

Lincoln County

APPLICATION FOR AGRICULTURAL USE ASSESSMENT
THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS
(PLEASE READ CAREFULLY THE ATTACHED INFORMATION AND INSTRUCTION SHEET)

Note: If necessary, attach extra pages.
Pursuant to Nevada Revised Statutes, Chapter 361.A (1) (We),

James B. Tennille
Lavette Tennille

(Please print or type the name of each owner of record or his representative) hereby make application to be granted, on the below described agricultural land, an assessment based upon the agricultural use of this land.

(I) (We) understand that if this application is approved, it will be recorded and become a public record. This agricultural land consists of 3.20 acres, is located in Lincoln County, Nevada and is described as 14-010-03 (Assessor's Parcel Number(s))
Legal description R.G.E., T.55, S.20 4, 2 + 10

(I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$5,000 or more. Yes No . If yes, attach proof of income.

(I) (We) have owned the land since 1950? + 1960?

(I) (We) have used it for agricultural purposes since date bought above. The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)

Was the property previously assessed as agricultural yes. If so, when when the home started

(I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority.) Please print name under each signature.

James B. Tennille
Signature of Applicant or Agent 9-1-91
Date

James B. Tennille
Address Box 336 Caliente, Nev. 89008
Phone Number 736-3210

Lavette Tennille
Signature of Applicant or Agent 9-1-91
Date

Lavette Tennille
Address Box 336 Caliente, Nevada 89008
Phone Number 736-3210

Signature of Applicant or Agent _____
Date _____

Address _____
Phone Number _____

Lincoln County

CLAUDE SLACK CPA PC
3 SOUTH MAIN PO BOX 146
CEDAR CITY UT 84720
1-801-586-0137

JAMES B AND LAVETTE M TENNILLE

INSTRUCTIONS FOR FILING FEDERAL FORM 1040

- .YOUR RETURN HAS A BALANCE DUE OF.....\$ 319.00
- .BOTH HUSBAND AND WIFE MUST SIGN RETURN.
- .MAKE A CHECK FOR \$ 319.00 PAYABLE TO...INTERNAL REVENUE SERVICE
- .PLACE YOUR SOCIAL SECURITY NUMBER ON CHECK.
- .ATTACH CHECK TO LEFT HAND MARGIN OF RETURN.
- .MAIL RETURN ON OR BEFORE 15 APRIL 1991 TO:

INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201

THE RETURNS ATTACHED TO THIS SHEET ARE YOUR PERSONAL COPIES TO KEEP

Lincoln County

1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 1990

Label (See instructions on page 6.) Use IRS label. Otherwise, please print or type. JAMES B TENNILLE LAVETTE M TENNILLE P.O. BOX 336 CALIENTE NV 89008

Presidential Election Campaign Do you want \$1 to go to this fund? Filing Status 1 Single (See page 10 to find out if you can file as head of household.) 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's SSN above & name here. 4 Head of household (with qualifying person). (See pg. 10.) If the qualifying person is your child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (year spouse died > 19) (See page 10)

Exemptions (See instructions on page 10) a X Yourself if your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b, page 2. b X Spouse

TOTAL TAXABLE GROSS IS IN MIXED USE CA-1-GTC-1

Payer's name, address, zip code, Federal ID number: OPERATING ERRORS PENSION TRUST 100 EAST CORSON STREET PALMDALE CA 91103 818-432428

Recipient's Social Security number: [Redacted] Gross ordinary dividends, etc: 20614.00 10 Taxable interest: 40610.00 11 Federal income tax withheld: 0.00

Form W-2 1990 Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments. Recipient's name, address, and zip code: JAMES B TENNILLE JR P O BOX 336 CALIENTE NV 89007

W-2 Wage and Tax Statement 1990. Dept. of the Treasury—Internal Revenue Service. The information is being furnished to the Internal Revenue Service.

Adjusted Gross Income: 42,324. 27. 28. 29. 30. 31. Add lines 24e through 29. These are your total adjustments. Subtract line 30 from line 23. This is your adjusted gross income. If the amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57.

Lincoln County

Form 1040 (1990)

TENNILLE

Tax Computation		32	Amount from line 31 (adjusted gross income)	32	42,324
33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind.					
Add the number of boxes checked above and enter the total here					
b If your parent (or someone else) can claim you as a dependent, check here		33a			
c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here		33b			
34 Enter the larger of: • Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here		34	7,001		
35 Subtract line 34 from line 32		35			
36 Multiply \$2,050 by the total number of exemptions claimed on line 5e		36	35,323		
37 Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-)		37	4,100		
38 Enter tax. Check if from: a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8815 (pg 21) (If any is from Form(s) 8814, enter that amount here) d		38	31,223		
39 Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972		39	0		
40 Add lines 38 and 39		40	4,684		
Credits (See Instructions on page 21.)					
41 Credit for child and dependent care expenses (attach Form 2441)		41			
42 Credit for the elderly or the disabled (attach Schedule R)		42			
43 Foreign tax credit (attach Form 1116)		43			
44 General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)		44			
45 Credit for prior year minimum tax (attach Form 6801)		45			
46 Add lines 41 through 45		46			
47 Subtract line 46 from line 40. (If line 45 is more than line 40, enter -0-)		47	4,684		
Other Taxes					
48 Self-employment tax (attach Schedule SE)		48			
49 Alternative minimum tax (attach Form 8251)		49			
50 Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8811		50			
51 Social security tax on tip income not reported to employer (attach Form 4137)		51			
52 Tax on an IRA or a qualified retirement plan (attach Form 8320)		52			
53 Advance earned income credit payments from Form W-2		53	0		
54 Add lines 47 through 53. This is your total tax		54	4,684		
Payments					
55 Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)		55	4,365		
56 1990 estimated tax payments & amount applied from 1989 return		56			
57 Earned income credit (see page 23)		57			
58 Amount paid with Form 4980 (extension request)		58			
59 Excess social security tax and RRTA tax withheld (see page 24)		59			
60 Credit for Federal tax on fuels (attach Form 4138)		60			
61 Regulated investment company credit (attach Form 2439)		61			
62 Add lines 55 through 61. These are your total payments		62	4,365		
Refund or Amount You Owe					
63 If line 62 is more than line 54, enter amount OVERPAID		63			
64 Amount of line 63 to be REFUNDED TO YOU		64			
65 Amount of line 63 to be APPLIED TO 1991 ESTIMATED TAX		65	0		
66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security no., daytime phone number, and "1990 Form 1040" on it		66			
67 Estimated tax penalty (see page 25)		67	319		
Sign Here					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation		
Spouse's signature (if joint return, BOTH must sign)		Date	FARM		
Preparer's signature		Date	CLERK		
Paid Preparer's Use Only			Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.	
EIN No.					
E.L. No.					
Taxpayer's Name (or yours if self-employed) and address		CLAUDE SLACK CPA PC			
		3 SOUTH MAIN PO BOX 146			
		CEDAR CITY, TN			
Copyright Forms (Software Only) - 1990 Master Systems, Knoxville, UT 84037 50190R		ZIP Code 38471			

SCHEDULES A&B (Form 1040)

Schedule A -- Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

(Schedule B is on page 2)

1990

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

Attachment Sequence No. 07

Name(s) shown on Form 1040

JAMES B AND LAVETTE M TENNILLE Your social security number [REDACTED]

Medical and Dental Expenses	1	Caution: Don't include expenses reimbursed or paid by others. Enter amount - Form 1040, line 32. 2 <u>42,324</u>	1	495	
	2	Multiply the amount on line 2 by 7.5% (.075). Enter the result.	3	3,174	
	3	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-	4		
Taxes You Paid	5	State and local income taxes	5		
	6	Real estate taxes	6	732	
	7	Other taxes. (List--include personal property taxes.)	7		
	8	Add the amounts on lines 5 through 7. Enter the total.	8		732
Interest You Paid	9a	Deductible home mortgage interest paid to financial institutions & reported on Form 1098. Report deductible points on line 10. Name: Address:	9a	5,786	
	9b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.)	9b		
	10	Deductible points. (See instructions for special rules.)	10		
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11		
	12a	Personal interest paid. (See pg 28.) 12a <u>4,522</u>	12a		
	12b	Multiply the amount on line 12a by 10% (.10). Enter the result.	12b	452	
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total.	13		6,238
Gifts to Charity	14	Contributions by cash or check.	14	31	
	15	Other than cash or check. (You MUST attach Form 8283 if over \$500.)	15		
	16	Carryover from prior year.	16		
	17	Add the amounts on lines 14 through 16. Enter the total.	17		31
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.)	18		0
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.)	19		0
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses--job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See instructions.)	20		
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount.	21		
	22	Add the amounts on lines 20 and 21. Enter the total.	22		
	23	Enter amount - Form 1040, line 32. 23 <u>42,324</u>	23		
	24	Multiply the amount on line 23 by 2% (.02). Enter the result.	24		
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-	25		0
Other Miscellaneous Deductions	26	Other (from list on page 30 of instructions). List type and amount.	26		
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the instructions.	27		7,001



Schedule E (Form 1040) 1998

Attachment Sequence No. 13

Page 2

Name(s) shown on return. (Do not enter name and social security number if shown on page 1.)

Your social security number

JAMES B AND LAVETTE M TENNILLE

Note: If you report amounts from farming or fishing on Schedule E, you must include your gross income from those activities on line 41 below.

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See instructions. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk (e) At risk	(f) Section 179 expense deduction
A	FOURSIDE	P			X	
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss		
(a) Passive loss allowed (Attach Form 6682 if required)	(b) Passive income from Schedule K-1	(c) Nonpassive loss from Schedule K-1	(d) Section 179 expense deduction from Form 6582	(e) Nonpassive income from Schedule K-1
A		333		
B				
C				
D				
E				
28a Totals		333		
b Totals				

29 Add amounts in columns (b) and (c) of line 28a. Enter the total income here	29	0
30 Add amounts in columns (d), (e), and (f) of line 28b. Enter the total here	30	333
31 Total partnership and S corporation income or (loss). Combine amounts on lines 29 and 30. Enter the result here and include in the total on line 40 below	31	-333

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
C		

Passive Income and Loss		Nonpassive Income and Loss	
(a) Passive deduction or loss allowed (Attach Form 6682 if required)	(b) Passive income from Schedule K-1	(c) Deduction or loss from Schedule K-1	(d) Other income from Schedule K-1
A			
B			
C			
33a Totals			
b Totals			

34 Add amounts in columns (c) and (d) of line 33a. Enter the total income here	34	0
35 Add amounts in columns (a) and (b) of line 33b. Enter the total here	35	0
36 Total estate and trust income or (loss). Combine amounts on lines 34 and 35. Enter the result here and include in the total on line 40 below	36	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedule Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedule Q, line 1b	(e) Income from Schedule Q, line 1c
A					
B					
C					
38 Combine amounts in columns (c) and (e) only. Enter the result here and include in the total on line 40 below	38	0			

Part V Summary

39 Net farm rental income or (loss) from Form 4835. (Also complete line 41 below.)	39	0
40 TOTAL income or (loss). Combine amounts on lines 28, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18.	40	-333

41 Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported in Parts II and III, and on line 35 (see instructions)	41	
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SCHEDULE F # 1
(Form 1040)

Farm Income and Expenses

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1041, or Form 1065.
▶ See Instructions for Schedule F (Form 1040).

DMS No. 1548-0074

1990

Attachment Sequence No. **14**

Name of proprietor

JAMES B TENNILLE

Social security number (SSN)

A Principal product. (Describe in one or two words your principal crop or activity for the current tax year.)
CATTLE

B Principal agricultural activity code (from page 2) ▶ **0300**

C Accounting method:
 Cash Accrual

D Employer ID number (Not SSN)

E Did you make an election in a prior year to include Commodity Credit Corporation loan proceeds as income in that year? Yes No

F Did you "materially participate" in the operation of this business during 1990? (If "No", see Instructions for limitations on losses.) Yes No

G Do you elect, or did you previously elect, to currently deduct certain preproductive period expenses? (See Instructions.) Does not apply Yes No

Part I Farm Income—Cash Method—Complete Parts I and II (Accrual method taxpayers complete Parts II & III, and line 11 of Part I.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1	38,490	3	38,490
2	Cost or other basis of livestock and other items you bought for resale	2		4	
3	Subtract line 2 from line 1			5a	7
4	Sales of livestock, produce, grains, and other products you raised	5a	7	5b	7
5a	Total cooperative distrib. (Form(s) 1099-PATR)	5a	3,023	5b	3,023
5b	Agricultural program payments (see Instructions)	5b		5c	
6	Commodity Credit Corporation (CCC) loans:	6a		6b	
6a	CCC loans reported under election (see Instructions)	6a		6c	
6b	CCC loans forfeited or repaid with certificates	6b		6d	
6c	Crop insurance proceeds and certain disaster payments (see Instructions):	6c		6e	
6d	Amount received in 1990	6d		6f	
6e	If election to defer to 1991 is attached, check here ▶ <input type="checkbox"/>	6e		6g	
6f	Custom hire (machine work) income	6f		6h	
6g	Other income, including Federal and state gasoline or fuel tax credit or refund (see Instructions)	6g		6i	29,398
6h	Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51. This is your gross income	6h		6j	1,914
6i		6i		6k	72,832
6j		6j		6l	

Part II Farm Expenses—Cash and Accrual Method (Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.)

12	Breeding fees	12		24	Labor hired (less jobs credit)	24	8,127
13	Chemicals	13		25	Pension and profit-sharing plans	25	
14	Conservation expenses (you must attach Form 8645)	14		26	Rent or lease (see Instructions):	26	
15	Custom hire (machine work)	15	4,375	26a	Vehicles, machinery, & equipment	26a	
16	Depreciation and section 179 expense deduction not claimed elsewhere (see Instructions)	16	14,242	26b	Other (land, animals, etc.)	26b	60
17	Employee benefit programs other than on line 25	17		27	Repairs and maintenance	27	1,287
18	Feed purchased	18	5,290	28	Seeds and plants purchased	28	
19	Fertilizers and lime	19		29	Storage and warehousing	29	
20	Freight and trucking	20	2,822	30	Supplies purchased	30	8,387
21	Gasoline, fuel and oil	21	8,477	31	Taxes	31	2,933
22	Insurance (other than health)	22	2,015	32	Utilities	32	4,886
23	Interest:	23		33	Veterinary fees and medicine	33	81
23a	Mortgage (paid to banks, etc.)	23a	8,087	34	Other expenses (specify):	34	
23b	Other	23b	6,055	34a	DUES	34a	189
				34b	AUTO AND TRUCK	34b	4,434
				34c	ACCT & FEES	34c	204
				34d		34d	
				34e		34e	

35 Add amounts on lines 12 through 34e. These are your total expenses **35** 83,134

36 Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 19, and on Schedule SE, line 1. If a loss, you MUST go on to line 37. (Fiduciaries and partnerships, see Instructions) **36** AMOUNT AT RISK -10,302

37 If you have a loss, you MUST check the box that describes your investment in this activity (see Instructions). If you checked 37a, enter the loss on Form 1040, line 19, and Schedule SE, line 1. If you checked 37b, you MUST attach Form 6198. **37a** All investment is at risk. **37b** Some investment is not at risk.

Form **4562** #1
 Department of the Treasury
 Internal Revenue Service
 Name(s) shown on return

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
1990
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach this form to your return.

JAMES B AND LAVETTE M TENNILLE Identifying number
 Business or activity to which this form relates (FOR SCHEDULE F # 1)

Part I Election to Expense Certain Tangible Property (Section 179) (Note: If you have any "Listed Property," also complete Part V.)

1 Maximum dollar limitation (see instructions)	1	\$10,000
2 Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation—Subtract line 3 from line 2, but do not enter less than -0-	4	
5 Dollar limitation for tax year—Subtract line 4 from line 1, but do not enter less than -0-	5	
(b) Description of property		
(M) Cost	(N) Elected Cost	
7 Listed property—Enter amount from line 25	7	0
8 Total elected cost of section 179 property—Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction—Enter the lesser of line 5 or line 8	9	0
10 Carryover of disallowed deduction from 1989 (see instructions)	10	0
11 Taxable income limitation—Enter the lesser of taxable income or line 5 (see instructions)	11	0
12 Section 179 expense deduction—Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 1991 (Add lines 9 and 10, less line 12)	13	0

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1990 Tax Year (Do Not Include Listed Property)

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14 General Depreciation System (GDS) (see instructions):						
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property			27.5 yrs.	MM	S/L	
h Nonresidential real property			27.5 yrs.	MM	S/L	
			31.5 yrs.	MM	S/L	
			31.5 yrs.	MM	S/L	
15 Alternative Depreciation System (ADS) (see instructions):						
a Class life						
b 12-year					S/L	
c 40-year			12 yrs.		S/L	
			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

16 GDS and ADS deductions for assets placed in service in tax years beginning before 1980 (see instructions)	16	10,438
17 Property subject to section 168(f)(1) election (see instructions)	17	0
18 ACRS and/or other depreciation (see instructions)	18	3,804

Part IV Summary

19 Listed property—Enter amount from line 25	19	0
20 Total—Add deductions on line 12, lines 14 and 15, column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	14,242
21 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

Lincoln County

JAMES B TENNILLE		SCHEDULE A DEDUCTION STATEMENT		1990 SYSTEM 1040 SCHEDULE A	
MEDICAL AND DENTAL EXPENSES					
DOCTORS.....		495			
TOTAL TO SCHEDULE A, LINE 1.....					495
PERSONAL INTEREST					
STATE OF NEVADA.....		2,863			
SECURITY PACIFIC.....		1,659			
TOTAL TO SCHEDULE A, LINE 12a.....					4,522
CASH CONTRIBUTIONS					
MISC.....		31			
TOTAL TO SCHEDULE A, LINE 14.....					31

Lincoln County

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Date application received 9-1-91 _____ (Initial) ML

Date property inspected (if applicable) 9-12-91 _____ (Initial) ML

Date income records inspected (if applicable) 10-29-91 _____ (Initial) ML

Approved Denied _____ 10-29-91 _____ (Date) _____ (Initial) ML

Written notice of approval or denial sent to applicant. _____ 10-29-91 _____ (Date) _____ (Initial) ML

If approved, application recorded: _____ (Date) _____ (Initial)

Department of Taxation:

Application returned to assessor for valuation and entry on the roll.

Reasons for approval or denial and other pertinent comments:
This Sarah will easily make the 10000
monthly gross income so that 10000 tax
is fine.

William T. Lloyd
(Signature of Assessor or Department Employee Processing Application)

L.A. Assessor
(Title)

11-29-91
(Date)

097716

Wm Lloyd-Assessor
Nov. 5, 1991

11 11 99
219

William T. Lloyd

07109191

ASD 028

99 228