

Donnerstag  
Mach 7, 1960 - 7 hrs

7 9-5-

7 9-5-

5 1-6

3/15-

5 1-6:30

3/14

4 1-5

3/17

4 1-5

3/22

39.5 hrs @ 85¢ = 33.58  
1.01 55

33.58 \* .55¢  
7 = 4.748

32.54  
3.85 wt  
32.8.92

3.95

227.92

#2047

3-15-60

Nov. 1

8:45

11:45

3  $\frac{1}{4}$   
4

12:45

5:00

Nov. 2

9 - 4:30

3  
3  $\frac{1}{2}$

7  $\frac{1}{4}$

6  $\frac{1}{2}$

13  $\frac{3}{4}$

13.75

3 43  
4 13.75  
12  
17

16

15

12

3/4

3.43  $\frac{3}{4}$

3

1029  $\frac{3}{4}$

10.31

Lorothy  
Fiegel



1.00 per hr

✓  
Virginia Urbanek

5  $\frac{1}{4}$

Jan + Feb 60  
1-6:15

1-7:15

6  $\frac{1}{4}$

1-8:00

7

1-5:00

4

22  $\frac{1}{2}$

total

22.50

- Soc Sec

.68

21.82

$$\begin{array}{r} 5.62\frac{1}{2} \\ 4 \overline{) 22.50} \\ \underline{20} \\ 25 \\ \underline{24} \\ 18 \end{array}$$

$$\begin{array}{r} .354 \\ \underline{.354} \\ 1.40 \end{array}$$

- rollbg.

$$\begin{array}{r} 21.82 \\ \underline{1.40} \\ 20.42 \text{ Check} \end{array}$$

# 1153  
2-4-60

[illegible]

DATE EMPLOYED				SOCIAL SECURITY NUMBER				NAME								
TERMINATED				DEPARTMENT				ADDRESS								
PAY PERIOD ENDING		TIME WORKED		RATE		EARNINGS				DEDUCTIONS				NET AMOUNT PAID		
No.	Wk.	1960	Regular	Over-time	Regu-lar	Over-time	Regular	Overtime	Total	Total To Date	Withholding Tax	O. A. B.	War Bonds	Total Deductions	NET AMOUNT PAID	
FORWARD																
JULY	1															
	2															
	3															
	4															
	5	7/19	15 hrs	1.00				15.00		15.00						15.00
MONTHLY TOTAL																
AUGUST	1															
	2															
	3															
	4	8/31	15 hrs	1.00				15.00		15.00						15.00
	5															
MONTHLY TOTAL																
SEPTEMBER	1															
	2															
	3															
	4	9/28	15 hrs	1.00				15.00		15.00						15.00
	5															
MONTHLY TOTAL																
QUARTERLY TOTAL								45.00		45.00						45.00
OCTOBER	1															
	2															
	3															
	4	10/19	15 hrs	1.00				15.00								15.00
	5															
MONTHLY TOTAL																
NOVEMBER	1															
	2															
	3															
	4	11/24	15 hrs	1.00				15.00								15.00
	5															
MONTHLY TOTAL																
DECEMBER	1															
	2															
	3															
	4															
	5															
MONTHLY TOTAL																
QUARTERLY TOTAL								45.00		45.00						45.00
TOTAL TO DATE								90.00		90.00						90.00

REORDER FORM ER-1—VON BOECKMANN JONES CO.—AUSTIN, TEXAS



DATE EMPLOYED				SOCIAL SECURITY NUMBER				NAME									
TERMINATED				DEPARTMENT				ADDRESS									
PAY PERIOD ENDING			TIME WORKED		RATE		EARNINGS				DEDUCTIONS					NET AMOUNT PAID	
Mo.	Wk.	195	Regular	Over-time	Regu-lar	Over-time	Regular	Overtime	Total	Total To Date	Withholding Tax	O. A. B.	War Bonds		Total Deductions		
JULY	FORWARD																
	1																
	2																
	3																
	4																
	5																
MONTHLY TOTAL																	
AUGUST	1																
	2																
	3																
	4																
	5																
	MONTHLY TOTAL																
SEPTEMBER	1																
	2																
	3																
	4																
	5																
	MONTHLY TOTAL																
QUARTERLY TOTAL																	
OCTOBER	1																
	2																
	3																
	4																
	5																
	MONTHLY TOTAL																
NOVEMBER	1																
	2																
	3																
	4																
	5																
	MONTHLY TOTAL																
DECEMBER	1																
	2																
	3																
	4																
	5																
	MONTHLY TOTAL																
QUARTERLY TOTAL																	
TOTAL TO-DATE																	

REORDER FORM ER-1—VON BOECKMANN-JONES CO.—AUSTIN, TEXAS



DATE EMPLOYED				SOCIAL SECURITY NUMBER				NAME									
TERMINATED				DEPARTMENT				ADDRESS									
PAY PERIOD ENDING				TIME WORKED		RATE		EARNINGS				DEDUCTIONS				NET AMOUNT PAID	
Mo.	Wk.	195	60	Regular	Over-time	Regu-lar	Over-time	Regular	Overtime	Total	Total To Date	Withholding Tax	O. A. B.	War Bonds	Total Deductions	NET AMOUNT PAID	
FORWARD						1.00 hr											
JANUARY	1																
	2																
	3																
	4																
	5																
MONTHLY TOTAL																	
FEBRUARY	1																
	2	2/4															
	3																
	4																
	5																
MONTHLY TOTAL																	
MARCH	1																
	2	3/7															
	3																
	4																
	5																
MONTHLY TOTAL																	
QUARTERLY TOTAL																	
APRIL	1																
	2																
	3																
	4																
	5																
MONTHLY TOTAL																	
MAY	1																
	2																
	3																
	4																
	5																
MONTHLY TOTAL																	
JUNE	1																
	2																
	3																
	4																
	5																
MONTHLY TOTAL																	
QUARTERLY TOTAL																	
TOTAL TO DATE																	

DATE EMPLOYED			SOCIAL SECURITY NUMBER			NAME										
TERMINATED			DEPARTMENT			ADDRESS										
PAY PERIOD ENDING		TIME WORKED		RATE		EARNINGS				DEDUCTIONS				NET AMOUNT PAID		
Mo.	Wk.	195	Regular	Over-time	Regu-lar	Over-time	Regular	Overtime	Total	Total To Date	Withholding Tax	O. A. B.	War Bonds	Total Deductions		
JANUARY																
	FORWARD															
	1															
	2															
	3															
	4															
	5															
	MONTHLY TOTAL															
FEBRUARY																
	1															
	2															
	3															
	4															
	5															
	MONTHLY TOTAL															
MARCH																
	1															
	2	3/7	(4 day - 17 hrs) (85 <sup>th</sup> hr)					1445			120	43			1382	
	3															
	4	3/25	(6 day - 39 1/2 hrs)					3358			385	101			2772	
	5															
	MONTHLY TOTAL															
	QUARTERLY TOTAL															
								4803			505	144			4154	
APRIL																
	1															
	2	4/4														
	3															
	4															
	5															
	MONTHLY TOTAL															
MAY																
	1															
	2															
	3															
	4															
	5															
	MONTHLY TOTAL															
JUNE																
	1															
	2	)														
	3															
	4															
	5															
	MONTHLY TOTAL															
	QUARTERLY TOTAL															
	TOTAL TO DATE															

DATE EMPLOYED				SOCIAL SECURITY NUMBER				NAME								
TERMINATED				DEPARTMENT				ADDRESS								
PAY PERIOD ENDING		TIME WORKED		RATE		EARNINGS				DEDUCTIONS					NET AMOUNT PAID	
Mo.	Wk.	195	Regular	Over-time	Regu-lar	Over-time	Regular	Overtime	Total	Total To Date	Withholding Tax	O. A. B.	War Bonds		Total Deductions	
JULY		FORWARD														
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
AUGUST																
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
SEPTEMBER																
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
		QUARTERLY TOTAL														
OCTOBER																
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
NOVEMBER																
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
DECEMBER																
	1															
	2															
	3															
	4															
	5															
		MONTHLY TOTAL														
		QUARTERLY TOTAL														
		TOTAL TO DATE														

REORDER FORM ER-1—VON BOECKMANN-JONES CO.—AUSTIN, TEXAS



Allen ↓ 14.40 0 .36 (14.04)

Vernie ↓ 27.00 0 .69 (26.31)

Dwyer 1005.00 149.80 ~~26.06~~  
25.14 (830.46)

tot tax <sup>32</sup> 1046.40 149.80 26.19 (870.81)  
          .05

52,32.00

149.40

201.72

26.19  
52.38

4th quarter 59



Wm L Allen 460-50-0043

Wm L

Cochran 463 52-1563

Sparka 449-12-6415

9.25

.40

.23

8.62

1005.00

149.40

25.14<sup>12</sup>

830.46

29.00

.00

.69<sup>67</sup>

26.31

total 1041.25

149.80

26.06

865.39

.05

26.06

52.12

5206.25

149.80

52.06

201.86

Wm. L.

Ch. # 1343

Bill Allen

7/7/59 2:30 - 5:00 - Tues  
7/8/59 1:45 - 6:30 - Wed.

2 1/2

6 3/4

9 1/4

4.62 1/2  
2) 9.25

.20 X 2 = .40

9.25

- .23 Sur Sur

9.02

- 40 mthg.

8.62

w/hq

SS

1st quarter 1959

Vernie	27.00	.00	.69 <sup>(8)</sup>	26.31
Virginia	141.00	7.56	3.53 <sup>4</sup>	129.91
Reeda	36.25	.20	.91 <sup>2</sup>	35.14
SI	1005.00	149.40	25.14 <sup>(13)</sup>	830.46
	<u>1209.25</u>	<u>157.16</u>	<u>30.27</u>	<u>1021.82</u>

1209.25

.025

6	0	4	6	2	5
2	4	1	8	5	0
3	0	2	3	1	2
3	0	2	3		
6	0	4	6		

{
   
 fur deductions
   
 are running
   
 .03 over
   
 for Soc. Sec.

Virginia

1959

10 days

49 3/4  
50 1/4

Jan 5 - 9: 6:30 8 1/2  
Jan 6 - 11- 5:25 4 1/2 9:30 8:30  
Jan 13 - 1- 5:15 4 1/2 6:30  
Jan 14 - 1- 5:00 4 4:15  
Jan 15 - 1- 5:00 4 4 hrs  
Jan 20 - 1- 5:15 4 1/4 4"  
Jan 22 - 1- 5:5:15 4 1/4 4:15  
Jan 28 1- 8:00 7 7  
Jan 29 5- 9:00 4 50 hrs 45 min  
30 - 1- 5:00 4 \$50.75  
1.27 sec sec

10 days / 50.75 = 5 → .25 x 10  
2.50

50.75  
- 2.50  
48.25  
1.27  
46.98

50.75  
less 2.50 whdy  
48.25  
1.27 sec sec

ck no 1023



1959

Feb 5 1-5:10 4  $\frac{1}{4}$

6 1-5:10 4  $\frac{1}{4}$

11 1-5:05 4

17 - 1-5:15 4  $\frac{1}{4}$

18 - 1-4:50 3  $\frac{3}{4}$

25 1-6:10 5  $\frac{1}{4}$

26 1-5:20 4  $\frac{1}{2}$

Virginia

28  $\frac{1}{4}$  of 30 hrs  $\frac{1}{4}$   
7 days @ 1.00 per hr  
\$30.25

Soc. sec. tax .76¢

divide by no. of days & fig  
withholding tax then multiply  
tax am't by no. of days

4.321  
7  $\overline{) 30.250}$  withholding .15¢ x 7 = 1.05  
28  
22  
21  
15  
14 less  
10  
\$30.25  
- 1.81  
\$28.44

# 1046

Reed & Le Anderson

2/11/59 — 1:15 — 2:45

1 1/2 hrs.

2/12 — 12:45 — 2:15

1 1/2 hrs.

+ 10 min

3 1/6 hrs @ 1.50

4.50 + .25

\$4.75

2 days

2.38  
2 | 4.75

less soc sec tax .12

withholding none

\$4.75

less 12

\$4.63

#1047

Russell Anderson

# 1035

1/6 - 10:50 - 12:50

2 hrs.

1/14 - 11:20 - 2:20

3 hrs.

1/15 - 11:35 - 2:35

3 hrs.

1/29 - 11:30 - 3:15 (out 1 1/4 hr.)

2 1/2 hrs.

2/4 - 12:15 - 2:15

2 hrs.

2/5 - 1:15 - 2:45

1 1/2 hrs.

2/10 - 11:45 - 1:15

14 hours

1 1/2 hrs.  
15 1/2 @ \$1.50

15.5  
x 1.50  
77.50  
155  
232.50

less .58 SS

less nothing on whdg

\$22.67

3.32  
7 23.25 = 0 withholding

Dwyer

<u>Total</u>	<u>Wkly</u>	<u>Soc Sec.</u>
167.50	24.90	4.19
- 24.90		
<u>142.60</u>		
4.19		

ck 1004  
11/16/59

after this ck: 138.41

.42 (not enough deducted last time - Soc. Sec.)

this ck only 137.99

138.83  
138.41  
.42

proof

<u>Soc</u>
138.83
137.99
<u>276.82</u>
49.80
8.38
<u>335.00</u>

<u>Wkly</u>
24.90
24.90
<u>49.80</u>

<u>Soc Sec</u>
3.77
4.19
.42
<u>8.38</u>



1959

Reed Lee Anderson

3/23 11:00 - 2:00

3 hrs.

3/24 11:30 - 2:00

2 1/2 hrs.

5 1/2 hrs @ 1.50

4.12 1/2  
2/8.25

.10  
2  
.20

5.50  
1.50

27.50

5.50 Total

8.250

less .21 Soc Sec

8.04

less

.20

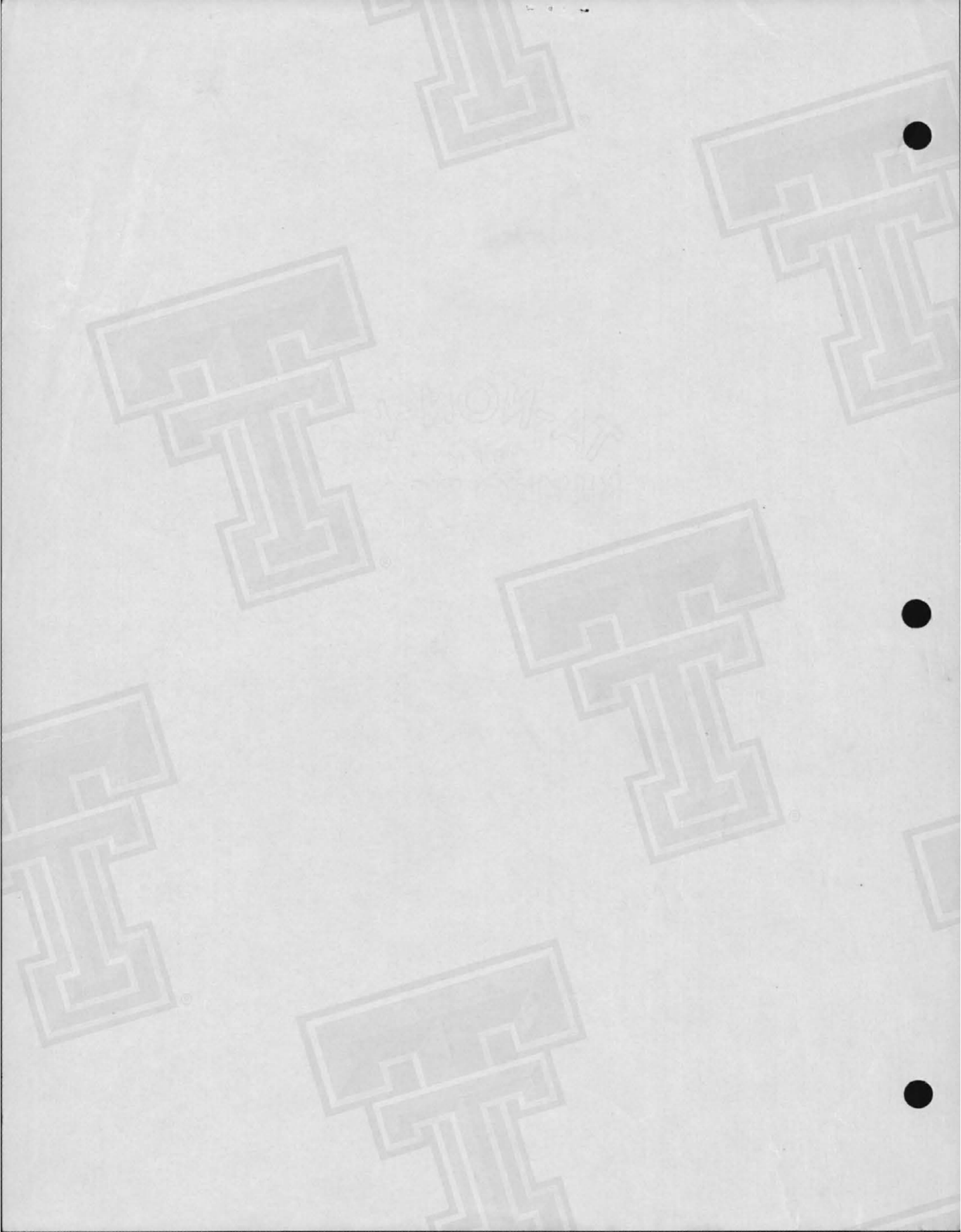
wkly -

Check for - 7.84

Pd 4/28/59

ck No. 1106

Don't destroy



1959

Virginia

March

3-2-	8:6:10	9
3-4-	11:5:00	4
5-	1-6:00	5
7-	1-5:20	4 $\frac{1}{3}$
10-	1-5:35	4 $\frac{1}{2}$
11-	1-5:05	4
12-	1 7:30	6 $\frac{1}{2}$
14-	11:40	5-
27-	1-6:30	5 $\frac{1}{2}$
30-	1-8:10	7 $\frac{1}{4}$
31 -	1 - 6	5.

$$\begin{array}{r} 5.45.6 \\ 11 \overline{) 60.00} \\ \underline{55} \\ 50 \\ \underline{44} \\ 60 \\ \underline{55} \\ 6 \end{array}$$

$$\begin{array}{r} 5.46 \\ 11 \\ \hline 5.46 \\ 5.46 \\ \hline 4.006 \end{array}$$

# 1091  
 March 31 - 1959  
 60.00 - Salary  
 1.50 - Soc Sec  
 4.01 - wblig.  
 54.49 - Check

5.  
 60.00  
 1.50 Soc Sec  
 58.50  
 4.01 wblig  
 54.49  
 check.

2nd quarter 59

	Lat	Wthg	LA	Net
Vernie	27.00	-	.69 <sup>(8)</sup> ✓	26.31
Virginia	5.25	.30	.13 ✓	4.82 ✓
Dwyce	1005.00	149.40	25.14	830.46
Karen	46.59	8.45	1.16 ✓	36.98 ✓
	<u>1083.84</u>	<u>158.15</u>	<u>27.12</u>	<u>898.57</u>

$$\begin{array}{r}
 1083.84 \\
 .025 \\
 \hline
 5419.20 \\
 216768 \\
 \hline
 2709.600 \\
 27.11 \\
 \hline
 54.20 \\
 158.15 - \\
 \hline
 212.35
 \end{array}$$

LA  
Wthg



VIRGINIA URBANSK

● April 3 - 1-6:15

5 1/4 hr -

Base Pay  $\begin{array}{r} 5.25 \\ - .43 \\ \hline 4.82 \end{array}$

.13 ss.

.30 wt

gd. 5/19/57 = 1292

Karen McQuirk

5-4-59 (1:15 - 5:50) 4:35  
5-5-59 (9:15 - ~~12:00~~  
1:00 - 5:30) 2:45  
5:30

5-6-59 (9:15 - 12:15) 3:00  
1:15 - 5:00 3:45

5-7-59 (9:30 - 12:00) 2:30  
1:30 - 4:50 3:20

5-8-59 (9:15 - 12:15) 3:00

5-11-59 (1:00 - 5:15) 4:15

5-13-59 (1:40 - 5:00) 4:00

36  $\frac{2}{3}$  hrs.  
\$27.28 - Base Pay

.68 - SS  
4.90 - wt

27.28  
5.58  
21.70

od. 5/19/59 #1293

Karen McCawick  
#9-59 (1-6)

5-

#13-59 (1-5:45)

4 3/4

4-14-59 (1-5:15)

4 1/4

4-22-59 (1-5:45)

4 3/4

$$\begin{array}{r} 17 \\ 1 \frac{3}{4} \\ \hline 18 \frac{3}{4} \end{array}$$

$$\begin{array}{r} 18.75 \\ .75 \\ \hline 93.75 \\ 131.25 \\ \hline 140.625 \\ .35 \text{ Sec Sec} \end{array}$$

$$\begin{array}{r} 13.71 \\ 2.60 \\ \hline 11.11 \end{array} \begin{array}{l} \text{w/hg-} \\ \text{CHECK} \end{array}$$

Ad  
4-23-59  
Ch.# 1270

$$\begin{array}{r} 2.60 \\ 4 \overline{)14} \\ 12 \\ \hline \end{array}$$

for  
Karen  
McCawick  
Please.

Nancy McCann @ \$7.5

5/20 (9:00 - 12:00)  
1:00 - 5:00)

7 hours 1 day \$5.25

Base Pay

S/S .13

W/H .95

1.08

\$5.25

1.08

\$4.17

#1318

4/19/57



Oct 26 - 2:30 - 5:00  
 27 - 2:00 - 5:00  
 28 - 3:00 - 7:00  
 29 - 2:00 - 7:10

2 1/2

3

4

5 1/6

14.40

WLA

Make out ck for Wm Lee Allen

11/3/59

#1459

make deductions  
 (see me)

3.60  
 4/14.40

no income tax deduction needed

.36 55.

Dwyer

Sac. Sec. W.

Jan.	162.50	3.66	24.20
	162.50	3.66	24.20

	162.50	3.66	24.20
Feb.	162.50	3.65	24.20

Mar.	162.50	3.65	24.20
	162.50	3.64	24.20
	975.00	21.92	145.20

145.20

13.80

159.00

Virginia

Soc. Sec.

W.

Jan.

7.00

.16

18.00

.40

Feb. 15.00

.34

Mar. 35.00

.79

3-17 43.75

.98

3-21 35.00

.79

13.80

153.75

3.46

13.80

1.	159.00	
2.		
3.		159.00
4.		
5.	1178.11	
6.	53.02	
7.		
8.		53.02
9.		212.02

(Mrs. P. Cockrell)	975.00
463-52-1563	27.00
Vernie Sparks	
449-12-6415	153.75
Virginia Urbaneck	
456-30-2610	3.56
(Mrs.) Phyllis Ann Cockrell	
466-56-7680	6.00
Evelyn Marie Bohac	
462-64-7529	12.80
Erna Anna Rueffer	
	1178.11

Virginia Helenis Urbanek

1178.11  
 0.42  
 389.65  
 4412.44  
 53.01495



$$\begin{array}{r}
 3.56 \\
 6.00 \\
 72.80 \\
 27.00 \\
 153.75 \\
 975.00 \\
 \hline
 1178.11
 \end{array}$$

$$\begin{array}{r}
 .08 \\
 .14 \\
 .29 \\
 .60 \\
 3.46 \\
 21.92 \\
 \hline
 26.49 \\
 26.49 \\
 \hline
 52.98
 \end{array}$$

$$\begin{array}{r}
 1178.11 \\
 0.45 \\
 \hline
 589055 \\
 471244 \\
 \hline
 53.07 \\
 52.98 \\
 \hline
 00.04
 \end{array}$$

Vernie

Soc. Sec.

Jan. 9.00

.20

Feb. 9.00

.20

Mar. 9.00

.20

27.00

.60

Phyllis Bradshaw  
Soc. S.  
3-56 .08

---

Evelyn Marie Bokac  
3-11 6.00 .14

---

Erna Anna Rueffner  
12.80 .29

---

41<sup>2</sup>/<sub>2</sub>  
23<sup>1</sup>/<sub>2</sub>  
32<sup>2</sup>/<sub>2</sub>  
356<sup>2</sup>/<sub>2</sub>

Jan. 7

7 hrs

7.00 ✓

.60

Jan 23-24

18 hrs

18.00 ✓

2.00

Feb. 27-28

15 hrs

15.00 ✓

1.30

Mar. 3-10

35 hrs

35.00 ✓

3.00

Mar 10-15

43<sup>3</sup>/<sub>4</sub> hrs

43.75 ✓

3.90

Mar - 17-21

35 hrs.

35.00

3.00

14.59

20.41

3.80

.79

14.59

FICA - (all told)

Sec Sec (this time)



$$\begin{array}{r}
 7 \\
 7 \\
 5 - 3/4 \\
 8 \\
 8 \frac{1}{2} \\
 7 \frac{1}{2} \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 42 \\
 1 \frac{3}{4} \\
 \hline
 43 \frac{3}{4}
 \end{array}$$

$$\begin{array}{r}
 43.75 \\
 2.25 \\
 \hline
 \end{array}$$

2 1/4 1/2 to 4

$$\begin{array}{r}
 218.75 \\
 8750 \\
 \hline
 8750 \\
 98.43.75
 \end{array}$$

$$\begin{array}{r}
 43.75 \\
 -.98 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 12.80 \\
 0222 \\
 \hline
 6400 \\
 2560 \\
 \hline
 2560 \\
 288000
 \end{array}$$

Urbanek

$$\begin{array}{r}
 42.77
 \end{array}$$

Phyl's

Soc Sec No.

Phyllis Ann Cockreese

4 66-56-7680

- April 30, 198

E+W 0 74 1106 488

1958  
Jan - Feb - Mar.

# YOUR COPY

- Return for Calendar Quarter
- 
- (Enter months and year as on original)

**IMPORTANT.**—Keep this copy and a copy of each related schedule or statement.

Before filing the return be sure to enter on this copy your name, address, and identification number, and period for which the return is filed.

**SALE OR TRANSFER OF BUSINESS.**—If a business is sold or transferred by one employer to another, each employer must file a separate return. Such a transfer occurs, for example, if a sole proprietor forms a partnership or a corporation. Neither employer should report wages paid by the other employer. If the new employer does not have an identification number, he should not use the identification number assigned to the previous employer, but must file an application on Form SS-4 for a new number for himself. (See Items 12 and 13 below.)

If wages were not taxable under the F.I.C.A., make no entries below except in Items 12 and 13. See instructions on back of this page.

12. If there has been a change of ownership or other transfer of the business during the quarter, give the name of the present owner (individual, partnership, or corporation) and the date change took place \_\_\_\_\_
13. Do you expect to pay taxable wages in the future to any employee (other than agricultural or household)? ☒ Yes ☐ No  
If "No," write "Final Return" in Item 10, check appropriate block below and furnish the other information requested below:  
☐ Sale of business to successor ☐ Formed partnership ☐ Discharged all employees, but still in business  
☐ Business discontinued ☐ Formed corporation ☐ Other (Specify) \_\_\_\_\_
- Date of final payment of taxable wages to employees (other than agricultural or household) \_\_\_\_\_, 19\_\_\_\_
- Records will be kept by \_\_\_\_\_ at \_\_\_\_\_
- Do you expect to pay taxable wages within the next 6 months to a household employee? ☐ Yes ☒ No
14. Total pages of this return, including this page and any pages of Form 941a \_\_\_\_\_ **1**
15. Total number of employees listed (same as Item 4) \_\_\_\_\_ **6**
16. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees \_\_\_\_\_ **3**

List for each employee, except agricultural employees, the WAGES taxable under the Federal Insurance Contributions Act (for Social Security) which were paid during the quarter. If you pay an employee more than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 of such wages.

[illegible]

If you need more space for listing employees, use Schedule A continuation sheets, Form 941a.

Total wages reported in column 19 on this page

21. TOTAL WAGES TAXABLE UNDER F.I.C.A. PAID DURING QUARTER

TOTAL WAGES TAXABLE UNDER F.I.C.A., PAID DURING QUARTER  
(Total of such wages in column 19 of this page and on any continuation sheet) . . . . \$ 1178.11 { Enter this total in  
Item 5 above.

**THIS FORM MUST BE FILED WITH YOUR U. S. DISTRICT DIRECTOR OF INTERNAL REVENUE ON OR BEFORE THE LAST DAY OF THE FIRST MONTH FOLLOWING THE CLOSE OF THE QUARTER EVEN THOUGH NO TAX IS PAYABLE**



Serial No. of Form 450	Date of Deposit (List in date order)	Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
<b>Total of all enclosed depositary receipts . . .</b>		\$ _____
<b>Total of other remittances (such as cash, check, M. O., etc.) \$</b>		_____
<b>Total payments (same as Item 9 on other side) . . .</b>		\$ _____

The instructions below relate to the preparing and filing of Form 941. Additional instructions are contained in Circular E. Special instructions for employers of agricultural and household employees also appear on the back of the original of this return.

Circular E relates to (a) income tax withholding from wages, (b) taxes under the Federal Insurance Contributions Act (for social security), and (c) the Federal unemployment tax. Employers should refer to such circular for information as to the employers and employees who are liable for these taxes, the types of payments defined by law as "wages," the computing and deducting of taxes from wages, how to adjust errors, and other facts employers need to know in order to comply with the law.

Circular E may be obtained from the District Director of Internal Revenue upon request. Employers also may obtain Circular H, "Household Employer's Social Security Tax Guide," and Circular A, "Agricultural Employer's Social Security Tax Guide."

**Purpose of Form 941.**—This form combines the reporting of income tax withheld from wages and the taxes under the Federal Insurance Contributions Act. If you have only one of these taxes to report, you should fill in only the portions which are applicable to you.

**Who must file.**—If you have one or more employees you must make a return for the first quarter in which you are required to withhold income tax from wages, or in which you pay wages taxable under the Federal Insurance Contributions Act, and for each quarter thereafter.

If you temporarily discontinue paying wages (for example, seasonal activities), you must nevertheless file returns. If you no longer expect to pay wages subject to any of the taxes reportable on this form you must file a "Final Return." If a business is sold or transferred by one employer to another, both the old and the new employer must file returns, but neither should report wages paid by the other.

After you have once filed a return, the District Director will mail you a Form 941 every three months. If the form should fail to reach you, request a Form 941 so that you can make your return on time.

Quarterly returns and due dates.—A return must be filed for each quarter of the calendar year as follows:

Quarter covered	Due on or before
January, February, March	April 30
April, May, June	July 31
July, August, September	October 31
October, November, December	January 31

However, if the return is accompanied by depositary receipts, Form 450, showing timely deposits in full payment of the taxes due for the entire calendar quarter, the return may be filed on or before the tenth day of the second month following the quarter.

Unless already shown on the form received from the District Director, enter in the spaces at the right of the employer's name the months and year of the calendar quarter for which the return is filed.

**Where to file.**—The original of this form is to be sent to the United States District Director of Internal Revenue for the district in which the employer's principal place of business is located, or, if the employer has no principal place of business in an internal revenue district of the United States, with the District Director of Internal Revenue, Baltimore 2, Md., or if the employer's principal place of business is in the Panama Canal Zone with the Director of International Operations, Internal Revenue Service, Washington 25, D. C.

**Payment of tax.**—Each return should be accompanied by remittance (cash, check, money order, depository receipt, or combination of these) for the total taxes reported in Item 9.

**Employer's identification number, name, and address.**—Forms 941 preaddressed by District Directors should be used in filing returns. If a preaddressed form is lost, request another. If a non-preaddressed

form must be used, type or print in Items 10 and 11 the employer's identification number and name exactly as shown on his previous returns. Do not use the identification number assigned to a prior owner.

An employer who is required to report F.I.C.A. taxes on Form 941 and who has not applied for an identification number should file with the District Director an application on Form SS-4. Such form may be obtained from the District Director or from any Social Security Administration district office. An employer who is liable for income tax withheld from wages, but who is not liable for F.I.C.A. taxes, will be assigned an identification number by the District Director without application.

**Penalties and interest.**—Avoid penalties and interest by making timely returns and payments of tax. The law provides penalties for late filing of a return or for late monthly deposits unless reasonable cause is shown for the delay. If you are late in filing a return or in making a monthly deposit, send a full explanation in writing with your return.

Penalties also are imposed by law for willful failure to pay, collect, or truthfully account for and pay over tax, furnish statements to employees, keep records, make returns, for false or fraudulent returns, or for submitting bad checks.

**Item 2. Adjustment of income tax withheld.**—Item 2 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year. (Consult the District Director before correcting a prior-year error.) Any amount in Item 2 must be explained by a statement attached to the return. This statement must set forth:

- (a) Explanation of the error which the entry is intended to correct;
- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period; and
- (d) The manner in which the employer and employee have settled any overcollection or undercollection of income tax withheld.

**Item 7. Credit or adjustment of taxes under Federal Insurance Contributions Act.**—Entries in Item 7 should be made for the correction of underpayments or overpayments of F.I.C.A. tax as reported on a prior return, or credits for overpayments of penalty or interest paid with respect to such tax for prior periods. If there are both an underpayment and an overpayment to be reported, only the difference between the two should be entered in Item 7. Any amount entered in Item 7 must be explained by a statement attached to the return. This statement must set forth:

- (a) Explanation of the error which the entry is intended to correct;
- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period;
- (d) The tax-return period in which the error was ascertained;
- (e) The fact that the employer repaid F.I.C.A. tax overcollected from an employee, if the entry corrects an overcollection of tax; and
- (f) If the entry corrects F.I.C.A. tax overcollected from an employee in a prior year, the fact that the employer has obtained from the employee a written statement that the employee has not claimed and will not claim refund or credit of the amount of such overcollection.

If amounts of wages were erroneously reported or omitted for employees on prior returns, submit on Form 941c, or include in the statement:

- (a) The name and account number of each employee whose wages were erroneously reported or omitted;
- (b) The amount of wages, if any, erroneously reported for each quarter for each employee (if none, so state); and
- (c) The amount of wages, if any, which should have been reported for each quarter for each employee (if none, so state).

Obtain Forms 941c from the District Director.

**(Instructions continued on the back of the original of this form)**

**EMPLOYER'S QUARTERLY FEDERAL TAX RETURN**

**COPY FOR EMPLOYER**

- |  |    |  |       |          |
|--|----|--|-------|----------|
| 1. Federal Income Tax Withheld From Wages (If not required to withhold, write "None")                | \$ | 158  | 20    | 15-8.15  |
| 2. Adjustment for preceding quarter(s) of calendar year. (Attach explanation. See instructions)      | \$ |  |       |          |
| 3. Income tax withheld, as adjusted  | \$ | 158  | 20    |          |
| Federal Insurance Contributions Act Taxes (If no taxable wages paid, write "None")                   |    |  |       |          |
| 4. Number of employees listed in Schedule A  | 6  | 5. Total taxable wages paid (from Item 21) | \$    | 1,163.69 |
| 6. 4 1/2% of wages in Item 5 (2 1/4% employer tax and 2 1/4% employee tax)                           | \$ | 52.37                                      | 52.42 |          |
| 7. Credit or adjustment. (Attach explanation. See instructions)                                      | \$ |  |       |          |
| 8. F.I.C.A. taxes, as adjusted   | \$ | 52   | 37    |          |
| 9. Total taxes (Item 3 plus Item 8). If deposits of taxes are made, fill in Schedule B on other side | \$ |  |       |          |

**July 23**

8

# YOUR COPY

10. Type or print in this space employer's identification number, name, and address exactly as shown on original.

Return for Calendar Quarter  
(Enter months and year as on original)

**IMPORTANT.**—Keep this copy and a copy of each related schedule or statement.

Before filing the return be sure to enter on this copy your name, address, and identification number, and period for which the return is filed.

**SALE OR TRANSFER OF BUSINESS.**—If a business is sold or transferred by one employer to another, each employer must file a separate return. Such a transfer occurs, for example, if a sole proprietor forms a partnership or a corporation. Neither employer should report wages paid by the other employer. If the new employer does not have an identification number, he should not use the identification number assigned to the previous employer, but must file an application on Form SS-4 for a new number for himself. (See Items 12 and 13 below.)

## Schedule A—QUARTERLY REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT (FOR SOCIAL SECURITY)

If wages were not taxable under the F.I.C.A., make no entries below except in Items 12 and 13. See instructions on back of this page.

12. If there has been a change of ownership or other transfer of the business during the quarter, give the name of the present owner (individual, partnership, or corporation) and the date change took place \_\_\_\_\_
13. Do you expect to pay taxable wages in the future to any employee (other than agricultural or household)? ☒ Yes ☐ No  
If "No," write "Final Return" in Item 10, check appropriate block below and furnish the other information requested below:
- ☐ Sale of business to successor ☐ Formed partnership ☐ Discharged all employees, but still in business  
☐ Business discontinued ☐ Formed corporation ☐ Other (Specify) \_\_\_\_\_
- Date of final payment of taxable wages to employees (other than agricultural or household) \_\_\_\_\_, 19\_\_\_\_
- Records will be kept by \_\_\_\_\_ at \_\_\_\_\_
- Do you expect to pay taxable wages within the next 6 months to a household employee? ☐ Yes ☐ No
14. Total pages of this return, including this page and any pages of Form 941a \_\_\_\_\_ **1**
15. Total number of employees listed (same as Item 4) \_\_\_\_\_ **6**
16. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees \_\_\_\_\_

List for each employee, except agricultural employees, the WAGES taxable under the Federal Insurance Contributions Act (for Social Security) which were paid during the quarter. If you pay an employee more than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 of such wages.

[illegible]

If you need more space for listing employees, use Schedule A continuation sheets, Form 941a.

Total wages reported in column 19 on this page . . . . .	\$	1,163	69
--	----	-------	----

21. TOTAL WAGES TAXABLE UNDER F.I.C.A., PAID DURING QUARTER  
(Total of such wages in column 19 of this page and on any continuation sheet) . . . . \$ 1,163.69 { Enter this total in  
Item 5 above.

{ Enter this total in  
- { Item 5 above.



[illegible]

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form must be used, type or print in Items 10 and 11 the employer's identification number and name exactly as shown on his previous returns. Do not use the identification number assigned to a prior owner.

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**Item 2. Adjustment of income tax withheld.**—Item 2 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year. (Consult the District Director before correcting a prior-year error.) Any amount in Item 2 must be explained by a statement attached to the return. This statement must set forth:

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- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period;
- (d) The tax-return period in which the error was ascertained;
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- (f) If the entry corrects F.I.C.A. tax overcollected from an employee in a prior year, the fact that the employer has obtained from the employee a written statement that the employee has not claimed and will not claim refund or credit of the amount of such overcollection.

If amounts of wages were erroneously reported or omitted for employees on prior returns, submit on Form 941c, or include in the statement:

- The name and account number of each employee whose wages were erroneously reported or omitted;
- The amount of wages, if any, erroneously reported for each quarter for each employee (if none, so state); and
- The amount of wages, if any, which should have been reported for each quarter for each employee (if none, so state).

Obtain Forms 941c from the District Director.

Page 4

Cochrane 10057.00

Vernie Sparks 27.00

Virginia Helene Urbansk 104.00  
Frances Kathryn Forrest 2.55  
106.55  
10.00

Ethel Elizabeth Butler 4.50

Phyllis Cochrane Brodeur 10.64

1163.69

Whaley - Dwyce 149.40  
Vernie .00  
Virginia 8.80  
158.20

FICA

Dwyce 22.62  
Vernie .60  
Virginia 2.35 (+24)  
Kathryn .25  
Ethel .10  
Phyllis .24  
26.16  
26.16  
52.32

2 3  
2 3 1 3 4  
1163.69  
4.5

581845  
465476  
52.36.605

1163.69  
4.5

581845  
465476  
5236.605

(second quarter 1958)  
(we overpaid  
Virginia 2.55)

	Total	Whlbg	Soc Sec	4 1/2	Net
Virginia ✓	88.18	7.42	1.98		78.78
Dwyc ✓	1005.00	149.40	22.62	45.24	832.98
Vernie ✓	27.00	—	.60	1.20	26.40
		156.82	25.20		4.40
Butler	4.50		.10		
Phyllis	10.88		.24		10.64
Forrest	<del>11.00</del>		.25		10.75

Virginia  
 13.80 — 3.46  
 8.75 — 2.40  
 7.42 — 1.98  
 12.25 — 3.80  
 42.22 — 11.64

	Total	W/hh g	Soc Sec	4 1/2	Net
Virginia	168.75	12.23	3.80	3.80 3.80	(152.72)
[REDACTED]					
Stacy	1005.00	149.40	22.62	22.62 22.62	(832.98)
[REDACTED]					
Thornie	27.00	- 0 -	.60	.60 .60	(26.40)
[REDACTED]					
Rita	123.75	2.35	2.78	2.78 2.78	(118.62)
[REDACTED]					
	1324.50 <sup>✓</sup>	163.98	29.80	59.60 <sup>✓</sup>	1130.72



Peggy

1/9

Natl. bill has come

Also

several pledge checks -



First Quarter

whh g- 159.00

4 1/2% - 53.02

Sal. 1178.11

Second

158.20

52.37

1163.69

Third

156.75

50.40

1120.18

Fourth

163.98

59.60

1324.50

637.93

215.39

4786.46

✓

✓

4786.48

.045

23.93240

1914592

215.39160

1 exemption

Sydna T. Hilliard  
1956  
(cov)

Date	Gross	withheld	Soc Sec	Check
Oct 14	145.00	21.30	2.90	120.80
Oct 28	145.00	21.30	2.90	120.80
Nov. 14	145.00	21.30	2.90	120.80
Nov. 30	145.00	21.30	2.90	120.80
Dec. 15	145.00	21.30	2.90	120.80
Dec. 30	145.00	21.30	2.90	120.80
<div> <div>1956</div> <div>These figures to be used in final accounting in Austin</div> </div>				
Jan 13	145.00	21.30	2.90	120.80
Jan 31	145.00	21.30	2.90	120.80
Feb 15	145.00	21.30	2.90	120.80
Feb 29	145.00	21.30	2.90	120.80
Mar 15	145.00	21.30	2.90	120.80
Mar. 30	145.00	21.30	2.90	120.80
Totals	870.00	127.80	17.40	
New quarter to be counted on Austin's report				
April 2	145.00	21.30	2.90	120.80 Sydna
Apr. 16	<del>150.00</del>	<del>22.00</del>	<del>3.00</del>	<del>125.00</del>
Apr. 27	<del>150.00</del>	<del>22.00</del>	<del>3.00</del>	<del>125.00</del>

keep for file

U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
314 WEST 11TH STREET  
AUSTIN 8, TEXAS

TO THE EMPLOYER:

FILE EARLY IN '57

You can help your employees a lot if you will furnish them their W-2 forms early and urge them to file their tax returns in January. This will help our processing by leveling the flow of work, make possible better planning and better use of our people, and enable us to issue refund checks earlier. This saves tax dollars.

\* \* \* \* \*

OFFSET CREDIT FOR PAYMENT  
OF STATE UNEMPLOYMENT INSURANCE TAX

Just a friendly reminder about your State Unemployment Insurance tax payments:

If you had four or more employees on a day in twenty different weeks in the calendar year 1956, you are liable under both the Federal Unemployment Tax Act and the Texas Unemployment Compensation Act for the year 1956.

In order to obtain the full offset credit in Column 8 on Schedule A of the Federal Form 940 and thus deduct the State tax from the Federal tax, the State tax for 1956 must be paid to the Texas Employment Commission by January 31, 1957.

Report forms and information regarding the State Unemployment Insurance tax can be obtained by writing to the Texas Employment Commission, Austin 19, Texas, or by contacting a local representative of the Texas Employment Commission.

\* \* \* \* \*

We'll certainly appreciate all the help you can give us in connection with these suggestions.

Sincerely,



R. L. PHINNEY  
District Director

Hydra Killiard	1015. <sup>00</sup>	149. <sup>10</sup>	20. <sup>30</sup>	Total 169. <sup>40</sup>
H. E. Simpson	22. <sup>00</sup>	1. <sup>75</sup>	0. <sup>44</sup>	2. <sup>19</sup>
Dwyer Cockrell	2700. <sup>00</sup>	396. <sup>00</sup>	54. <sup>00</sup>	450. <sup>00</sup>
Vernie Sparks	778. <sup>75</sup>		1. <sup>58</sup>	1. <sup>58</sup>
Ruth Rogers	52. <sup>25</sup>		1. <sup>05</sup>	1. <sup>05</sup>

3868.00 | 546.85 | 77.37

.04  
154.72

### Quarter

Dwyer	900.00	132.00	18.00	150.00
Vernie	27.00		11.45	1.45
			19.45	

27.00  
10.00  
54

27.00  
30.00  
18.5

900  
85.00

# U. S. TREASURY DEPARTMENT

## INTERNAL REVENUE SERVICE

### NOTICE TO EMPLOYER:

#### *New Tax Rates Under the Federal Insurance Contributions Act*

Tax rates under the Federal Insurance Contributions Act, on wages paid on or after January 1, 1957, will be  $2\frac{1}{4}$  percent for employers and  $2\frac{1}{4}$  percent for employees, or a total of  $4\frac{1}{2}$  percent. Deductions of employee tax from wages paid after December 31, 1956, regardless of when earned, should be made at the rate of  $2\frac{1}{4}$  percent.

#### *Filing of Return Under Federal Unemployment Tax Act*

A return on Form 940 for the calendar year 1956 must be filed by every employer who, during 1956, had **FOUR** or more employees (instead of 8 or more as in previous years) on 20 or more days, each such day being in a different calendar week. If in doubt, you can determine whether to file the return by filling in the back of this notice. *If you are not required to file Form 940 you may either retain this notice or destroy it.*

If you need a Form 940 for 1956, and have not received it by January 9, 1957, request the form from this office in sufficient time for preparing and filing your return on or before January 31, 1957.

DISTRICT DIRECTOR OF  
INTERNAL REVENUE



For each calendar week in 1956, select the day on which you had the greatest number of employees and enter that number in the space for that week. The first week is January 1 through January 7. All weeks begin on Sunday and end on Saturday except the last week, which is the 2-day period December 30 and 31. If you show **FOUR** or more employees in 20 or more of the weeks, you are required to file a return on Form 940 for 1956. Count all regular, temporary, and part-time employees. If the employer is an ordinary partnership, do not include the partners.

<i>Week Ending:</i>	<i>Week Ending:</i>	<i>Week Ending:</i>
Jan. 7 .....	May 12 .....	Sept. 15 .....
Jan. 14 .....	May 19 .....	Sept. 22 .....
Jan. 21 .....	May 26 .....	Sept. 29 .....
Jan. 28 .....	June 2 .....	Oct. 6 .....
Feb. 4 .....	June 9 .....	Oct. 13 .....
Feb. 11 .....	June 16 .....	Oct. 20 .....
Feb. 18 .....	June 23 .....	Oct. 27 .....
Feb. 25 .....	June 30 .....	Nov. 3 .....
Mar. 3 .....	July 7 .....	Nov. 10 .....
Mar. 10 .....	July 14 .....	Nov. 17 .....
Mar. 17 .....	July 21 .....	Nov. 24 .....
Mar. 24 .....	July 28 .....	Dec. 1 .....
Mar. 31 .....	Aug. 4 .....	Dec. 8 .....
Apr. 7 .....	Aug. 11 .....	Dec. 15 .....
Apr. 14 .....	Aug. 18 .....	Dec. 22 .....
Apr. 21 .....	Aug. 25 .....	Dec. 29 .....
Apr. 28 .....	Sept. 1 .....	Dec. 31 .....
May 5 .....	Sept. 8 .....	

You may use this notice as a request for a Form 940 for 1956. If you need a Form 940, but have not received it by January 9, 1957, fill in your identification number, name, and address below, and return the notice to this office, preferably in a separate envelope.

.....  
(Employer's identification number, as shown on Form 941)

.....  
(Name)

.....  
(Street address)

.....  
(City, postal zone number, and State)



U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
AUSTIN, TEXAS

IN REPLYING REFER TO:  
Code 1332

E&W                      0       74 1106488  
LEAGUE OF WOMEN VOTERS OF TEXAS  
1007 WEST 24TH  
AUSTIN, TEX

Our records show you have been assigned two employer's identification numbers. Since only one number may be assigned to an employer, we have canceled one of the numbers.

When filing future quarterly returns with this office, please use the correct identification number shown immediately above your name and address in the heading of this letter. Do not use an employer's identification number other than the one shown.

Thank you for your cooperation.

Very truly yours,

R. L. Phinney  
District Director

Employer's -

993

E+W 0

League of women voters of Texas

(all all)

\$ 1,150.00

\$ 23.00

\$ 1,150.00

158.60

Mrs. Martha H. Parker

\$ 221.95

\$ 4.44

221.95

40.01

Miss Barbara Barber

\$ 1,940.00

38.80

1,940.00

274.60

Mrs. Lydia T. Hilliard

\$ 110.40

\$ 2.21

110.40

19.96

Cloris Summelt Duff

# 46.93

.94

# 46.93

.50

Mrs. Helen E. Simpson

# 13.30

.27

13.30

2.40

Mary A. Cowe

	Ch	1 <sup>st</sup> quarter 1954	gross	2 wks
her	11.04	2.48	13.80	24 hrs @ 1.15
		with .28 <sub>55</sub>		
pro	22.05	5.00	55	27.60
her	25.66	5.90	64	32.20
				28 hrs @ 1.15 <sup>2 wks</sup>
a	22.15	4.90	55	27.60
				29 hrs @ 1.15 <sup>2 wks</sup> ending Feb. 12
Barbara	18.40	4.14	.46	23.00
				20 hrs @ 1.15 <sup>2 wks</sup> end of Feb.
Barbara	20.24	4.55	.51	25.30
				22 hrs @ 1.15 <sup>2 wks</sup> end 3/20
Barbara	20.24	4.55	.51	25.30
				22 hrs @ 1.15 <sup>2 wks</sup> end 3/31
Barbara	14.72	3.31	37	18.40
		2 <sup>nd</sup> quarter		16 hrs 2 wks end 4/16
Barbara	14.72	3.31	37	18.40
				16 hrs 2 wks end 4/28
Barbara	19.32	4.35	.48	24.15
				21 hrs @ 1.15 <sup>final</sup>



	<del>Gross</del> Net	Marble Pairs 1 <sup>st</sup> quarter 1950 wh.		Gross
Jan. 15.	109.80	12.70	<sup>SS</sup> 2.50	125.00
Jan. 29	104.80	17.70	2.50	125.00
Feb. 15	104.80	17.70	2.50	125.00
March 1	104.80	17.70	2.50	125.00
March 15	104.80	17.70	2.50	125.00
March 31	104.80	17.70	2.50	125.00
		2 <sup>nd</sup> quarter		
April 15	104.80	17.70	2.50	125.00
April 30	104.80	17.70	2.50	125.00
May 14	125.00	22.00	3.00	150.00
		158.60	23.00	1150.00
		final		

Koris Gummelt Diff #1.15 an hour - pd weekly

Date	Gross	withheld	loc loc	check	hrs
1954 Sept 24	36.80	6.60	.74	29.46	32
Sept Oct 1	46.00	8.40	.92	36.68	40
Oct 13	18.40	3.30	.37	14.73	16
Nov 5	9.20	1.66	.18	7.36	8
	<u>27.60</u>				
		<u>19.96</u>	<u>2.21</u>		
	<u>110.40</u>				

Helen E. Simpson \$1.10 an hour pd weekly

Oct.	9.90	—	.20	9.70	9
Nov 5	15.40	.50	.31	14.59	14
Nov. 12	6.05	—	.12	5.93	5½
Dec. 22	10.08	—	.20	9.88	9½
Dec 30	5.50	—	.11	5.39	5 hrs.
	<u>46.93</u>		<u>.94</u>		

Mary Cowe .95 hour pd weekly

Dec. 22	<u>13.30</u>	2.40	27	10.63	14
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Sydney T. Hilliard

2<sup>nd</sup> quarter

Date	Gross	withholding	Soc. sec.	Check
May 17-28	\$ 125.00	17.70	2.50	104.80
June 15	125.00	17.70	2.50	104.80
June 29	125.00	17.70	2.50	104.80
3 <sup>rd</sup>				
July 15	\$ 130.00	18.40	2.60	109.00
July 31	130.00	18.40	2.60	109.00
Aug. 16	130.00	18.40	2.60	109.00
Aug. 31	130.00	18.40	2.60	109.00
Sept 14	130.00	18.40	2.60	109.00
Oct 1 <sup>st</sup> to count Sept	130.00	18.40	2.60	109.00
4 <sup>th</sup> quarter				
Oct 15	130.00	18.40	2.60	109.00
Oct 29	130.00	18.40	2.60	109.00
Nov. 15	130.00	18.40	2.60	109.00
Nov. 30	130.00	18.40	2.60	109.00
Dec. 15	130.00	18.40	2.60	109.00
Dec. 31	135.00 <sup>785.00</sup>	19.10	2.70	113.20
1940.00		274.60	38.80	

$$\begin{array}{r} 3 \phantom{00} 3 \\ 4 \phantom{00} 6 \phantom{00} 6 \phantom{00} 6 \\ \hline 4 \phantom{00} 6 \phantom{00} 7 \phantom{00} 5 \phantom{00} - \end{array}$$

$$\begin{array}{r} 3 \phantom{00} 3 \phantom{00} 3 \phantom{00} 0 \\ \hline \end{array}$$

$$\begin{array}{r} 4 \phantom{00} 6 \phantom{00} 6 \phantom{00} 2 \\ \hline \end{array}$$

$$\begin{array}{r} 4 \phantom{00} 9 \phantom{00} 9 \phantom{00} 5 \phantom{00} 0 \\ \hline \end{array}$$

Teigel

5<sup>00</sup> / 12/30

702 1503 12-30-55

**WITHHOLDING TAX STATEMENT**

Federal Taxes Withheld From Wages

**1956**Type or print EMPLOYER'S identification number, name, and address above.**Copy A—For District Director**

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ Total F.I.C.A. Wages* paid in 1956	\$ F.I.C.A. employee tax withheld, if any	\$ Total Wages* paid in 1956	\$ Federal Income Tax withheld, if any
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		EMPLOYER: See instructions on other side.	

Type or print EMPLOYEE'S social security account no., name, and address above.

\*Before payroll deductions.

**FORM W-2**—U.S. Treasury Department, Internal Revenue Service

c9-16-70028-2



**TO EMPLOYER:**

1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) whose wages, for purposes of income tax withholding, exceeded the amount of one withholding exemption for any payroll period (even though no income tax was withheld).
  - (a) your identification number, name, and address;
  - (b) total wages paid (before payroll deductions) subject to the Federal Insurance Contributions Act. If not subject to F.I.C.A., enter "None" or "0". No F.I.C.A. wage entry need be made if (1) F.I.C.A. wages exactly equal the total wages for income tax withholding purposes, or (2) F.I.C.A. wages are \$4,200 and the total wages for income tax withholding purposes exceed \$4,200;
  - (c) total amount of F.I.C.A. employee tax deducted and withheld, if any (but if there was an adjustment in 1956 to correct the tax for a prior year enter the amount withheld in 1956 increased by the adjustment for an over-collection or decreased by the adjustment for an under-collection). If F.I.C.A. wages were paid but no employee tax was deducted, enter "None" or "0";
  - (d) total wages, for purposes of income tax withholding, paid before any payroll deductions;
  - (e) the amount of income tax deducted and withheld. If no amount was deducted and withheld enter "None" or "0"; and
  - (f) the employee's social security account number, name, and address.
2. Fill in—
3. Give copies B and C to the employee (a) on or before January 31 following the calendar year if the employee is in your employ at the close of such year, or (b) within 30 days after the last payment of wages, if his employment is terminated before the close of such year.
4. Forward copy A to the District Director of Internal Revenue in accordance with the instructions printed on Form 941, Employer's Quarterly Federal Tax Return.
5. For further information see Circular E.

U. S. GOVERNMENT PRINTING OFFICE e9-16-70928-2

**WITHHOLDING TAX STATEMENT 1956**  
Federal Taxes Withheld From Wages**Copy B—To Be Filed With Employee's Tax Return**

Type or print EMPLOYER'S identification number, name, and address above.

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ Total F.I.C.A. Wages* paid in 1956	\$ F.I.C.A. employee tax withheld, if any	\$ Total Wages* paid in 1956	\$ Federal Income Tax withheld, if any
		EMPLOYEE: This is not a tax return but you must file it with Form 1040A or Form 1040. See instructions on other side and on back of Copy C.	

Type or print EMPLOYEE'S social security account no., name, and address above.

\*Before payroll deductions.

e9-16-70928-2

**FORM W-2**—U. S. Treasury Department, Internal Revenue Service