

Doc 94-4604

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

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

Use IRS label, otherwise, print or type.

First name and initial (if joint return, give first names and initials of both) **James E. & Rosalynn** Last name **Carter** Your social security number **117**

Present home address (Number and street, including apartment number, or rural route) **The White House** Spouse's social security no. **117**

City, town or post office, State and ZIP code **Washington, D.C. 20500**

For Privacy Act Notice, see page 3 of instructions.

Yours President
Spouse's

Presidential Election Campaign Fund

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

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

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

Check Only One Box

1 Single

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

3 Married filing separately. If spouse is also filing, give spouse's social security number in the space above and enter full name here

4 Unmarried Head of Household. Enter qualifying name

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

Exemptions

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

6a Yourself 65 or over Blind

6b Spouse 65 or over Blind

6c First names of your dependent children who lived with you Any

Enter number of boxes checked on 6a and b 2

Enter number of children listed 1

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

Enter number of other dependents

7 Total number of exemptions claimed 3

Add numbers entered in boxes above

| 8 | Wages, salaries, tips, and other employee compensation. (Attach Forms W-2. If unavailable, see page 5 of instructions) | 8 | 236,458 | 32 |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----|-----------|----|
| 9 | Interest income. (If over \$400, attach Schedule B.) | 9 | 7,515 | 42 |
| 10a | Dividends (if over \$500, attach Schedule B) 114,282.86, 10b less exclusion 100.00, Balance | 10c | 114,182 | 86 |
| (See pages 9 and 17 of instructions) | | | | |
| (If you have no other income, skip lines 11 through 20 and go to line 21.) | | | | |
| 11 | State and local income tax refunds (Does not apply if refund is for year you took standard deduction) | 11 | | |
| 12 | Alimony received | 12 | | |
| 13 | Business income or (loss) (attach Schedule C) | 13 | | |
| 14 | Capital gain or (loss) (attach Schedule D) | 14 | (1,873) | 24 |
| 15 | 50% of capital gain distributions not reported on Schedule D | 15 | | |
| 16 | Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797) | 16 | | |
| 17 | Fully taxable pensions and annuities not reported on Schedule E | 17 | | |
| 18 | Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule F) | 18 | (168,866) | 31 |
| 19 | Farm income or (loss) (attach Schedule F) | 19 | | |
| 20 | Other (state nature and source—see page 9 of instructions) Schedule | 20 | 3,281 | 00 |
| 21 | Total income. Add lines 8, 9, and 10c through 20 | 21 | 120,748 | 05 |

22 **Charitable contributions** (If none, skip lines 22 through 27 and enter zero on line 28.)

| 22 | Moving expense (attach Form 3903) | 22 | 215 | 34 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|----|
| 23 | Employee business expenses (attach Form 2106) | 23 | 1,371 | 93 |
| 24 | Payments to an individual retirement arrangement (from attached Form 5329, Part III) | 24 | | |
| 25 | Payments to a Keogh (H.R. 10) retirement plan | 25 | | |
| 26 | Forfeited interest penalty for premature withdrawal | 26 | | |
| 27 | Alimony paid (see page 11 of instructions) | 27 | | |
| 28 | Total adjustments. Add lines 22 through 27 | 28 | 1,587 | 27 |
| 29 | Subtract line 28 from line 21 | 29 | 119,160 | 78 |
| 30 | Disability income exclusion (sick pay) (attach Form 2440) | 30 | | |
| 31 | Adjusted gross income. Subtract line 30 from line 29. Enter here and on line 32. If you want IRS to figure your tax for you, see page 4 of the instructions | 31 | 119,160 | 78 |

Please Attach Copy B of Forms W-2 Here

Please Attach Check or Money Order Here

32 Amount from line 31

33 If you itemize deductions, enter excess itemized deductions from Schedule A, line 1.
 If you do NOT itemize deductions, enter zero.
 Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here 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 4553, OR
 • You are a dual status alien.

34 Tax Table Income. Subtract line 33 from line 32
 Note: See instructions for line 35 on page 11. Then find your tax on the amount on line 34 in the Tax Tables. Enter the tax on line 35. However, if line 34 is more than \$21,000 (\$30,000 if you checked box 2 or 5) or you have more exemptions than those covered in the Tax Tables for your filing status, use Part I of Schedule TC (Form 1040) to figure your tax. You must also use Schedule TC if you file Schedule G (Form 1040), Income Averaging.

35 Tax. Check if from Tax Tables or Schedule TC

36 Additional taxes. (See page 12 of instructions.) Check if from Form 4970, Form 4972, Form 5544, Form 5405, or Section 72(m)(5) penalty tax

| | | |
|----|---------|----|
| 32 | 119,167 | 78 |
| 33 | 67,313 | 80 |
| 34 | 121,876 | 98 |
| 35 | 50,458 | 39 |
| 36 | | |
| 37 | 50,458 | 39 |

37 Total. Add lines 35 and 36

| | | | |
|----|---------------------------------------------------------------------------|----|----------|
| 38 | Credit for contributions to candidates for public office | 38 | |
| 39 | Credit for the elderly (attach Schedules R&RP) | 39 | |
| 40 | Credit for child and dependent care expenses (attach Form 2441) | 40 | |
| 41 | Investment credit (attach Form 3468) | 41 | 2,306 27 |
| 42 | Foreign tax credit (attach Form 1116) | 42 | |
| 43 | Work Incentive (WIN) Credit (attach Form 4874) | 43 | |
| 44 | New jobs credit (attach Form 5884) | 44 | |
| 45 | See page 12 of instructions | 45 | |
| 46 | Total credits. Add lines 38 through 45 | 46 | 2,306 27 |

| | | |
|----|--------|----|
| 37 | 50,458 | 39 |
| 46 | 2,306 | 27 |
| 47 | 48,152 | 12 |
| 48 | | |
| 49 | | |
| 50 | | |
| 51 | | |
| 52 | | |
| 53 | | |
| 54 | 48,152 | 12 |

47 Balance. Subtract line 46 from line 37 and enter difference (but not less than zero)

48 Self-employment tax (attach Schedule SE)

49 Minimum tax. Check here and attach Form 4625

50 Tax from recomputing prior-year investment credit (attach Form 4255)

51 Social security tax on tip income not reported to employer (attach Form 4137)

52 Uncollected employee social security tax on tips (from Form W-2)

53 Tax on an individual retirement arrangement (attach Form 5329)

54 Total tax. Add lines 47 through 53

| | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 55 | Total federal income tax withheld (attach Forms W-2, W-2G, and W-2P to front) | 55 | 63,313 88 |
| 56 | 1977 estimated tax payments (include amount allowed as credit from 1976 return) | 56 | 20,000 00 |
| 57 | Earned income credit. If line 31 is under \$9,000, see page 2 of instructions. If eligible, enter child's name | 57 | |
| 58 | Amount paid with Form 4268 | 58 | |
| 59 | Excess FICA and RRTA tax withheld (two or more employers) | 59 | |
| 60 | Credit for federal tax on special fuels, etc. (attach Form 4135) | 60 | |
| 61 | Credit from a Regulated Investment Company (attach Form 2439) | 61 | |
| 61a | See page 13 of instructions | 61a | |
| 62 | Total. Add lines 55 through 61a | 62 | 23,313 88 |

| | | |
|----|--------|----|
| 54 | 48,152 | 12 |
| 62 | 23,313 | 88 |
| 63 | 35,161 | 76 |
| 64 | 35,161 | 76 |
| 65 | | |

63 If line 62 is larger than line 54, enter amount OVERPAID

64 Amount of line 63 to be REFUNDED TO YOU

65 Amount of line 63 to be credited on 1978 estimated tax

66 If line 54 is larger than line 62, enter BALANCE DUE. Attach check or money order for full amount payable to "Internal Revenue Service." Write social security number on check or money order. (Check if Form 2210 (2210F) is attached. See page 14 of instructions.)

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.

CLIENT'S COPY

Your Signature

PREPARED BY

PERRY, CHAMBLISS, SHEPPARD AND THOMPSON

CERTIFIED PUBLIC ACCOUNTANTS

AMERICUS, GEORGIA

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

Perry, Chambliss, Sheppard & Thompson, CPA

Americus, Georgia 31709 58-11157

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

2/21/78

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

94-4604

1977

(Form 1040)
Department of the Treasury
Internal Revenue Service

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

Name(s) as shown on Form 1040

James E. & Rosalynn Carter

Your Social Security number

Schedule A Itemized Deductions (Schedule B is on back)

| Medical and Dental Expenses (not compensated by insurance or otherwise) (See page 14 of Instructions.) | | Contributions (See page 16 of Instructions for examples.) | |
|--------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1 One-half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below) | 150 00 | 21 a Cash contributions for which you have receipts, cancelled checks or other written evidence | 38,520 00 |
| 2 Medicine and drugs | | b Other cash contributions. List donees and amounts. ▶ | |
| 3 Enter 1% of line 31, Form 1040 | | From Trust [REDACTED] | 31 00 |
| 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) | | 22 Other than cash (see page 16 of instructions for required statement) | |
| 5 Enter balance of insurance premiums for medical care not entered on line 1 | | 23 Carryover from prior years | |
| 6 Enter other medical and dental expenses: | | 24 Total contributions (add lines 21a through 23). Enter here and on line 36 | 38,551 00 |
| a Doctors, dentists, nurses, etc. | | Charitable Contributions (See page 16 of Instructions.) | |
| b Hospitals | | 25 Loss before insurance reimbursement | |
| c Other (itemize—include hearing aids, dentures, eyeglasses, transportation, etc.) ▶ | | 26 Insurance reimbursement | |
| 7 Total (add lines 4 through 6c) | | 27 Subtract line 26 from line 25. Enter difference (if less than zero, enter zero) | |
| 8 Enter 3% of line 21, Form 1040 | | 28 Enter \$100 or amount on line 27, whichever is smaller | |
| 9 Subtract line 8 from line 7 (if less than zero, enter zero) | | 29 Casualty or theft loss (subtract line 28 from line 27). Enter here and on line 31 | |
| 10 Total (add lines 1 and 9). Enter here and on line 33 | 150 00 | Unreimbursed Expenses (See page 16 of Instructions.) | |
| Taxes (See page 14 of Instructions.) | | 30 Union dues | |
| 11 State and local income | 22,830 00 | 31 Other (itemize) ▶ | |
| 12 Real estate | 574 36 | Professional Services | 7,997 21 |
| 13 State and local gasoline (see gas tax tables) | | 32 Total (add lines 30 and 31). Enter here and on line 38 | 7,997 21 |
| 14 General sales (see sales tax tables) | 399 00 | Medical and Dental Deductions (See page 17 of Instructions.) | |
| 15 Personal property | | 33 Total medical and dental—line 10 | 150 00 |
| 16 Other (itemize) ▶ | | 34 Total taxes—line 17 | 23,835 69 |
| Intangible Tax | 32 23 | 35 Total interest—line 20 | |
| 17 Total (add lines 11 through 16). Enter here and on line 34 | 23,835 69 | 36 Total contributions—line 24 | 38,551 00 |
| Mortgage Interest (See page 16 of Instructions.) | | 37 Casualty or theft loss(es)—line 29 | |
| 18 Home mortgage | | 38 Total miscellaneous—line 32 | 7,997 21 |
| 19 Other (itemize) ▶ | | 39 Total deductions (add lines 33 through 38). ▶ | 70,533 80 |
| | | 40 If you checked Form 1040, box: 2 or 5, enter \$3,200 1 or 4, enter \$2,200 3, enter \$1,600 | 3,200 00 |
| 20 Total (add lines 18 and 19). Enter here and on line 35 | | 41 Excess itemized deductions (subtract line 40 from line 39). Enter here and on Form 1040, line 33. (If line 40 is more than line 39 see "Who MUST Itemize Deductions" on page 11 of the Instructions.) ▶ | 67,333 80 |

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other's return) James E. & Rosalynn Carter

Your social security number

Interest Income

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

Table with 2 columns: Payer Name and Amount. Rows include John Hancock Mutual Life (52.80), Citizens Bank of Americus (5,971.61), Union 1st National Bank (869.81), White House Federal Credit Union (32.27), Charles H. Kirbo, Trustee (588.93).

Dividend Income

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

Table with 2 columns: Payer Name and Amount. Row includes Charles H. Kirbo - Trustee (H) (114,282.86). Summary rows 4-8 follow.

2 Total interest income. Enter here and on Form 1040, line 9. 7,515.42

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

Foreign Accounts and Foreign Trusts

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

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

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

94-4604

UNIT 77 1977

CAPITAL GAIN OR LOSS — SECURITIES

Name James E. Carter, Jr.
Address _____

Social Security or Identification Number _____
Year ending Dec. 19 77

| Kind of Property | Description | How Acquired (Use Symbol) | Date Acquired | Date Sold | Net Sales Price | Cost or Other Basis Expense of Sale | SHORT TERM Less than 6 months | | LONG TERM More than 6 months | | |
|---------------------------|--------------------------|---------------------------|---------------|-----------|--------------------------------------------------------------|-------------------------------------|----------------------------------|------|---------------------------------|----------|----------|
| | | | | | | | GAIN | LOSS | GAIN | LOSS | |
| Stock | AAA Enterprises | | 1969 | 1-3-77 | 1.00 | | | | 1.00 | | |
| | 500 Richs. Inc. (Merged) | | | | | | | | | 149.49 | |
| | 425 Fed. Dept. Stores | | 1972 | 1-3-77 | 20,401.21 | 20,550.70 | | | | | |
| | 706.06 Advance Investors | | 1973 | 1-77 | 10,595.38 | 10,570.09 | | | | 2,505.19 | |
| | 225.92 " " | | 1974 | | | 2,170.35 | | | | | |
| | 24.02 " " | | 1975 | | | 225.59 | | | | | |
| | 14.27 " " | | 1975 | | | 134.54 | | | | | |
| | 30 Coca Cola | | 11-23-73 | 1-3-77 | 7,778.37 | 4,059.03 | | | | 3,988.84 | |
| | 10 Coca Cola | | 5-7-73 | | | 1,383.88 | | | | | |
| | 60 Coca Cola | | 5-17-74 | | | 6,322.25 | | | | | |
| | | | | | 38,275.36 | 45,426.48 | | | 1.00 | 6,541.52 | |
| SYMBOLS: | | | | | TOTALS | | | | | 1.00 | |
| A - Open Market | | | | | Subtract Smaller from Larger | | | | | | 1.00 |
| B - Stock Option, etc. | | | | | Gain or Losses remaining | | | | | | 6,640.52 |
| C - Inheritance or Gift | | | | | Less: Capital Loss Carryover (Remaining balance prior years) | | | | | | |
| D - Carryover Asset basis | | | | | Net Gain or Loss | | | | | | |
| E - Other | | | | | | | | | | | |

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).

94-460.1
1977

Name(s) as shown on Form 1040: **James E. & Rosalynn Carter** 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 portions on line 5.

1 Name of payer: _____

2 Did your employer contribute part of the cost? Yes No
If "Yes," is your contribution recoverable within 3 years of the annuity starting date? Yes No
If "Yes," show: Your contribution \$ _____ Contribution recovered in prior years 2 _____

3 Amount received this year 3 _____

4 Amount excludable this year 4 _____

5 Taxable portion (subtract line 4 from line 3) 5 _____

Part II Rent and Royalty Income. If you need more space, use Form 4831.
Have you claimed expenses connected with your vacation home rented to others? Yes No

| (a) Kind and location of property If residential, also write "R" | (b) Total amount of rents | (c) Total amount of royalties | (d) Depreciation (explain below) or depletion (attach computation) | (e) Other expenses (Repairs, etc.— explain below) |
|-------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|
| Broadman Press | | 137,404.69 | | |
| 6 Totals | | | | |
| 7 Net income or (loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e)) | | | | |
| 8 Net rental income or (loss) (from Form 4831) | | | | |
| 9 Net farm rental profit or (loss) (from Form 4835) | | | | |
| 10 Total rent and royalty income (add lines 7, 8, and 9) | | | | 137,404.69 |

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

| (a) Name | (b) Partner Identification number | (c) Your share of gross farming or fishing income | (e) Income or (loss) | (f) Additional first-year depreciation (attach this only to partnership) |
|-------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------|----------------------|--------------------------------------------------------------------------------|
| Charles H. Kirho, Trustee, E. | | | (306,271.00) | |
| 11 Totals | | | (306,271.00) | |
| 12 Income or (loss). Total of column (c) less total of column (f) | | | | (306,271.00) |

13 TOTAL (add lines 5, 10, and 12). Enter here and on Form 1040, line 18 13 (168,866.91)

Explanation of Column (e), Part II

| Item | Amount | Item | Amount |
|------|--------|------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule for Depreciation Claimed in Part II above. If you need more space use Form 6152.

| (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 |
|----------------------------------------------------------------------------------|----------------------|----------------------------|------------------------------------------------------------|--------------------------------------------|---------------------|-----------------------------------|
| 1 Total additional first-year depreciation (do not include in items below) _____ | | | | | | |
| 2 Totals _____ | | | | | | |

(Form 1040)

Computation of Social Security Self-Employment Tax

1977

Department of the Treasury
Internal Revenue Service

Each self-employed person must file a Schedule SE. Attach to Form 1040.
For instructions for Schedule SE, see 1040.

If you had wages, including tips, of \$10,000 or more last year, subject to social security or railroad retirement taxes, do not fill in this schedule (unless you are eligible for the limited income credit). See instructions.

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

Important-- The self-employment tax reported below will be added to your social security credit and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD) | Social security number of self-employed person |
James Earl Carter, Jr. |

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

Computation of Net Earnings from FARM Self-Employment

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----|--|
| REGULAR METHOD | a Schedule F, line 54 (cash method), or line 72 (accrual method) | 1a | |
| 1 Net profit or (loss) from: | b Farm partnerships | 1b | |
| 2 Net earnings from farm self employment (add lines 1a and b) | | 2 | |
| FARM OPTIONAL METHOD | a Not more than \$2,400, enter two thirds of the gross profits | 3 | |
| 3 If gross profits from farming are: | b More than \$2,400 and the net farm profit is less than \$1,600 | | |
| <small>* Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 29 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K-1 (Form 1065), line 14(b)) as explained in instructions for Schedule SE.</small> | | | |
| 4 Enter here and on line 12a, the amount on line 2, or line 3 if you elect the farm optional method | | 4 | |

Computation of Net Earnings from NONFARM Self-Employment

| | | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------|
| REGULAR METHOD | a Schedule C, line 21. (Enter combined amount if more than one business) | 5a | |
| 5 Net profit or (loss) from: | b Partnerships, joint ventures, etc. (other than farming) | 5b | (100,588.00) |
| | c Service as a minister, member of a religious order, or a Christian Science practitioner. (Include rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here <input type="checkbox"/> and enter zero on this line | 5c | |
| | d Service with a foreign government or international organization | 5d | |
| | e Other (See Form 1041 in instructions for line 29.) Specify: Royalties | 5e | 17,695.62 |
| 6 Total (add lines 5a through e) | | 6 | (172,183.01) |
| 7 Enter adjustments if any (attach statement) | | 7 | |
| 8 Adjusted net earnings or (loss) from nonfarm self employment (line 6, as adjusted by line 7) | | 8 | (172,183.01) |

If line 8 is \$1,600 or more OR if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12b, Part III.
Note: You may use the nonfarm optional method on line 9 through 11 only if line 8 is less than \$1,600 and less than two thirds of your gross nonfarm profit, and your net actual net earnings from self employment of \$400 or more for at least 2 of the 3 prior years: 1974, 1975, and 1976. The nonfarm optional method can only be used for 5 taxable years.

| | | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----|------------|
| NONFARM OPTIONAL METHOD | 9a Maximum amount reportable, under both optional methods combined (farm and nonfarm) | 9a | \$1,600.00 |
| b Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero) | | 9b | |
| c Balance (subtract line 9b from line 9a) | | 9c | |
| 10 Enter two thirds of gross nonfarm profits 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 | |

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 | (172,183.01) |
| 13 Total net earnings or (loss) from self employment reported on line 12. (If line 13 is less than \$400, you are not subject to self employment tax. Do not fill in rest of schedule.) | | 13 | (172,183.01) |
| 14 The largest amount of combined wages and self employment earnings subject to social security or railroad retirement taxes for 1977 is | | 14 | \$16,500.00 |
| 15 a Total "FICA" wages (from Forms W-2) and "FICA" compensation | 15a | | |
| b Unreported tips subject to FICA tax from Form 4137, line 9 or to RRA | 15b | | |
| c Total of lines 15a and b | | 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 \$16,500, enter \$1,303.50, if less, multiply the amount on line 17 by .077.) Enter here and on Form 1040, line 48. | | 18 | 0 |

Name(s) as shown on Form 1040

James E. & Rosalynn Carter

Your social security number

Instructions

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

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

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

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

You **MUST** itemize deductions if:

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

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

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

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

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

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

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

Caution: Read the instructions before completing this Part.

| | | | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|----|
| 1 | Enter your Tax Table Income from Form 1040, line 34 | 1 | 121,826 | 98 |
| 2 | Multiply \$750 by the total number of exemptions claimed on Form 1040, line 7 | 2 | 2,250 | 00 |
| 3 | Taxable Income. Subtract line 2 from line 1 (Figure your tax on the amount on line 3 by using Tax Rate Schedule X, Y, or Z, or see page 12 of Instructions for Form 1040 for "Other Ways to Figure Your Tax.") | 3 | 119,576 | 98 |
| 4 | Income Tax. Check if from: <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, <input type="checkbox"/> Schedule D, <input type="checkbox"/> Schedule G, or <input checked="" type="checkbox"/> Form 4725 | 4 | 50,638 | 39 |
| General Tax Credit | | | | |
| 5 | Enter \$35 multiplied by the total number of exemptions claimed on Form 1040, line 7 | 5 | 105 | 00 |
| Note: If you are married filing a separate return, omit lines 6 through 9 and enter the amount from line 5 on line 10. | | | | |
| 6 | Enter amount from line 3, above | 6 | 119,576 | 98 |
| 7 | Enter $\left\{ \begin{array}{l} \$3,200 \text{ if you are married filing a joint return (or a qualifying widow(er))} \\ \$2,200 \text{ if you are single (or an unmarried head of household)} \end{array} \right\}$ | 7 | 3,200 | 00 |
| 8 | Subtract line 7 from line 6 | 8 | 116,376 | 98 |
| 9 | Enter 2 percent of line 8 (but do not enter more than \$180) | 9 | 180 | 00 |
| 10 | General tax credit. Enter the larger of line 5 or line 9 | 10 | 180 | 00 |
| 11 | Tax. Subtract line 10 from line 4. Enter the difference (but not less than zero) here and on Form 1040, line 35 | 11 | 50,458 | 39 |

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

Caution: Read the instructions before completing this Part.

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

Form 2106

Employee Business Expenses

1977

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

| | | |
|---------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|
| Your name James E. & Rosalynn Carter | Social security number | Occupation in which expenses were incurred President of U.S. |
| Employer's name United States of America | Employer's address Washington, D.C. 20500 | |

Instructions

Include all expenses you paid as an employee, or expenses you charged to your employer (for example, through use of credit cards), or expenses for which you received an advance, allowance, or reimbursement.

Travel and Transportation.—You can deduct bus, taxi, plane, train fares, and the cost of using your car in your work.

If you use your own car for business reasons, you can deduct what it cost you for business use. Instead of figuring your actual expenses such as gas, oil, repairs, license tags, insurance, and depreciation, you may prefer to take a standard mileage rate.

This is figured at 17 cents a mile (15 cents a mile for taxable years beginning after 1973 and before 1977) for the first 15,000 miles and 10 cents for each mile over 15,000. Add to this amount the business portion of automobile interest and State and local taxes (other than gasoline), parking fees, and tolls. (The nonbusiness portion of interest and State and local taxes (including gasoline) may be deducted as an itemized deduction if you elect to itemize your deductions.) For automobiles that have been or are considered fully depreciated under the straight-line method of depreciation, the standard mileage rate is 10 cents a mile for all business mileage.

To determine if your automobile has been fully depreciated under the straight-line method of depreciation, apply the following rule.

If you use the optional method of computing operating cost of an automobile for the entire length of time that you use the automobile for business purposes, such period of time is the actual useful life of the automobile to you. The automobile will not be considered to have become fully depreciated until the end of such useful life. However, if at any time during the period that you use the automobile for business purposes you computed and deducted the actual costs of all operating and fixed cost of the automobile for business purposes, the useful life of the automobile to you will be the estimated period on which you based your computation of the allowable straight-line depreciation deduction for the year. Thereafter, regardless of whether you use the actual cost method or the optional method for subsequent taxable years, the automobile will be considered fully depreciated at the end of the period estimated to be its useful life to you.

The use of the optional method is limited to a self-employed individual or an employee who operates only one automobile at a time for business purposes. If you alternate in using different automobiles on different occasions for business purposes or replace your automobile during the year, the standard mileage rate applies to the combined total business mileage of the automobiles, as if they were one, to arrive at a deduction.

The optional method cannot be used if you have claimed depreciation in a prior year using a method other than straight line (or if you have claimed additional first-year depreciation), use the automobile for hire, such as taxicabs, or two or more automobiles used at the same time, such as in fleet operations.

Use of the optional method will not prevent you from claiming an investment credit so long as you can properly establish that the useful life of the automobile is at least 3 years (see Form 3408).

Meals and Lodging.—You can deduct these if you were temporarily away from home on business.

business. Your "home" for this purpose is your principal or regular post of duty. You cannot deduct the cost of meals on daily trips where you did not need sleep or rest.

Outside Salesperson.—In addition to the above, an outside salesperson can generally deduct other expenses necessary in sales work, for example, selling expenses, stationery, and postage. An outside salesperson is one who does all selling away from the employer's place of business. If your main duties are service and delivery, such as a milk driver salesperson, you are not considered an outside salesperson.

Other Business Expenses.—If you itemize deductions on Schedule A, you can also deduct other business expenses under the heading "Miscellaneous deductions." Examples of these expenses are dues to unions and professional organizations and the cost of tools, materials, etc., that your employer did not pay for.

Limitations apply to deductions relating to the use of your home for business purposes. Under these rules, you must use a portion of your home as an office exclusively on a regular basis in connection with your employer's trade or business and for the convenience of your employer to be able to deduct the expenses allocable to that portion. For more information, see Publication 587, Business Use of Your Home.

There is a limitation on the amount of expenses that can be deducted for transportation, meals, lodging, etc. for attending no more than two foreign conventions during the taxable year.

For a detailed explanation of the rules for deductions for travel, entertainment, and gift expenses, see Publication 462, Travel, Entertainment, and Gift Expenses.

Use Form 3903 to compute any moving expense deduction.

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

| | | |
|---|--------------------------------------------------------------------------------------------------|----------|
| 1 | Airplane, boat, railroad, etc., fares | |
| 2 | Meals and lodging | |
| 3 | Automobile expenses (from Part IV) | |
| 4 | Other (specify) (Include expenses not listed on lines 1 through 3 to extent of reimbursement) ▶ | |
| | Meals 413.31; Gifts 249.62; Flowers 18.00 | 1,371.93 |
| 5 | Total of lines 1 through 4 | 1,371.93 |
| 6 | Less: Employer's payments for above expenses (other than amounts included on Form W-2) | |
| 7 | Excess expenses (line 5 less line 6). Enter here and include on Form 1040, line 23 | 1,371.93 |
| 8 | Excess payments (line 6 less line 5). Enter here and include on Form 1040, line 20 | |

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

1 Business expenses other than those included above (specify) ▶

2 Total

If you itemize your deductions, deduct under Miscellaneous Deductions, Schedule A (Form 1040).

PART III.—Additional Information to be furnished when Claiming a Deduction for Educational Expenses

1 Name of educational institution or activity ▶

2 Address ▶

3 Were you required to undertake this education to meet the minimum educational requirements to qualify in your employment, trade or business? Yes No

4 Will the study program undertaken qualify you for a new trade or business? Yes No

5 If your answer to question 3 or 4 is No, state the reason for obtaining the additional education and show the relationship between the courses taken and your employment during the period ▶

6 List the principal subjects studied at the educational institution or describe your educational activity ▶

Computation of Investment Credit

1977

▶ Attach to your tax return.

Name James E. & Rosalynn Carter Identifying number as shown on page 1 of your tax return

1 Use schedule below to list qualified investment in new and used property acquired or constructed and placed in service during the taxable year; and also list qualified progress expenditures made during the 1977 taxable year and qualified progress expenditures made in 1974, 1975, and 1976 taxable years providing a proper election as prescribed in section 46(d)(6) was made for such prior years. If progress expenditure property is placed in service during the taxable year, do not list qualified progress expenditures for this property. See instruction for line 1.
If 102½ investment credit is being claimed on certain ships, check this box. See instruction K for details.

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

| Type of property | Line | (1) Life years | (2) Cost or basis (See instruction G) | (3) Applicable percentage | (4) Qualified investment (Column 2 x column 3) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|---------------------------------------------|------------------------------|------------------------------------------------------|
| New property | (a) | 3 or more but less than 5 | | 33⅓% | |
| | (b) | 5 or more but less than 7 | | 66⅔% | |
| | (c) | 7 or more | 22,442.71 | 100 | 22,442.71 |
| Qualified progress expenditures | 1974, 1975 and 1976 | (d) | | 70 | |
| | 1977 | (e) | | 60 | |
| | | (f) | 1,860.00 | 33⅓% | 620.00 |
| Used property (See instructions for dollar limitation) | (g) | 3 or more but less than 5 | | 66⅔% | |
| | (h) | 5 or more but less than 7 | | 100 | |
| | (i) | 7 or more | | | |
| 2 Qualified investment—add lines 1(a) through (h) | | | | | 23,062.71 |
| 3 10% of line 2 | | | | | 2,306.27 |
| 4 7% (4% for public utility property) of certain property (see instruction for line 3) | | | | | |
| 5 Corporations electing the additional investment credit for contributions to Employee Stock Ownership Plans—Attach election statement. (See instruction and instruction for line 5.) | | | | | |
| (a) Additional 1% credit—Enter 1% of line 2 | | | | | |
| (b) Additional credit not to exceed .5%—Enter allowable percentage times adjusted line 2 (attach schedule) | | | | | |
| 6 Carryback and carryover of unused credit(s). See instruction F—attach computation. | | | | | 2,306.27 |
| 7 Tentative investment credit—Add lines 3 through 6 | | | | | 2,306.27 |
| Limitation | | | | | |
| 8 (a) Individuals—Enter amount from line 37, page 2, Form 1040 | | | | | 50,458.39 |
| (b) Estates and trusts—Enter amount from line 26 or 27, page 1, Form 1041 | | | | | |
| (c) Corporations—Enter amount from line 9, Schedule J, page 3, Form 1120 | | | | | |
| 9 (a) Credit for the elderly (individuals only) | | | | | |
| (b) Foreign tax credit | | | | | |
| (c) Tax on lump-sum distributions (see instruction for line 9(a)) | | | | | |
| (d) Possession Tax Credit (corporations only) | | | | | |
| (e) Section 72(n)(5) penalty tax | | | | | -0- |
| 10 Total—Add lines 9(a) through (e) | | | | | 50,458.39 |
| 11 Line 8 less line 10 | | | | | |
| 12 (a) Enter amount on line 11 or \$25,000, whichever is lesser. (Married persons filing separately, controlled corporate groups, estates, and trusts, see instruction for line 12.) | | | | | 25,000.00 |
| (b) If line 11 exceeds line 12(a), enter 50% of the excess. (Public utilities, railroads, and airlines, see instruction J.) | | | | | 17,729.19 |
| 13 Total—Add lines 12(a) and (b) | | | | | 37,729.19 |
| 14 Investment credit—Amount from line 7 or line 13, whichever is lesser. Enter here and on line 41, Form 1040, line 10(b), Schedule J, page 3, Form 1120, or the appropriate line on other returns. | | | | | 2,306.27 |

WARNING If any part of your investment in line 1 or 4 above was made by a partnership, estate, trust, small business corporation, or lessor, complete the following statement and identify property qualifying for the 7% or 10% investment credit.

| Name (Partnership, estate, trust, etc.) | Address | Property | | | |
|--------------------------------------------|--------------|-----------------------|-------------|----------|------------|
| | | Progress expenditures | Cost | Used | Life years |
| Charles Kirbo, Trustee | Atlanta, Ga. | \$ | \$22,442.71 | 3 | 71 |
| Charles Kirbo, Trustee | Atlanta, Ga. | | | 1,860.00 | 15 |

If property is disposed of prior to the life years used in computing the investment credit, see instruction E.

Moving Expense Adjustment

1977

▶ Attach to Form 1040.

Name(s) as shown on Form 1040: **James E. & Rosalynn Carter**
Social security number: **1 1**

(a) What is the distance from your former residence to your new business location? **650** miles
(b) What is the distance from your former residence to your former business location? **2** miles
(c) If the distance in (a) is 35 or more miles farther than the distance in (b), complete the rest of this form. If the distance is less than 35 miles, you are not entitled to a moving expense deduction. (See instruction A.) This rule is not applicable to members of the armed forces.

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 | Transportation expenses in moving household goods and personal effects | 1 | 215 | 34 |
| 2 | Travel, meals, and lodging expenses in moving from former to new residence | 2 | | |
| 3 | Pre-move travel, meals, and lodging expenses in searching for a new residence after obtaining employment | 3 | | |
| 4 | Temporary living expenses in new location or area during any 30 consecutive days after obtaining employment | 4 | | |
| 5 | Total (Add lines 3 and 4) | 5 | | |
| 6 | Enter the lesser: Line 5 or \$1,500 (\$750 if married, filing a separate return, and you resided with your spouse who also started work during the taxable year) | 6 | | |
| 7 | Expenses incident to: (Check one.) (a) <input type="checkbox"/> sale or exchange of your former residence; or (b) <input type="checkbox"/> if nonowner, settlement of your unexpired lease on former residence | 7 | | |
| 8 | Expenses incident to: (Check one.) (a) <input type="checkbox"/> purchase of a new residence; or (b) <input type="checkbox"/> if renting, acquiring a new lease | 8 | | |
| 9 | Total (Add lines 6, 7, and 8) | 9 | | |
| Note: Amounts on lines 7(a) and 8(a) not deducted because of the \$3,000 (or \$1,500) limitation may generally be used either to decrease the gain on the sale of your residence, or to increase the basis of your new residence. | | | | |
| 10 | Enter the lesser: Line 9 or \$3,000 (\$1,500 if married, filing a separate return, and you resided with your spouse who also started work during the taxable year). (See instruction C.) | 10 | | |
| 11 | Total moving expenses (Add lines 1, 2, and 10) | 11 | 215 | 34 |
| 12 | Reimbursements and allowances received for this move (other than amounts included on Form W-2) (See instruction L) | 12 | 0 | |
| 13 | If line 12 is less than line 11, enter the difference here and on Form 1040, line 22 | 13 | 215 | 34 |
| 14 | If line 12 is larger than line 11, enter the excess here and on Form 1040, line 20, as "Excess moving reimbursement" | 14 | | |

Instructions

A. Who May Deduct Moving Expenses.—As an employed or a self-employed person, you may deduct reasonable moving expenses paid or incurred during the taxable year in connection with a move you make to a new principal work place.

The deduction is allowable to you only if (a) your change in job location has added at least 35 miles to the distance from your old residence to your work, or (b) if you had no former principal work place, your new principal work place is at least 35 miles from your former residence. (The distance between two points is considered to be the

shortest of the more commonly traveled routes between those points.)

Also, the deduction is allowable only if either (a) during the 12 months immediately following your arrival in the principal location of your new principal work place you are a full-time employee during at least 30 weeks, or (b) during the 24 months immediately following such arrival you are a full-time employee or self-employed on a full-time basis during at least 78 weeks, of which not less than 30 weeks are during the 12 months following your arrival.

B. The 30 Week/78 Week Test.—Disregard the 30 week/78 week test referred to in instruction A if employment is terminated because of death, disability, involuntary separation (other than for willful misconduct), or transfer for the employer's benefit.

If you have not satisfied the 30 week/78 week test before time for filing your return for the taxable year in which you paid or incurred the moving expenses, but before you will later satisfy it, you may still deduct those expenses in the year you paid or incurred them.

(Continued on back)

Computation of Minimum Tax

▶ Attach to Form 1040

1977

Name(s) as shown on Form 1040

Your social security number

James E. & Rosalynn Carter

1 Tax Preference Items.

File this form if the total of tax preference items (line 2) is more than \$10,000 (\$5,000 if married filing separately) even though you owe no minimum tax, OR if you have any minimum tax liability deferred from a prior taxable year until this year. If this is a short period return, see instructions for line 8. Caution: See "Limitations on amounts treated as tax preference items in certain cases" in instructions.

- (a) Adjusted itemized deductions
- (b) Accelerated depreciation on real property:
 - (1) Low income rental housing under section 167(k) 776.76
 - (2) Other real property 2,472.51
- (c) Accelerated depreciation on personal property subject to a lease
- (d) Amortization of certified pollution control facilities
- (e) Amortization of railroad rolling stock
- (f) Amortization of on the job training facilities
- (g) Amortization of child care facilities
- (h) Reserves for losses on bad debts of financial institutions
- (i) Stock options
- (j) Depletion
- (k) Capital gains
- (l) Intangible drilling costs

2 Total tax preference items (add lines 1(a) through 1(l)) 3,249.27

3 Amount from Form 1040, line 47* 48,152.12

4 Tax from recomputing prior-year investment credit -0-

5 Tax from recomputing prior-year Work Incentive (WIN) credit -0-

6 Tax on premature redemption of Individual Retirement Bond(s) -0-

7 Add lines 3 through 6 48,152.12

8 Enter the larger of: (a) one half of the amount on line 7, or (b) \$10,000 (\$5,000 if married filing separately) 24,076.06

9 Subtract line 8 from line 2 (if zero or less, enter zero) -0-

10 Multiply amount on line 9 by 15% and enter result

11 Enter amount of any 1977 net operating loss carryover to 1978 (attach statement showing computation)

12 Multiply amount on line 11 by 15% and enter result

13 Deferred minimum tax - enter amount from line 10 or line 12, whichever is smaller

14 Minimum Tax. Subtract line 13 from line 10

15 Enter minimum tax deferred from prior year(s) until this year (attach statement showing computation)

16 Total minimum tax. Add lines 14 and 15

17 Excess tax credits. See instructions for line 17 before completing this section. If Form 1040, line 47 is greater than zero this section will not apply. On lines 17(a) through 18 and enter the amount from line 16 on line 19.

(a) Credit for the elderly

(b) Credit for political contributions

(c) Credit for child care expenses

18 Add lines 17(a) through 17(c) -0-

19 Subtract line 18 from line 16. Enter here and on Form 1040, line 49

*Do not include any tax imposed under sec. 4701(a) for the one-time portion of lump sum distributions or any part of tax under sec. 657 (accumulation distribution by trusts), or any penalty tax under sec. 72(m)(5).

Maximum Tax on Personal Service Income

▶ Attach to Form 1040 (or Form 1041).

1977

Name(s) as shown on Form 1040 (or Form 1041) James E. & Rosalynn Carter Identifying number _____

Do not complete this form if— (a) Taxable income or personal service taxable income is:
\$40,200 or less, and on Form 1040, you checked box 1 or box 4,
\$55,200 or less, and on Form 1040, you checked box 2 or box 5,
\$26,000 or less and this is an Estate or Trust return (Form 1041);
(b) You elected income averaging; or
(c) On Form 1040, you checked box 3.

| A—Personal Service Income | | B—Deductions Against Personal Service Income | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------|------------|
| Salary & Expense Allowance | 236,458.32 | Moving Expenses | 215.34 |
| Royalties | 137,404.69 | Business Expenses | 1,371.93 |
| | | Prof. Services | 2,160.00 |
| | | | |
| | | | |
| Total personal service income | 373,863.01 | Total deductions against personal service income | 3,747.27 |
| 1 Personal service net income—Subtract total amount in column B from total amount in column A. | | 1 | 370,115.74 |
| 2 Enter your adjusted gross income | | 2 | 189,160.78 |
| 3 Divide the amount on line 1 by the amount on line 2. Enter percentage result here, but not more than 100% | | 3 | 100% |
| 4 Enter your taxable income | | 4 | 119,576.98 |
| 5 Multiply the amount on line 4 by the percentage on line 3 | | 5 | 119,576.98 |
| 6 Enter the total of your 1977 tax preference items | | 6 | 3,249.27 |
| 7 Personal service taxable income. Subtract line 6 from line 5 (see instructions) | | 7 | 116,327.71 |
| 8 If, on Form 1040, you checked box 1 or box 4, enter \$40,200 on Form 1040, you checked box 2 or box 5, enter \$55,200 Estate or Trust, enter \$26,000 | | 8 | 55,200.00 |
| 9 Subtract line 8 from line 7 (if zero or less, do not complete rest of form) | | 9 | 61,127.71 |
| 10 Enter 50% of line 9 | | 10 | 30,563.85 |
| 11 Tax on amount on line 4 (use Tax Rate Schedule from Form 1040 (or Form 1041) instructions) | 11 | | 55,333.72 |
| 12 Tax on amount on line 7 (use Tax Rate Schedule from Form 1040 (or Form 1041) instructions) | 12 | | 53,319.18 |
| 13 Subtract line 12 from line 11 | | 13 | 2,014.54 |
| 14 If the amount on line 8 is: \$40,200, enter \$13,290 (\$12,240 if unmarried head of household). \$55,200, enter \$18,060 \$26,000, enter \$9,030 | | 14 | 18,060.00 |
| 15 Add lines 10, 13, and 14. This is your maximum tax. (See instructions). | | 15 | 50,678.39 |
| Computation of Alternative Tax | | | |
| 16 Amount from line 4 | | 16 | |
| 17 Amount from Schedule D (Form 1040), line 15(a)* (or Form 1041, page 1, line 22) | | 17 | |
| 18 Subtract line 17 from line 16 If line 17 does not exceed \$25,000, check here <input type="checkbox"/> and omit lines 19 through 22. | | 18 | |
| 19 Enter amount from line 18 plus \$25,000 | | 19 | |
| 20 Enter amount from line 11 | | 20 | |
| 21 Tax on amount on line 19 (use Tax Rate Schedule from Form 1040 (or 1041) instructions) | | 21 | |
| 22 Subtract line 21 from line 20 | | 22 | |
| 23 Tax on amount on line 18 (use Tax Rate Schedule from Form 1040 (or 1041) instructions) | | 23 | |
| 24 Subtract line 23 from line 11 | | 24 | |
| 25 Subtract line 24 from line 15 | | 25 | |
| 26 If the block on line 18 is checked, enter 50% of line 17; otherwise, enter \$12,500 | | 26 | |
| 27 Alternative tax, add lines 22 (if applicable), 25 and 26 (See instructions) | | 27 | |

* If you reported capital gain distributions but did not use Schedule D (Form 1040), enter on line 17 the amount shown on Form 1040, line 15.
235 106-1 Form 4725 (1977)

JAMES E. AND ROSALYNN CARTER

YEAR 1977

OTHER INCOME:

Transportation Furnished to Family Members

\$3,281.00