

| | |
|-----------|-----------|
| 1960-1961 | 1961-1962 |
| 1962-1963 | 1963-1964 |
| 1964-1965 | 1965-1966 |



MEMORANDUM

To: **Mr. [Name]**
 From: **Mr. [Name]**
 Subject: **[Topic]**

1. [Text of memorandum]

2. [Text of memorandum]

3. [Text of memorandum]

| | | |
|---------|---------|---------|
| 1950-51 | 1951-52 | 1952-53 |
| 1953-54 | 1954-55 | 1955-56 |



| Year | 1950-51 | 1951-52 | 1952-53 | 1953-54 | 1954-55 | 1955-56 |
|---------------|---------|---------|---------|---------|---------|---------|
| 1. Total | 100 | 100 | 100 | 100 | 100 | 100 |
| 2. Government | 100 | 100 | 100 | 100 | 100 | 100 |
| 3. Private | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Joint | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Other | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Total | 100 | 100 | 100 | 100 | 100 | 100 |
| 7. Government | 100 | 100 | 100 | 100 | 100 | 100 |
| 8. Private | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Joint | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Other | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | |
|---|----|----|----|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 |



| Sl. No. | Name of the Candidate | Roll No. | Grade | Percentage | Remarks |
|---------|-----------------------|----------|-------|------------|---------|
| 1 | A. S. Srinivas | 101 | B | 75 | |
| 2 | B. S. Srinivas | 102 | B | 75 | |
| 3 | C. S. Srinivas | 103 | B | 75 | |
| 4 | D. S. Srinivas | 104 | B | 75 | |
| 5 | E. S. Srinivas | 105 | B | 75 | |
| 6 | F. S. Srinivas | 106 | B | 75 | |
| 7 | G. S. Srinivas | 107 | B | 75 | |
| 8 | H. S. Srinivas | 108 | B | 75 | |
| 9 | I. S. Srinivas | 109 | B | 75 | |
| 10 | J. S. Srinivas | 110 | B | 75 | |
| 11 | K. S. Srinivas | 111 | B | 75 | |
| 12 | L. S. Srinivas | 112 | B | 75 | |
| 13 | M. S. Srinivas | 113 | B | 75 | |
| 14 | N. S. Srinivas | 114 | B | 75 | |
| 15 | O. S. Srinivas | 115 | B | 75 | |
| 16 | P. S. Srinivas | 116 | B | 75 | |
| 17 | Q. S. Srinivas | 117 | B | 75 | |
| 18 | R. S. Srinivas | 118 | B | 75 | |
| 19 | S. S. Srinivas | 119 | B | 75 | |
| 20 | T. S. Srinivas | 120 | B | 75 | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|



| Year | Month | Day | Time | Location | Event | Remarks |
|------|-------|-----|-------|----------|-------|---------|
| 1900 | Jan | 1 | 10:00 | ... | ... | ... |
| 1900 | Jan | 2 | 10:00 | ... | ... | ... |
| 1900 | Jan | 3 | 10:00 | ... | ... | ... |
| 1900 | Jan | 4 | 10:00 | ... | ... | ... |
| 1900 | Jan | 5 | 10:00 | ... | ... | ... |
| 1900 | Jan | 6 | 10:00 | ... | ... | ... |
| 1900 | Jan | 7 | 10:00 | ... | ... | ... |
| 1900 | Jan | 8 | 10:00 | ... | ... | ... |
| 1900 | Jan | 9 | 10:00 | ... | ... | ... |
| 1900 | Jan | 10 | 10:00 | ... | ... | ... |
| 1900 | Jan | 11 | 10:00 | ... | ... | ... |
| 1900 | Jan | 12 | 10:00 | ... | ... | ... |
| 1900 | Jan | 13 | 10:00 | ... | ... | ... |
| 1900 | Jan | 14 | 10:00 | ... | ... | ... |
| 1900 | Jan | 15 | 10:00 | ... | ... | ... |
| 1900 | Jan | 16 | 10:00 | ... | ... | ... |
| 1900 | Jan | 17 | 10:00 | ... | ... | ... |
| 1900 | Jan | 18 | 10:00 | ... | ... | ... |
| 1900 | Jan | 19 | 10:00 | ... | ... | ... |
| 1900 | Jan | 20 | 10:00 | ... | ... | ... |
| 1900 | Jan | 21 | 10:00 | ... | ... | ... |
| 1900 | Jan | 22 | 10:00 | ... | ... | ... |
| 1900 | Jan | 23 | 10:00 | ... | ... | ... |
| 1900 | Jan | 24 | 10:00 | ... | ... | ... |
| 1900 | Jan | 25 | 10:00 | ... | ... | ... |
| 1900 | Jan | 26 | 10:00 | ... | ... | ... |
| 1900 | Jan | 27 | 10:00 | ... | ... | ... |
| 1900 | Jan | 28 | 10:00 | ... | ... | ... |
| 1900 | Jan | 29 | 10:00 | ... | ... | ... |
| 1900 | Jan | 30 | 10:00 | ... | ... | ... |
| 1900 | Jan | 31 | 10:00 | ... | ... | ... |
| 1900 | Feb | 1 | 10:00 | ... | ... | ... |
| 1900 | Feb | 2 | 10:00 | ... | ... | ... |
| 1900 | Feb | 3 | 10:00 | ... | ... | ... |
| 1900 | Feb | 4 | 10:00 | ... | ... | ... |
| 1900 | Feb | 5 | 10:00 | ... | ... | ... |
| 1900 | Feb | 6 | 10:00 | ... | ... | ... |
| 1900 | Feb | 7 | 10:00 | ... | ... | ... |
| 1900 | Feb | 8 | 10:00 | ... | ... | ... |
| 1900 | Feb | 9 | 10:00 | ... | ... | ... |
| 1900 | Feb | 10 | 10:00 | ... | ... | ... |
| 1900 | Feb | 11 | 10:00 | ... | ... | ... |
| 1900 | Feb | 12 | 10:00 | ... | ... | ... |
| 1900 | Feb | 13 | 10:00 | ... | ... | ... |
| 1900 | Feb | 14 | 10:00 | ... | ... | ... |
| 1900 | Feb | 15 | 10:00 | ... | ... | ... |
| 1900 | Feb | 16 | 10:00 | ... | ... | ... |
| 1900 | Feb | 17 | 10:00 | ... | ... | ... |
| 1900 | Feb | 18 | 10:00 | ... | ... | ... |
| 1900 | Feb | 19 | 10:00 | ... | ... | ... |
| 1900 | Feb | 20 | 10:00 | ... | ... | ... |
| 1900 | Feb | 21 | 10:00 | ... | ... | ... |
| 1900 | Feb | 22 | 10:00 | ... | ... | ... |
| 1900 | Feb | 23 | 10:00 | ... | ... | ... |
| 1900 | Feb | 24 | 10:00 | ... | ... | ... |
| 1900 | Feb | 25 | 10:00 | ... | ... | ... |
| 1900 | Feb | 26 | 10:00 | ... | ... | ... |
| 1900 | Feb | 27 | 10:00 | ... | ... | ... |
| 1900 | Feb | 28 | 10:00 | ... | ... | ... |
| 1900 | Feb | 29 | 10:00 | ... | ... | ... |
| 1900 | Mar | 1 | 10:00 | ... | ... | ... |
| 1900 | Mar | 2 | 10:00 | ... | ... | ... |
| 1900 | Mar | 3 | 10:00 | ... | ... | ... |
| 1900 | Mar | 4 | 10:00 | ... | ... | ... |
| 1900 | Mar | 5 | 10:00 | ... | ... | ... |
| 1900 | Mar | 6 | 10:00 | ... | ... | ... |
| 1900 | Mar | 7 | 10:00 | ... | ... | ... |
| 1900 | Mar | 8 | 10:00 | ... | ... | ... |
| 1900 | Mar | 9 | 10:00 | ... | ... | ... |
| 1900 | Mar | 10 | 10:00 | ... | ... | ... |
| 1900 | Mar | 11 | 10:00 | ... | ... | ... |
| 1900 | Mar | 12 | 10:00 | ... | ... | ... |
| 1900 | Mar | 13 | 10:00 | ... | ... | ... |
| 1900 | Mar | 14 | 10:00 | ... | ... | ... |
| 1900 | Mar | 15 | 10:00 | ... | ... | ... |
| 1900 | Mar | 16 | 10:00 | ... | ... | ... |
| 1900 | Mar | 17 | 10:00 | ... | ... | ... |
| 1900 | Mar | 18 | 10:00 | ... | ... | ... |
| 1900 | Mar | 19 | 10:00 | ... | ... | ... |
| 1900 | Mar | 20 | 10:00 | ... | ... | ... |
| 1900 | Mar | 21 | 10:00 | ... | ... | ... |
| 1900 | Mar | 22 | 10:00 | ... | ... | ... |
| 1900 | Mar | 23 | 10:00 | ... | ... | ... |
| 1900 | Mar | 24 | 10:00 | ... | ... | ... |
| 1900 | Mar | 25 | 10:00 | ... | ... | ... |
| 1900 | Mar | 26 | 10:00 | ... | ... | ... |
| 1900 | Mar | 27 | 10:00 | ... | ... | ... |
| 1900 | Mar | 28 | 10:00 | ... | ... | ... |
| 1900 | Mar | 29 | 10:00 | ... | ... | ... |
| 1900 | Mar | 30 | 10:00 | ... | ... | ... |
| 1900 | Mar | 31 | 10:00 | ... | ... | ... |
| 1900 | Apr | 1 | 10:00 | ... | ... | ... |
| 1900 | Apr | 2 | 10:00 | ... | ... | ... |
| 1900 | Apr | 3 | 10:00 | ... | ... | ... |
| 1900 | Apr | 4 | 10:00 | ... | ... | ... |
| 1900 | Apr | 5 | 10:00 | ... | ... | ... |
| 1900 | Apr | 6 | 10:00 | ... | ... | ... |
| 1900 | Apr | 7 | 10:00 | ... | ... | ... |
| 1900 | Apr | 8 | 10:00 | ... | ... | ... |
| 1900 | Apr | 9 | 10:00 | ... | ... | ... |
| 1900 | Apr | 10 | 10:00 | ... | ... | ... |
| 1900 | Apr | 11 | 10:00 | ... | ... | ... |
| 1900 | Apr | 12 | 10:00 | ... | ... | ... |
| 1900 | Apr | 13 | 10:00 | ... | ... | ... |
| 1900 | Apr | 14 | 10:00 | ... | ... | ... |
| 1900 | Apr | 15 | 10:00 | ... | ... | ... |
| 1900 | Apr | 16 | 10:00 | ... | ... | ... |
| 1900 | Apr | 17 | 10:00 | ... | ... | ... |
| 1900 | Apr | 18 | 10:00 | ... | ... | ... |
| 1900 | Apr | 19 | 10:00 | ... | ... | ... |
| 1900 | Apr | 20 | 10:00 | ... | ... | ... |
| 1900 | Apr | 21 | 10:00 | ... | ... | ... |
| 1900 | Apr | 22 | 10:00 | ... | ... | ... |
| 1900 | Apr | 23 | 10:00 | ... | ... | ... |
| 1900 | Apr | 24 | 10:00 | ... | ... | ... |
| 1900 | Apr | 25 | 10:00 | ... | ... | ... |
| 1900 | Apr | 26 | 10:00 | ... | ... | ... |
| 1900 | Apr | 27 | 10:00 | ... | ... | ... |
| 1900 | Apr | 28 | 10:00 | ... | ... | ... |
| 1900 | Apr | 29 | 10:00 | ... | ... | ... |
| 1900 | Apr | 30 | 10:00 | ... | ... | ... |
| 1900 | Apr | 30 | 10:00 | ... | ... | ... |



الجمهورية العربية السورية
الوزارة العامة للتعليم والبحث العلمي

م.ع.ع.ع.
م.ع.ع.ع.
م.ع.ع.ع.

م.ع.ع.ع.



المادة الأولى: -

المادة الثانية: -

المادة الثالثة: -

المادة الرابعة: -

المادة الخامسة: -

المادة السادسة: -

المادة السابعة: -

المادة الثامنة: -

المادة التاسعة: -

م.ع.ع.ع.

م.ع.ع.ع.
م.ع.ع.ع.



1. Name of the person
 2. Address
 3. City
 4. State
 5. Zip

6. Date of birth
 7. Sex
 8. Marital status
 9. Education
 10. Occupation
 11. Annual income
 12. Assets
 13. Liabilities
 14. Other information



15. Signature
 16. Date
 17. Place

18. Remarks
 19. Signature of the official
 20. Date



| | | |
|------|------|----------|
| DATE | TIME | LOCATION |
| | | |



UNITED STATES COAST GUARD

OFFICE OF THE DISTRICT COMMANDER

U.S. COAST GUARD DISTRICT OFFICE

| | |
|------|---------|
| NAME | ADDRESS |
| | |

| | | |
|------|------|----------|
| DATE | TIME | LOCATION |
| | | |

| | | |
|-----|------|---------|
| NO. | NAME | ADDRESS |
| | | |

| | | |
|-----|------|---------|
| NO. | NAME | ADDRESS |
| | | |



| | |
|------|----------|
| DATE | 11/11/11 |
| TIME | 10:30 |
| BY | ... |



U.S. DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION

INVESTIGATION OF THE ACTS OF VIOLENCE AND OTHER CRIMINAL ACTS

REPORT OF THE ACTING ATTORNEY GENERAL
 ON THE PROSECUTION OF THE CASE OF ...

INVESTIGATION OF THE ACTS OF VIOLENCE AND OTHER CRIMINAL ACTS
 REPORT OF THE ACTING ATTORNEY GENERAL
 ON THE PROSECUTION OF THE CASE OF ...

INVESTIGATION OF THE ACTS OF VIOLENCE AND OTHER CRIMINAL ACTS
 REPORT OF THE ACTING ATTORNEY GENERAL
 ON THE PROSECUTION OF THE CASE OF ...

INVESTIGATION OF THE ACTS OF VIOLENCE AND OTHER CRIMINAL ACTS
 REPORT OF THE ACTING ATTORNEY GENERAL
 ON THE PROSECUTION OF THE CASE OF ...



Ministry of Education, Youth and Sports
Ministry of National Education

YATAY (Yabancı Dil) Programı

| | |
|------------|-------|
| Adı Soyadı | |
| Sınıf | |
| Okul | |



YATAY Programı kapsamında öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır.

Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır.

Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır.

Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır.

Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır. Öğrencilerin yabancı dil öğrenimlerine destek amacıyla hazırlanmıştır.

| | |
|-----------|----------|
| DATE | 11/11/11 |
| AMOUNT | 100.00 |
| CHECK NO. | 100 |



1. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

2. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

3. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

4. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

5. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

6. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

7. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

8. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

9. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.

10. The donor is responsible for the accuracy of the information provided on this form. The donor is also responsible for the accuracy of the information provided on the accompanying invoice.



1. The first step is to identify the problem.

- 2. The second step is to define the problem.
- 3. The third step is to analyze the problem.
- 4. The fourth step is to generate solutions.
- 5. The fifth step is to evaluate the solutions.

6. The sixth step is to implement the solution.

7. The seventh step is to monitor the solution.

- 8. The eighth step is to evaluate the results.
- 9. The ninth step is to document the process.
- 10. The tenth step is to share the results.

| | | | | |
|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |



Handwritten signature or text.

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UNITED STATES DEPARTMENT OF AGRICULTURE

| | | | | | |
|-----------------------|--|--------------------|--|--------------------|--|
| Name of Farm or Place | | County | | State | |
| Name of Owner | | Name of Operator | | Name of Tenant | |
| Address | | Address | | Address | |
| Date of Report | | Date of Report | | Date of Report | |
| Type of Farm | | Type of Farm | | Type of Farm | |
| Value of Land | | Value of Land | | Value of Land | |
| Value of Buildings | | Value of Buildings | | Value of Buildings | |
| Value of Equipment | | Value of Equipment | | Value of Equipment | |
| Value of Crops | | Value of Crops | | Value of Crops | |
| Value of Livestock | | Value of Livestock | | Value of Livestock | |
| Value of Inventory | | Value of Inventory | | Value of Inventory | |
| Total Value | | Total Value | | Total Value | |
| Net Income | | Net Income | | Net Income | |
| Total Expenses | | Total Expenses | | Total Expenses | |
| Net Profit | | Net Profit | | Net Profit | |



UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

| | | |
|-----------------------|--------------------|--------------------|
| Name of Farm or Place | County | State |
| Name of Owner | Name of Operator | Name of Tenant |
| Address | Address | Address |
| Date of Report | Date of Report | Date of Report |
| Type of Farm | Type of Farm | Type of Farm |
| Value of Land | Value of Land | Value of Land |
| Value of Buildings | Value of Buildings | Value of Buildings |
| Value of Equipment | Value of Equipment | Value of Equipment |
| Value of Crops | Value of Crops | Value of Crops |
| Value of Livestock | Value of Livestock | Value of Livestock |
| Value of Inventory | Value of Inventory | Value of Inventory |
| Total Value | Total Value | Total Value |
| Net Income | Net Income | Net Income |
| Total Expenses | Total Expenses | Total Expenses |
| Net Profit | Net Profit | Net Profit |

UNITED STATES DEPARTMENT OF AGRICULTURE

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____

I am interested in _____

I would like to receive _____



Only For Family Purposes



Form with multiple sections and fields, including a large circular seal on the left side. The text is mostly illegible due to blurriness.



Vertical text on the right side of the form, possibly a date or reference number.

Small rectangular box or stamp at the bottom right of the page.

10-1-77

10-1-77

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____

ORDER NO. _____
 QUANTITY _____
 UNIT PRICE _____
 TOTAL _____
 TAX _____
 NET _____

ORDERED BY _____
 TITLE _____
 COMPANY _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

ORDERED BY _____
 TITLE _____
 COMPANY _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

ORDERED BY _____
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 COMPANY _____
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 CITY _____
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ORDERED BY _____
 TITLE _____
 COMPANY _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____



ORDERED BY _____
 TITLE _____
 COMPANY _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

Name of decedent _____ **SSN** _____ **State** _____

Beneficiary's name _____ **SSN** _____ **State** _____

Relationship _____ **Age** _____ **Marital status** _____

| | |
|---------------------------|-------|
| Beneficiary's name | _____ |
| SSN | _____ |
| Relationship | _____ |
| Age | _____ |
| Marital status | _____ |

Beneficiary's address _____

City _____ **State** _____ **Zip** _____

Beneficiary's occupation _____

Beneficiary's income _____

Beneficiary's net worth _____

Beneficiary's assets _____

Beneficiary's liabilities _____

Beneficiary's net worth _____

Beneficiary's signature _____

Date _____



U.S. Department of the Treasury



INSTRUCTIONS

Read the instructions carefully before you begin to fill out this form. If you need more information, see the instructions for Form 1042, U.S. Individual Income Tax Return, or Form 1042-E, U.S. Estate Income Tax Return.

| | | |
|----|-------------------------|--|
| 1 | NAME OF THE TAXPAYER | |
| 2 | ADDRESS OF THE TAXPAYER | |
| 3 | CITY AND STATE | |
| 4 | ZIP CODE | |
| 5 | DATE OF DEATH | |
| 6 | DATE OF BIRTH | |
| 7 | DATE OF DEATH | |
| 8 | DATE OF BIRTH | |
| 9 | DATE OF DEATH | |
| 10 | DATE OF BIRTH | |
| 11 | DATE OF DEATH | |
| 12 | DATE OF BIRTH | |
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| 14 | DATE OF BIRTH | |
| 15 | DATE OF DEATH | |
| 16 | DATE OF BIRTH | |
| 17 | DATE OF DEATH | |
| 18 | DATE OF BIRTH | |
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| 43 | DATE OF DEATH | |
| 44 | DATE OF BIRTH | |
| 45 | DATE OF DEATH | |
| 46 | DATE OF BIRTH | |
| 47 | DATE OF DEATH | |
| 48 | DATE OF BIRTH | |
| 49 | DATE OF DEATH | |
| 50 | DATE OF BIRTH | |

Send this form to the Internal Revenue Service, Department of the Treasury, Washington, DC 20548-0001. If you are filing this form electronically, see the instructions for Form 1042, U.S. Individual Income Tax Return, or Form 1042-E, U.S. Estate Income Tax Return.

Form 1042 (2001)

1042

U.S. Department of the Treasury

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**
 Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**

Name of the person or organization: **State of Michigan**
 Address: **State Capitol Building**
 City: **Lansing** State: **MI** Zip: **48201**



Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Date: _____
 Time: _____
 Location: _____
 Name: _____
 Title: _____



I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any falsification of the same.

I am a member of the _____
 and am authorized to sign this statement.

Signature: _____
 Title: _____
 Date: _____

I am a member of the _____
 and am authorized to sign this statement.

Signature: _____
 Title: _____
 Date: _____

I am a member of the _____
 and am authorized to sign this statement.

Signature: _____
 Title: _____
 Date: _____

| | |
|--|------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE OFFICE OF THE SECRETARY | |
| TITLE OF PROJECT _____ | DATE OF REPORT _____ |
| NAME OF INVESTIGATOR _____ | INSTITUTION _____ |
| ADDRESS _____ | CITY _____ |
| STATE _____ | COUNTY _____ |
| ZIP CODE _____ | COUNTRY _____ |
| FUNDING AGENCY _____ | FUNDING NUMBER _____ |
| PROJECT PERIOD FROM _____ TO _____ | PROJECT STATUS _____ |
| PROJECT DESCRIPTION _____ | PROJECT OBJECTIVES _____ |
| PROJECT RESULTS _____ | PROJECT CONCLUSIONS _____ |
| PROJECT RECOMMENDATIONS _____ | PROJECT SIGNATURE _____ |

This report was prepared for the Office of the Secretary, United States Department of Agriculture, Washington, D.C. 20250.

| | |
|-------------------------------|-------------------------|
| TITLE OF PROJECT _____ | DATE OF REPORT _____ |
| NAME OF INVESTIGATOR _____ | INSTITUTION _____ |
| ADDRESS _____ | CITY _____ |
| STATE _____ | COUNTY _____ |
| ZIP CODE _____ | COUNTRY _____ |

San Francisco, California
April 10, 1934



Dear Sirs:

Reference is made to your letter of the 4th instant regarding the proposed amendment to the California Constitution.

| No. | Name | Address |
|-----|-------------|---------|
| 1 | John J. ... | ... |
| 2 | ... | ... |
| 3 | ... | ... |
| 4 | ... | ... |
| 5 | ... | ... |
| 6 | ... | ... |
| 7 | ... | ... |
| 8 | ... | ... |
| 9 | ... | ... |
| 10 | ... | ... |

Very truly yours,
Assistant Attorney General

Enclosure
John J. ...
San Francisco, California

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

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| NAME | SSN |
| ADDRESS | STATE |



INVESTMENT & BENEFIT

| DATE | DESCRIPTION | AMOUNT | STATUS |
|----------|-------------|--------|--------|
| 1/15/10 | ... | ... | ... |
| 2/15/10 | ... | ... | ... |
| 3/15/10 | ... | ... | ... |
| 4/15/10 | ... | ... | ... |
| 5/15/10 | ... | ... | ... |
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| 9/15/10 | ... | ... | ... |
| 10/15/10 | ... | ... | ... |
| 11/15/10 | ... | ... | ... |
| 12/15/10 | ... | ... | ... |

THE INFORMATION ON THIS FORM IS SUBJECT TO THE VERIFICATION PROCEDURES OF THE IRS. IF YOU ARE SELECTED FOR VERIFICATION, YOU MAY BE REQUIRED TO PROVIDE DOCUMENTATION TO SUPPORT THE INFORMATION REPORTED ON THIS FORM.

FORM 1041-1

...

...

Name of the decedent: _____
 Date of death: _____
 Social Security number: _____
 Date of birth: _____
 Date of death: _____

Part I. Beneficiaries

| Beneficiary's name (as shown on the decedent's records) | Beneficiary's address | Beneficiary's social security number | Beneficiary's date of birth | Beneficiary's date of death | Beneficiary's relationship to decedent |
|---|-----------------------|--------------------------------------|-----------------------------|-----------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

See instructions for information on the order of distribution.
 If the decedent has a will, the executor must file a copy of the will with the IRS.
 If the decedent has a trust, the executor must file a copy of the trust agreement with the IRS.
 If the decedent has a life insurance policy, the executor must file a copy of the policy with the IRS.

See instructions for information on the order of distribution.
 If the decedent has a will, the executor must file a copy of the will with the IRS.
 If the decedent has a trust, the executor must file a copy of the trust agreement with the IRS.
 If the decedent has a life insurance policy, the executor must file a copy of the policy with the IRS.

See instructions for information on the order of distribution.
 If the decedent has a will, the executor must file a copy of the will with the IRS.
 If the decedent has a trust, the executor must file a copy of the trust agreement with the IRS.
 If the decedent has a life insurance policy, the executor must file a copy of the policy with the IRS.

See instructions for information on the order of distribution.
 If the decedent has a will, the executor must file a copy of the will with the IRS.
 If the decedent has a trust, the executor must file a copy of the trust agreement with the IRS.
 If the decedent has a life insurance policy, the executor must file a copy of the policy with the IRS.



A. Description of business: General Contractor
 B. SIC Code: 1500
 C. NAICS Code: 236115

D. Description of business: General Contractor
 E. Description of business: General Contractor
 F. Description of business: General Contractor

| Year | Revenue | Assets | Liabilities | Equity |
|------|---------|---------|-------------|--------|
| 2010 | 1000000 | 500000 | 300000 | 200000 |
| 2011 | 1200000 | 600000 | 350000 | 250000 |
| 2012 | 1500000 | 750000 | 400000 | 350000 |
| 2013 | 1800000 | 900000 | 450000 | 450000 |
| 2014 | 2000000 | 1000000 | 500000 | 500000 |
| 2015 | 2200000 | 1100000 | 550000 | 550000 |
| 2016 | 2500000 | 1250000 | 600000 | 650000 |
| 2017 | 2800000 | 1400000 | 650000 | 750000 |
| 2018 | 3000000 | 1500000 | 700000 | 800000 |
| 2019 | 3200000 | 1600000 | 750000 | 850000 |
| 2020 | 3500000 | 1750000 | 800000 | 950000 |

G. Description of business: General Contractor
 H. Description of business: General Contractor
 I. Description of business: General Contractor

J. Description of business: General Contractor
 K. Description of business: General Contractor
 L. Description of business: General Contractor

Name: [Name] **Address:** [Address] **City:** [City] **State:** [State] **Zip:** [Zip]

Organization: [Organization Name] **Address:** [Address] **City:** [City] **State:** [State] **Zip:** [Zip]

Reason for Request: [Reason for Request]

Comments: [Comments]

Remarks: [Remarks]

Signature: [Signature]

Date: [Date]





Form No. 100-100-100

| | |
|---|--|
| <p>UNITED STATES DEPARTMENT OF JUSTICE</p> <p>FEDERAL BUREAU OF INVESTIGATION</p> | |
| <p>Report of _____</p> | |
| <p>On _____</p> | |
| <p>At _____</p> | |
| <p>Re: _____</p> | |
| <p>Classification _____</p> | |
| <p>Investigation No. _____</p> | |
| <p>File No. _____</p> | |
| <p>Special Agent in Charge _____</p> | |
| <p>Supervisor _____</p> | |
| <p>Officer _____</p> | |
| <p>Assistant _____</p> | |
| <p>Investigator _____</p> | |
| <p>Reporter _____</p> | |
| <p>Editor _____</p> | |
| <p>Printer _____</p> | |
| <p>Form No. 100-100-100</p> | |



Approved and Forwarded _____

Special Agent in Charge _____

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
58 CHEMISTRY BUILDING
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700

RECEIVED
JAN 10 1964



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 ಇಲ್ಲಿಂದಲೇ ಪ್ರವೇಶಿಸಬೇಕು

No. _____
 Date _____
 Name of the _____

Subject: _____



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| Form 11-1 | 11-1 |
| 11-1 | 11-1 |

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|---|--------------------------------------|---|
|  | | U.S. DEPARTMENT OF EDUCATION OFFICE OF THE SECRETARY |
| TITLE _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ | DATE _____ TIME _____ BY _____ | TELEPHONE _____ FAX _____ E-MAIL _____ |
| I hereby certify that the information furnished above is true and correct. | | |
| Signature _____ | | |
| Printed Name _____ | | |



U.S. DEPARTMENT OF EDUCATION

| | | | | |
|------|---------|------|-------|-----|
| NAME | ADDRESS | CITY | STATE | ZIP |
| | | | | |
| | | | | |

| | |
|------|------------|
| DATE | 11/11/2014 |
| TIME | 10:00 AM |



1. Name of the student: _____
 2. Name of the institution: _____
 3. Name of the course: _____
 4. Name of the instructor: _____
 5. Name of the subject: _____

DECLARATION OF ORIGINALITY

I, the undersigned, hereby declare that the contents of this report are my own work and that I have not plagiarized any part of it.

| | |
|-----------|-------|
| NAME | _____ |
| ADDRESS | _____ |
| CITY | _____ |
| STATE | _____ |
| COUNTRY | _____ |
| DATE | _____ |
| SIGNATURE | _____ |

I, the undersigned, hereby declare that the contents of this report are my own work and that I have not plagiarized any part of it.

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 COUNTRY: _____

Name: _____ (Print or type name of trust or estate)
 Federal ID Number: _____ (Print or type EIN or SSN)
 State: _____ (Print or type state)

Address: _____ (Print or type street address, city, state, and ZIP code)
 Telephone: _____ (Print or type telephone number)
 Date: _____ (Print or type date)

Signature: _____ (Print or type name of preparer)
 Title: _____ (Print or type title of preparer)
 Date: _____ (Print or type date)



1. This return is prepared by the preparer and is not a return of the trust or estate. It is a return of the income of the trust or estate for the year 2001. The preparer is not a fiduciary and is not responsible for the accuracy of the information provided on this return. The preparer is not a taxpayer and is not liable for the tax on the income reported on this return. The preparer is not a beneficiary and is not entitled to any of the income reported on this return. The preparer is not a trustee and is not responsible for the management of the trust or estate. The preparer is not a partner and is not entitled to any of the income reported on this return. The preparer is not a partner and is not entitled to any of the income reported on this return.

2. This return is prepared by the preparer and is not a return of the trust or estate. It is a return of the income of the trust or estate for the year 2001. The preparer is not a fiduciary and is not responsible for the accuracy of the information provided on this return. The preparer is not a taxpayer and is not liable for the tax on the income reported on this return. The preparer is not a beneficiary and is not entitled to any of the income reported on this return. The preparer is not a trustee and is not responsible for the management of the trust or estate. The preparer is not a partner and is not entitled to any of the income reported on this return. The preparer is not a partner and is not entitled to any of the income reported on this return.

3. This return is prepared by the preparer and is not a return of the trust or estate. It is a return of the income of the trust or estate for the year 2001. The preparer is not a fiduciary and is not responsible for the accuracy of the information provided on this return. The preparer is not a taxpayer and is not liable for the tax on the income reported on this return. The preparer is not a beneficiary and is not entitled to any of the income reported on this return. The preparer is not a trustee and is not responsible for the management of the trust or estate. The preparer is not a partner and is not entitled to any of the income reported on this return. The preparer is not a partner and is not entitled to any of the income reported on this return.



UNITED STATES DEPARTMENT OF THE INTERIOR

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| UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT WASHINGTON, D. C. 20250 | |
| TITLE: _____ COUNTY: _____ STATE: _____ | |
| SECTION: _____ TOWNSHIP: _____ RANGE: _____ | |
| ACRES: _____ BEARING: _____ DISTANCE: _____ | |
| COURSE: _____ POINTS: _____ AREA: _____ | |
| ADJACENT LANDS: _____ OWNER: _____ DATE: _____ | |
| PREPARED BY: _____ CHECKED BY: _____ APPROVED BY: _____ | |

This document is a preliminary map and should not be used for legal purposes without the approval of the Bureau of Land Management.

| | |
|-------------------|--------------------|
| DATE: _____ | BY: _____ |
| CHECKED BY: _____ | APPROVED BY: _____ |

Name of the decedent: John Doe
Date of death: 12/31/2001
EIN of the estate: 12-3456789

Beneficiary's name: John Doe
Relationship to decedent: Self
Beneficiary's address: 123 Main St, Anytown, CA 90210

Beneficiary's tax ID number: 12-3456789
Beneficiary's SSN: 12-34-5678
Beneficiary's date of birth: 01/01/1950

Beneficiary's occupation: Self-employed
Beneficiary's marital status: Married
Beneficiary's spouse's name: Jane Doe
Beneficiary's spouse's SSN: 98-76-5432

Beneficiary's occupation: Self-employed
Beneficiary's marital status: Married
Beneficiary's spouse's name: Jane Doe
Beneficiary's spouse's SSN: 98-76-5432

Beneficiary's occupation: Self-employed
Beneficiary's marital status: Married
Beneficiary's spouse's name: Jane Doe
Beneficiary's spouse's SSN: 98-76-5432



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| 13 | 14 | 15 | 16 |



Form
No. 100-100-100

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Report made at _____
Date of report _____
Date of transcription _____

Name of subject _____
Address _____
City _____
State _____
Zip _____

Character of case _____
Priority _____
Classification _____

Report made by _____
Special Agent in Charge
Date of transcription _____



| | |
|---------------|---------|
| SEARCHED | INDEXED |
| SERIALIZED | FILED |
| APR 15 1964 | |
| FBI - MEMPHIS | |



Approved for release _____
Special Agent in Charge
Date of transcription _____

THIS DOCUMENT CONTAINS NEITHER RECOMMENDATIONS NOR
CONCLUSIONS OF THE FBI. IT IS THE PROPERTY OF THE FBI AND
IS LOANED TO YOUR AGENCY; IT AND ITS CONTENTS ARE NOT TO BE
DISTRIBUTED OUTSIDE YOUR AGENCY.

Form 100-100-100

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

AN ORDER OF THE BOARD OF SUPERVISORS OF THE COUNTY OF ALBANY, NEW YORK, MADE AT A REGULAR MEETING OF SAID BOARD HELD AT ALBANY, NEW YORK, ON THE 15TH DAY OF JANUARY, 1900.

| | |
|----------|-------------|
| RECEIVED | NOV 15 1900 |
| ALBANY | N. Y. |



ALBANY, N. Y., JAN 15 1900

FD-302 (Rev. 11-27-2010)

| | | |
|--------|----------|----------|
| DATE | | 11-17-10 |
| TIME | 14:00 | 14:00 |
| OFFICE | NEW YORK | |



1. Name of subject: [Redacted]

2. Date of birth: [Redacted]

3. Sex: [Redacted]

4. Race: [Redacted]

5. Height: [Redacted]

6. Weight: [Redacted]

7. Hair: [Redacted]

8. Eyes: [Redacted]

9. Complexion: [Redacted]

10. Build: [Redacted]

11. Special features: [Redacted]

12. Date of arrest: [Redacted]

13. Place of arrest: [Redacted]

14. Name of arresting agency: [Redacted]

15. Name of arresting officer: [Redacted]

16. Name of supervising officer: [Redacted]

17. Name of receiving agency: [Redacted]

18. Name of receiving officer: [Redacted]

19. Name of receiving agency: [Redacted]

20. Name of receiving officer: [Redacted]

II. Description of activities

1. Date of activity: [Redacted]

2. Time of activity: [Redacted]

3. Location of activity: [Redacted]

4. Name of person(s) involved: [Redacted]

5. Description of activity: [Redacted]

6. Name of person(s) interviewed: [Redacted]

7. Name of person(s) interviewed: [Redacted]

8. Name of person(s) interviewed: [Redacted]

9. Name of person(s) interviewed: [Redacted]

10. Name of person(s) interviewed: [Redacted]

11. Name of person(s) interviewed: [Redacted]

12. Name of person(s) interviewed: [Redacted]

13. Name of person(s) interviewed: [Redacted]

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1. Name of person(s) interviewed: [Redacted]

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20. Name of person(s) interviewed: [Redacted]

1. Name of person(s) interviewed: [Redacted]

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15. Name of person(s) interviewed: [Redacted]

16. Name of person(s) interviewed: [Redacted]

17. Name of person(s) interviewed: [Redacted]

18. Name of person(s) interviewed: [Redacted]

19. Name of person(s) interviewed: [Redacted]

20. Name of person(s) interviewed: [Redacted]

Name: John F. Smith Address: 123 Main St., Boston, MA 02101

Section 1: Personal Information

Age: 35 Sex: M Marital Status: Married

Occupation: Software Engineer

Income: \$12,000

Assets: None

Liabilities: None

Signature: John F. Smith

Remarks: None





FORM NO. 10
1-6-60

| | |
|--|--|
| THE UNITED STATES OF AMERICA FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535 | |
| NAME (Last, First, Middle) _____ (Print Name) | SOCIAL SECURITY NUMBER _____ (Print Number) |
| DATE OF BIRTH _____ (Print Date) | SEX Male <input type="checkbox"/> Female <input type="checkbox"/> |
| OCCUPATION _____ (Print Occupation) | ADDRESS _____ (Print Address) |
| CITY _____ (Print City) | STATE _____ (Print State) |
| ZIP CODE _____ (Print ZIP Code) | TELEPHONE NUMBER _____ (Print Telephone Number) |
| EDUCATION _____ (Print Education) | EMPLOYMENT HISTORY _____ (Print Employment History) |
| REFERENCES _____ (Print References) | SIGNATURE _____ (Print Signature) |
| SPECIAL AGENT IN CHARGE _____ (Print Name) | SPECIAL AGENT IN CHARGE _____ (Print Name) |



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 10-15-2011 BY 60322 UCBAW/SJS

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| SEARCHED INDEXED SERIALIZED FILED | OCT 15 1961 FBI - WASHINGTON |
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1. Name of the institution
 2. Address of the institution
 3. City and State



4. Name of the person
 5. Address of the person
 6. City and State

7. Date of the letter

8. Subject of the letter

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9. Name of the person
 10. Address of the person
 11. City and State

12. Date of the letter

13. Subject of the letter

14. Name of the institution
 15. Address of the institution
 16. City and State

Name of the trust or estate **Trust of [Name]**
 Federal ID number (if any) **12-3456789**
 State of incorporation **CA**
 Date of termination (if any) **None**

Address of the trust or estate **123 Main St, San Francisco, CA 94102**
 City **San Francisco**
 State **CA**
 ZIP code **94102**

Trustee's name **John Doe**
 Trustee's address **456 Market St, San Francisco, CA 94102**
 Trustee's city **San Francisco**
 Trustee's state **CA**
 Trustee's ZIP code **94102**

Trust agreement **Trust Agreement dated 1/1/2000**
 Date of trust agreement **1/1/2000**
 Date of trust termination (if any) **None**

Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**

Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**

Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**

Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**
 Trust agreement is a copy of the trust agreement (if any) **Yes**





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|--|--|---|--|
| 1. NAME OF THE COMPANY 2. ADDRESS 3. CITY 4. STATE 5. ZIP | | 6. DATE OF ESTABLISHMENT 7. TYPE OF BUSINESS 8. INDUSTRY 9. PRODUCTS 10. MARKETING CHANNELS 11. SALES VOLUME 12. EMPLOYMENT 13. FINANCIAL STATEMENTS 14. OTHER INFORMATION | |
| | | | |
| 15. INDUSTRY 16. PRODUCTS 17. MARKETING CHANNELS 18. SALES VOLUME 19. EMPLOYMENT 20. FINANCIAL STATEMENTS 21. OTHER INFORMATION | | 22. INDUSTRY 23. PRODUCTS 24. MARKETING CHANNELS 25. SALES VOLUME 26. EMPLOYMENT 27. FINANCIAL STATEMENTS 28. OTHER INFORMATION | |

U.S. DEPARTMENT OF COMMERCE
 BUREAU OF ECONOMIC ANALYSIS

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| 29. INDUSTRY 30. PRODUCTS 31. MARKETING CHANNELS 32. SALES VOLUME 33. EMPLOYMENT 34. FINANCIAL STATEMENTS 35. OTHER INFORMATION | 36. INDUSTRY 37. PRODUCTS 38. MARKETING CHANNELS 39. SALES VOLUME 40. EMPLOYMENT 41. FINANCIAL STATEMENTS 42. OTHER INFORMATION |
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BY AUTHORITY OF THE GOVERNMENT OF KARNATAKA

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Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Signature: _____
 Date: _____





FORM 1041
 (2001)

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| INSTRUCTIONS 1. This form is for a trust that is a grantor trust or a trust that is treated as a grantor trust. It is not to be used for a trust that is a qualified trust, a trust that is a trust for a nonresident alien, or a trust that is a trust for a minor or an incompetent person. | |
| 2. Filing date. This form is due on the same date as the trust's income tax return. | |
| 3. Preparer's information. If you are a preparer, you must file this form with the trust's income tax return. | |
| 4. Trust's information. Enter the trust's name, address, and EIN. If the trust has a DUNS number, enter it. | |
| 5. Trust's fiduciary information. Enter the name and address of the fiduciary. If there is more than one fiduciary, enter the name and address of the primary fiduciary. | |
| 6. Trust's tax year. Enter the trust's tax year. | |
| 7. Trust's tax status. Enter the trust's tax status. | |
| 8. Trust's tax identification number. Enter the trust's tax identification number. | |
| 9. Trust's tax return. Enter the trust's tax return. | |
| 10. Trust's tax liability. Enter the trust's tax liability. | |
| 11. Trust's tax credits. Enter the trust's tax credits. | |
| 12. Trust's tax payments. Enter the trust's tax payments. | |
| 13. Trust's tax refund. Enter the trust's tax refund. | |
| 14. Trust's tax liability after credits and payments. Enter the trust's tax liability after credits and payments. | |
| 15. Trust's tax liability after refund. Enter the trust's tax liability after refund. | |
| 16. Trust's tax liability after refund and payments. Enter the trust's tax liability after refund and payments. | |
| 17. Trust's tax liability after refund, payments, and credits. Enter the trust's tax liability after refund, payments, and credits. | |
| 18. Trust's tax liability after refund, payments, credits, and tax-exempt interest. Enter the trust's tax liability after refund, payments, credits, and tax-exempt interest. | |
| 19. Trust's tax liability after refund, payments, credits, tax-exempt interest, and tax-exempt interest on tax-exempt interest. Enter the trust's tax liability after refund, payments, credits, tax-exempt interest, and tax-exempt interest on tax-exempt interest. | |
| 20. Trust's tax liability after refund, payments, credits, tax-exempt interest, tax-exempt interest on tax-exempt interest, and tax-exempt interest on tax-exempt interest on tax-exempt interest. Enter the trust's tax liability after refund, payments, credits, tax-exempt interest, tax-exempt interest on tax-exempt interest, and tax-exempt interest on tax-exempt interest on tax-exempt interest. | |



U.S. DEPARTMENT OF THE TREASURY

| | |
|---|--|
| NAME OF TRUST | |
| ADDRESS | |
| EIN | |
| DUNS NUMBER | |
| FIDUCIARY NAME | |
| FIDUCIARY ADDRESS | |
| TAX YEAR | |
| TAX STATUS | |
| TAX ID NUMBER | |
| TAX RETURN | |
| TAX LIABILITY | |
| TAX CREDITS | |
| TAX PAYMENTS | |
| TAX REFUND | |
| TAX LIABILITY AFTER CREDITS AND PAYMENTS | |
| TAX LIABILITY AFTER REFUND | |
| TAX LIABILITY AFTER REFUND AND PAYMENTS | |
| TAX LIABILITY AFTER REFUND, PAYMENTS, AND CREDITS | |
| TAX LIABILITY AFTER REFUND, PAYMENTS, CREDITS, AND TAX-EXEMPT INTEREST | |
| TAX LIABILITY AFTER REFUND, PAYMENTS, CREDITS, TAX-EXEMPT INTEREST, AND TAX-EXEMPT INTEREST ON TAX-EXEMPT INTEREST | |
| TAX LIABILITY AFTER REFUND, PAYMENTS, CREDITS, TAX-EXEMPT INTEREST, TAX-EXEMPT INTEREST ON TAX-EXEMPT INTEREST, AND TAX-EXEMPT INTEREST ON TAX-EXEMPT INTEREST ON TAX-EXEMPT INTEREST | |

Name of decedent: _____
 Date of death: _____
 Date of distribution: _____
 Name of beneficiary: _____
 Address: _____
 City: _____ State: _____ Zip: _____

| Part I. General Information | |
|---|-------|
| 1. Name of decedent | _____ |
| 2. Date of death | _____ |
| 3. Date of distribution | _____ |
| 4. Name of beneficiary | _____ |
| 5. Address of beneficiary | _____ |
| 6. City | _____ |
| 7. State | _____ |
| 8. Zip | _____ |
| 9. Social Security number of beneficiary | _____ |
| 10. Name of estate | _____ |
| 11. Address of estate | _____ |
| 12. City | _____ |
| 13. State | _____ |
| 14. Zip | _____ |
| 15. Social Security number of estate | _____ |
| 16. Name of executor | _____ |
| 17. Address of executor | _____ |
| 18. City | _____ |
| 19. State | _____ |
| 20. Zip | _____ |
| 21. Social Security number of executor | _____ |
| 22. Name of trustee | _____ |
| 23. Address of trustee | _____ |
| 24. City | _____ |
| 25. State | _____ |
| 26. Zip | _____ |
| 27. Social Security number of trustee | _____ |
| 28. Name of administrator | _____ |
| 29. Address of administrator | _____ |
| 30. City | _____ |
| 31. State | _____ |
| 32. Zip | _____ |
| 33. Social Security number of administrator | _____ |
| 34. Name of fiduciary | _____ |
| 35. Address of fiduciary | _____ |
| 36. City | _____ |
| 37. State | _____ |
| 38. Zip | _____ |
| 39. Social Security number of fiduciary | _____ |
| 40. Name of estate or trust | _____ |
| 41. Address of estate or trust | _____ |
| 42. City | _____ |
| 43. State | _____ |
| 44. Zip | _____ |
| 45. Social Security number of estate or trust | _____ |
| 46. Name of estate or trust | _____ |
| 47. Address of estate or trust | _____ |
| 48. City | _____ |
| 49. State | _____ |
| 50. Zip | _____ |
| 51. Social Security number of estate or trust | _____ |





FORM 1041
 FEDERAL INCOME TAX RETURN

| | | | |
|---|--|--|--|
| 1. PERSONAL IDENTIFICATION Name: _____ Social Security Number: _____ Date of Birth: _____ | | 2. RESIDENCE Home Address: _____ Mailing Address: _____ | |
| 3. EMPLOYMENT Employer: _____ Position: _____ Dates of Employment: _____ | | 4. INVESTMENTS Dividend Income: _____ Interest Income: _____ Capital Gains: _____ | |
| 5. DEDUCTIONS Charitable Contributions: _____ State and Local Taxes: _____ Mortgage Interest: _____ | | 6. TAXES PAID Federal Income Tax: _____ State Income Tax: _____ Social Security Tax: _____ | |
| 7. ADDITIONAL INFORMATION Other Income: _____ Dependents: _____ | | 8. COMMENTS _____ _____ | |



FOR FURTHER INFORMATION, SEE THE INSTRUCTIONS TO THIS FORM.

FORM 1041-1964

| | |
|----------------------|-------------------|
| PREPARED BY _____ | FILED IN _____ |
|----------------------|-------------------|

| | | | |
|-------------------------|--|------------|--|
| Name | | [Redacted] | |
| Address | | [Redacted] | |
| City | | [Redacted] | |
| State | | [Redacted] | |
| Zip | | [Redacted] | |
| Telephone | | [Redacted] | |
| Occupation | | [Redacted] | |
| Education | | [Redacted] | |
| Martial Status | | [Redacted] | |
| Number of Children | | [Redacted] | |
| Date of Birth | | [Redacted] | |
| Place of Birth | | [Redacted] | |
| Race | | [Redacted] | |
| Sex | | [Redacted] | |
| Height | | [Redacted] | |
| Weight | | [Redacted] | |
| Hair | | [Redacted] | |
| Eyes | | [Redacted] | |
| Complexion | | [Redacted] | |
| Scars or Tattoos | | [Redacted] | |
| Fingerprints | | [Redacted] | |
| Signature | | [Redacted] | |
| Date | | [Redacted] | |
| Signature of Agent | | [Redacted] | |
| Date | | [Redacted] | |
| Special Agent in Charge | | [Redacted] | |
| FBI Office | | [Redacted] | |
| Remarks | | [Redacted] | |



Name of the estate **ESTATE OF [Name]**
 Federal ID number **[Number]**
 State of residence **[State]**
 Date of death **[Date]**
 Date of distribution **[Date]**

All of the property is **entirely** () **partly** ()
 () **entirely** () **partly** ()
 () **entirely** () **partly** ()
 () **entirely** () **partly** ()

The estate is **not** () **is** ()
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FORM 1042-S
2008

| | |
|--|---|
| 1042-S DIVIDENDS FROM U.S. CORPORATIONS (SEE INSTRUCTIONS) | |
| 1. PAYER'S IDENTIFICATION NUMBER (EIN) 2. PAYER'S NAME 3. PAYER'S ADDRESS 4. PAYER'S CITY, STATE, AND ZIP CODE | 5. BENEFICIARY'S IDENTIFICATION NUMBER (EIN) 6. BENEFICIARY'S NAME 7. BENEFICIARY'S ADDRESS 8. BENEFICIARY'S CITY, STATE, AND ZIP CODE |
| 9. TYPE OF BENEFICIARY 10. TAX TREATMENT | 11. DIVIDENDS 12. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY |
| 13. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY 14. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY | 15. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY 16. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY |
| 17. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY 18. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY | 19. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY 20. DIVIDENDS RECEIVED FROM THE PAYER'S U.S. HOLDING COMPANY |



SEE INSTRUCTIONS FOR MORE INFORMATION

FORM 1042-S

| | | | |
|----|----|----|----|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 |

| | | |
|-------|-------|-------|
| № п/п | № п/п | № п/п |
| 1 | 2 | 3 |

1. Введение

2. Описание объекта исследования

3. Методика исследования

4. Результаты исследования

| № п/п | № п/п | № п/п |
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| 727 | 728 | 729 |
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| 736 | 737 | 738 |
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| 748 | 749 | 750 |
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| 766 | 767 | 768 |
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| 775 | 776 | 777 |
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| 994 | 995 | 996 |
| 997 | 998 | 999 |
| 1000 | 1001 | 1002 |

5. Заключение

6. Литература

7. Приложение

8. Заключение



Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Telephone: _____
 Date: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.



I, _____, State Education Officer, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

| | | |
|------|------|------|
| 1917 | 1917 | 1917 |
| 1917 | 1917 | 1917 |
| 1917 | 1917 | 1917 |



Statement of Assets and Liabilities

| | |
|-----------------|----------------------|
| Assets | Liabilities |
| 1. Cash | 1. Accounts Payable |
| 2. Receivables | 2. Notes Payable |
| 3. Inventory | 3. Other Liabilities |
| 4. Fixed Assets | |
| 5. Other Assets | |
| Total | Total |

This statement is prepared in accordance with the instructions of the Department of Agriculture, Bureau of Agricultural Economics, and is intended to show the financial condition of the farm as of the date specified above.

Signature of Operator
Date



FORM NO. 1
1-1-1978

| | | | |
|-----------------------|--|--------|--|
| Name of the Candidate | | Date | |
| Roll Number | | Age | |
| Address | | M. No. | |
| Signature | | Date | |
| Name of the Candidate | | Date | |
| Roll Number | | Age | |
| Address | | M. No. | |
| Signature | | Date | |
| Name of the Candidate | | Date | |
| Roll Number | | Age | |
| Address | | M. No. | |
| Signature | | Date | |



For the purpose of this examination, the candidate should be present at the examination centre on the date and time mentioned in the prospectus.

| | |
|-----------------------|--------|
| Name of the Candidate | Date |
| Roll Number | Age |
| Address | M. No. |
| Signature | Date |

Page No.

MEMORANDUM FOR THE RECORD

DATE: 10/15/54

SUBJECT: [Illegible]

Reference is made to the report of the [Illegible] dated [Illegible] and the [Illegible] dated [Illegible].

| NO. | NAME | POSITION | STATUS |
|-----|-------------|-------------|-------------|
| 1 | [Illegible] | [Illegible] | [Illegible] |
| 2 | [Illegible] | [Illegible] | [Illegible] |
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| 32 | [Illegible] | [Illegible] | [Illegible] |
| 33 | [Illegible] | [Illegible] | [Illegible] |
| 34 | [Illegible] | [Illegible] | [Illegible] |
| 35 | [Illegible] | [Illegible] | [Illegible] |
| 36 | [Illegible] | [Illegible] | [Illegible] |
| 37 | [Illegible] | [Illegible] | [Illegible] |
| 38 | [Illegible] | [Illegible] | [Illegible] |
| 39 | [Illegible] | [Illegible] | [Illegible] |
| 40 | [Illegible] | [Illegible] | [Illegible] |
| 41 | [Illegible] | [Illegible] | [Illegible] |
| 42 | [Illegible] | [Illegible] | [Illegible] |
| 43 | [Illegible] | [Illegible] | [Illegible] |
| 44 | [Illegible] | [Illegible] | [Illegible] |
| 45 | [Illegible] | [Illegible] | [Illegible] |
| 46 | [Illegible] | [Illegible] | [Illegible] |
| 47 | [Illegible] | [Illegible] | [Illegible] |
| 48 | [Illegible] | [Illegible] | [Illegible] |
| 49 | [Illegible] | [Illegible] | [Illegible] |
| 50 | [Illegible] | [Illegible] | [Illegible] |

It is recommended that the [Illegible] be [Illegible] and the [Illegible] be [Illegible].

Very truly yours,

[Illegible Signature]

[Illegible Title]

| | |
|-------------|-------------------|
| SEARCHED | INDEXED |
| SERIALIZED | FILED |
| OCT 15 1954 | FBI - [Illegible] |



Name: _____
Address: _____
City: _____
State: _____
Pin: _____

For use by the Government of India

Form No. 10 (1974)

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

For use by the Government of India

Form No. 10 (1974)

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

For use by the Government of India

Form No. 10 (1974)

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

For use by the Government of India

Form No. 10 (1974)

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

For use by the Government of India



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO
LAND OFFICE

SECTION 16
LAND OFFICE
STATE OF CALIFORNIA

SECTION 16
LAND OFFICE
STATE OF CALIFORNIA

SECTION 16
LAND OFFICE
STATE OF CALIFORNIA

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LAND OFFICE
STATE OF CALIFORNIA



SECTION 16
LAND OFFICE
STATE OF CALIFORNIA

THE UNIVERSITY OF CHICAGO
LIBRARY



UNIVERSITY OF CHICAGO

| | | | |
|--------|--------|--------|--------|
| 1041-1 | 1041-1 | 1041-1 | 1041-1 |
| 1041-1 | 1041-1 | 1041-1 | 1041-1 |



INSTRUCTIONS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

These instructions apply to Form 1041-1, which is used to report the income of a trust or estate. It is used to report the income of a trust or estate that is a resident of the United States. It is used to report the income of a trust or estate that is a resident of the United States.

[Signature]

Internal Revenue Service
Department of the Treasury

Name: _____ Address: _____
 County: _____ State: _____
 Zip: _____

Organization: _____
 Title: _____
 Date: _____



The undersigned hereby certifies that the information furnished by the applicant is true and correct to the best of his knowledge and belief.

Signature: _____
 Title: _____

Name: _____
 Title: _____

Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Comments: _____

Approved: _____
 Title: _____
 Date: _____

Remarks: _____

Additional information: _____



UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

APPROVED FOR EXPORT BY THE UNITED STATES DEPARTMENT OF AGRICULTURE
ON THIS DATE: _____

NAME OF EXPORTER: _____
ADDRESS: _____

NAME OF IMPORTER: _____
ADDRESS: _____

NAME OF SHIPPER: _____
ADDRESS: _____

NAME OF CARRIER: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
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NAME OF DESTINATION: _____
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NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

NAME OF DESTINATION: _____
ADDRESS: _____

10/10/2011

1. Information received from the client

| | |
|------|------------|
| DATE | 10/10/2011 |
| TIME | 10:00 AM |



Investigation report

The following is a report on the investigation conducted on the 10th of October 2011, at the premises of the National Society for Human Rights.

| | |
|----------------------------|-------------------|
| NAME | Mr. [Name] |
| ADDRESS | [Address] |
| TELEPHONE | [Phone Number] |
| DATE OF BIRTH | [Date] |
| EDUCATION | [Education Level] |
| OCCUPATION | [Occupation] |
| RELIGION | [Religion] |
| POLITICAL AFFILIATION | [Political Party] |
| PROFESSIONAL QUALIFICATION | [Qualification] |
| PROFESSIONAL EXPERIENCE | [Experience] |

The investigation was conducted on the 10th of October 2011, at the premises of the National Society for Human Rights. The following is a report on the investigation conducted on the 10th of October 2011, at the premises of the National Society for Human Rights.

Signature

Date

10/10/2011

Form No. 1042-A (Rev. 12/19/77)

NAME OF THE DONOR **John Doe**

ADDRESS OF THE DONOR **123 Main Street, New York, NY 10001**

NAME OF THE CHARITABLE ORGANIZATION **ABC Charity**

ADDRESS OF THE CHARITABLE ORGANIZATION **456 Park Avenue, New York, NY 10022**

DATE OF THE CONTRIBUTION **01/15/78**

AMOUNT OF CONTRIBUTION **\$100.00**

TYPE OF CONTRIBUTION **Money**

CHARITABLE ORGANIZATION'S FEDERAL IDENTIFICATION NUMBER **12-3456789**

CHARITABLE ORGANIZATION'S STATE IDENTIFICATION NUMBER **123456789**

DATE OF THIS RETURN **02/15/78**

TAXPAYER'S SIGNATURE **[Signature]**

PREPARED BY **[Signature]**





FORM 1041
 (REV. 1-1-60)

| | |
|---|--|
| UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | |
| FEDERAL BUREAU OF SURVEYING DISTRICT OF COLUMBIA | |
| TITLE: _____ PROJECT: _____ SHEET: _____ OF _____ | |
| DATE: _____ | |
| DRAWN BY: _____ CHECKED BY: _____ | |
| SCALE: _____ | |
| PROJECT NO.: _____ | |
| SHEET NO.: _____ | |
| DRAWING NO.: _____ | |
| PROJECT TITLE: _____ | |
| PROJECT LOCATION: _____ | |
| PROJECT DESCRIPTION: _____ | |
| PROJECT STATUS: _____ | |
| PROJECT OWNER: _____ | |
| PROJECT CONTACT: _____ | |
| PROJECT PHONE: _____ | |
| PROJECT FAX: _____ | |
| PROJECT E-MAIL: _____ | |
| PROJECT WEBSITE: _____ | |
| PROJECT ADDRESS: _____ | |
| PROJECT CITY: _____ | |
| PROJECT STATE: _____ | |
| PROJECT ZIP: _____ | |
| PROJECT COUNTY: _____ | |
| PROJECT TOWNSHIP: _____ | |
| PROJECT RANGE: _____ | |
| PROJECT SECTION: _____ | |
| PROJECT QUARTER: _____ | |
| PROJECT ACRES: _____ | |
| PROJECT PERMITS: _____ | |
| PROJECT APPROVALS: _____ | |
| PROJECT COMMENTS: _____ | |



FOR INFORMATION OF THE BUREAU OF LAND MANAGEMENT, THE FOLLOWING INFORMATION IS BEING FURNISHED TO YOU FOR YOUR INFORMATION AND RECORDS:

| | | | |
|-----------------|-------------------|------------------|------------------|
| PROJECT NO. | PROJECT TITLE | PROJECT LOCATION | PROJECT STATUS |
| PROJECT OWNER | PROJECT CONTACT | PROJECT PHONE | PROJECT FAX |
| PROJECT E-MAIL | PROJECT WEBSITE | PROJECT ADDRESS | PROJECT CITY |
| PROJECT STATE | PROJECT ZIP | PROJECT COUNTY | PROJECT TOWNSHIP |
| PROJECT RANGE | PROJECT SECTION | PROJECT QUARTER | PROJECT ACRES |
| PROJECT PERMITS | PROJECT APPROVALS | PROJECT COMMENTS | |

| | | | |
|-----|-----|-----|-----|
| 198 | 199 | 200 | 201 |
| 198 | 199 | 200 | 201 |



Department of Justice
 Office of Inspector General
 Washington, D.C. 20535
 Telephone: (202) 452-2400
 Fax: (202) 452-2401

Statement of Work

| Item | Description | Quantity | Unit Price | Total Price |
|--------------|-----------------------|----------|------------|------------------|
| 1 | Professional Services | 1 | \$100,000 | \$100,000 |
| 2 | Travel | 1 | \$5,000 | \$5,000 |
| 3 | Materials | 1 | \$1,000 | \$1,000 |
| 4 | Subcontract | 1 | \$10,000 | \$10,000 |
| 5 | Other | 1 | \$1,000 | \$1,000 |
| Total | | | | \$117,000 |

This contract is subject to the terms and conditions of the Standard Contract for Professional Services, which is available on the Department of Justice website at www.doj.gov.

[Signature]
 Director of Contract Management
 Office of Inspector General
 Department of Justice



UNITED STATES DEPARTMENT OF AGRICULTURE

| | |
|--|---|
| FARM INFORMATION Name of Farm: _____ Address: _____ County: _____ State: _____ | |
| Type of Farm: _____ Acres: _____ Soil: _____ Water: _____ | Name of Operator: _____ Address: _____ Telephone: _____ |
| Name of Agent: _____ Address: _____ Telephone: _____ | Date of Report: _____ Report made by: _____ |
| Description of Farm: _____ Crops: _____ Livestock: _____ Machinery: _____ Other: _____ | |
| Remarks: _____ _____ _____ | |



| | |
|---|--|
| Name of Operator: _____ Address: _____ Telephone: _____ | Name of Agent: _____ Address: _____ Telephone: _____ |
| Date of Report: _____ Report made by: _____ | Remarks: _____ _____ _____ |

UNITED STATES DEPARTMENT OF AGRICULTURE



Department of the Treasury
Internal Revenue Service

INVESTMENT STATEMENT

This statement is prepared for the use of the taxpayer and is not to be used for any other purpose.

| DATE | DESCRIPTION | AMOUNT |
|---------|-------------|--------|
| 1/1/78 | ... | ... |
| 2/1/78 | ... | ... |
| 3/1/78 | ... | ... |
| 4/1/78 | ... | ... |
| 5/1/78 | ... | ... |
| 6/1/78 | ... | ... |
| 7/1/78 | ... | ... |
| 8/1/78 | ... | ... |
| 9/1/78 | ... | ... |
| 10/1/78 | ... | ... |
| 11/1/78 | ... | ... |
| 12/1/78 | ... | ... |

Investment Statement for the year ending 12/31/78

[Signature]

Prepared by
Internal Revenue Service

Name of the estate **ESTATE OF [Name]**
 Federal ID number **[Number]**
 State of residence **[State]**
 Date of death **[Date]**
 Decedent's Social Security number **[Number]**

Is a beneficiary who died less than 2 years before the date of death? **Yes**
 If so, enter the date of death of the beneficiary **[Date]**
 Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**

Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**
 Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**



Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**
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 Enter the date of the final distribution to the beneficiary **[Date]**

Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**
 Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**

Good for 1 year
VOID AFTER 1 YEAR
FOR PURPOSES

Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**
 Enter the date of the first distribution to the beneficiary **[Date]**
 Enter the date of the final distribution to the beneficiary **[Date]**

| | |
|----------------|------|
| Date: 08/11/11 | |
| Page No: | 4110 |



Dr. [Name]
 Director of Health Services
 Government of Karnataka
 Bangalore

TO BE FILLED BY THE APPLICANT

The information furnished in this form is correct and true to the best of my knowledge.

| | |
|--------------|--------------|
| Dr. [Name] | Dr. [Name] |
| [Address] | [Address] |
| [City] | [City] |
| [State] | [State] |
| [Pin Code] | [Pin Code] |
| [Mobile No.] | [Mobile No.] |
| [E-mail ID] | [E-mail ID] |
| [Signature] | [Signature] |
| [Date] | [Date] |

This form is to be filled by the applicant and submitted to the Director of Health Services, Government of Karnataka, Bangalore.

[Signature]
 Director of Health Services
 Government of Karnataka
 Bangalore

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

See us if possible at _____

Signature: _____
 Date: _____

Signature of _____
 Date: _____



Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Date: _____



Form 1042
Annual Report

| | | | | | |
|---|--|---|--|---|--|
| 1. Recipient's name (Last, first, middle initial) _____ | | 2. Recipient's address _____ _____ _____ | | 3. Recipient's telephone number _____ | |
| 4. Recipient's occupation _____ | | 5. Recipient's position _____ | | 6. Recipient's organization _____ | |
| 7. Recipient's date of birth _____ | | 8. Recipient's date of arrival in the United States _____ | | 9. Recipient's date of departure from the United States _____ | |
| 10. Recipient's date of entry into the United States _____ | | 11. Recipient's date of departure from the United States _____ | | 12. Recipient's date of departure from the United States _____ | |
| 13. Recipient's date of departure from the United States _____ | | 14. Recipient's date of departure from the United States _____ | | 15. Recipient's date of departure from the United States _____ | |
| 16. Recipient's date of departure from the United States _____ | | 17. Recipient's date of departure from the United States _____ | | 18. Recipient's date of departure from the United States _____ | |
| 19. Recipient's date of departure from the United States _____ | | 20. Recipient's date of departure from the United States _____ | | 21. Recipient's date of departure from the United States _____ | |
| 22. Recipient's date of departure from the United States _____ | | 23. Recipient's date of departure from the United States _____ | | 24. Recipient's date of departure from the United States _____ | |
| 25. Recipient's date of departure from the United States _____ | | 26. Recipient's date of departure from the United States _____ | | 27. Recipient's date of departure from the United States _____ | |
| 28. Recipient's date of departure from the United States _____ | | 29. Recipient's date of departure from the United States _____ | | 30. Recipient's date of departure from the United States _____ | |



U.S. DEPARTMENT OF STATE
 OFFICE OF THE ASSISTANT SECRETARY FOR OVERSEAS SECURITY
 WASHINGTON, D.C. 20520

FORM 1042 (REV. 1-6-60)

| | |
|---|---|
| 31. Recipient's date of departure from the United States _____ | 32. Recipient's date of departure from the United States _____ |
|---|---|

1. Name of the person: _____
2. Address: _____
3. City: _____
4. State: _____
5. Zip: _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



POSTAGE WILL BE PAID BY ADDRESSEE

| | |
|---------|-------------|
| DATE | 11/17/11 |
| NAME | John Doe |
| ADDRESS | 123 Main St |
| CITY | Anytown, CA |



STATE OF CALIFORNIA
 COUNTY OF ...

STATEMENT OF WORK

This contract is made this 11th day of November, 2011, between the undersigned parties...

| NO. | DESCRIPTION OF WORK | QUANTITY | UNIT PRICE | TOTAL PRICE |
|-----|---------------------|----------|------------|-------------|
| 1 | ... | ... | ... | ... |
| 2 | ... | ... | ... | ... |
| 3 | ... | ... | ... | ... |
| 4 | ... | ... | ... | ... |
| 5 | ... | ... | ... | ... |
| 6 | ... | ... | ... | ... |
| 7 | ... | ... | ... | ... |
| 8 | ... | ... | ... | ... |
| 9 | ... | ... | ... | ... |
| 10 | ... | ... | ... | ... |
| 11 | ... | ... | ... | ... |
| 12 | ... | ... | ... | ... |
| 13 | ... | ... | ... | ... |
| 14 | ... | ... | ... | ... |
| 15 | ... | ... | ... | ... |
| 16 | ... | ... | ... | ... |
| 17 | ... | ... | ... | ... |
| 18 | ... | ... | ... | ... |
| 19 | ... | ... | ... | ... |
| 20 | ... | ... | ... | ... |
| 21 | ... | ... | ... | ... |
| 22 | ... | ... | ... | ... |
| 23 | ... | ... | ... | ... |
| 24 | ... | ... | ... | ... |
| 25 | ... | ... | ... | ... |
| 26 | ... | ... | ... | ... |
| 27 | ... | ... | ... | ... |
| 28 | ... | ... | ... | ... |
| 29 | ... | ... | ... | ... |
| 30 | ... | ... | ... | ... |
| 31 | ... | ... | ... | ... |
| 32 | ... | ... | ... | ... |
| 33 | ... | ... | ... | ... |
| 34 | ... | ... | ... | ... |
| 35 | ... | ... | ... | ... |
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| 37 | ... | ... | ... | ... |
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| 41 | ... | ... | ... | ... |
| 42 | ... | ... | ... | ... |
| 43 | ... | ... | ... | ... |
| 44 | ... | ... | ... | ... |
| 45 | ... | ... | ... | ... |
| 46 | ... | ... | ... | ... |
| 47 | ... | ... | ... | ... |
| 48 | ... | ... | ... | ... |
| 49 | ... | ... | ... | ... |
| 50 | ... | ... | ... | ... |

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and date first above written.

STATE OF CALIFORNIA

[Signature]

BY: _____

Name: _____
 Address: _____
 City: _____
 State: _____
 Pin: _____
 Date: _____

Self as Beneficiary: Yes No

Signature: _____

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

Date: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

Date: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

Date: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____

Pin: _____

Date: _____





DATE: _____
PAGE: _____

| | | | |
|--|--|--|--|
| 1. NAME AND ADDRESS OF DONOR _____ _____ | | 2. NAME AND ADDRESS OF RECIPIENT _____ _____ | |
| 3. AMOUNT OF CONTRIBUTION _____ | | 4. DATE OF CONTRIBUTION _____ | |
| 5. TYPE OF CONTRIBUTION _____ | | 6. PURPOSE OF CONTRIBUTION _____ | |
| 7. SIGNATURE OF DONOR _____ | | 8. SIGNATURE OF RECIPIENT _____ | |
| 9. ADDRESS OF DONOR _____ | | 10. ADDRESS OF RECIPIENT _____ | |
| 11. CITY AND STATE OF DONOR _____ | | 12. CITY AND STATE OF RECIPIENT _____ | |
| 13. COUNTRY OF DONOR _____ | | 14. COUNTRY OF RECIPIENT _____ | |
| 15. OCCUPATION OF DONOR _____ | | 16. OCCUPATION OF RECIPIENT _____ | |
| 17. SOURCE OF FUND FOR CONTRIBUTION _____ | | 18. USE OF CONTRIBUTION _____ | |
| 19. DATE OF RECEIPT _____ | | 20. DATE OF PAYMENT _____ | |
| 21. NAME OF BANK _____ | | 22. NAME OF BANK _____ | |
| 23. ACCOUNT NUMBER _____ | | 24. ACCOUNT NUMBER _____ | |
| 25. BRANCH NAME _____ | | 26. BRANCH NAME _____ | |
| 27. BRANCH ADDRESS _____ | | 28. BRANCH ADDRESS _____ | |
| 29. CITY AND STATE OF BRANCH _____ | | 30. CITY AND STATE OF BRANCH _____ | |
| 31. COUNTRY OF BRANCH _____ | | 32. COUNTRY OF BRANCH _____ | |
| 33. NAME OF BANKER _____ | | 34. NAME OF BANKER _____ | |
| 35. ADDRESS OF BANKER _____ | | 36. ADDRESS OF BANKER _____ | |
| 37. CITY AND STATE OF BANKER _____ | | 38. CITY AND STATE OF BANKER _____ | |
| 39. COUNTRY OF BANKER _____ | | 40. COUNTRY OF BANKER _____ | |
| 41. OCCUPATION OF BANKER _____ | | 42. OCCUPATION OF BANKER _____ | |
| 43. SOURCE OF FUND FOR BANKER _____ | | 44. SOURCE OF FUND FOR BANKER _____ | |
| 45. DATE OF RECEIPT _____ | | 46. DATE OF RECEIPT _____ | |
| 47. DATE OF RECEIPT _____ | | 48. DATE OF RECEIPT _____ | |
| 49. DATE OF RECEIPT _____ | | 50. DATE OF RECEIPT _____ | |
| 51. DATE OF RECEIPT _____ | | 52. DATE OF RECEIPT _____ | |
| 53. DATE OF RECEIPT _____ | | 54. DATE OF RECEIPT _____ | |
| 55. DATE OF RECEIPT _____ | | 56. DATE OF RECEIPT _____ | |
| 57. DATE OF RECEIPT _____ | | 58. DATE OF RECEIPT _____ | |
| 59. DATE OF RECEIPT _____ | | 60. DATE OF RECEIPT _____ | |
| 61. DATE OF RECEIPT _____ | | 62. DATE OF RECEIPT _____ | |
| 63. DATE OF RECEIPT _____ | | 64. DATE OF RECEIPT _____ | |
| 65. DATE OF RECEIPT _____ | | 66. DATE OF RECEIPT _____ | |
| 67. DATE OF RECEIPT _____ | | 68. DATE OF RECEIPT _____ | |
| 69. DATE OF RECEIPT _____ | | 70. DATE OF RECEIPT _____ | |
| 71. DATE OF RECEIPT _____ | | 72. DATE OF RECEIPT _____ | |
| 73. DATE OF RECEIPT _____ | | 74. DATE OF RECEIPT _____ | |
| 75. DATE OF RECEIPT _____ | | 76. DATE OF RECEIPT _____ | |
| 77. DATE OF RECEIPT _____ | | 78. DATE OF RECEIPT _____ | |
| 79. DATE OF RECEIPT _____ | | 80. DATE OF RECEIPT _____ | |
| 81. DATE OF RECEIPT _____ | | 82. DATE OF RECEIPT _____ | |
| 83. DATE OF RECEIPT _____ | | 84. DATE OF RECEIPT _____ | |
| 85. DATE OF RECEIPT _____ | | 86. DATE OF RECEIPT _____ | |
| 87. DATE OF RECEIPT _____ | | 88. DATE OF RECEIPT _____ | |
| 89. DATE OF RECEIPT _____ | | 90. DATE OF RECEIPT _____ | |
| 91. DATE OF RECEIPT _____ | | 92. DATE OF RECEIPT _____ | |
| 93. DATE OF RECEIPT _____ | | 94. DATE OF RECEIPT _____ | |
| 95. DATE OF RECEIPT _____ | | 96. DATE OF RECEIPT _____ | |
| 97. DATE OF RECEIPT _____ | | 98. DATE OF RECEIPT _____ | |
| 99. DATE OF RECEIPT _____ | | 100. DATE OF RECEIPT _____ | |



THIS RECEIPT IS VALID ONLY IF SIGNED BY THE DONOR AND THE RECIPIENT.

| | |
|--|--|
| 1. NAME AND ADDRESS OF DONOR _____ _____ | 2. NAME AND ADDRESS OF RECIPIENT _____ _____ |
| 3. AMOUNT OF CONTRIBUTION _____ | 4. DATE OF CONTRIBUTION _____ |
| 5. TYPE OF CONTRIBUTION _____ | 6. PURPOSE OF CONTRIBUTION _____ |
| 7. SIGNATURE OF DONOR _____ | 8. SIGNATURE OF RECIPIENT _____ |
| 9. ADDRESS OF DONOR _____ | 10. ADDRESS OF RECIPIENT _____ |
| 11. CITY AND STATE OF DONOR _____ | 12. CITY AND STATE OF RECIPIENT _____ |
| 13. COUNTRY OF DONOR _____ | 14. COUNTRY OF RECIPIENT _____ |
| 15. OCCUPATION OF DONOR _____ | 16. OCCUPATION OF RECIPIENT _____ |
| 17. SOURCE OF FUND FOR CONTRIBUTION _____ | 18. USE OF CONTRIBUTION _____ |
| 19. DATE OF RECEIPT _____ | 20. DATE OF PAYMENT _____ |
| 21. NAME OF BANK _____ | 22. NAME OF BANK _____ |
| 23. ACCOUNT NUMBER _____ | 24. ACCOUNT NUMBER _____ |
| 25. BRANCH NAME _____ | 26. BRANCH NAME _____ |
| 27. BRANCH ADDRESS _____ | 28. BRANCH ADDRESS _____ |
| 29. CITY AND STATE OF BRANCH _____ | 30. CITY AND STATE OF BRANCH _____ |
| 31. COUNTRY OF BRANCH _____ | 32. COUNTRY OF BRANCH _____ |
| 33. NAME OF BANKER _____ | 34. NAME OF BANKER _____ |
| 35. ADDRESS OF BANKER _____ | 36. ADDRESS OF BANKER _____ |
| 37. CITY AND STATE OF BANKER _____ | 38. CITY AND STATE OF BANKER _____ |
| 39. COUNTRY OF BANKER _____ | 40. COUNTRY OF BANKER _____ |
| 41. OCCUPATION OF BANKER _____ | 42. OCCUPATION OF BANKER _____ |
| 43. SOURCE OF FUND FOR BANKER _____ | 44. SOURCE OF FUND FOR BANKER _____ |
| 45. DATE OF RECEIPT _____ | 46. DATE OF RECEIPT _____ |
| 47. DATE OF RECEIPT _____ | 48. DATE OF RECEIPT _____ |
| 49. DATE OF RECEIPT _____ | 50. DATE OF RECEIPT _____ |
| 51. DATE OF RECEIPT _____ | 52. DATE OF RECEIPT _____ |
| 53. DATE OF RECEIPT _____ | 54. DATE OF RECEIPT _____ |
| 55. DATE OF RECEIPT _____ | 56. DATE OF RECEIPT _____ |
| 57. DATE OF RECEIPT _____ | 58. DATE OF RECEIPT _____ |
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| 73. DATE OF RECEIPT _____ | 74. DATE OF RECEIPT _____ |
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| 79. DATE OF RECEIPT _____ | 80. DATE OF RECEIPT _____ |
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| 85. DATE OF RECEIPT _____ | 86. DATE OF RECEIPT _____ |
| 87. DATE OF RECEIPT _____ | 88. DATE OF RECEIPT _____ |
| 89. DATE OF RECEIPT _____ | 90. DATE OF RECEIPT _____ |
| 91. DATE OF RECEIPT _____ | 92. DATE OF RECEIPT _____ |
| 93. DATE OF RECEIPT _____ | 94. DATE OF RECEIPT _____ |
| 95. DATE OF RECEIPT _____ | 96. DATE OF RECEIPT _____ |
| 97. DATE OF RECEIPT _____ | 98. DATE OF RECEIPT _____ |
| 99. DATE OF RECEIPT _____ | 100. DATE OF RECEIPT _____ |

THIS RECEIPT IS VALID ONLY IF SIGNED BY THE DONOR AND THE RECIPIENT.



ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

ಇದು ಉಪಯುಕ್ತವಾಗಿದೆ.

ಇದು ಉಪಯುಕ್ತವಾಗಿದೆ.

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

| ಕ್ರ. ಸಂ. | ನಾಮ | ವಿದ್ಯಾರ್ಥಿ ಸಂಖ್ಯೆ | ಪರಿಶೀಲಿಸಿದ ದಿನಾಂಕ | ಪರಿಶೀಲಿಸಿದ ಸ್ಥಳ |
|----------|---------------|-------------------|-------------------|-----------------|
| 1 | ಶ್ರೀಮತಿ. ಶರಣ್ | 12345678 | 10/10/2018 | ಮೈಸೂರು |
| 2 | ಶ್ರೀಮತಿ. ಶರಣ್ | 12345678 | 10/10/2018 | ಮೈಸೂರು |
| 3 | ಶ್ರೀಮತಿ. ಶರಣ್ | 12345678 | 10/10/2018 | ಮೈಸೂರು |
| 4 | ಶ್ರೀಮತಿ. ಶರಣ್ | 12345678 | 10/10/2018 | ಮೈಸೂರು |
| 5 | ಶ್ರೀಮತಿ. ಶರಣ್ | 12345678 | 10/10/2018 | ಮೈಸೂರು |

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

ಇಲ್ಲಿಂದಲೇ ಪರಿಶೀಲಿಸಬಹುದಾಗಿದೆ.

Name (print or type) _____
 Social Security number _____
 Address (print or type) _____
 City, State, and ZIP+4 _____
 Mailing address (if different) _____
 City, State, and ZIP+4 _____
 Date of birth (MM/YY) _____
 Date of death (MM/YY) _____
 Date of filing (MM/YY) _____
 Signature _____
 Preparer's name (print or type) _____
 Preparer's Social Security number _____
 Preparer's signature _____
 Preparer's title _____

Federal identification number (FID) _____
 Employer identification number (EIN) _____
 State identification number (SIN) _____
 State of incorporation _____
 State of principal office _____
 State of residence _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____

Name of the preparer's firm (print or type) _____
 Address (print or type) _____
 City, State, and ZIP+4 _____





Form 1041 (2001) **U.S. Income Tax Return for Estates and Trusts**

Part I **Income**

| | |
|------------------------|--|
| 1. Interest income | |
| 2. Dividend income | |
| 3. Capital gain income | |
| 4. Other income | |
| Total income | |

Part II **Capital Gains and Qualified Dividends**

| | |
|--|--|
| 5. Long-term capital gain | |
| 6. Short-term capital gain | |
| 7. Qualified dividend income | |
| 8. Other capital gain | |
| 9. Other income | |
| Total capital gains and qualified dividends | |

Part III **Other Information**

| | |
|-------------------------------------|--|
| 10. Charitable contributions | |
| 11. State and local taxes | |
| 12. Other deductions | |
| 13. Total deductions | |
| 14. Taxable income | |
| 15. Federal income tax | |
| 16. State and local income tax | |
| 17. Total tax | |
| 18. Refund of state and local taxes | |
| 19. Total refund | |
| 20. Tax after refund | |

Part IV **Other Information**

21. Other information



OMB No. 1545-0047

Form 1041 (2001) **U.S. Income Tax Return for Estates and Trusts**

Part I **Income**

| | |
|------------------------|--|
| 1. Interest income | |
| 2. Dividend income | |
| 3. Capital gain income | |
| 4. Other income | |
| Total income | |

Part II **Capital Gains and Qualified Dividends**

| | |
|--|--|
| 5. Long-term capital gain | |
| 6. Short-term capital gain | |
| 7. Qualified dividend income | |
| 8. Other capital gain | |
| 9. Other income | |
| Total capital gains and qualified dividends | |

Part III **Other Information**

| | |
|-------------------------------------|--|
| 10. Charitable contributions | |
| 11. State and local taxes | |
| 12. Other deductions | |
| 13. Total deductions | |
| 14. Taxable income | |
| 15. Federal income tax | |
| 16. State and local income tax | |
| 17. Total tax | |
| 18. Refund of state and local taxes | |
| 19. Total refund | |
| 20. Tax after refund | |

Part IV **Other Information**

21. Other information

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |



UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

REGISTRATION CARD

THIS CARD IS TO BE FILLED OUT BY THE REGISTRAR OF THE PATENT OFFICE AND IS TO BE KEPT ON FILE WITH THE PATENT APPLICATION.

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

THIS CARD IS TO BE FILLED OUT BY THE REGISTRAR OF THE PATENT OFFICE AND IS TO BE KEPT ON FILE WITH THE PATENT APPLICATION.

U. S. DEPT. OF AGRICULTURE

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE

Name: John Doe Address: 123 Main St
 City: Anytown State: CA Zip: 90210
 Social Security Number: 123-45-6789

Source of Income: Dividend Income Date: 12/31/79
 Recipient: John Doe Relationship: Self

Amount: \$10,000.00
 Description: Dividend income from ABC Corp.

Comments: None

Signature: _____
 Date: _____

Preparer: _____
 Date: _____

Notes: _____





FORM 1041-1
 (Rev. 1-1-79)

| | |
|--|--|
| Name of the estate, trust, or other fiduciary (do not check this box if the estate is a decedent's estate) | |
| EIN of the estate, trust, or other fiduciary (do not check this box if the estate is a decedent's estate) | |
| Address of the estate, trust, or other fiduciary (do not check this box if the estate is a decedent's estate) | |
| State of the estate, trust, or other fiduciary (do not check this box if the estate is a decedent's estate) | |
| Date of termination of the estate, trust, or other fiduciary | |
| Name of the decedent (do not check this box if the estate is a trust or other fiduciary) | |
| Date of death of the decedent (do not check this box if the estate is a trust or other fiduciary) | |
| Name of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| Address of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| State of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| Name of the estate, trust, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| EIN of the estate, trust, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| Address of the estate, trust, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| State of the estate, trust, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| Date of termination of the estate, trust, or other fiduciary | |
| Name of the decedent (do not check this box if the estate is a trust or other fiduciary) | |
| Date of death of the decedent (do not check this box if the estate is a trust or other fiduciary) | |
| Name of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| Address of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |
| State of the executor, trustee, or other fiduciary (do not check this box if the estate is a trust or other fiduciary) | |



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 01-11-2001 BY 60322 UCBAW/STP

| | |
|--|--|
| Name of the estate, trust, or other fiduciary | EIN of the estate, trust, or other fiduciary |
| Address of the estate, trust, or other fiduciary | State of the estate, trust, or other fiduciary |
| Date of termination of the estate, trust, or other fiduciary | Name of the decedent |
| Date of death of the decedent | Name of the executor, trustee, or other fiduciary |
| Address of the executor, trustee, or other fiduciary | State of the executor, trustee, or other fiduciary |

THE UNIVERSITY OF CHICAGO
LIBRARY



UNIVERSITY OF CHICAGO

Name of the foreign person **ABC**
 Address of the foreign person **123 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **12-3456789**

Name of the U.S. payor **DEF**
 Address of the U.S. payor **456 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **98-7654321**

Name of the U.S. recipient **GHI**
 Address of the U.S. recipient **789 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **54-3210987**



Name of the U.S. payor **DEF**
 Address of the U.S. payor **456 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **98-7654321**

Name of the U.S. recipient **GHI**
 Address of the U.S. recipient **789 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **54-3210987**

Name of the U.S. payor **DEF**
 Address of the U.S. payor **456 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **98-7654321**

Name of the U.S. recipient **GHI**
 Address of the U.S. recipient **789 Main St, New York, NY 10001**
 Taxpayer's identification number (TIN) **54-3210987**



UNIVERSITY
OF CALIFORNIA

| | | |
|-------------------------------------|--|----------------------------|
| NAME: <u>John H. Johnson</u> | | DATE: <u>10/10/50</u> |
| ADDRESS: <u>1000 Broadway</u> | | CITY: <u>San Francisco</u> |
| STATE: <u>California</u> | | ZIP: <u>94108</u> |
| TELEPHONE: <u>338-1234</u> | | |
| OCCUPATION: <u>Businessman</u> | | |
| EDUCATION: <u>High School</u> | | |
| MARRIAGE: <u>Married</u> | | |
| CHILDREN: <u>None</u> | | |
| MILITARY SERVICE: <u>None</u> | | |
| CIVIL SERVICE: <u>None</u> | | |
| PROFESSIONAL SOCIETIES: <u>None</u> | | |
| HOBBIES: <u>Reading</u> | | |
| REFERENCES: <u>None</u> | | |
| SIGNATURE: <u>[Signature]</u> | | |
| DATE: <u>10/10/50</u> | | |



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1000 UNIVERSITY AVENUE
LOS ANGELES, CALIFORNIA 90024

UNIVERSITY OF CALIFORNIA

| | |
|------------|-------------|
| DATE | 10/10/50 |
| BY | [Signature] |
| TITLE | [Signature] |
| DEPARTMENT | [Signature] |

Form 1041-1 (01-01-08)

| | | |
|---------------|-----|-------|
| OMB 1545-0047 | | |
| Page | No. | Total |
| 1 | 1 | 1 |



Department of the Treasury
Internal Revenue Service

INVESTMENT INCOME TAX

Use this form to report investment income from all sources, including:

| | |
|---------------------------------|----------------------------------|
| 1. Dividend income | 2. Interest income |
| 3. Capital gain income | 4. Other income |
| 5. Total investment income | 6. Total investment expenses |
| 7. Net investment income | 8. Total investment income tax |
| 9. Total investment income tax | 10. Total investment income tax |
| 11. Total investment income tax | 12. Total investment income tax |
| 13. Total investment income tax | 14. Total investment income tax |
| 15. Total investment income tax | 16. Total investment income tax |
| 17. Total investment income tax | 18. Total investment income tax |
| 19. Total investment income tax | 20. Total investment income tax |
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| 23. Total investment income tax | 24. Total investment income tax |
| 25. Total investment income tax | 26. Total investment income tax |
| 27. Total investment income tax | 28. Total investment income tax |
| 29. Total investment income tax | 30. Total investment income tax |
| 31. Total investment income tax | 32. Total investment income tax |
| 33. Total investment income tax | 34. Total investment income tax |
| 35. Total investment income tax | 36. Total investment income tax |
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| 39. Total investment income tax | 40. Total investment income tax |
| 41. Total investment income tax | 42. Total investment income tax |
| 43. Total investment income tax | 44. Total investment income tax |
| 45. Total investment income tax | 46. Total investment income tax |
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| 95. Total investment income tax | 96. Total investment income tax |
| 97. Total investment income tax | 98. Total investment income tax |
| 99. Total investment income tax | 100. Total investment income tax |

Form 1041-1 (01-01-08)

Internal Revenue Service



Form 1041
 (2008)

| | |
|---|--|
| GRANTEE Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of termination | |
| Date of distribution | |
| Name of the recipient | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |



Use this form to report the distribution of income from a trust or estate to a recipient.

| | |
|---|--|
| GRANTEE Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of termination | |
| Date of distribution | |
| Name of the recipient | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |
| Name of the trust or estate | |
| Taxpayer identification number | |
| State of residence | |
| Date of distribution | |

Use this form to report the distribution of income from a trust or estate to a recipient.

**Financial Statements and
Footnotes**

As presented
in Schedule

Items (1) through (3) are included in the
Schedule

Items (4) through (6)

Items (7) through (9)



| | | |
|---------|---------|---------|
| 10/1/00 | 10/1/00 | 10/1/00 |
| 10/1/00 | 10/1/00 | 10/1/00 |

The Department of Justice is a federal executive department of the United States government, responsible for the administration of justice and the prosecution of federal crimes.

| Item | Description | Amount |
|------|-------------|--------|
| 1 | ... | ... |
| 2 | ... | ... |
| 3 | ... | ... |
| 4 | ... | ... |
| 5 | ... | ... |
| 6 | ... | ... |
| 7 | ... | ... |
| 8 | ... | ... |
| 9 | ... | ... |

The Department of Justice is a federal executive department of the United States government, responsible for the administration of justice and the prosecution of federal crimes.

...

...

1. Name of the person or organization to whom the check is payable
2. Amount of the check
3. Date of the check
4. Signature of the person or organization issuing the check

5. Name of the bank or financial institution where the check is cashed

| |
|---|
| 6. Name of the bank or financial institution where the check is cashed |
| 7. Address of the bank or financial institution where the check is cashed |
| 8. City of the bank or financial institution where the check is cashed |
| 9. State of the bank or financial institution where the check is cashed |
| 10. Zip code of the bank or financial institution where the check is cashed |



11. Name of the person or organization that issued the check
 12. Address of the person or organization that issued the check
 13. City of the person or organization that issued the check
 14. State of the person or organization that issued the check
 15. Zip code of the person or organization that issued the check

16. Name of the person or organization that cashed the check
 17. Address of the person or organization that cashed the check
 18. City of the person or organization that cashed the check
 19. State of the person or organization that cashed the check
 20. Zip code of the person or organization that cashed the check

21. Name of the person or organization that received the check
 22. Address of the person or organization that received the check
 23. City of the person or organization that received the check
 24. State of the person or organization that received the check
 25. Zip code of the person or organization that received the check

Only For PAYEE PURCHASE



1950
1951

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO
SECTION 12, T12N, R12E, S12E

SECTION 12, T12N, R12E, S12E
ACRES 12.0000

APPROXIMATE AREA
12.0000 ACRES

APPROXIMATE AREA
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APPROXIMATE AREA
12.0000 ACRES

APPROXIMATE AREA
12.0000 ACRES

APPROXIMATE AREA
12.0000 ACRES



County of _____

City of _____

NOTICE OF PUBLIC HEARING

WHEREAS, the _____



1950
10-10-50

| | | | |
|--|--|---|--|
| 1. Name of the person or organization to whom the check is payable 2. Address of the person or organization | | 3. Name of the bank to which the check is payable 4. Branch name and address | |
| 5. Amount in figures 6. Amount in words | | 7. Date | |
| 8. Signature of the person or organization | | 9. Name and position of the person signing | |
| 10. Name of the bank | | 11. Branch name and address | |
| 12. Name of the person or organization | | 13. Address of the person or organization | |
| 14. Name of the bank | | 15. Branch name and address | |
| 16. Name of the person or organization | | 17. Address of the person or organization | |
| 18. Name of the bank | | 19. Branch name and address | |
| 20. Name of the person or organization | | 21. Address of the person or organization | |
| 22. Name of the bank | | 23. Branch name and address | |
| 24. Name of the person or organization | | 25. Address of the person or organization | |
| 26. Name of the bank | | 27. Branch name and address | |
| 28. Name of the person or organization | | 29. Address of the person or organization | |
| 30. Name of the bank | | 31. Branch name and address | |



1. Name of the person or organization to whom the check is payable
 2. Address of the person or organization
 3. Name of the bank to which the check is payable
 4. Branch name and address
 5. Amount in figures
 6. Amount in words
 7. Date
 8. Signature of the person or organization
 9. Name and position of the person signing
 10. Name of the bank
 11. Branch name and address
 12. Name of the person or organization
 13. Address of the person or organization
 14. Name of the bank
 15. Branch name and address
 16. Name of the person or organization
 17. Address of the person or organization
 18. Name of the bank
 19. Branch name and address
 20. Name of the person or organization
 21. Address of the person or organization
 22. Name of the bank
 23. Branch name and address
 24. Name of the person or organization
 25. Address of the person or organization
 26. Name of the bank
 27. Branch name and address
 28. Name of the person or organization
 29. Address of the person or organization
 30. Name of the bank
 31. Branch name and address

1. Name of the person or organization to whom the check is payable
 2. Address of the person or organization
 3. Name of the bank to which the check is payable
 4. Branch name and address
 5. Amount in figures
 6. Amount in words
 7. Date
 8. Signature of the person or organization
 9. Name and position of the person signing
 10. Name of the bank
 11. Branch name and address
 12. Name of the person or organization
 13. Address of the person or organization
 14. Name of the bank
 15. Branch name and address
 16. Name of the person or organization
 17. Address of the person or organization
 18. Name of the bank
 19. Branch name and address
 20. Name of the person or organization
 21. Address of the person or organization
 22. Name of the bank
 23. Branch name and address
 24. Name of the person or organization
 25. Address of the person or organization
 26. Name of the bank
 27. Branch name and address
 28. Name of the person or organization
 29. Address of the person or organization
 30. Name of the bank
 31. Branch name and address

10-10-50

THE UNIVERSITY OF CHICAGO
LIBRARY

UNIVERSITY OF CHICAGO
LIBRARY



UNIVERSITY OF CHICAGO
LIBRARY

| | | | |
|---|--|---|--|
| 1. Nome e Cognome 2. Indirizzo 3. Città 4. Prov. 5. Telefono | | 6. Indirizzo e numero di telefono dell'azienda 7. Città 8. Prov. 9. Telefono | |
| 10. Indirizzo e numero di telefono dell'azienda 11. Città 12. Prov. 13. Telefono | | 14. Indirizzo e numero di telefono dell'azienda 15. Città 16. Prov. 17. Telefono | |
| 18. Indirizzo e numero di telefono dell'azienda 19. Città 20. Prov. 21. Telefono | | 22. Indirizzo e numero di telefono dell'azienda 23. Città 24. Prov. 25. Telefono | |
| 26. Indirizzo e numero di telefono dell'azienda 27. Città 28. Prov. 29. Telefono | | 30. Indirizzo e numero di telefono dell'azienda 31. Città 32. Prov. 33. Telefono | |
| 34. Indirizzo e numero di telefono dell'azienda 35. Città 36. Prov. 37. Telefono | | 38. Indirizzo e numero di telefono dell'azienda 39. Città 40. Prov. 41. Telefono | |
| 42. Indirizzo e numero di telefono dell'azienda 43. Città 44. Prov. 45. Telefono | | 46. Indirizzo e numero di telefono dell'azienda 47. Città 48. Prov. 49. Telefono | |
| 50. Indirizzo e numero di telefono dell'azienda 51. Città 52. Prov. 53. Telefono | | 54. Indirizzo e numero di telefono dell'azienda 55. Città 56. Prov. 57. Telefono | |
| 58. Indirizzo e numero di telefono dell'azienda 59. Città 60. Prov. 61. Telefono | | 62. Indirizzo e numero di telefono dell'azienda 63. Città 64. Prov. 65. Telefono | |
| 66. Indirizzo e numero di telefono dell'azienda 67. Città 68. Prov. 69. Telefono | | 70. Indirizzo e numero di telefono dell'azienda 71. Città 72. Prov. 73. Telefono | |
| 74. Indirizzo e numero di telefono dell'azienda 75. Città 76. Prov. 77. Telefono | | 78. Indirizzo e numero di telefono dell'azienda 79. Città 80. Prov. 81. Telefono | |
| 82. Indirizzo e numero di telefono dell'azienda 83. Città 84. Prov. 85. Telefono | | 86. Indirizzo e numero di telefono dell'azienda 87. Città 88. Prov. 89. Telefono | |
| 90. Indirizzo e numero di telefono dell'azienda 91. Città 92. Prov. 93. Telefono | | 94. Indirizzo e numero di telefono dell'azienda 95. Città 96. Prov. 97. Telefono | |
| 98. Indirizzo e numero di telefono dell'azienda 99. Città 100. Prov. 101. Telefono | | 102. Indirizzo e numero di telefono dell'azienda 103. Città 104. Prov. 105. Telefono | |



THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637



100-1-1

| | |
|------------|------------|
| REG. NO. | 12345678 |
| ISSUE DATE | 12/31/2023 |
| EXPIRES | 12/31/2024 |



STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 1500 MARKET STREET, SUITE 1400
 SACRAMENTO, CALIFORNIA 95832
 (916) 227-1234

| DATE | DESCRIPTION | AMOUNT | TAXES | TOTAL |
|------------|------------------|--------|-------|--------|
| 12/31/2023 | STATE TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | CITY TAX | 50.00 | 0.00 | 50.00 |
| 12/31/2023 | COUNTY TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | FEDERAL TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | PROPERTY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | SALES TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | INCOME TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | UNEMPLOYMENT TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | DISABILITY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | STATE TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | CITY TAX | 50.00 | 0.00 | 50.00 |
| 12/31/2023 | COUNTY TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | FEDERAL TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | PROPERTY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | SALES TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | INCOME TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | UNEMPLOYMENT TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | DISABILITY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | STATE TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | CITY TAX | 50.00 | 0.00 | 50.00 |
| 12/31/2023 | COUNTY TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | FEDERAL TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | PROPERTY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | SALES TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | INCOME TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | UNEMPLOYMENT TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | DISABILITY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | STATE TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | CITY TAX | 50.00 | 0.00 | 50.00 |
| 12/31/2023 | COUNTY TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | FEDERAL TAX | 25.00 | 0.00 | 25.00 |
| 12/31/2023 | PROPERTY TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | SALES TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | INCOME TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | UNEMPLOYMENT TAX | 100.00 | 0.00 | 100.00 |
| 12/31/2023 | DISABILITY TAX | 100.00 | 0.00 | 100.00 |

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 1500 MARKET STREET, SUITE 1400
 SACRAMENTO, CALIFORNIA 95832
 (916) 227-1234

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 1500 MARKET STREET, SUITE 1400
 SACRAMENTO, CALIFORNIA 95832
 (916) 227-1234

OMB No. 1545-0047
Department of the Treasury
Internal Revenue Service

| | |
|----------|-----------|
| OMB No. | 1545-0047 |
| Form No. | 1041-1 |
| Year | 1996 |



Additional Information

1. If the trust is a grantor trust, the trust is treated as if the grantor were the owner of the trust property. See Section 675.

2. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

3. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

4. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

5. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

6. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

7. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

8. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

9. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

10. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

11. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

12. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

13. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

14. If the trust is a trust for a life tenant, the trust is treated as if the life tenant were the owner of the trust property. See Section 675.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____



I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____

I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____

I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____

I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____

I hereby certify that the above information is true and correct.
 Signature: _____
 Date: _____



FORM NO. 1
 1/1/1956

| | | | | | |
|---|--|---------------------------------|--|----------------------------|--|
| 1. Name of the person or organization ... | | 2. Address ... | | 3. Telephone No. ... | |
| 4. Nature of the business or profession ... | | 5. Date of commencement ... | | 6. Capital paid up ... | |
| 7. Name of the person or organization ... | | 8. Address ... | | 9. Telephone No. ... | |
| 10. Nature of the business or profession ... | | 11. Date of commencement ... | | 12. Capital paid up ... | |
| 13. Name of the person or organization ... | | 14. Address ... | | 15. Telephone No. ... | |
| 16. Nature of the business or profession ... | | 17. Date of commencement ... | | 18. Capital paid up ... | |
| 19. Name of the person or organization ... | | 20. Address ... | | 21. Telephone No. ... | |
| 22. Nature of the business or profession ... | | 23. Date of commencement ... | | 24. Capital paid up ... | |
| 25. Name of the person or organization ... | | 26. Address ... | | 27. Telephone No. ... | |
| 28. Nature of the business or profession ... | | 29. Date of commencement ... | | 30. Capital paid up ... | |



IN WITNESS WHEREOF I have signed and sealed this certificate on this ... day of ... 19...

Signature of the Registrar
 ...

1/1/1956

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637



UNIVERSITY OF CHICAGO
LIBRARY

ST. C. 111

STATE OF CALIFORNIA

IN SENATE

January 11, 1907

REPORT OF THE

COMMISSIONERS OF THE

LAND OFFICE

FOR THE YEAR

1906

AND

THE

REVENUE

FROM

LANDS

OWNED

BY

THE

STATE

OF

CALIFORNIA



Printed by the State Printer, Sacramento, California, 1907.

1907

111

1907

Name: John Doe SSN: 123-45-6789 Date: 12/31/83
 Address: 123 Main St City: Anytown State: CA Zip: 90210
 Telephone: 555-1234

See us description: Gift of stock Val: 1000
 Date: 12/31/83 Recipient: John Doe

Comments: Gift of 100 shares of ABC Corp. stock, valued at \$1000 as of 12/31/83.



Form 1041-1 (Rev. 11-20-83)

1. Name of the donor: John Doe
 2. Name of the recipient: John Doe
 3. Date of the gift: 12/31/83
 4. Description of the property: 100 shares of ABC Corp. stock
 5. Fair market value of the property at the time of the gift: \$1000
 6. Date of acquisition: 12/31/83
 7. Date of valuation: 12/31/83
 8. Date of gift: 12/31/83
 9. Date of receipt: 12/31/83
 10. Date of payment: 12/31/83
 11. Date of completion: 12/31/83
 12. Date of filing: 12/31/83
 13. Date of payment: 12/31/83
 14. Date of completion: 12/31/83
 15. Date of filing: 12/31/83

16. Date of payment: 12/31/83
 17. Date of completion: 12/31/83
 18. Date of filing: 12/31/83
 19. Date of payment: 12/31/83
 20. Date of completion: 12/31/83
 21. Date of filing: 12/31/83

22. Date of payment: 12/31/83
 23. Date of completion: 12/31/83
 24. Date of filing: 12/31/83
 25. Date of payment: 12/31/83
 26. Date of completion: 12/31/83
 27. Date of filing: 12/31/83

28. Date of payment: 12/31/83
 29. Date of completion: 12/31/83
 30. Date of filing: 12/31/83
 31. Date of payment: 12/31/83
 32. Date of completion: 12/31/83
 33. Date of filing: 12/31/83

34. Date of payment: 12/31/83
 35. Date of completion: 12/31/83
 36. Date of filing: 12/31/83
 37. Date of payment: 12/31/83
 38. Date of completion: 12/31/83
 39. Date of filing: 12/31/83

40. Date of payment: 12/31/83
 41. Date of completion: 12/31/83
 42. Date of filing: 12/31/83
 43. Date of payment: 12/31/83
 44. Date of completion: 12/31/83
 45. Date of filing: 12/31/83



FORM 1041-1
 FEDERAL INCOME TAX RETURN

| | | | | | |
|--|--|-----------------------------------|--|----------------------------------|--|
| 1. Name of the estate or trust 2. Domicile or residence | | 3. State of domicile or residence | | 4. Federal identification number | |
| 5. Name of the decedent | | 6. Date of death | | 7. Date of termination | |
| 8. Name of the testator | | 9. Name of the trustee | | 10. Name of the executor | |
| 11. Name of the beneficiary | | 12. Name of the fiduciary | | 13. Name of the agent | |
| 14. Name of the guardian | | 15. Name of the conservator | | 16. Name of the administrator | |
| 17. Name of the receiver | | 18. Name of the assignee | | 19. Name of the assignor | |
| 20. Name of the assignee | | 21. Name of the assignor | | 22. Name of the assignee | |
| 23. Name of the assignor | | 24. Name of the assignee | | 25. Name of the assignor | |
| 26. Name of the assignee | | 27. Name of the assignor | | 28. Name of the assignee | |
| 29. Name of the assignor | | 30. Name of the assignee | | 31. Name of the assignor | |
| 32. Name of the assignee | | 33. Name of the assignor | | 34. Name of the assignee | |
| 35. Name of the assignor | | 36. Name of the assignee | | 37. Name of the assignor | |
| 38. Name of the assignee | | 39. Name of the assignor | | 40. Name of the assignee | |
| 41. Name of the assignor | | 42. Name of the assignee | | 43. Name of the assignor | |
| 44. Name of the assignee | | 45. Name of the assignor | | 46. Name of the assignee | |
| 47. Name of the assignor | | 48. Name of the assignee | | 49. Name of the assignor | |
| 50. Name of the assignee | | 51. Name of the assignor | | 52. Name of the assignee | |
| 53. Name of the assignor | | 54. Name of the assignee | | 55. Name of the assignor | |
| 56. Name of the assignee | | 57. Name of the assignor | | 58. Name of the assignee | |
| 59. Name of the assignor | | 60. Name of the assignee | | 61. Name of the assignor | |
| 62. Name of the assignee | | 63. Name of the assignor | | 64. Name of the assignee | |
| 65. Name of the assignor | | 66. Name of the assignee | | 67. Name of the assignor | |
| 68. Name of the assignee | | 69. Name of the assignor | | 70. Name of the assignee | |
| 71. Name of the assignor | | 72. Name of the assignee | | 73. Name of the assignor | |
| 74. Name of the assignee | | 75. Name of the assignor | | 76. Name of the assignee | |
| 77. Name of the assignor | | 78. Name of the assignee | | 79. Name of the assignor | |
| 80. Name of the assignee | | 81. Name of the assignor | | 82. Name of the assignee | |
| 83. Name of the assignor | | 84. Name of the assignee | | 85. Name of the assignor | |
| 86. Name of the assignee | | 87. Name of the assignor | | 88. Name of the assignee | |
| 89. Name of the assignor | | 90. Name of the assignee | | 91. Name of the assignor | |
| 92. Name of the assignee | | 93. Name of the assignor | | 94. Name of the assignee | |
| 95. Name of the assignor | | 96. Name of the assignee | | 97. Name of the assignor | |
| 98. Name of the assignee | | 99. Name of the assignor | | 100. Name of the assignee | |



1041-1 (1999) Form 1041-1

| | |
|---------------|-------------|
| 1041-1 (1999) | Form 1041-1 |
|---------------|-------------|

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

I am enclosing _____

| | |
|---|---|
| Name _____ Address _____ City _____ State _____ Zip _____ | Name _____ Address _____ City _____ State _____ Zip _____ |
|---|---|



POSTAGE WILL BE PAID BY ADDRESSEE
 PERMIT NO. 1234
 CITY, STATE AND ZIP

I am enclosing _____

I am enclosing _____

I am enclosing _____

I am enclosing _____



U.S. DEPARTMENT OF EDUCATION



| | |
|---|--|
| EDUCATIONAL INSTITUTION INFORMATION Institution Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ | |
| PERSONNEL INFORMATION Name: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ | |
| PROJECT INFORMATION Title: _____ Description: _____ Start Date: _____ End Date: _____ Funding Agency: _____ Project Number: _____ | |
| FINANCIAL INFORMATION Budget: _____ Actual: _____ Balance: _____ Date: _____ | |
| COMMENTS _____ _____ _____ | |



U.S. DEPARTMENT OF EDUCATION

| | |
|---|---|
| Name: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ | Name: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ |
|---|---|

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Date: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____



I am writing to you because I am interested in your organization and would like to know more about it. I am particularly interested in your work in the area of _____ and would like to know more about the opportunities available in your organization. I am currently a _____ and would like to know more about the requirements for the position of _____ in your organization. I am also interested in your work in the area of _____ and would like to know more about the opportunities available in your organization. I am currently a _____ and would like to know more about the requirements for the position of _____ in your organization.

I am writing to you because I am interested in your organization and would like to know more about it. I am particularly interested in your work in the area of _____ and would like to know more about the opportunities available in your organization. I am currently a _____ and would like to know more about the requirements for the position of _____ in your organization. I am also interested in your work in the area of _____ and would like to know more about the opportunities available in your organization. I am currently a _____ and would like to know more about the requirements for the position of _____ in your organization.



| | |
|---|--|
| 1. NAME OF THE COMPANY [Handwritten Name] | |
| 2. REGISTERED OFFICE [Handwritten Address] | |
| 3. DATE OF INCORPORATION [Handwritten Date] | |
| 4. TYPE OF COMPANY [Handwritten Type] | |
| 5. OBJECTS OF THE COMPANY [Handwritten Objects] | |
| 6. MEMBERS [Handwritten Details] | |
| 7. SHARES [Handwritten Details] | |
| 8. FINANCIAL STATEMENTS [Handwritten Details] | |
| 9. COMPLIANCE [Handwritten Details] | |
| 10. OTHER INFORMATION [Handwritten Details] | |



11. **DECLARATION**
 [Handwritten Declaration]

| | |
|---------------------------------------|---|
| 12. DATE [Handwritten Date] | 13. SIGNATURE [Handwritten Signature] |
| 14. NAME [Handwritten Name] | 15. DESIGNATION [Handwritten Designation] |

| |
|--------------------|
| 1986-11 |
| 4832 P. 1, 2, 3, 4 |
| 114 |



Information on this report is available from the following sources:

1. NBS Monographs

2. NBS Special Reports

3. NBS Technical Notes

4. NBS Circulars

5. NBS Information Reports

6. NBS Special Reports

| Ordering Office | Ordering Agency | Ordering Agency Address | Ordering Agency Telephone |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. NBS Monographs | 1. NBS Monographs | 1. NBS Monographs | 1. NBS Monographs |
| 2. NBS Special Reports | 2. NBS Special Reports | 2. NBS Special Reports | 2. NBS Special Reports |
| 3. NBS Technical Notes | 3. NBS Technical Notes | 3. NBS Technical Notes | 3. NBS Technical Notes |
| 4. NBS Circulars | 4. NBS Circulars | 4. NBS Circulars | 4. NBS Circulars |
| 5. NBS Information Reports | 5. NBS Information Reports | 5. NBS Information Reports | 5. NBS Information Reports |
| 6. NBS Special Reports | 6. NBS Special Reports | 6. NBS Special Reports | 6. NBS Special Reports |

For more information on this report, contact the following sources:

1. NBS Monographs



2. NBS Special Reports

3. NBS Technical Notes

4. NBS Circulars

5. NBS Information Reports

6. NBS Special Reports

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

DATE OF BIRTH: _____

SEX: _____
 HEIGHT: _____
 WEIGHT: _____
 HAIR: _____
 EYES: _____

EDUCATION: _____
 OCCUPATION: _____
 MARITAL STATUS: _____
 NUMBER OF CHILDREN: _____

DATE OF DEPARTURE: _____
 PLACE OF DEPARTURE: _____

REASON FOR DEPARTURE: _____
 (Check appropriate box)

DATE OF RETURN: _____
 PLACE OF RETURN: _____

REASON FOR RETURN: _____

DATE OF ARRIVAL: _____
 PLACE OF ARRIVAL: _____

REASON FOR ARRIVAL: _____

DATE OF DEPARTURE: _____
 PLACE OF DEPARTURE: _____

REASON FOR DEPARTURE: _____

DATE OF RETURN: _____
 PLACE OF RETURN: _____

REASON FOR RETURN: _____

DATE OF ARRIVAL: _____
 PLACE OF ARRIVAL: _____

REASON FOR ARRIVAL: _____

DATE OF DEPARTURE: _____
 PLACE OF DEPARTURE: _____

REASON FOR DEPARTURE: _____



| | |
|------|-------|
| 1988 | 10/11 |
| 1989 | 10/11 |
| 1990 | 10/11 |
| 1991 | 10/11 |
| 1992 | 10/11 |
| 1993 | 10/11 |
| 1994 | 10/11 |
| 1995 | 10/11 |
| 1996 | 10/11 |
| 1997 | 10/11 |
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| 2006 | 10/11 |
| 2007 | 10/11 |
| 2008 | 10/11 |
| 2009 | 10/11 |
| 2010 | 10/11 |
| 2011 | 10/11 |
| 2012 | 10/11 |
| 2013 | 10/11 |
| 2014 | 10/11 |
| 2015 | 10/11 |
| 2016 | 10/11 |
| 2017 | 10/11 |
| 2018 | 10/11 |
| 2019 | 10/11 |
| 2020 | 10/11 |
| 2021 | 10/11 |
| 2022 | 10/11 |
| 2023 | 10/11 |
| 2024 | 10/11 |
| 2025 | 10/11 |
| 2026 | 10/11 |
| 2027 | 10/11 |
| 2028 | 10/11 |
| 2029 | 10/11 |
| 2030 | 10/11 |





FORM 1041
INVESTOR'S FEDERAL TAX STATEMENT

1. IDENTIFY THE INVESTMENT

Name of the issuer: _____
 Full legal name: _____
 CUSIP: _____

2. IDENTIFY THE SECURITY

Face value: _____
 Maturity date: _____
 Coupon rate: _____
 Interest payment frequency: _____
 Issue date: _____

3. IDENTIFY THE INVESTOR

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tax identification number: _____

4. IDENTIFY THE ACCOUNT

Account number: _____
 Account type: _____

5. IDENTIFY THE TRANSACTION

Date of purchase: _____
 Date of sale: _____
 Date of maturity: _____

6. IDENTIFY THE INVESTMENT'S PERFORMANCE

Cost basis: _____
 Current value: _____
 Total return: _____
 Dividend yield: _____

7. IDENTIFY THE INVESTMENT'S TAX STATUS

Is this investment a qualified dividend? Yes No
 Is this investment a capital gain? Yes No
 Is this investment a tax-exempt security? Yes No

8. IDENTIFY THE INVESTMENT'S RISK

Is this investment a high-risk security? Yes No
 Is this investment a speculative security? Yes No

9. IDENTIFY THE INVESTMENT'S SOURCE

Source of funds: _____
 Source of proceeds: _____

10. IDENTIFY THE INVESTMENT'S STATUS

Is this investment a restricted security? Yes No
 Is this investment a restricted security? Yes No

11. IDENTIFY THE INVESTMENT'S STATUS

Is this investment a restricted security? Yes No
 Is this investment a restricted security? Yes No

12. IDENTIFY THE INVESTMENT'S STATUS

Is this investment a restricted security? Yes No
 Is this investment a restricted security? Yes No



U.S. DEPARTMENT OF THE TREASURY
 INTERNAL SECURITY - INVESTMENT

13. IDENTIFY THE INVESTMENT'S STATUS

Is this investment a restricted security? Yes No
 Is this investment a restricted security? Yes No

| | | | |
|------|------|------|------|
| 1991 | 1992 | 1993 | 1994 |
| 1995 | 1996 | 1997 | 1998 |
| 1999 | 2000 | 2001 | 2002 |
| 2003 | 2004 | 2005 | 2006 |
| 2007 | 2008 | 2009 | 2010 |
| 2011 | 2012 | 2013 | 2014 |
| 2015 | 2016 | 2017 | 2018 |
| 2019 | 2020 | 2021 | 2022 |



Name of the decedent: **Wife** Taxpayer's ID number: **123-45-6789**
 Social Security number: **987654321** Date of death: **12/31/00**
 Date of distribution: **01/15/01**

Relationship to decedent: **Wife**
 Name of the estate: **Wife's Estate**
 Name of the fiduciary: **Wife**

Address of the estate: **123 Main St, City, State**
 Name of the estate: **Wife's Estate**
 Name of the fiduciary: **Wife**
 Address of the fiduciary: **123 Main St, City, State**



Form 1041-1 (2001) Instructions for Beneficiaries

1. Name of the estate: **Wife's Estate**
 2. Name of the fiduciary: **Wife**
 3. Address of the estate: **123 Main St, City, State**
 4. Address of the fiduciary: **123 Main St, City, State**

5. Name of the estate: **Wife's Estate**
 6. Name of the fiduciary: **Wife**
 7. Address of the estate: **123 Main St, City, State**
 8. Address of the fiduciary: **123 Main St, City, State**

9. Name of the estate: **Wife's Estate**
 10. Name of the fiduciary: **Wife**
 11. Address of the estate: **123 Main St, City, State**
 12. Address of the fiduciary: **123 Main St, City, State**

13. Name of the estate: **Wife's Estate**
 14. Name of the fiduciary: **Wife**
 15. Address of the estate: **123 Main St, City, State**
 16. Address of the fiduciary: **123 Main St, City, State**

17. Name of the estate: **Wife's Estate**
 18. Name of the fiduciary: **Wife**
 19. Address of the estate: **123 Main St, City, State**
 20. Address of the fiduciary: **123 Main St, City, State**

21. Name of the estate: **Wife's Estate**
 22. Name of the fiduciary: **Wife**
 23. Address of the estate: **123 Main St, City, State**
 24. Address of the fiduciary: **123 Main St, City, State**

25. Name of the estate: **Wife's Estate**
 26. Name of the fiduciary: **Wife**
 27. Address of the estate: **123 Main St, City, State**
 28. Address of the fiduciary: **123 Main St, City, State**

29. Name of the estate: **Wife's Estate**
 30. Name of the fiduciary: **Wife**
 31. Address of the estate: **123 Main St, City, State**
 32. Address of the fiduciary: **123 Main St, City, State**

33. Name of the estate: **Wife's Estate**
 34. Name of the fiduciary: **Wife**
 35. Address of the estate: **123 Main St, City, State**
 36. Address of the fiduciary: **123 Main St, City, State**



| | | | |
|----|----|----|----|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 |



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|



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|------------|
| THE - 11 - |
| OF - 1 - |
| OF - 1 - |

CHARTER

By the Board of Directors of the City of New York, in and for the Board of Education, this 15th day of June, 1900.

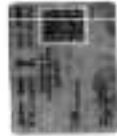


IN WITNESS WHEREOF

I, the undersigned, Secretary of the Board of Education, do hereby certify that the foregoing is a true and correct copy of the Charter of the Board of Education of the City of New York, as amended to date.

Wm. J. ...

Wm. J. ...







Form No. 10

| | | | |
|--|--|-------------------------|--|
| <p>1. Name of the person or organization</p> | | <p>2. Address</p> | |
| <p>3. Telephone No.</p> | | <p>4. Date of birth</p> | |
| <p>5. Occupation</p> | | <p>6. Education</p> | |
| <p>7. Marital Status</p> | | <p>8. Religion</p> | |
| <p>9. Income</p> | | <p>10. Assets</p> | |
| <p>11. Liabilities</p> | | <p>12. Signature</p> | |
| <p>13. Date</p> | | <p>14. Place</p> | |



15. Remarks

16. Signature of the official

17. Date



D. ... H. ... C. ...

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| ... | ... |
| ... | ... |
| ... | ... |



STATION: COUNTY:

DATE: TIME:
BY:
OFFICER:
OFFICER:
OFFICER:

REASON:

ISSUE:
ISSUE:
ISSUE:

ISSUE:
ISSUE:
ISSUE:

ISSUE:
ISSUE:
ISSUE:

ISSUE:
ISSUE:
ISSUE:



ISSUE:

DATE: _____
 TIME: _____

1. NAME OF STUDENT: _____
 2. NAME OF INSTRUCTOR: _____
 3. NAME OF LABORATORY: _____
 4. NAME OF EXPERIMENT: _____

5. DATE OF EXPERIMENT: _____

| NO. | DESCRIPTION | DATE | INITIALS |
|-----|-------------|-------|----------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

6. NAME OF STUDENT: _____

7. NAME OF INSTRUCTOR: _____

| NO. | DESCRIPTION | DATE | INITIALS |
|-----|-------------|-------|----------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

8. NAME OF STUDENT: _____
 9. NAME OF INSTRUCTOR: _____



10. NAME OF STUDENT: _____
 11. NAME OF INSTRUCTOR: _____