,604.00	
				22 Name of locality NY	

Form W-2 Wage and Tax Statement 1980
Department of the Treasury-Internal Revenue Service

Copy C For employee's records
This information is being furnished to the Internal Revenue Service.

Form 1040 (1980)

Page 2

Tax Computation (See instructions on page 11)	32	Amount from line 31 (adjusted gross income)	32	106,010.
	33	If you do not itemize deductions, enter zero	33	25,348.
	Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 11 of the instructions. Also see page 11 of the instructions if: <ul style="list-style-type: none"> • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien. 			
	34	Subtract line 33 from line 32. Use the amount on line 34 to find your tax from the Tax Tables, or to figure your tax on Schedule TC, Part I.	34	80,662.
Credits (See instructions on page 12)	Use Schedule TC, Part I, and the Tax Rate Schedules ONLY if: <ul style="list-style-type: none"> • Line 34 is more than \$20,000 (\$40,000 if you checked Filing Status Box 2 or 3), OR • You have more exemptions than are shown in the Tax Table for your filing status, OR Otherwise, you MUST use the Tax Tables to find your tax.			
	35	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Tables or <input checked="" type="checkbox"/> Schedule TC	35	35,973.
	36	Additional taxes. Check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, <input type="checkbox"/> Form 5405, or <input type="checkbox"/> Section 72(m)(5) penalty tax	36	
	37	Total. Add lines 35 and 36	37	35,973.
Other Taxes (Including Advance EIC Payments)	38	Credit for contributions to candidates for public office	38	50.
	39	Credit for the elderly (attach Schedules R&RP)	39	
	40	Credit for child and dependent care expenses (Form 2441)	40	
	41	Investment credit (attach Form 3468)	41	
	42	Foreign tax credit (attach Form 1116)	42	
	43	Work incentive (WIN) credit (attach Form 4874)	43	
	44	Jobs credit (attach Form 5884)	44	
	45	Residential energy credits (attach Form 5695)	45	
	46	Total credits. Add lines 38 through 45	46	50.
	47	Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)	47	35,923.
Payments Attach Forms W-2, W-2G, and W-2P to front.	48	Self-employment tax (attach Schedule SE)	48	
	49a	Minimum tax. Attach Form 4625 and check here <input type="checkbox"/>	49a	
	49b	Alternative minimum tax. Attach Form 6251 and check here <input type="checkbox"/>	49b	
	50	Tax from recomputing prior-year investment credit (attach Form 4255)	50	
	51a	Social security (FICA) tax on tip income not reported to employer (attach Form 4137)	51a	
	51b	Uncollected employee FICA and RRTA tax on tips (from Form W-2)	51b	
	52	Tax on an IRA (attach Form 5329)	52	
	53	Advance-earned income credit (EIC) payments received (from Form W-2)	53	
Refund or Balance Due	54	Balance. Add lines 47 through 53	54	35,923.
	55	Total Federal income tax withheld	55	3,115.
	56	1980 estimated tax payments and amount applied from 1979 return	56	20,000.
	57	Earned income credit. If line 32 is under \$10,000, see pages 13 and 14 of instructions	57	
	58	Airport paid-with Form 4868	58	
	59	Excess FICA and RRTA tax withheld (two or more employers)	59	166.
	60	Credit for Federal tax on special fuels and oils (attach Form 4136 or 4136-T)	60	
	61	Regulated Investment Company credit (attach Form 2439)	61	
Please Sign Here	62	Total. Add lines 55 through 61	62	23,281.
	63	If line 62 is larger than line 54, enter amount OVERPAID	63	
	64	Amount of line 63 to be REFUNDED TO YOU	64	
	65	Amount of line 63 to be applied to your 1981 estimated tax	65	
Paid Preparer's Use Only	66	If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number on check or money order.	66	12,642.
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature _____ Date _____		Spouse's signature (if filing jointly, SO it must sign even if only one had income) _____		
Preparer's signature and date _____		Check if self-employed <input checked="" type="checkbox"/> Preparer's social security no. _____		
Firm's name (or yours, if self-employed) and address SELGER & BRESSMAN CPA 60 E 42ND STREET NEW YORK NY		E.I. No. 11-240859 ZIP code 10017		

TRIPLICATE

Form **2210**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals

1980

► Attach to Form 1040. ► See instructions on back.

Name(s) as shown on Form 1040

Social security number

JOHN A ZACCARO**Part I** How to Figure Your Underpayment (Complete lines 1 through 16)

If you meet any of the exceptions to the underpayment penalty for ALL four periods, skip lines 1 through 16 and go directly to line 17.

1	1980 tax (from Form 1040, line 54)	35,923
2	Earned income credit (from Form 1040, line 57)	
3	Tax credit for special fuels and oils (from Form 1040, line 60)	
4	Minimum tax (from Form 1040, line 498)	
5	Alternative minimum tax (from Form 1040, line 498)	
6	Social security (FICA) tax on unreported tip income (from Form 1040, line 518)	
7	Uncollected employee FICA and RRTA tax on tips (from Form 1040, line 518)	
8	Tax on an IRA (from Form 5329, Part I or III included on Form 1040, line 52)	
9	Total (add lines 2 through 8)	
10	Balance (subtract line 9 from line 1)	35,923
11	Enter 80% of the amount shown on line 10	28,738

- 12 Divide amount on line 11 by the number of payments required for the year. Enter the result in appropriate columns
- 13 Amounts paid on estimated tax and tax withheld
- 14 Overpayment (on line 16) from previous period
- 15 Total (add lines 13 and 14)
- 16 Underpayment (subtract line 15 from line 12) OR Overpayment (subtract line 12 from line 15)

Payment Due Dates			
(a)	(b)	(c)	(d)
4/15/80	6/16/80	9/15/80	1/16/81
7,189	7,185	7,184	7,184
778	778	779	20,779
778	778	779	20,779
6,407	6,407	6,405	13,595

Part II Exceptions to the Penalty (Farmers and fishermen, see instruction A for special exception)

17 Total amount paid and withheld from January 1 through the payment due date shown	778	1,856	2,235	23,114
18 Exception 1.—1979 tax	25% of 1979 tax	50% of 1979 tax	75% of 1979 tax	100% of 1979 tax
19 Exception 2.—Tax on 1979 income using 1980 rates and exemptions (attach computation)	Enter 25% of tax	Enter 50% of tax	Enter 75% of tax	Enter 100% of tax
20 Exception 3.—Tax on annualized 1980 income (see worksheet on back)	Enter 20% of tax	Enter 40% of tax	Enter 60% of tax	Enter 80% of tax
21 Exception 4.—Tax on 1980 income over 3, 5, and 8-month periods (attach computation)	Enter 50% of tax	Enter 60% of tax	Enter 80% of tax	Enter 90% of tax

Part III How to Figure the Penalty (Complete lines 22 through 26 if none of the exceptions in Part II apply.)

22 Amount of underpayment (from line 16)	6,407	6,407	6,405	
23 Date of payment or APR 15, 1981 whichever is earlier	4/15/81	4/15/81	4/15/81	4/15/81
24 Number of days from due date of payment to the date on line 23	365	304	212	90
25 Number of days on line 24 \times 12% \times amount on line 22	769	640	446	
26 Penalty (add amounts on line 25). Check the box below line 66 on Form 1040 and show this amount in the space provided. If you owe tax on line 66 Include the penalty amount in with your total payment. If you are due a refund, we will subtract the penalty amount from the amount on line 63				1,855

TRIPLICATE

Form 2210 1980

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

(Form 1040)
Department of the Treasury
Internal Revenue Service

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

1980

08

Name(s) as shown on Form 1040

Your social security number

JOHN A ZACCARDI

Schedule A—Itemized Deductions

Medical and Dental Expenses (not paid or reimbursed by insurance or otherwise) (See page 16 of instructions.)		Contributions (See page 17 of instructions.)	
1 One-half (but not more than \$150) of insurance premiums you paid for medical care. (Be sure to include in line 10 below.) ▶	150.	21 a Cash contributions for which you have receipts or cancelled checks	1,940.
2 Medicine and drugs		b Other cash contributions (show to whom you gave and how much you gave) ▶	
3 Enter 1% of Form 1040, line 31	1,060.		
4 Subtract line 3 from line 2. If line 3 is more than line 2, enter zero	0.	22 Other than cash (see page 17 of instructions for required statement)	
5 Balance of insurance premiums for medical care not entered on line 1	150.	23 Carryover from prior years	
6 Other medical and dental expenses:		24 Total contributions (add lines 21a through 23). Enter here and on line 36	1,940.
a Doctors, dentists, nurses, etc.			
b Hospitals		Casualty or theft loss(es) (See page 18 of instructions.)	
c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶		25 Loss before insurance reimbursement	
		26 Insurance reimbursement	
		27 Subtract line 26 from line 25. If line 26 is more than line 25, enter zero	
7 Total (add lines 4 through 6c)	150.	28 Enter \$100 or amount from line 27, whichever is smaller	
8 Enter 3% of Form 1040, line 31	3,180.	29 Total casualty or theft loss(es) (subtract line 28 from line 27). Enter here and on line 37	
9 Subtract line 8 from line 7. If line 8 is more than line 7, enter zero	0.	Miscellaneous Deductions (See page 18 of instructions.)	
10 Total medical and dental expenses (add lines 7 and 9). Enter here and on line 33	150.	30 Union dues	
Taxes (See page 17 of instructions.)		31 Other (itemize) ▶	
Note: Gasoline taxes are no longer deductible.		SEE SCHEDULE-17	300.
11 State and local income	13,452.		
12 Real estate	3,868.		
13 General sales (see sales tax tables)	1,072.		
14 Personal property			
15 Other (itemize) ▶			
16 Total taxes (add lines 11 through 15). Enter here and on line 34	18,392.	32 Total miscellaneous deductions (add lines 30 and 31). Enter here and on line 38	300.
Interest Expense (See page 17 of instructions.)		Summary of Itemized Deductions (See page 19 of instructions.)	
17 Home mortgage interest	946.	33 Total medical and dental—from line 10	150.
18 Credit and charge cards		34 Total taxes—from line 16	18,392.
19 Other (itemize) ▶ SEE SCHEDULE-17	5,320.	35 Total interest—from line 20	6,266.
		36 Total contributions—from line 24	1,940.
		37 Total casualty or theft loss(es)—from line 29	
		38 Total miscellaneous—from line 32	300.
		39 Add lines 33 through 38	27,048.
20 Total interest expense (add lines 17 through 19). Enter here and on line 39	6,266.	40 If you checked Form 1040, Filing Status box: 2 or 5, enter \$3,400	1,700.
		3 or 4, enter \$2,300	
		5, enter \$1,700	
		41 Subtract line 40 from line 39. Enter here and on Form 1040, line 33. (If line 40 is more than line 39, see the instructions for line 41 on page 19) ▶	25,348.

TRIPLICATE

.Your social security number

1

3 If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, complete Part II and Part III. Please see page of the instructions. Write (H), (W), or (J), for stock held by husband, wife, or jointly. Then answer the questions in Part III, below. If you received dividends as a nominee for another, please see page 1 of the instructions.

SFE SCHULE 6

-2,755-

5. Capital gain distribut-

Yes	No
	X

tions, Enter here and

7 Total (add lines 5 and 6)

Note: If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file this schedule. Instead, enter 40% of your capital gain distributions on Form 1040, line 1.

TRIPLICATE

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1980
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▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

Your social security number

JOHN A. ZACCARO

D

Part II Long-term Capital Gains and Losses—Assets Held More Than One Year

Note: If you have capital loss carryovers from years beginning before 1970, do not complete rest of form. See Form 4798 instead. Otherwise, complete this form on reverse.

202174

115068-9039-07

Schedule D (Form 1040) 1980

Page 2

Part III Summary of Parts I and II.

19 Combine lines 7 and 18, and enter the net gain or (loss) here	19	5,133
20 If line 19 shows a gain—		
a Enter 60% of line 18 or 60% of line 19, whichever is smaller. Enter zero if there is a loss or no entry on line 18	20a	5,480
If the amount you enter on this line is other than zero, you may be liable for the alternative minimum tax. See Form 5251.		
b Subtract line 20a from line 19. Enter here and on Form 1040, line 14	20b	3,553
21 If line 19 shows a loss—		
a Enter one of the following amounts:		
(i) If line 7 is zero or a net gain, enter 50% of line 19;		
(ii) If line 18 is zero or a net gain, enter line 19; or,	21a	
(iii) If line 7 and line 18 are net losses, enter amount on line 7 added to 50% of the amount on line 18		
b Enter here and enter as a loss on Form 1040, line 14, the smallest of:		
(i) The amount on line 21a,		
(ii) \$3,000 (\$1,500 if married and filing a separate return); or,	21b	
(iii) Taxable income, as adjusted		
Note: If the loss on line 21a is more than the loss shown on line 21b, complete Part IV to determine post-1969 capital loss carryover from 1980 to 1981.		

Part IV Computation of Post-1969 Capital Loss Carryovers from 1980 to 1981.
(Complete this part if the loss on line 21a is more than the loss shown on line 21b)**Section A.—Short-term Capital Loss Carryover**

22 Enter loss shown on line 7; if none, enter zero and skip lines 23 through 27—then go to line 28	22	
23 Enter gain shown on line 18. If that line is blank or shows a loss, enter zero	23	
24 Reduce any loss on line 22 to the extent of any gain on line 23	24	
25 Enter amount shown on line 21b	25	
26 Enter smaller of line 24 or 25	26	
27 Subtract line 26 from line 24	27	
Note: The amount on line 27 is the part of your short-term capital loss carryover from 1980 to 1981 that is from years beginning after 1969.		

Section B.—Long-term Capital Loss Carryover

28 Subtract line 26 from line 25. (Note: If you skipped lines 23 through 27, enter amount from line 21b)	28	
29 Enter loss from line 18; if none, enter zero and skip lines 30 through 33	29	
30 Enter gain shown on line 7. If that line is blank or shows a loss, enter zero	30	
31 Reduce any loss on line 29 to the extent of any gain on line 30	31	
32 Multiply amount on line 28 by 2	32	
33 Subtract line 32 from line 31	33	
Note: The amount on line 33 is the part of your long-term capital loss carryover from 1980 to 1981 that is from years beginning after 1969.		

SCHEDULE E
Form 1040

Department of the Treasury
Internal Revenue Service

Supplemental Income Schedule

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

1990

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117068-9039-02

JOHN A ZACCARI

Your social security number

Part I Pension and Annuity Income. If fully taxable, do not complete this part. Enter amount on Form 1040, line 17, for one pension or annuity not fully taxable, complete this part. If you have more than one pension or annuity that is not fully taxable, attach a separate sheet listing each one with the appropriate data and enter combined total of taxable parts on line 4.

- 1a Did you and your employer contribute to the pension or annuity? Yes ☐ No ☐
 b If "Yes," do you expect to get back your contribution within 3 years from the date you receive the first payment? Yes ☐ No ☐
 c If "Yes," show: Your contribution ▶ \$ 14
 d Contribution received in prior years 2
 Amount received this year 3
 3 Amount on line 2 that is not taxable: 4
 4 Taxable part (subtract line 3 from line 2). Enter here and include in line 18 below 4

Part II Rent and Royalty Income or Loss. If you need more space, attach a separate sheet.

- 5a Are any of the expenses listed below for a vacation home or similar dwelling rented to others (see instructions)? Yes ☐ No ☐
 b If "Yes," did you or a member of your family occupy the vacation home or similar dwelling for more than 14 days during the tax year? Yes ☐ No ☐
 6a Did you elect to claim amortization (under section 191) or depreciation (under section 167(e)) for a rehabilitated certified historic structure (see instructions)? Yes ☐ No ☐
 b Amortizable basis (see instructions) ▶

(a) Property sold (describe in Part VI)	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain in Part VI) or amortization (if applicable)	(e) Other expenses (explain in Part VII)	(f) Net loss	(g) Net income
Property A						
Property B						
Property C						
Amounts from Form 4835						
7 Totals						

9 Total rent and royalty income or (loss). Combine amounts in columns (f) and (g), line 8. Enter here and include in line 18 below 9

Part III Income or Losses from—

	(a) Name	(b) Employer identification number	(c) Net loss	(d) Net income
Partnerships	SEE FORM 44			
Estates or Trusts	10 Add amounts in columns (c) and (d) and enter here	10	25,680	
	11 Combine amounts in columns (c) and (d), line 10, and enter net income or (loss)	11	25,680	
	12 Additional first-year depreciation (see instructions for limitations)	12		
Small Business Corporations	13 Total partnership income or (loss). Combine lines 11 and 12. Enter here and include in line 18 below	13	25,680	
	14 Add amounts in columns (c) and (d) and enter here	14		
	15 Total estate or trust income or (loss). Combine amounts in columns (c) and (d), line 14. Enter here and include in line 18 below	15		
	16 Add amounts in columns (c) and (d) and enter here	16		
	17 Total small business corporation income or (loss). Combine amounts in columns (c) and (d), line 16. Enter here and include in line 18 below	17		

Part IV
18 TOTAL income or (loss). Combine lines 4, 9, 13, 15, and 17. Enter here and on Form 1040, line 18 18 25,680

19 Farmers and fishermen: Enter your share of gross farming and fishing income applicable to Parts II and III 19

TRIPPLICATE

115068-5034-02
SCHEDULE G
(Form 1040)
 Department of the Treasury
 Internal Revenue Service

Income Averaging

See instructions on back.
 Attach to Form 1040.

1980

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Name(s) as shown on Form 1040

JOHN A ZACCARO

Your social security number

Base Period Income and Adjustments	(a) 1st preceding base period year 1979	(b) 2d preceding base period year 1978	(c) 3rd preceding base period year 1977	(d) 4th preceding base period year 1976
1 Enter amount from: Form 1040 (1977, 1978, and 1979)—line 34 Form 1040A (1977 and 1978)—line 10 Form 1040A (1979)—line 11	58,448.	52,562.	21,378.	
2 a Multiply \$750 by your total number of exemptions in 1977 and 1978		3,000.	3,000.	
b Multiply \$1,000 by your total number of exemptions in 1979	4,000.			
3 Taxable income (subtract line 2a or 2b from line 1). If less than zero, enter zero	54,448.	49,562.	18,378.	6,094.
4 Income earned outside of the United States or within U.S. possessions and excluded under sections 911 and 931				
5 On your 1980 (2 or 5 enter \$3,200; Form 1040, if 1 or 4 enter \$2,200) (in column you checked box 3 enter \$1,600) (d)				1,600.
6 Base period income (add lines 3, 4 and 5)	54,448.	49,562.	18,378.	7,694.
Computation of Averageable Income				
7 Taxable income for 1980 from Schedule TC (Form 1040), Part I, line 3	7	76,662.		
8 Certain amounts received by owner-employees subject to a penalty under section 72(m)(5)	8			
9 Subtract line 8 from line 7	9	76,662.		
10 Excess community income	10			
11 Adjusted taxable income (subtract line 10 from line 9). If less than zero, enter zero	11	76,662.		
12 Add columns (a) through (d), line 6, and enter here	12	120,082.		
13 Enter 30% of line 12	13	39,025.		
14 Averageable income (subtract line 13 from line 11)	14	37,637.		

If line 14 is \$3,000 or less, do not complete the rest of
 this form. You do not qualify for income averaging.

G

Computation of Tax		
15 Amount from line 13	15	39,025.
16 20% of line 14	16	7,527.
17 Total (add lines 15 and 16)	17	46,552.
18 Excess community income from line 10	18	
19 Total (add lines 17 and 18)	19	46,552.
20 Tax on amount on line 19 (see caution below)	20	18,965.
21 Tax on amount on line 17 (see caution below)	21	18,965.
22 Tax on amount on line 15 (see caution below)	22	14,713.
23 Subtract line 22 from line 21	23	4,252.
24 Multiply the amount on line 23 by 4	24	17,008.
Note: If no entry was made on line 8 above, skip lines 25 through 27 and go to line 28.		
25 Tax on amount on line 7 (see caution below)	25	
26 Tax on amount on line 9 (see caution below)	26	
27 Subtract line 26 from line 25	27	
28 Tax (add lines 20, 24, and 27). Enter here and on Schedule TC (Form 1040), Part I, line 4 and check Schedule G box	28	35,973.

Caution: Use Tax Rate Schedule X, Y or Z from the Form 1040 instructions to figure your tax on lines 20, 21, 22, 25 and 26. Do not use the tax tables.

TRIPLICATE

SCHEDULE SE
(Form 1040)
Department of the Treasury
Internal Revenue Service

Computation of Social Security Self-Employment Tax

► See Instructions for Schedule SE (Form 1040).
► Attach to Form 1040.

1980

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Name of self-employed person (as shown on social security card)

JOHN A. ZACCARO

Social security number of
self-employed person ►

Part I Computation of Net Earnings from FARM Self-employment

Regular Method

1 Net profit or (loss) from:

a Schedule F (Form 1040)

b Farm partnerships

2 Net earnings from farm self-employment (add lines 1a and 1b)

Farm Optional Method

3 If gross profits from farming are:

a Not more than \$2,400, enter two-thirds of the gross profits

b More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600

4 Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method

Part II Computation of Net Earnings from NONFARM Self-employment

SE

Regular Method

5 Net profit or (loss) from:

a Schedule C (Form 1040)

b Partnerships, joint ventures, etc. (other than farming)

c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361 and have not revoked that exemption, check here ☐ and enter zero on this line

d Service with a foreign government or international organization

e Other (specify) ► **SEE SCHEDULE 4**

6 Total (add lines 5a through 5e)

7 Enter adjustments if any (attach statement, see page 29 of Instructions)

8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)
Note: If line 8 is \$1,600 or more or if you do not elect to use the Nonfarm Optional Method, skip lines 9 through 11 and enter amount from line 8 on line 12b.

Nonfarm Optional Method

9 a Maximum amount reportable under both optional methods combined (farm and nonfarm)

b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.)

c Balance (subtract line 9b from line 9a)

10 Enter two-thirds of gross nonfarm profits or \$1,600, whichever is smaller

11 Enter here and on line 12b, the amount on line 9c or line 10, whichever is smaller

Part III Computation of Social Security Self-employment Tax

12 Net earnings on (loss):

a From farming (from line 4)

b From nonfarm (from line 8, or line 11 if you elect to use the Nonfarm Optional Method)

13 Total net earnings or (loss) from self-employment reported on lines 12a and 12b. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of schedule)

14 The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement taxes for 1980 is

15 a Total "FICA" wages (from Forms W-2) and "RRTA" compensation

b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRTA

c Add lines 15a and 15b

16 Balance (subtract line 15c from line 14)

17 Self-employment income—line 13 or 16, whichever is smaller

18 Self-employment tax. (If line 17 is \$25,900, enter \$2,097.90; if less, multiply the amount on line 17 by .081.) Enter here and on Form 1040, line 48

TRIPPLICATE

SCHEDULE TC
(Form 1040)

 Department of the Treasury
 Internal Revenue Service

Tax Computation Schedule

Attach to Form 1040.

1980

Name(s) as shown on Form 1040

JOHN A. ZACCARO

Your social security number

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

Use this part to figure your tax if:

- Your income on Form 1040, line 34, is more than \$40,000 and you checked Filing Status Box 2 or 5 on Form 1040.
- You figure your tax using Schedule G (Income Averaging) or Form 4726 (Maximum Tax on Personal Service Income).
- You had more exemptions than were shown in the Tax Table for your filing status.

1 Enter line amount from Form 1040, line 34.

1 80,662.

2 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 7. Taxable income. Subtract line 2 from line 1. (Figure your tax on this amount by using the Tax Rate Schedules or one of the other methods listed on line 4.)

2 4,000.

 4 Income tax. Enter tax and check if from: ☐ Tax Rate Schedule X, Y, or Z. ☒ Schedule G, or ☐ Form 4726. Also enter on Form 1040, line 35.

3 76,662.

4 35,973.

Part II Computation for Certain Taxpayers Who MUST Itemize Deductions

If you are included in one of the groups below, you **MUST** itemize. If you must itemize and the amount on Schedule A (Form 1040), line 40, is more than your itemized deductions on Schedule A, line 39, you must complete Part II before figuring your tax.

 You **MUST** itemize your deductions if:

A. You can be claimed as a dependent on your parents' return and had interest, dividends, or other unearned income of \$1,000 or more and had earned income of less than \$2,300 if single (less than \$1,700 if married filing a separate return).

Note: If your earned income is more than your itemized deductions, you don't have to fill in Schedule A. Just enter your earned income in Part II, line 3, of this schedule, unless you are married filing a separate return and your spouse itemizes deductions. Generally, your earned income is the total of any amounts on Form 1040, lines 8, 13, and 19. See page 12 of the instructions for Form 1040 for more details.

B. You are married filing a separate return and your spouse itemizes deductions. (There is an exception to this rule. You don't have to itemize if your spouse must itemize only because he or she is described in A and enters earned income instead of itemized deductions on Part II,

line 3, of this schedule. If this is the case, don't complete Part II. Go back to Form 1040, line 33, and enter \$0. Then go to Form 1040, line 34.)

C. You file Form 4563 to exclude income from sources in U.S. possessions. (Please see Form 4563, and Publication 570, Tax Guide for U.S. Citizens Employed in U.S. Possessions, for more details.)

D. You had dual status as a nonresident alien for part of 1980, and during the rest of the year you were either a resident alien or a U.S. citizen. However, you don't have to itemize if at the end of 1980, you were a nonresident alien married to a U.S. resident or citizen and file a joint return reporting your combined worldwide income.

1 Enter the amount from Form 1040, line 31.

1

 2 If you checked Form 1040, Filing Status Box: ☐ 2 or 5, enter \$3,400; ☐ 1 or 4, enter \$2,300; ☐ 3, enter \$1,700.

2

3 Enter the amount from Schedule A, line 39.

3

Caution: If you can be claimed as a dependent on your parents' return, see the Note above. Be sure you check the box below line 33 of Form 1040.

4 Subtract line 3 from line 2.

4

5 Add lines 1 and 4. Enter here and on Form 1040, line 34. (Leave Form 1040, line 33 blank. Disregard the instruction to subtract line 33 from line 32. Follow the rest of the instructions for Form 1040, line 34.)

5

The example below may help you to complete Part II as shown below. Example—Walter Green, a single individual, is claimed as a dependent on his parents' return. Walter's adjusted gross income, Form 1040, line 31, is \$4,000. Of this amount, \$1,500 was earned income from a summer job and \$2,500 was unearned income that he received as a beneficiary of a trust. Because Walter is being claimed as a dependent on his parents' return and has unearned income of \$1,000 or more and earned income of less than

\$2,300, he must use Part II of Schedule TC. Walter knows that his total itemized deductions are only \$500. Since this is less than his earned income (\$1,500), he does not have to complete Schedule A. Walter enters \$2,300, the zero bracket amount for a single individual, on line 2 of Part II and his earned income on line 3. He completes Part II as shown below and enters the total of \$4,800 on Form 1040, line 34. He then figures his tax using the Tax Tables as explained in the instructions for lines 34 and 35 on page 12.

1 Adjusted gross income \$4,000
 2 Zero bracket amount for a single individual \$2,300
 3 Earned income 1,500
 4 Subtract line 3 from line 2 800
 5 Add lines 1 and 4. Enter here and on Form 1040, line 34 \$4,800

Note: If Walter's itemized deductions are more than his earned income, he must complete Schedule A first.

TRIPLICATE

Form **6251**
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax Computation

1980

See instructions on back.
Attach to Forms 1040, 1040NR, 1041 or 990-T (Trust).

35

Name(s) as shown on tax return

Identifying number

Name(s) as shown on tax return JOHN A ZACCARO		Identifying number	
1 Adjusted gross income from Form 1040, line 32 -or Form 1040NR, line 33 (estates and trusts—see instructions)		1	106,010.
2 Deductions (applies to individuals only):			
a Enter amount from Form 1040, line 33 or Form 1040NR, line 37	2a 23,348.		
b On your Form 1040, if you checked Filing Status box 1 or 4 , enter \$3,400 2 or 5, enter \$2,300 3, enter \$1,700	2b 1,700.		
c Multiply \$1,000 by the total number of exemptions on Form 1040, line 7	2c 4,000.		
d Add lines 2a through 2c (estates and trusts, enter zero)	2d	31,048.	
3 Subtract line 2d from line 1.	3	74,962.	
4 Tax preference items:			
a Adjusted itemized deductions	4a		
b Capital gain deduction	4b 5,480.		
c Add lines 4a and 4b	4c	5,480.	
5 Alternative minimum taxable income (add lines 3 and 4c)	5	80,442.	
6 Enter \$20,000 (\$10,000 if married filing separately, or an estate or trust)	6	10,000.	
7 Subtract line 6 from line 5. If zero or less, do not complete the rest of this form	7	70,442.	
8 Enter the smaller of line 7 or \$40,000 (\$20,000 if married filing separately or an estate or trust)	8	20,000.	
9 Subtract line 8 from line 7.	9	50,442.	
10 Enter the smaller of line 9 or \$40,000 (\$20,000 if married filing separately or an estate or trust)	10	20,000.	
11 Subtract line 10 from line 9.	11	30,442.	
12 Enter 10% of line 8.	12	2,000.	
13 Enter 20% of line 10.	13	4,000.	
14 Enter 25% of line 11	14	7,611.	
15 Add lines 12, 13 and 14.	15	13,611.	
16 Amount from Form 1040, line 47 (estates and trusts—see instructions)	16	35,923.	
17 Minimum tax from Form 1040, line 49A (estates and trusts—see instructions)	17		
18 Tax from recomputing prior-year investment credit (from Form 1040, line 50) (estates and trusts—see instructions)	18		
19 Add lines 16 through 18	19	35,923.	
20 Alternative minimum tax (subtract line 19 from line 15). If zero or less, do not complete the rest of this form; otherwise, file this form with your tax return.	20	0.	
21 Foreign tax credit (see instructions)	21		
22 Subtract line 21 from line 20. Enter here and on Form 1040, line 40B (estates and trusts—see instructions).	22		

*Do not include any tax from Form 4970, Form 4972, Form 5544, or any penalty tax under section 72(m)(5).

Form 6251 1980

TRIFLICATE

115068-5039-02

202174

JIMMY A ZALLAKU

INDIVIDUAL RETIREMENT ARRANGEMENT - IRA - DEDUCTION - 1980

- X 1. ONE INDIVIDUAL IRA.
 2. TWO INDIVIDUAL IRA-S.
 3. ONE INDIVIDUAL IRA AND ONE SPOUSAL IRA.
 4. ONE SEP.
 5. TWO SEP.
 6. ONE INDIVIDUAL IRA AND ONE SEP.

1. AMOUNT PAID TO YOUR IRA. - DO NOT INCLUDE ROLLOVERS OR YOUR EMPLOYER-S SEP PAYMENTS.	1,500
2. YOUR EMPLOYER-S SEP PAYMENTS TO YOUR IRA	
3. ADD LINES 1 AND 2.	1,500
4A AMOUNT PAID TO YOUR NON-WORKING SPOUSE-S IRA. - DO NOT INCLUDE ROLLOVERS.	
4B ELIGIBLE EXCESS PAYMENTS MADE IN EARLIER YEARS. SEE INSTRUCTIONS FOR FORM 5329, LINE 3.	
5. ADD LINES 3, 4A AND 4B	1,500
6. WAGES AND OTHER EARNED INCOME FROM 1040. - DO NOT INCLUDE SPOUSE-S INCOME AND DO NOT REDUCE YOUR WAGES BY LOSSES FROM SELF EMPLOYMENT.	124,480
7. ENTER EMPLOYER-S SEP PAYMENTS.	
8. SUBTRACT LINE 7 FROM LINE 6. ENTER RESULT.	124,480
COMPLETE LIMITATION 9, 10, OR 11 BELOW, WHICHEVER ONE APPLIES TO YOU. IF YOUR EMPLOYER CONTRIBUTES TO YOUR IRA AND YOUR NON-WORKING SPOUSE-S IRA UNDER A SEP, USE THE LIMITATION ON LINE 10.	
9. REGULAR IRA. ENTER 1,500 OR 15 PCT. OF LINE 8, WHICHEVER IS SMALLER	1,500
10. IRA FOR YOU AND YOUR NON-WORKING SPOUSE. ENTER THE SMALLEST OF - A. 15 PCT. OF LINE 8, OR B. 1,750, OR C. 2 TIMES THE AMOUNT ON LINE 3, OR D. 2 TIMES THE AMOUNT ON LINE 4A.	
11. SIMPLIFIED EMPLOYEE PENSION -SEP- ENTER THE SMALLER OF- A. 15 PCT. OF LINE 8, OR B. THE TOTAL OF- LINE 2, BUT NOT MORE THAN 7500, AND 1,500 MINUS LINE 2, BUT NOT LESS THAN ZERO.	
12. ALLOWABLE DEDUCTION. ENTER THE SMALLER OF - A. THE AMOUNT FROM LINE 9, OR B. YOUR LIMITATION FROM LINE 9, 10 OR 11. ALSO ENTER ON FORM 1040, LINE 25	1,500
NOTE- IF LINE 9 IS LARGER THAN LINE 12 AND YOU DO NOT WITHDRAW THIS EXCESS PAYMENT BEFORE THIS RETURN IS DUE, YOU MUST FILE FORM 5329 AND PAY THE TAX DUE	