| Enter on the following lines the name of | each person for whom an exemption | is claimed: | and the same of th | | |
|---|--|--|--|---|--|
| 1. Taxpayer's Own Name Check whether you are: 65 years o | of age or over—Yes No ; blind | | | | OSIVE, |
| 2. Wife's (or Husband's) Name | | | | / | |
| *** | ears of age or over—Yes No | | | 2 | 20 |
| 3. (Name) | | | | tionship | 1950 |
| 4. (Name) 5 | | | (Relat | tionship) | M ms. |
| (Name) If more space is needed, attach list. | | e. | (Relat | tionship) | The Marie of the State of the S |
| | ED STATES INCOME TAX | WITHHELD | BY EMP | LOYEI | R |
| Name of employer | | | T I | | Tax withheld a |
| | 2-3 | 2 | | | <u> </u> |
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| I declare under the penalties of pe examined by me and to the best of my | | (Signeture of payoay | and and the same of the same of the same | the tax | able period (Dat |
| examined by me and to the best of my | Y San | (Signature of the pay | (er) | | 9.J. 24 |
| examined by me and to the best of my | San (If this is a joint re | The second secon | fe, it must be si | igned by b | Ooth.) A return |
| NOTICE OF TERMINATION O | (If this is a joint reby an agen | (Signeture of Aspay turn of husband and wit turns be accompanied | fe, it must be si by power of at | igned by b torney. (| (Date on the control of the control |
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| In accordance with the provisions of on page 1 of this return, that the taxable States, and demand is hereby made for thany United States income taxes due the Receipt of above notice is hereby acknowledged This certifies that the above-named tions with respect to income received or | (If this is a joint re by an agen F TAXABLE PERIOD AND If the Internal Revenue Code, notice period of such individual is declared to payment of the tax due for the tax United States for prior years which (Signature taxpayer) CERTIFICATE OF COM individual has satisfied all United Stope received, determined as near | (Signeture of the pay turn of husband and wit must be accompanied DEMAND FOF is hereby served at terminated as of table period declar have not been possible period declar have not been period decl | fe, it must be siby power of at R PAYME on the indivithe date of ced terminat aid. GEO. J. So | igned by b torney. (INT OI idual wi departur ed and f | (Date of the payment |
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| Schedule C.—EXPLANATION OF CREDIT CLAIMED IN To be used by (1) nonresident aliens, residing in Mexico, falling in Class II, (2 falling in Class III, and resident aliens |) nonresident aliens, residing | |
|---|---|--|
| Enter on the following lines the name of each person for whom an exemption is | claimed: | |
| 1. Taxpayer's Own Name | -Yes No [| |
| 2. Wife's (or Husband's) Name Check whether she (or he) is: 65 years of age or over—Yes No ; bl | ind—Yes □ No □ | 18 20 a |
| 3 | | |
| 4 | (Relationsh | |
| 5 | | # N N N N N N N N N N N N N N N N N N N |
| (Name) If more space is needed, attach list. | (Relationsh | ι ρ) |
| Schedule D.—UNIFED STATES INCOME TAX V | WITHHELD BY EMPLOY | YER |
| Name of employer | Amount of wages | Tax withheld at source |
| | s | \$ |
| | | |
| | | |
| | | 3 |
| Total | \$ | \$ |
| | (Signature of taxpayer) n of husband and wife, it must be signed ust be accompanied by power of attorney | by both.) A return made y. (See Instruction 8.) |
| NOTICE OF TERMINATION OF TAXABLE PERIOD AND DE | EMAND FOR PAYMENT | OF TAXES DUE |
| In accordance with the provisions of the Internal Revenue Code, notice is on page 1 of this return, that the taxable period of such individual is declared to States, and demand is hereby made for the payment of the tax due for the taxab any United States income taxes due the United States for prior years which h | hereby served on the individua erminated as of the date of depa- ble period declared terminated as | l whose name appears rture from the United |
| Receipt of above notice Clarical Control of taxpayer) | GEO. J. SCHO | ENEMAN, Commissioner. |
| Night Section of the Control of the | | e e e e e |
| CERTIFICATE OF COMP | LIANCE | |
| This certifies that the above-named individual has satisfied all United Stations with respect to income received or to be received, determined as nearly departure indicated above, according to all information available to me at this | as may be, up to and including | cess-profits tax obliga- g the intended date of |
| | | |
| Date , 19 By U. s. GOVERNMENT PRINTING OFFICE 16—32753-6 | (Name) | (Title) |
| | | |
| | | |