Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return **1995**
IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1995, or other tax year beginning , 1995, ending , 19 — OMB No. 1545-0074

Label (See instructions on page 11.) Use the IRS label. Otherwise, please print or type.

Your first name and initial / Last name	Your social security number
JAMES R. PERRY	[redacted]
If a joint return, spouse's first name and initial / Last name	Spouse's social security number
M. ANITA PERRY	[redacted]
Home address (number and street). If you have a P.O. box, see page 11. / Apt. no.	For Privacy Act and Paperwork Reduction Act Notice, see page 7.
2507 EXPOSITION BLVD.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.	
AUSTIN, TX 78703	

Presidential Election Campaign — Do you want $3 to go to this fund? Yes [ ] No [ ]
If a joint return, does your spouse want $3 to go to this fund? Yes [ ] No [ ]
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 11.) Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19).

Exemptions (See page 12.)

6a [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 on page 2
b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number if born in 1995, see page 13.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1995
GRIFFIN A. PERRY	[redacted]	SON	12
SYDNEY PERRY	[redacted]	DAUGHTER	12

If more than six dependents, see page 13.

No. of your children on 6c who:
- lived with you: 2
- didn't live with you due to divorce or separation (see page 14):

Dependents on 6c not entered above:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed — Add numbers entered on lines above ▶: 4

Income — Attach Copy B of your Forms W-2, W-2G, and 1099-R here. If you did not get a W-2, see page 14. Enclose, but do not attach, your payment and payment voucher. See page 33.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	120,440.
8a	Taxable interest income. Attach Schedule B if over $400		8a	416.
b	Tax-exempt interest (see page 15). DON'T include on line 8a	8b 8,943.		
9	Dividend income. Attach Schedule B if over $400		9	3,281.
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 15)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	<163.>
13	Capital gain or (loss). If required, attach Schedule D (see page 16).		13	347,028.
14	Other gains or (losses). Attach Form 4797		14	<12.>
15a	Total IRA distributions 15a	b Taxable amount (see page 16)	15b	
16a	Total pensions and annuities 16a	b Taxable amount (see page 16)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	3,936.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation (see page 17)		19	
20a	Social security benefits 20a	b Taxable amount (see page 18)	20b	
21	Other income. List type and amount - see page 18			
	HASKELL NATIONAL BANK 3,500.			
	TONI BARCELLONA, INC. 1,250.		21	4,750.
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	479,676.

Adjustments to Income

23a	Your IRA deduction (see page 19)	23a		
b	Spouse's IRA deduction (see page 19)	23b		
24	Moving expenses. Attach Form 3903 or 3903-F	24		
25	One-half of self-employment tax	25	223.	
26	Self-employed health insurance deduction (see page 21)	26		
27	Keogh & self-employed SEP plans. If SEP, check ▶ [ ]	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶	29		
30	Add lines 23a through 29. These are your **total adjustments** ▶		30	223.

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your **adjusted gross income.** If less than $26,673 and a child lived with you, (less than $9,230 if a child didn't live with you), see "Earned Income Credit" on page 27. ▶	31	479,453.

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	479,453.
	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here ▶ 33c ☐		
	34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR **Standard deduction** shown below for your filing status. **But if you checked any box on line 33a or b**, go to page 23 to find your standard deduction. If you checked **box 33c**, your standard deduction is zero. • Single - $3,900 • Married filing jointly or Qualifying widow(er) - $6,550 • Head of household - $5,750 • Married filing separately - $3,275	34	7,472.
	35	Subtract line 34 from line 32	35	471,981.
	36	If line 32 is $86,025 or less, multiply $2,500 by the total number of exemptions claimed on line 6e. If line 32 is over $86,025, see the worksheet on page 23 for the amount to enter	36	0.
	37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	471,981.
	38	Tax. Check if from a ☐ Tax Table, b ☐ Tax Rate Schedules, c ☒ Capital Gain Tax Worksheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e	38	128,322.
	39	Additional taxes. Check if from a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	128,322.
Credits	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	Other credits. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44	
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	128,322.
Other Taxes	47	Self-employment tax. Attach Schedule SE	47	445.
	48	Alternative minimum tax. Attach Form 6251	48	1,386.
	49	Recapture taxes. Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Household employment taxes. Attach Schedule H	53	205.
	54	Add lines 46 through 53. This is your **total tax** ▶	54	130,358.
Payments Attach Forms W-2, W-2G, and 1099-R on the front.	55	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	55	19,526.
	56	1995 estimated tax payments and amount applied from 1994 return	56	12,000.
	57	**Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ and type ▶	57	
	58	Amount paid with Form 4868 (extension request)	58	
	59	Excess social security and RRTA tax withheld (see page 32)	59	
	60	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	60	
	61	Add lines 55 through 60. These are your **total payments** ▶	61	31,526.
Refund or Amount You Owe	62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you **OVERPAID** ▶	62	
	63	Amount of line 62 you want **REFUNDED TO YOU** ▶	63	
	64	Amount of line 62 you want **APPLIED TO YOUR 1996 ESTIMATED TAX** ▶ 64		
	65	If line 54 is more than line 61, subtract line 61 from line 54. This is the **AMOUNT YOU OWE.** For details on how to pay and use **Form 1040-V**, Payment Voucher, see page 33	65	99,491.
	66	Estimated tax penalty (see page 33). Also include on line 65 — 66: 659.		

Sign Here Keep a copy of this return for your records.

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
		AG COMMISSIONER
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation
		RN/HOMEMAKER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's social security no.
COPY		☒	[redacted]

Firm's name (or yours if self-employed) and address: JEFF MEADOR & ASSOCIATES, CPA'S
2414 EXPOSITION BLVD., SUITE BC-230
AUSTIN, TEXAS

E. I. No. 74 2373608 ZIP code 78703

Form **2210**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.
▶ Attach to Form 1040, 1040A, 1040-T, 1040NR, 1040NR-EZ, or 1041.

OMB No.1545-0140
1995
Attachment Sequence No. 06 A

Name(s) shown on tax return

JAMES R. & M. ANITA PERRY

Identifying number

[redacted]

Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from line 20 or line 36 on the penalty line of your return, but do not attach Form 2210.

Part I Reasons for Filing - If 1a, b, or c below applies to you, you may be able to lower or eliminate your penalty. But you MUST check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the **Note** above):

a ☐ You request a **waiver.** In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.

b ☐ You use the **annualized income installment method.** If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.

c ☐ You had Federal income tax withheld from wages and you treat it as paid for estimated tax purposes when it was **actually** withheld instead of in equal amounts on the payment due dates. See the instructions for line 22.

d ☐ Your required annual payment (line 13 below) is based on your 1994 tax and you filed or are filing a joint return for either 1994 or 1995 but not for both years.

Part II Required Annual Payment

2	Enter your 1995 tax after credits (see instructions)			2	128,322.
3	Other taxes (see instructions)			3	1,831.
4	Add lines 2 and 3			4	130,153.
5	Earned income credit	5			
6	Credit for Federal tax paid on fuels	6			
7	Add lines 5 and 6			7	
8	Current year tax. Subtract line 7 from line 4			8	130,153.
9	Multiply line 8 by 90% (.90)	9	117,138.		
10	Withholding taxes. Do not include any estimated tax payments on this line (see instructions)			10	19,526.
11	Subtract line 10 from line 8. If less than $500, stop here; do not complete or file this form. You do not owe the penalty			11	110,627.
12	Enter the tax shown on your 1994 tax return (110% of that amount if the adjusted gross income shown on that return is more than $150,000, or if married filing separately for 1995, more than $75,000). **Caution:** See instructions.			12	34,838.
13	**Required annual payment.** Enter the **smaller** of line 9 or line 12			13	34,838.

Note: If line 10 is equal to or more than line 13, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (Caution: Read the instructions to see if you can use the short method. If you checked box 1b or c in Part I, skip this part and go to Part IV.)

14	Enter the amount, if any, from line 10 above	14			
15	Enter the total amount, if any, of estimated tax payments you made	15			
16	Add lines 14 and 15			16	
17	**Total underpayment for year.** Subtract line 16 from line 13. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above			17	
18	Multiply line 17 by .06066			18	
19	• If the amount on line 17 was paid **on or after** 4/15/96, enter -0-. • If the amount on line 17 was paid **before** 4/15/96, make the following computation to find the amount to enter on line 19. Amount on line 17 x Number of days paid before 4/15/96 x .00025			19	
20	**PENALTY.** Subtract line 19 from line 18. Enter the result here and on Form 1040, line 66; Form 1040A, line 34; Form 1040-T, line 42; Form 1040NR, line 66; Form 1040NR-EZ, line 26; or Form 1041, line 26 ▶			20	

Part IV Regular Method

Section A - Figure Your Underpayment

		Payment Due Dates (a) 4/15/95	(b) 6/15/95	(c) 9/15/95	(d) 1/15/96
1 Required installments. If box 1b applies, enter the amounts from Schedule AI, line 26. Otherwise, enter 1/4 of line 13, Form 2210, in each column	21	8,710.	8,710.	8,710.	8,708.
22 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 22 on line 26. If line 22 is equal to or more than line 21 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part 1	22	4,882.	4,882.	4,882.	16,880.
Complete lines 23 through 29 of one column before going to the next column.					
23 Enter amount, if any, from line 29 of previous column	23				
24 Add lines 22 and 23	24		4,882.	4,882.	16,880.
25 Add amounts on lines 27 and 28 of the previous column	25		3,828.	7,656.	11,484.
26 Subtract line 25 from line 24. If zero or less, enter -0-. For column (a) only, enter the amount from line 22	26	4,882.	1,054.	0.	5,396.
27 If the amount on line 26 is zero, subtract line 24 from line 25. Otherwise, enter -0-	27		0.	2,774.	
28 **Underpayment.** If line 21 is equal to or more than line 26, subtract line 26 from line 21. Then go to line 23 of next column. Otherwise, go to line 29 ▶	28	3,828.	7,656.	8,710.	3,312.
29 Overpayment. If line 26 is more than line 21, subtract line 21 from line 26. Then go to line 23 of next column	29				

Section B - Figure the Penalty (Complete lines 30 through 35 of one column before going to the next column.)

Rate Period 1 — April 16, 1995 - June 30, 1995

		4/15/95	6/15/95		
30 Number of days FROM the date shown above line 30 TO the date the amount on line 28 was paid or 6/30/95, whichever is earlier	30	Days:	Days:		
31 Underpayment on line 28 x (Number of days on line 30 / 365) x .10 ▶	31	$	$		

Rate Period 2 — July 1, 1995 - December 31, 1995

		6/30/95	6/30/95	9/15/95	
32 Number of days FROM the date shown above line 32 TO the date the amount on line 28 was paid or 12/31/95, whichever is earlier	32	Days: SEE ATTACHED WORKSHEET	Days:	Days:	
33 Underpayment on line 28 x (Number of days on line 32 / 365) x .09 ▶	33	$	$	$	

Rate Period 3 — January 1, 1996 - April 15, 1996

		12/31/95	12/31/95	12/31/95	1/15/96
34 Number of days FROM the date shown above line 34 TO the date the amount on line 28 was paid or 4/15/96, whichever is earlier	34	Days:	Days:	Days:	Days:
35 Underpayment on line 28 x (Number of days on line 34 / 366) x .09 ▶	35	$	$	$	$

36 **PENALTY.** Add the amounts on lines 31, 33, and 35 in all columns. Enter the total here and on Form 1040, line 66; Form 1040A, line 34; Form 1040-T, line 42; Form 1040NR, line 66; Form 1040NR-EZ, line 26; or Form 1041, line 26 ▶	36	$ 659.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
JAMES R. & M. ANITA PERRY	[redacted]

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/95	8,710.	8,710.			
04/15/95	<4,882.>	3,828.	61	.000273973	64.
06/15/95	8,710.	12,538.			
06/15/95	<4,882.>	7,656.	15	.000273973	31.
06/30/95	0.	7,656.	77	.000246575	145.
09/15/95	8,710.	16,366.			
09/15/95	<4,882.>	11,484.	107	.000246575	303.
12/31/95	0.	11,484.	15	.000245902	42.
01/15/96	8,708.	20,192.			
01/15/96	<4,880.>	15,312.			
01/15/96	<12,000.>	3,312.	91	.000245902	74.

Penalty Due (Sum of Column F). ..... 659.

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A&B (Form 1040)
Department of the Treasury Internal Revenue Service

Schedule A - Itemized Deductions
(Schedule B is on page 2)
▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074
1995
Attachment Sequence No. 07

Name(s) shown on Form 1040: JAMES R. & M. ANITA PERRY

Your social security number: [redacted]

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1)	1		
	2	Enter amount from Form 1040, line 32 [2]			
	3	Multiply line 2 above by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid (See page A-1.)	5	State and local income taxes	5		
	6	Real estate taxes (see page A-2)	6	5,216.	
	7	Personal property taxes	7		
	8	Other taxes - List type and amount ▶	8		
	9	Add lines 5 through 8			9 5,216.
Interest You Paid (See page A-2.)	10	Home mortgage interest and points reported to you on Form 1098	10	12,645.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11		
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-3 for special rules	12		
	13	Investment interest. If required, attach Form 4952. (See page A-3.) STMT 5	13	53.	
	14	Add lines 10 through 13			14 12,698.
Gifts to Charity If you made a gift and got a benefit for it, see page A-3.	15	Gifts by cash or check. If any gift of $250 or more, see page A-3 STMT 4	15	301.	
	16	Other than by cash or check. If any gift of $250 or more, see page A-3. If over $500, you MUST attach Form 8283 STMT 6	16	200.	
	17	Carryover from prior year	17		
	18	Add lines 15 through 17			18 501.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)			19
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-5.) ▶	20		
	21	Tax preparation fees	21		
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶	22		
	23	Add lines 20 through 22	23		
	24	Enter amount from Form 1040, line 32 [24]			
	25	Multiply line 24 above by 2% (.02)	25		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26
Other Miscellaneous Deductions	27	Other - from list on page A-5. List type and amount ▶			27
Total Itemized Deductions	28	Is Form 1040, line 32, over $114,700 (over $57,350 if married filing separately)? STMT 7 ▶			28 7,472.
		NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the **larger** of this amount or your standard deduction.			
		YES. Your deduction may be limited. See page A-5 for the amount to enter.			

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1995

9501
12-27-95

Part III Cost of Goods Sold (see page C-5)

33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33	
34	Purchases less cost of items withdrawn for personal use	34	
35	Cost of labor. Do not include salary paid to yourself	35	
36	Materials and supplies	36	
37	Other costs SEE STATEMENT 9	37	309.
38	Add lines 33 through 37	38	309.
39	Inventory at end of year	39	
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40	309.

Part IV **Information on Your Vehicle.** Complete this part ONLY if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

41 When did you place your vehicle in service for business purposes? (month, day, year) ▶ __/__/__.

42 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

43 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

45 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

SEVERANCE TAX		7.
46 **Total other expenses.** Enter here and on page 1, line 27	46	7.

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

1995

Attachment Sequence No. 12

Name(s) shown on Form 1040

JAMES R. & M. ANITA PERRY

Your social security number

[redacted]

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of Property (Example: 100 sh. XYZ Co.)	(b) Date acquired (c) Date sold	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1	SEE STATEMENT 10		238,710.	228,167.	3,161.	13,704.
2	Enter your short-term totals, if any	2				
3	Total short-term sales price amounts. Add column (d) of lines 1 and 2	3	238,710.			
4	Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824	4				
5	Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5				
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1994 Capital Loss Carryover Worksheet	6				
7	Add lines 1 through 6, in columns (f) and (g)	7			(3,161.)	13,704.
8	Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7 ►	8				10,543.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

9	SEE STATEMENT 11		499,779.	163,294.	6,509.	342,994.
10	Enter your long-term totals, if any	10				
11	Total long-term sales price amounts. Add column (d) of lines 9 and 10	11	499,779.			
12	Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824	12				
13	Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	13				
14	Capital gain distributions	14				
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1994 Capital Loss Carryover Worksheet	15				
16	Add lines 9 through 15, in columns (f) and (g)	16			(6,509.)	342,994.
17	Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 ►	17				336,485.

Part III Summary of Parts I and II

18	Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. **Note:** If both lines 17 and 18 are gains, see the **Capital Gain Tax Worksheet**	18	347,028.
19	If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses:		
a	The loss on line 18; or		
b	($3,000) or, if married filing separate, ($1,500)	19	( )
	Note: See the **Capital Loss Carryover Worksheet** if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.		

632410 12-06-95 630 050 PERRY JAMES R 04670901

JAMES R. & M. ANITA PERRY [redacted]

1. Enter the amount from Form 1040, line 37		471,981.
2. If you are filing Schedule D, enter the smaller of Schedule D, line 17 or line 18. Otherwise, enter the capital gain distributions reported on Form 1040, line 13	336,485.	
3. If you are filing Form 4952, enter the amount from Form 4952, line 4e		
4. Subtract line 3 from line 2. If zero or less, stop here; you cannot use this worksheet to figure your tax. Instead, use the Tax Table or Tax Rate Schedules, whichever applies		336,485.
5. Subtract line 4 from line 1		135,496.
6. Enter $39,000 ($23,350 if single; $19,500 if married filing separately; $31,250 if head of household)		39,000.
7. Enter the greater of line 5 or line 6		135,496.
8. Subtract line 7 from line 1		336,485.
9. Figure the tax on the amount on line 7. Use the Tax Table or Tax Rate Schedules, whichever applies		34,106.
10. Multiply line 8 by 28% (.28)		94,216.
11. Add lines 9 and 10		128,322.
12. Figure the tax on the amount on line 1. Use the Tax Table or Tax Rate Schedules, whichever applies		162,593.
13. Tax. Enter the smaller of line 11 or line 12 here and on Form 1040, line 38. Check the box for Capital Gain Tax Worksheet		128,322.

Form **4952**
Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191
1995
Attachment Sequence No. **12A**

Name(s) shown on return

JAMES R. & M. ANITA PERRY

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 1995. SEE STATEMENT 12	1	53.
2	Disallowed investment interest expense from 1994 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	53.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) SEE STATEMENT 13			4a	4,257.
b	Net gain from the disposition of property held for investment	4b	347,028.		
c	Net capital gain from the disposition of property held for investment STMT 15	4c	336,485.		
d	Subtract line 4c from line 4b. If zero or less, enter -0-			4d	10,543.
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b ►			4e	
f	Investment income. Add lines 4a, 4d, and 4e			4f	14,800.
5	Investment expenses SEE STATEMENT 14			5	118.
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-			6	14,682.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1996. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6	8	53.

Form **4952**
Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191
1995
Attachment Sequence No. **12A**

Name(s) shown on return

JAMES R. & M. ANITA PERRY

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 1995.	1	53.
2	Disallowed investment interest expense from 1994 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	53.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			4a	13,200.
b	Net gain from the disposition of property held for investment	4b	347,028.		
c	Net capital gain from the disposition of property held for investment	4c	336,485.		
d	Subtract line 4c from line 4b. If zero or less, enter -0-			4d	10,543.
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b ▶			4e	
f	Investment income. Add lines 4a, 4d, and 4e			4f	23,743.
5	Investment expenses			5	118.
6	**Net investment income.** Subtract line 5 from line 4f. If zero or less, enter -0-			6	23,625.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1996. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the smaller of line 3 or 6	8	53.

REGULAR FORM 4952, LINE 8 53.
LESS RECOMPUTED FORM 4952, LINE 8 53.
INTEREST ADJUSTMENT - FORM 6251 LINE 7

Form **4952**
Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191
1995
Attachment Sequence No. **12A**

Name(s) shown on return

JAMES R. & M. ANITA PERRY

Identifying number

[redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 1995.	1	53.
2	Disallowed investment interest expense from 1994 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	53.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			4a	13,200.
b	Net gain from the disposition of property held for investment	4b	347,028.		
c	Net capital gain from the disposition of property held for investment	4c	336,485.		
d	Subtract line 4c from line 4b. If zero or less, enter -0-			4d	10,543.
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b ►			4e	
f	Investment income. Add lines 4a, 4d, and 4e			4f	23,743.
5	Investment expenses			5	118.
6	**Net investment income.** Subtract line 5 from line 4f. If zero or less, enter -0-			6	23,625.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1996. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the smaller of line 3 or 6	8	53.

REGULAR FORM 4952, LINE 8 53.
LESS RECOMPUTED FORM 4952, LINE 8 53.
INTEREST ADJUSTMENT - FORM 6251 LINE 7

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1995

Attachment Sequence No. 13

me(s) shown on return

JAMES R. & M. ANITA PERRY

Your social security number

[redacted]

Part I **Income or Loss From Rental Real Estate and Royalties** Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ. Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each rental real estate property:

A USDA-ASCS-CRP

B J.R. PERRY CO. - ROYALTY

C

2 For each rental real estate property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year?

	Yes	No
A		X
B		
C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3	1,604.			3	1,604.
4 Royalties received	4		560.		4	560.
Expenses:						
5 Advertising	5					
6 Auto and travel	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc.	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16	101.				
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19	101.			19	101.
20 Depreciation expense or depletion	20		118.		20	118.
21 Total expenses. Add lines 19 and 20	21	101.	118.			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-2 to find out if you must file Form 6198	22	1,503.	442.			
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23					
24 Income. Add positive amounts shown on line 22. Do not include any losses					24	1,945.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here					25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2					26	1,945.

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

JAMES R. & M. ANITA PERRY [redacted]

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.
Real Estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations Note: 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. 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) All is at risk	(f) Some is not at risk
A	J.R. PERRY CO.	P		75-1642655	X	
B	SWEET SHOP	P		75-1977762	X	
C	FERRELLGAS PARTNERS, L.P.	P		43-1698480	X	
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					1,338.
B		1,014.			
C	361.				
D					
E					
28a Totals		1,014.			1,338.
b Totals	361.				

29	Add columns (h) and (k) of line 28a	29	2,352.
30	Add columns (g), (i), and (j) of line 28b	30	(361.)
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	1,991.

Part III Income or Loss From Estates and Trusts

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

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
33a Totals				
b Totals				

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

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 Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 ▶	40	3,936.
41	**Reconciliation of Farming and Fishing Income:** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 13	41	4,014.
42	**Reconciliation for Real Estate Professionals.** If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

1995 Income from Passthroughs

J.R. PERRY CO.
I.D. NUMBER: 75-1642655
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

J.R. PERRY CO.

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	2,058
WORKING INTEREST DEPLETION	-720
SCHEDULE E ACTIVITY INCOME (LOSS)	1,338

TAX PREFERENCE ITEMS:

OTHER K-1 INFORMATION:

ROYALTIES	560
SELF-EMPLOYMENT EARNINGS (LOSS)	1,338
INVESTMENT INCOME	560

SWEET SHOP
I.D. NUMBER: 75-1977762
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

SWEET SHOP	
OTHER PASSIVE ACTIVITY	
ORDINARY INCOME (LOSS)	1,014
SCHEDULE E ACTIVITY INCOME (LOSS)	1,014

OTHER K-1 INFORMATION:

SELF-EMPLOYMENT EARNINGS (LOSS)	1,014

1995 Income from Passthroughs

FERRELLGAS PARTNERS, L.P.
I.D. NUMBER: 43-1698480
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

FERRELLGAS PARTNERS, L.P.

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	-493	
RENTAL REAL ESTATE INCOME (LOSS)	132	
SCHEDULE E ACTIVITY INCOME (LOSS)		-361
PASSIVE SECTION 1231 GAIN (LOSS)		-12
TOTAL ACTIVITY INCOME/LOSS		-373
ALLOWABLE PASSIVE LOSS FROM FORM 8582		-361

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT FOR POST-1986 PROPERTY	547

OTHER K-1 INFORMATION:

INTEREST	20
INVESTMENT INCOME	20

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST	20
ROYALTIES	560
SELF-EMPLOYMENT EARNINGS (LOSS) (CALCULATED)	2,352

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME	580

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT FOR POST-1986 PROPERTY	547

Depletion — Depletion Income — 1995

JAMES R. PERRY [redacted]

Description of Depletion Statement: OIL & GAS MINING
Depletion Statement Number: 2

Basis for Prorating Overhead:

☐ Gross Income ☐ Operating and Intangible ☐ Equally
☐ Operating Expense ☐ Depreciation, Operating, and Intangible

Depletion associated with:

RICK PERRY

Number
Rent and Royalty
Schedule C 1
Passthrough Activity

Property Number	Property Description	Gross Income	Royalty Paid/ Amort. Expense	Severance Tax	Operating Expense	IDC Expense	Dry Hole Costs	Depreciation Less 1245 Recapture	Overhead Expense	Other Expense	Net Income
2	OIL & GAS MINING	153.			309.						<156.>
Total		153.			309.						<156.>

525301
11-28-95

Depletion - Percentage, C and Preference Depletion 1995

JAMES R. ERRY [redacted]

Description of Depletion Statement: OIL & GAS MINING
Depletion Statement Number: 2

Depletion associated with: RICK PERRY SCHEDULE C Number 1

Property Number	Percentage Depletion Available	Prior Year Percent Depletion Carryover	Cost Depletion	Greater of Cost or Percent	Disallowed Due to 65% Limitation	Allowable Depletion	Beginning Accumulated Depletion	Year End Accumulated Depletion	Adjusted Basis for Excess Depletion	Excess Depletion
2										
Total										

Property Number	Cost	Accumulated Depletion	Current Year Payments	Total Estimate Payments	Cost Depletion from Payments	Remaining Basis After Payments	Beginning Res. for Cost	Current Year Production	Cost Depletion Rate	Cost Depletion from Production	Total Cost Depletion
2											
Total											

525311/11-28-95

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

21 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

Relate lines 21A through 21D to these columns ▶		Property A	Property B	Property C	Property D
22 Gross sales price (Note: See line 1 before completing.)	22				
23 Cost or other basis plus expense of sale	23				
24 Depreciation (or depletion) allowed or allowable	24				
25 Adjusted basis. Subtract line 24 from line 23	25				
26 Total gain. Subtract line 25 from line 22	26				
27 If section 1245 property:					
a Depreciation allowed or allowable from line 24	27a				
b Enter the smaller of line 26 or 27a	27b				
28 If section 1250 property: If straight line depreciation was used, enter -0- on line 28g, except for a corporation subject to section 291.					
a Additional depreciation after 1975	28a				
b Applicable percentage multiplied by the smaller of line 26 or line 28a	28b				
c Subtract line 28a from line 26. If residential rental property or line 26 is not more than line 28a, skip lines 28d and 28e	28c				
d Additional depreciation after 1969 and before 1976	28d				
e Enter the smaller of line 28c or 28d	28e				
f Section 291 amount (corporations only)	28f				
g Add lines 28b, 28e, and 28f	28g				
29 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	29a				
b Line 29a multiplied by applicable percentage	29b				
c Enter the smaller of line 26 or 29b	29c				
30 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs	30a				
b Enter the smaller of line 26 or 30a	30b				
31 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126	31a				
b Enter the smaller of line 26 or 31a	31b				

Summary of Part III Gains. Complete property columns A through D, through line 31b before going to line 32.

32 Total gains for all properties. Add columns A through D, line 26	32	
33 Add columns A through D, lines 27b, 28g, 29c, 30b, and 31b. Enter here and on line 14	33	
34 Subtract line 33 from line 32. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	34	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

See instructions.

		(a) Section 179	(b) Section 280F(b)(2)
35 Section 179 expense deduction or depreciation allowable in prior years	35		
36 Recomputed depreciation	36		
37 Recapture amount. Subtract line 36 from line 35	37		

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040, Form 1040NR, or Form 1040-T.

OMB No. 1545-0227

1995

Attachment Sequence No. 32

Name(s) shown on Form 1040

JAMES R. & M. ANITA PERRY

Your social security number

[redacted]

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040) (or you entered the amount from Form 1040-T, Section B, line t, on Form 1040-T, line 20), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 34 (or Form 1040-T, line 20), and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 32 (Form 1040-T filers, enter the smaller of Section B, line c or 2 1/2% of Form 1040-T, line 16)	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9 (or the total of lines d through g of Form 1040-T, Section B)	3	5,216.
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26 (or Form 1040-T, Section B, line r)	5	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or 21 (or Form 1040-T, line 4 or line 9)	6	
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss SEE STATEMENT 18	11	547.
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	8,943.
14	Other. Enter the amount, if any, for each item and enter the total on line 14.		
	a Charitable contributions		
	b Circulation expenditures		
	c Depletion		
	d Depreciation (pre-1987)		
	e Installment sales		
	f Intangible drilling costs		
	g Long-term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Tax shelter farm activities		
	n Related adjustments	14	
15	Total Adjustments and Preferences. Combine lines 1 through 14 ▶	15	14,706.

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 35 (or Form 1040-T, line 21). If less than zero, enter as a (loss) ▶	16	471,981.
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 32 (or Form 1040-T, line 16), is over $114,700 (over $57,350 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A, (Form 1040), line 28 (or line 9 of the worksheet for Section B, line t, of Form 1040-T)	18	<10,943.>
19	Combine lines 15 through 18 ▶	19	475,744.
20	Alternative tax net operating loss deduction.	20	
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19. (If married filing separately and line 21 is more than $165,000, see instructions.) ▶	21	475,744.

Part III Exemption Amount and Alternative Minimum Tax

22 **Exemption Amount.** (If this form is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$112,500	$33,750
Married filing jointly or qualifying widow(er)	150,000	45,000
Married filing separately	75,000	22,500

If line 21 is **over** the amount shown above for your filing status, see instructions.

22 → 0.

23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23	475,744.
24	If line 23 is $175,000 or less ($87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result	24	129,708.
25	Alternative minimum tax foreign tax credit.	25	
26	Tentative minimum tax. Subtract line 25 from line 24 ▶	26	129,708.
27	Enter your tax from Form 1040, line 38 (plus any amount from Form 4970 included on Form 1040, line 39), minus any foreign tax credit from Form 1040, line 43 (Form 1040-T filers, enter the amount from Form 1040-T, line 26)	27	128,322.
28	**Alternative Minimum Tax.** (If this form is for a child under age 14, see instructions.) Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 48 (or Form 1040-T, line 31) ▶	28	1,386.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074

1995

Attachment Sequence No. 17

me of person with self-employment income (as shown on Form 1040)

M. ANITA PERRY

Social security number of person with self-employment income ▶ [redacted]

Who Must File Schedule SE

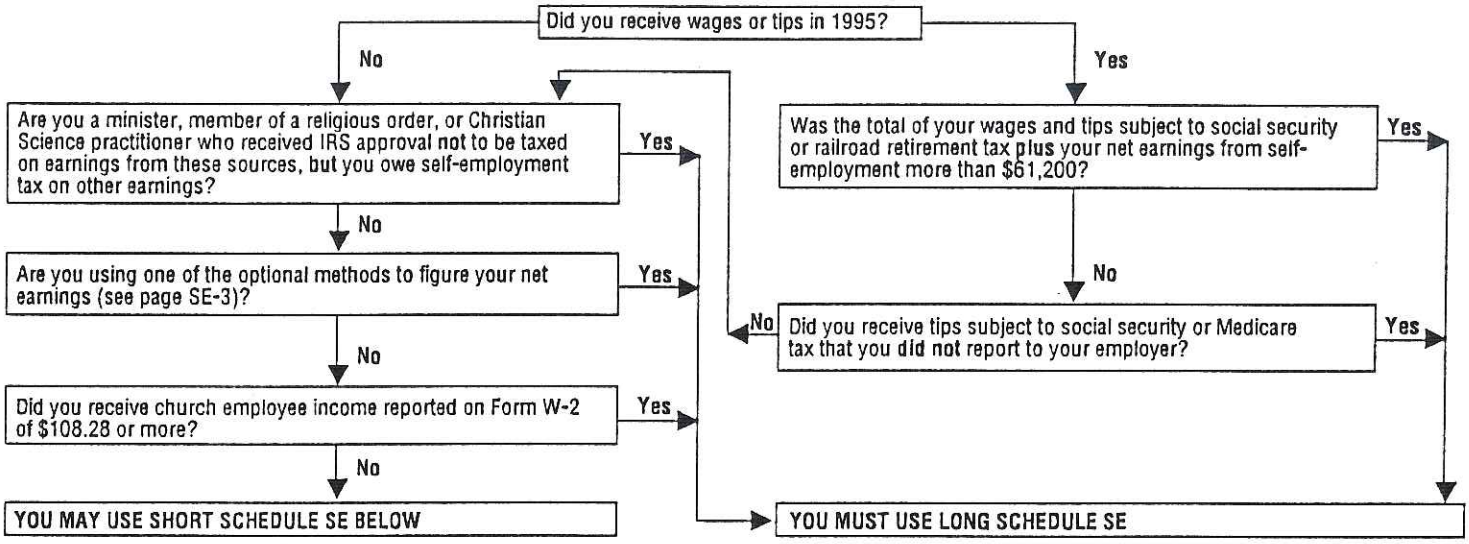
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more, **OR**
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report SEE STATEMENT 16	2	2,264.
3	Combine lines 1 and 2	3	2,264.
4	**Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than $400, do not file this schedule; you do not owe self-employment tax ▶	4	2,091.
5	**Self-employment tax.** If the amount on line 4 is: • $61,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 47.** • More than $61,200, multiply line 4 by 2.9% (.029). Then, add $7,588.80 to the result. Enter the total here and on **Form 1040, line 47**	5	320.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 25.**	6	160.

Name of person with self-employment income (as shown on Form 1040)

JAMES R. PERRY

Social security number of person with self-employment income ▶ [redacted]

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had $400 or more of other net earnings from self-employment, check here and continue with Part I ▶ ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. **Note:** Skip this line if you use the farm optional method. See page SE-3		1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. **Note:** Skip this line if you use the nonfarm optional method. See page SE-3	SEE STATEMENT 17	2	4,675.
3	Combine lines 1 and 2		3	4,675.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter the amount from line 3		4a	4,317.
b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **do not file this schedule**; you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income**, enter -0- and continue. ▶		4c	4,317.
5a	Enter your **church employee income** from Form W-2. **Caution:** See page SE-1 for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-		5b	
6	**Net earnings from self-employment.** Add lines 4c and 5b		6	4,317.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1995		7	61,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a 61,200.		
b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b		
c	Add lines 8a and 8b		8c	61,200.
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	0.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (.124)		10	
11	Multiply line 6 by 2.9% (.029)		11	125.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 47.**		12	125.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040, line 25**	13 63.		

Part II Optional Methods To Figure Net Earnings (See page SE-3.)

Farm Optional Method. You may use this method **only** if:
- Your gross farm income [1] was not more than $2,400 **or**
- Your gross farm income [1] was more than $2,400 and your net farm profits [2] were less than $1,733.

14	Maximum income for optional methods	14	1,600.00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income [1] (not less than zero) or $1,600. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if:
- Your net nonfarm profits [3] were less than $1,733 and also less than 72.189% of your gross nonfarm income, [4] **and**
- You had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income [4] (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b.
[2] From Schedule F, line 36, and Schedule K-1 (Form 1065), line 15a.
[3] From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a.
[4] From Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), line 15c.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB NO. 1545-0184

1995

Attachment Sequence No. 27

Name(s) shown on return

Identifying number

JAMES R. & M. ANITA PERRY

[redacted]

1 Enter here the gross proceeds from the sale or exchange of real estate reported to you for 1995 on Form(s) 1099-S (or a substitute statement) that you will be including on line 2, 11, or 22 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Property Held More Than 1 Year

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) LOSS ((f) minus the sum of (d) and (e))	(h) GAIN ((d) plus (e) minus (f))
FERRELLGAS PARTNERS, L.P.						12.	

3	Gain, if any, from Form 4684, line 39	3		
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4		
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5		
6	Gain, if any, from line 34, from other than casualty or theft	6		
7	Add lines 2 through 6 in columns (g) and (h)	7	12.	
8	Combine columns (g) and (h) of line 7. Enter gain or (loss) here, and on the appropriate line as follows:	8		<12.>

Partnerships - Enter the gain or (loss) on Form 1065, Schedule K, line 6. Skip lines 9, 10, 12, and 13 below.

S corporations - Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6. Skip lines 9, 10, 12, and 13 below, unless line 8 is a gain and the S corporation is subject to the capital gains tax.

All others - If line 8 is zero or a loss, enter the amount on line 12 below and skip lines 9 and 10. If line 8 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain as a long-term capital gain on Schedule D and skip lines 9, 10, and 13 below.

9	Nonrecaptured net section 1231 losses from prior years	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-. Also enter on the appropriate line as follows:	10	

S corporations - Enter this amount on Schedule D (Form 1120S), line 13, and skip lines 12 and 13 below.

All others - If line 10 is zero, enter the amount from line 8 on line 13 below. If line 10 is more than zero, enter the amount from line 9 on line 13 below, and enter the amount from line 10 as a long-term capital gain on Schedule D.

Part II Ordinary Gains and Losses

11 Ordinary gains and losses not included on lines 12 through 18 (include property held 1 year or less):

12	Loss, if any, from line 8	12	12.	
13	Gain, if any, from line 8, or amount from line 9 if applicable	13		
14	Gain, if any, from line 33	14		
15	Net gain or (loss) from Form 4684, lines 31 and 38a	15		
16	Ordinary gain from installment sales from Form 6252, line 25 or 36	16		
17	Ordinary gain or (loss) from like-kind exchanges from Form 8824	17		
18	Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations	18		
19	Add lines 11 through 18 in columns (g) and (h)	19	12.	
20	Combine columns (g) and (h) of line 19. Enter gain or (loss) here, and on the appropriate line as follows:	20		<12.>

a For all except individual returns: Enter the gain or (loss) from line 20 on the return being filed.

b For individual returns:

(1) If the loss on line 12 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here and on line 22 of Schedule A (Form 1040). Identify as from "Form 4797, line 20b(1)." ..... 20b(1)

(2) Redetermine the gain or (loss) on line 20, excluding the loss, if any, on line 20b(1). Enter here and on Form 1040, line 14 ..... 20b(2) <12.>

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

AMES R. & M. ANITA PERRY

Social Security Number

[redacted]

Form Name	Description	Income	Adjustment				
			Form 6251, Line 8	Form 6251, Line 9	Form 6251, Line 11	Form 6251, Line 14h	Form 6251 Other Adjustment
K1-	J.R. PERRY CO.						
	* REGULAR INCOME	1,338.					
	* AMT NET INCOME	1,338.					
797	FERRELLGAS PARTNERS, L. P.						
	* REGULAR GAIN/LOSS	<12.>					
	* AMT NET GAIN/LOSS	<12.>					
K1-	SWEET SHOP						
	* REGULAR INCOME	1,014.					
	* AMT NET INCOME	1,014.					
K1-	FERRELLGAS PARTNERS, L. P.						
	* REGULAR INCOME	<361.>					
	AMT ADJUSTMENTS	547.			547.		
	* AMT NET INCOME	186.			547.		
E-	USDA-ASCS-CRP						
	* REGULAR INCOME	1,503.					
	* AMT NET INCOME	1,503.					
	** TOTAL ADJ & PREF **				547.		

19911
9-27-95

SCHEDULE H
(Form 1040)
Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1040-T, or 1041

► See separate instructions.

OMB No. 1545-0074

1995

Attachment Sequence No. 44

Name of employer (as shown on return)

M. ANITA PERRY

Social security number

[redacted]

Employer identification number

74-2695569

Before you begin, read Who Must File in the instructions.

A Did you pay **any one** household employee cash wages of $1,000 or more in 1995?

- [X] **Yes.** Skip questions B and C and go to Part I.
- [ ] **No.** Go to question B.

B Did you withhold Federal income tax during 1995 for any household employee?

- [ ] **Yes.** Skip question C and go to Part I.
- [ ] **No.** Go to question C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1994 or 1995 to household employees?

- [ ] **No.** **Stop.** Do not file this schedule.
- [ ] **Yes.** Skip Part I and go to Part II.

Part I Social Security, Medicare, and Income Taxes

Total cash wages subject to social security taxes	1	1,337.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)		2	166.
3 Total cash wages subject to Medicare taxes	3	1,337.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)		4	39.
5 Federal income tax withheld, if any		5	
6 Add lines 2, 4, and 5		6	205.
7 Advance earned income credit (EIC) payments, if any		7	
8 **Total social security, Medicare, and income taxes.** Subtract line 7 from line 6		8	205.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1994 or 1995 to household employees?

- [X] **No.** **Stop.** Take the amount from line 8 above and enter it on Form 1040, line 53, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the instructions.
- [ ] **Yes.** Go to Part II.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?		
11 Did you pay all state unemployment contributions for 1995 by April 15, 1996?		
Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		

If you answered "Yes" to all of the questions above, complete Section A.
If you answered "No" to any of the questions above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions ▶
14 State reporting number as shown on state unemployment tax return ▶
15 Contributions paid to your state unemployment fund — 15
16 Total cash wages subject to FUTA tax — 16
17 **FUTA tax.** Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III — 17

Section B

18 **Complete all columns below that apply**

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period From	(d) To	(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund

19 Totals — 19
20 Add columns (h) and (i) of line 19 — 20
21 Total cash wages subject to FUTA tax — 21
22 Multiply line 21 by 6.2% (.062) — 22
23 Multiply line 21 by 5.4% (.054) — 23
24 Enter the smaller of line 20 or line 23 — 24
25 **FUTA tax.** Subtract line 24 from line 22. Enter the result here and go to Part III — 25

Part III Total Household Employment Taxes

26 Enter the amount from line 8 — 26
27 Add line 17 (or line 25) and line 26 — 27
28 Are you required to file Form 1040 or 1040A?

☐ **Yes.** **Stop.** Take the amount from line 27 above and enter it on Form 1040, line 53, or form 1040A, line 27. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV.

Part IV Address and Signature - Complete this part only if required.

Address (number and street) or P.O. box if mail is not delivered to street address | Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

▶ Employer's signature ▶ Date

30410 786859 630 050 PERRY, JAMES R. 04670901

Form **8271**
(Rev. January 1996)
Department of the Treasury
Internal Revenue Service

Investor Reporting of Tax Shelter Registration Number

▶ Attach to your tax return

OMB No. 1545-0881

Attachment Sequence No. 71

Investor's name(s) shown on return	Investor's identifying number	Investor's tax year ended
JAMES R. & M. ANITA PERRY	[redacted]	12/31/95

	(a) Tax Shelter Name	(b) Tax Shelter Registration Number (11-digit number)	(c) Tax Shelter Identifying Number
1	FERRELLGAS PARTNERS, L.P.	94201000010	43-1698480
2			
3			
4			
5			
6			
7			
8			
9			
10			

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

1995

Attachment Sequence No. 88

Name(s) shown on return

JAMES R. & M. ANITA PERRY

Identifying number

[redacted]

Part I 1995 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 8 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** in the instructions.)

1a	Activities with net income (from Worksheet 1, column (a))	1a	1,503.	
b	Activities with net loss (from Worksheet 1, column (b))	1b		
c	Prior year unallowed losses (from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c			1d 1,503.

All Other Passive Activities

2a	Activities with net income (from Worksheet 2, column (a))	2a	1,014.	
b	Activities with net loss (from Worksheet 2, column (b))	2b	<373.>	
c	Prior year unallowed losses (from Worksheet 2, column (c))	2c		
d	Combine lines 2a, 2b, and 2c			2d 641.
3	Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10			3 2,144.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for examples.

4	Enter the smaller of the loss on line 1d or the loss on line 3			4
5	Enter $150,000. If married filing separately, see the instructions	5		
6	Enter modified adjusted gross income, but not less than zero	6		
	Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			8
9	Enter the smaller of line 4 or line 8			9

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a, and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 1995.** Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11	373.

ALTERNATIVE MINIMUM TAX

Form **8582**

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1008

1995

Attachment Sequence No. 88

Name(s) shown on return

JAMES R. & M. ANITA PERRY

Identifying number

[redacted]

Part I 1995 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 8 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** in the instructions.)

1a	Activities with net income (from Worksheet 1, column (a))	1a	1,503.	
b	Activities with net loss (from Worksheet 1, column (b))	1b		
c	Prior year unallowed losses (from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c			1d 1,503.

All Other Passive Activities

2a	Activities with net income (from Worksheet 2, column (a))	2a	1,200.	
b	Activities with net loss (from Worksheet 2, column (b))	2b	<12.>	
c	Prior year unallowed losses (from Worksheet 2, column (c))	2c		
d	Combine lines 2a, 2b, and 2c			2d 1,188.
3	Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10			3 2,691.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for examples.

4	Enter the smaller of the loss on line 1d or the loss on line 3			4
5	Enter $150,000. If married filing separately, see the instructions	5		
6	Enter modified adjusted gross income, but not less than zero	6		
	Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			8
9	Enter the smaller of line 4 or line 8			9

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a, and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 1995.** Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11	12.

JAMES R. M. ANITA PERRY

Property Number		Gross Income Less Royalty Paid	Percentage Depletion Rate	Gross Percentage Depletion	Net Income	Lesser of Net Income or Gross Percentage Depletion	Quantity Limitation Rate	Percentage Depletion Available
2	PRIMARY OIL	153.	0.15	23.	0.	0.	1.0000	

525321
11-28-95

ORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

	MULTIPLY $2,500 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6E		10,000.
.	ENTER THE AMOUNT FROM FORM 1040, LINE 32 . . .	479,453.	
.	ENTER THE AMOUNT FOR YOUR FILING STATUS . . .	172,050.	
	MARRIED FILING SEPARATE $ 86,025		
	SINGLE $114,700		
	HEAD OF HOUSEHOLD $143,350		
	MARRIED FILING JOINT OR WIDOW(ER) $172,050		
.	SUBTRACT LINE 3 FROM LINE 2	307,403.	
	IF LINE 4 IS MORE THAN $122,500 ($61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 36		
.	DIVIDE LINE 4 BY $2,500 ($1,250 IF MFS) . . .		
.	MULTIPLY LINE 5 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL		
.	MULTIPLY LINE 1 BY LINE 6		
.	SUBTRACT LINE 7 FROM LINE 1. TOTAL TO FORM 1040, LINE 36 .		

ORM 1040 TAX-EXEMPT INTEREST STATEMENT 2

ME OF PAYER	AMOUNT
ORGAN KEEGAN & COMPANY, INC.	8,943.
OTAL TO FORM 1040, LINE 8B	8,943.

ORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
TEXAS DEPT. OF AGRICULTURE	72,523.	12,350.			3,794.	1,121.
MEM/HUBBLE COMMUNICATIONS, INC.	47,917.	7,176.			2,971.	695.
OTALS	120,440.	19,526.			6,765.	1,816.

CHEDULE A — CASH CONTRIBUTIONS — STATEMENT 4

SCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
APITAL CITY A&M CLUB	51.	
EST AUSTIN YOUTH ASSOCIATION	250.	
UBTOTALS	301.	
OTAL TO SCHEDULE A, LINE 15		301.

CHEDULE A — INVESTMENT INTEREST — STATEMENT 5

SCRIPTION	AMOUNT
ORGAN KEEGAN	53.
OTAL TO SCHEDULE A, LINE 13	53.

HEDULE A — CONTRIBUTIONS OTHER THAN CASH OR CHECK — STATEMENT 6

SCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
. VINCENT DE PAUL	200.		
BTOTALS	200.		
TAL TO SCHEDULE A, LINE 16			200.

HEDULE A — ITEMIZED DEDUCTIONS WORKSHEET — STATEMENT 7

ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		18,415.
ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING LOSSES INCLUDED ON LINE 27		53.
SUBTRACT LINE 2 FROM LINE 1. IF THE RESULT IS ZERO, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28		18,362.
MULTIPLY LINE 3 ABOVE BY 80% (.80)	14,690.	
ENTER THE AMOUNT FROM FORM 1040, LINE 32	479,453.	
ENTER $114,700 ($57,350 IF MARRIED FILING SEPARATELY)	114,700.	
SUBTRACT LINE 6 FROM LINE 5. IF THE RESULT IS ZERO OR LESS, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28	364,753.	
MULTIPLY LINE 7 ABOVE BY 3% (.03)	10,943.	
ENTER THE SMALLER OF LINE 4 OR LINE 8		10,943.
TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		7,472.

HEDULE B — NONTAXABLE DISTRIBUTIONS — STATEMENT 8

OF PAYER	AMOUNT
INE WEBBER	565.
TAL TO SCHEDULE B, LINE 8	565.

HEDULE C — OTHER COSTS OF GOODS SOLD — STATEMENT 9

SCRIPTION	AMOUNT
ASE OPERATING EXPENSES	309.
TAL TO SCHEDULE C, LINE 37	309.

CHEDULE D SHORT-TERM CAPITAL GAINS AND LOSSES STATEMENT 10

SCRIPTION	ACQUIRED	SOLD	PRICE	COST	LOSS	GAIN
0 MOVIE GALLERY	04/12/95	04/25/95	2,837.	2,625.		212.
0 MOVIE GALLERY	04/12/95	04/28/95	6,028.	5,250.		778.
.000 PATTERSON NERGY	05/02/95	08/21/95	10,459.	7,991.		2,468.
,500 T-BILLS 10496	03/31/95	09/12/95	111,501.	107,986.		3,515.
0 TOKOS MEDICAL	08/23/95	09/12/95	5,281.	4,726.		555.
0 FRIEDMAN'S IC.	04/26/95	09/13/95	2,367.	1,900.		467.
0 SOUTHERN NERGY	10/30/95	11/07/95	7,446.	6,938.		508.
0 COMPUTER RODS	08/21/95	11/13/95	5,806.	4,250.		1,556.
0 BRAZILIAN QUITY	06/16/94	04/25/95	3,120.	3,716.	596.	
.000 KINETIC ONCEPT	01/13/95	05/08/95	7,141.	7,000.		141.
0 FRIEDMAN'S IC.	04/26/95	07/24/95	9,210.	7,600.		1,610.
0 PATTERSON NERGY	07/24/95	08/21/95	5,200.	5,199.		1.
0 PATTERSON GY	08/01/95	09/05/95	6,337.	5,805.		532.
CRYOLIFE, IC.	08/01/95	10/04/95	3,336.	3,160.		176.
0 GADZOOKS, IC.	10/05/95	11/13/95	1,727.	1,400.		327.
0 COMPUTER RODS	08/17/95	11/13/95	3,469.	2,612.		857.
347 PW NATIONAL AX-FREE INC.	06/16/94	01/13/95	47,435.	50,000.	2,565.	
GROWTH & ICOME FD B		05/05/95	10.	9.		1.
OTAL TO SCH. D, PART I, LINE 1			238,710.	228,167.	3,161.	13,704.

CHEDULE D LONG-TERM CAPITAL GAINS AND LOSSES STATEMENT 11

SCRIPTION	ACQUIRED	SOLD	PRICE	COST	LOSS	GAIN
0 GLOB PRIVATE JN	03/04/94	04/25/95	6,919.	8,752.	1,833.	
500 CITIZENS IC A		05/08/95	12,227.	14,100.	1,873.	
JAR FLEM A	03/03/94	08/01/95	5,572.	7,500.	1,928.	

00 GLOB PRIVATE UND	04/21/94	08/01/95	7,877.	8,752.	875.
00 OCCY PETE,	07/15/94	08/01/95	2,184.	2,024.	160.
ALE OF LAND - .75 ACRES		03/29/95	465,000.	122,166.	342,834.
OTAL TO SCH. D, PART II, LINE 9			499,779.	163,294.	6,509. 342,994.

ORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 12

ESCRIPTION	CURRENT	CARRYOVER
ORGAN KEEGAN	53.	
OTALS TO FORM 4952	53.	

ORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 13

ESCRIPTION	AMOUNT
NTEREST INCOME	416.
IDEND INCOME	3,281.
.R. PERRY CO. - ROYALTY	560.
OTAL TO FORM 4952, LINE 4A	4,257.

ORM 4952 INVESTMENT EXPENSE STATEMENT 14

ESCRIPTION	AMOUNT
.R. PERRY CO. - ROYALTY	118.
OTAL TO FORM 4952, LINE 5	118.

RM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT STATEMENT 15

SCRIPTION	AMOUNT
0 GLOB PRIVATE FUN	<1,833.>
500 CITIZENS INC A	<1,873.>
0 JAR FLEM INDIA	<1,928.>
0 GLOB PRIVATE FUND	<875.>
0 OCCY PETE, DEL	160.
LE OF LAND - 8.75 ACRES	342,834.
TAL TO FORM 4952, LINE 4C	336,485.

HEDULE SE NON-FARM INCOME STATEMENT 16

SCRIPTION	AMOUNT
OM K-1	1,014.
NI BARCELLONA, INC.	1,250.
TAL TO SCHEDULE SE, LINE 2	2,264.

HEDULE SE NON-FARM INCOME STATEMENT 17

SCRIPTION	AMOUNT
OM SCHEDULE C	<163.>
OM K-1	1,338.
SKELL NATIONAL BANK	3,500.
TAL TO SCHEDULE SE, LINE 2	4,675.

)RM 6251 PASSIVE ACTIVITIES STATEMENT 18

\ME OF ACTIVITY	FORM	NET INCOME (LOSS) AMT	REGULAR	ADJUSTMENT
/EET SHOP	SCH E	1,014.	1,014.	
:RRELLGAS PARTNERS, .P.	FORM 4797	<12.>	<12.>	
:RRELLGAS PARTNERS, P.	SCH E	186.	<361.>	547.
:DA-ASCS-CRP	SCH E	1,503.	1,503.	
:TAL TO FORM 6251, LINE 11				547.

RM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 19

ME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
DA-ASCS-CRP	1,503.	0.		1,503.	
TALS	1,503.	0.		1,503.	

RM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 2 STATEMENT 20

ME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
EET SHOP	1,014.	0.		1,014.	
RRELLGAS PARTNERS, P.	0.	<373.>			<373.>
TALS	1,014.	<373.>		1,014.	<373.>

.. 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 21

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
SWEET SHOP	SCH E	1,014.		1,014.		
FERRELLGAS PARTNERS, L.P.	FORM 4797	<12.>		<12.>		12.
FERRELLGAS PARTNERS, L.P.	SCH E	<361.>		<361.>		361.
USDA-ASCS-CRP	SCH E	1,503.		1,503.		
TALS		2,144.		2,144.		373.
IOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TAL TO FORM 8582, LINE 11						373.

RM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 22
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

ME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
DA-ASCS-CRP	1,503.	0.		1,503.	
TALS	1,503.	0.		1,503.	

RM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 23
OTHER PASSIVE ACTIVITIES - WORKSHEET 2

ME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
EET SHOP	1,014.	0.		1,014.	
RRELLGAS PARTNERS, P.	186.	<12.>		174.	
TALS	1,200.	<12.>		1,188.	

RM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 24

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
SWEET SHOP	SCH E	1,014.		1,014.		
FERRELLGAS PARTNERS, L.P.	FORM 4797	<12.>		<12.>		12.
FERRELLGAS PARTNERS, L.P.	SCH E	186.		186.		
USDA-ASCS-CRP	SCH E	1,503.		1,503.		
TALS		2,691.		2,691.		12.

OR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 12.

TAL TO FORM 8582AMT, LINE 11 12.