Processing Note:

12/23/2024

Some of the following documents that have been scanned contain personally identifiable information. These sections of the affected documents have been concealed.

Robert Mar

Digitization Technician

POWELL, WIRTZ, RAUHUT & GIDEON
ATTORNEYS AT LAW
LITTLEFIELD BUILDING
AUSTIN, TEXAS

Wilton Wood
National Youth Administration
Brown Bldg.
Austin,
Texas

Social Security payments -
Campaign workers

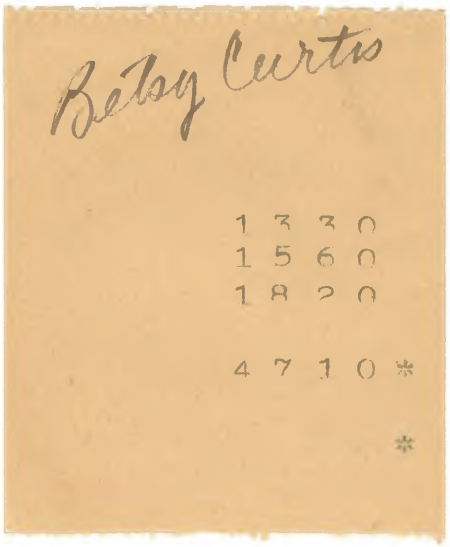
Total page 3

*

4 6 0 0
1 7 0 0
3 2 0 0
4 2 5 0
5 0 0 0
4 8 0 0
4 8 0 0
5 0 0 0
2 0 0
3 4 0 0
2 4 0 0
4 0 0 0
1 0 0 0
2 0 0
2 0 0 0
2 0 0 0
2 0 0 0
1 0 0 0
1 6 0 0
2 8 0 0
2 8 0 0
5 0 0
1 0 0 0
2 6 0
1 0 0 0
1 8 0 0

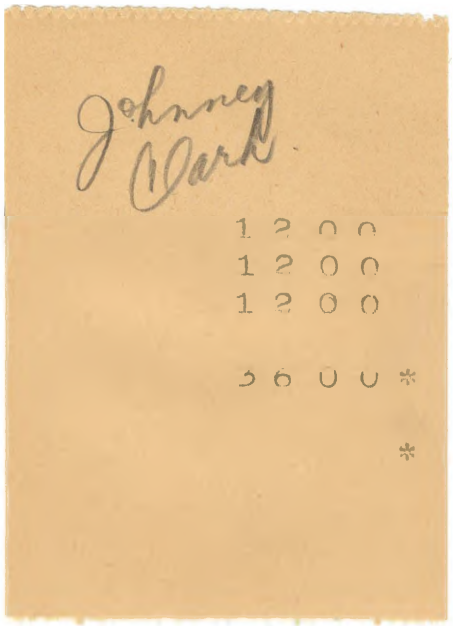
6 4 2 1 0 *

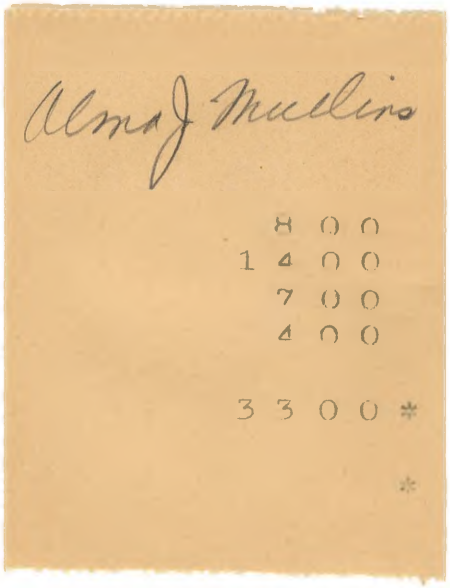
*

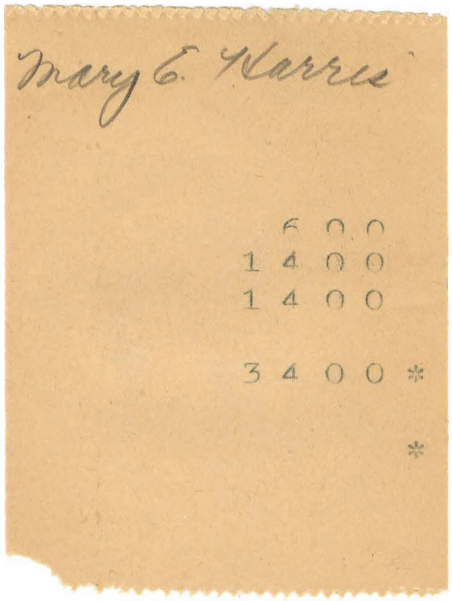

Betsy Curtis
1330
1560
1820
4710 *
*

Alma Brehm

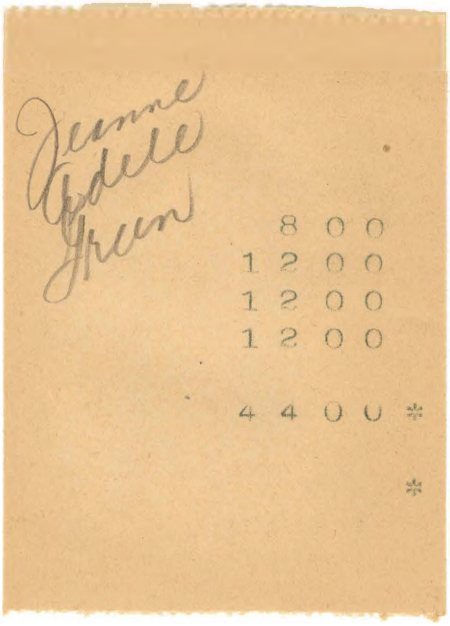
1000	
1200	
1200	
1200	
1200	
1200	
1000	
8000	*
1000	
9000	*


Johnney Clark
1200
1200
1200
3600*
*

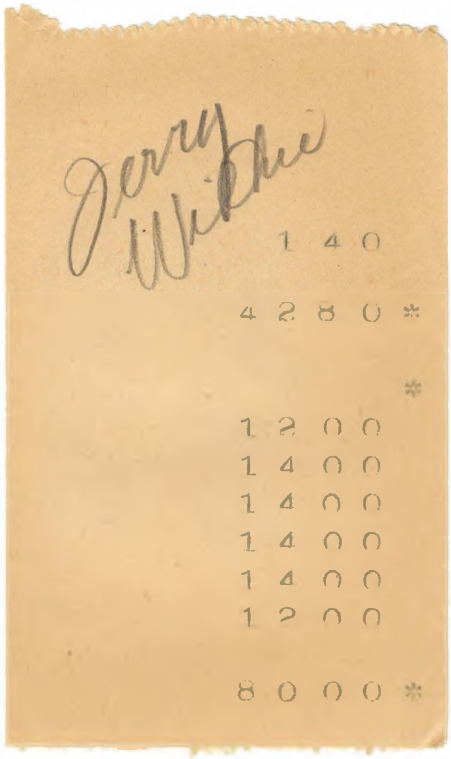

Alma J Mullins
800
1400
700
400
3300 *
*


Mary E. Harris
600
1400
1400
3400 *
*


Emory Lea Dunn
600
1200
1200
1200
1000
5200 *
*


Jeanne
Odile
Green
8 0 0
1 2 0 0
1 2 0 0
1 2 0 0
4 4 0 0 *
*


Mina Boggess
1750
1750
1750
1750
1500
8500

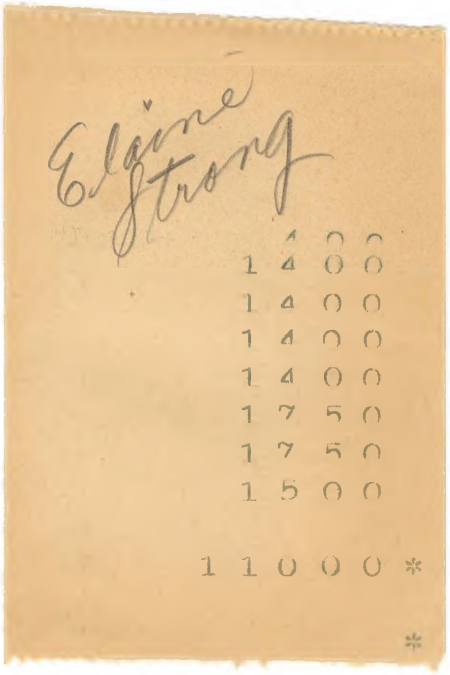

Jerry Wilkie
140
4280*
*
1200
1400
1400
1400
1400
1200
8000*

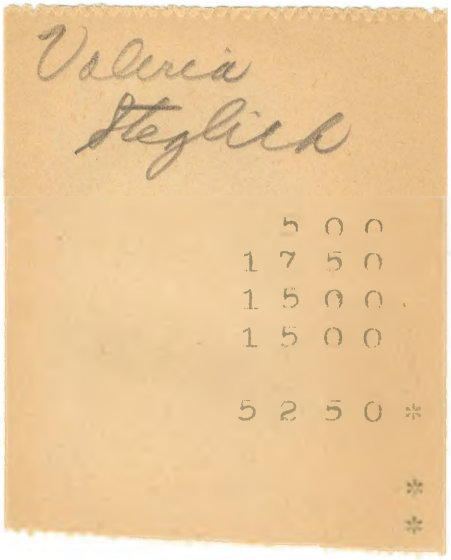

Marie Unis
600
1000
1500
1500
1500
1500
1750
1500
11750*

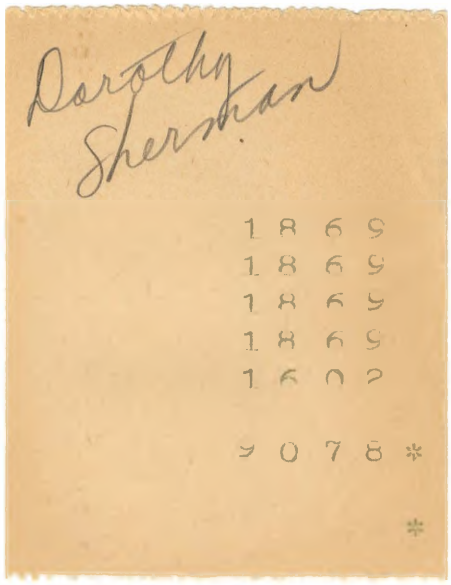
Doris Turner

685
750
858
858
858
1000
572

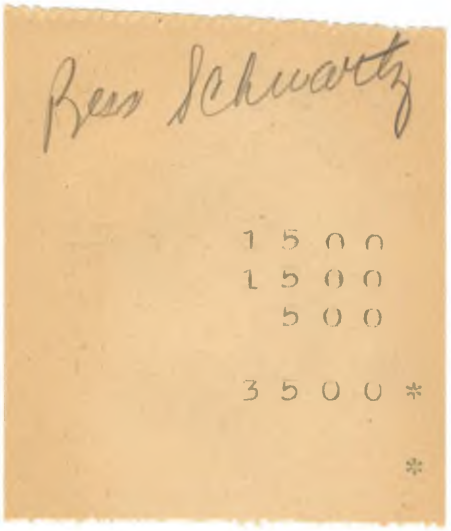
5581 *
*


Elaine Strong
1400
1400
1400
1400
1750
1750
1500
11000 *
*


Valeria
Steglich
500
1750
1500
1500
5250


Dorothy
Sherman
1869
1869
1869
1869
1602
9078*
*

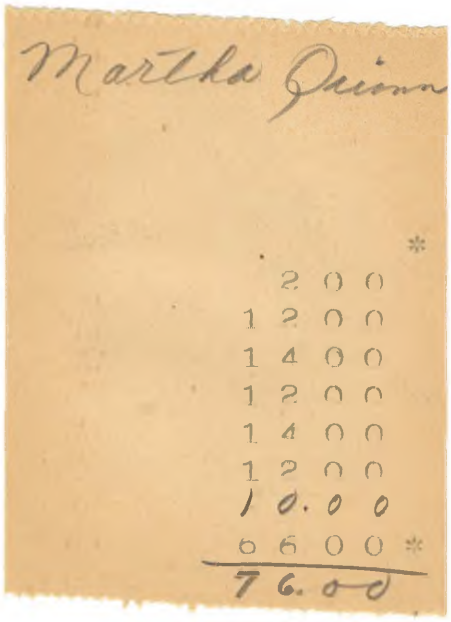

Lela Kate
500
1750
1750
1750
1500
1500
1750
1750
12250*
*


Ben Schwartz
1500
1500
500
3500 *
*

Florence Robert

500
1500
1750
1500
1500
875
1500
1400
1000

11525 *


Martha Quinn
2 0 0
1 2 0 0
1 4 0 0
1 2 0 0
1 4 0 0
1 2 0 0
10.0 0
6 6 0 0
76.00


Maude Peeny
1750
1750
1750
1750
1750
1500
10250*


Pauline Payton
*
6 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
4 0 0
6 6 0 0 *

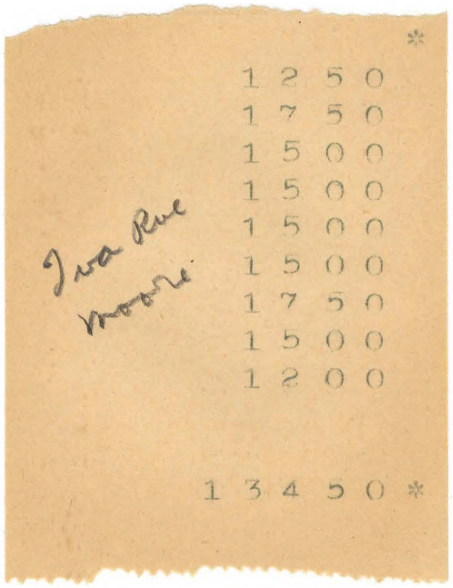

DORIS ORR
*
1250
1750
1750
1750
1750
1750
10000*

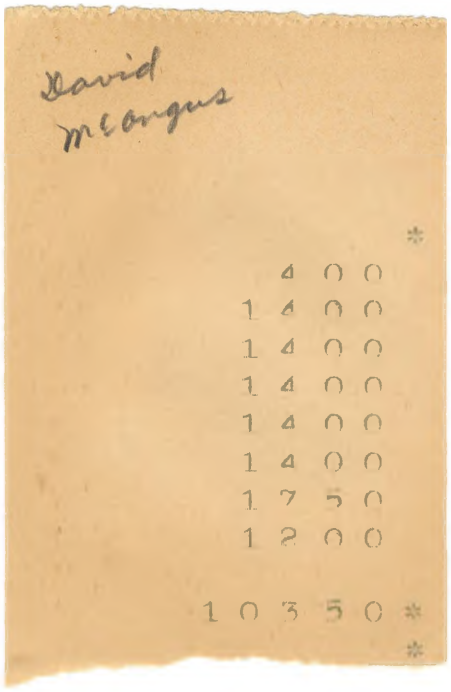
IRENE NEWFIELD

*

3 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0

5 1 0 0 *


*
1 2 5 0
1 7 5 0
1 5 0 0
1 5 0 0
1 5 0 0
1 5 0 0
1 7 5 0
1 5 0 0
1 2 0 0
1 3 4 5 0 *
Iva Rue
Moore


David
McAngus
*
400
1400
1400
1400
1400
1400
1750
1200
10350
*
*


*
1500
4700
1500
1200
1200
Mercy Hospital
10100*

*

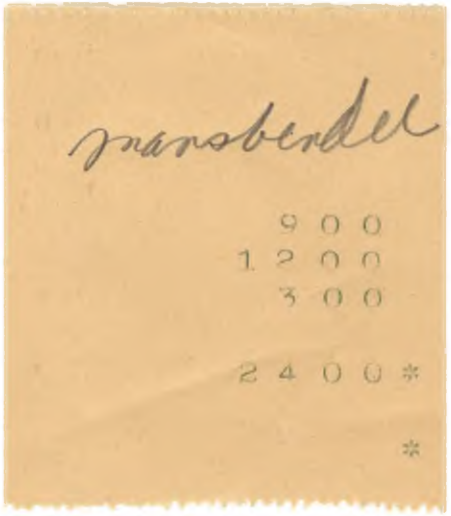
12 ✓

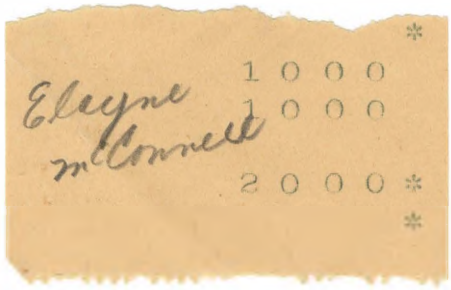
*

1250
1750
1750
1500
1500
1625
1750
1200
1250

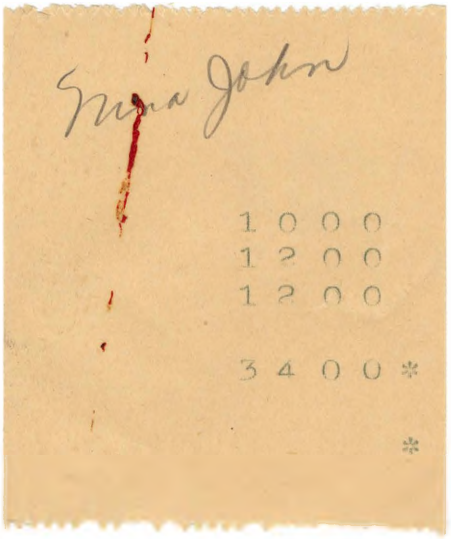
Gila Brooz 13575 *

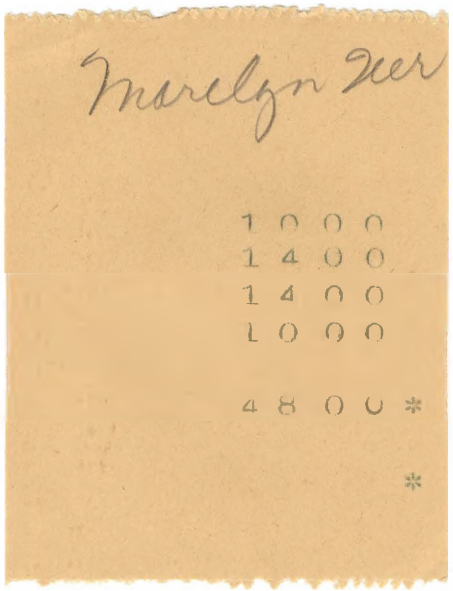

Bobby Holland
600
700
600
1900
*
*


marsberdel
900
1200
300
2400*
*

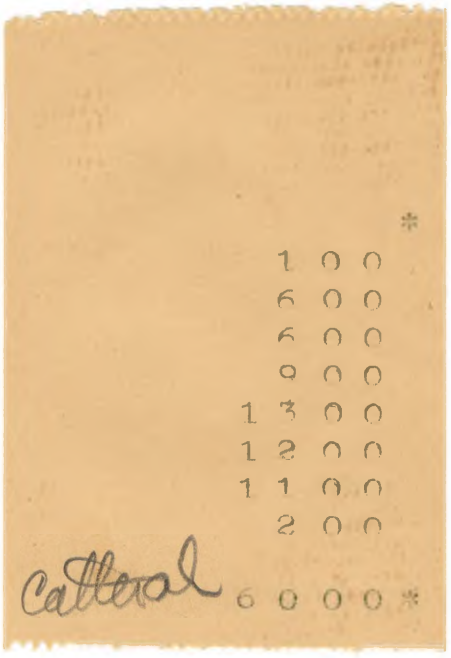

Elayne
McConnell
1000
1000
2000

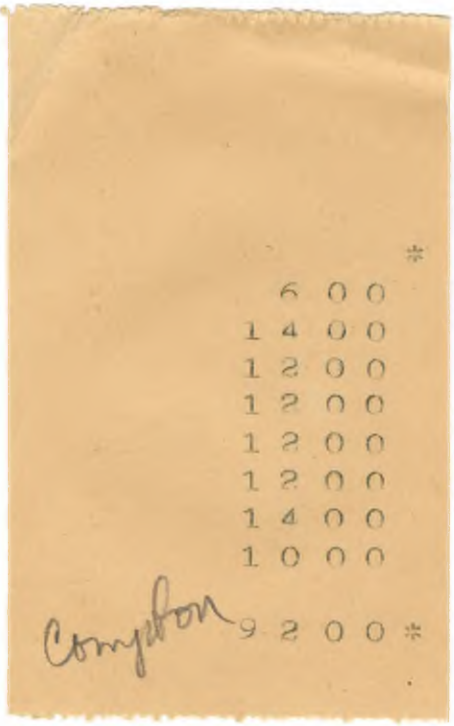

Agnes Scott
200
200*
*
1000
1500
1500
4000*
*


Nina John
1000
1200
1200
3400*
*

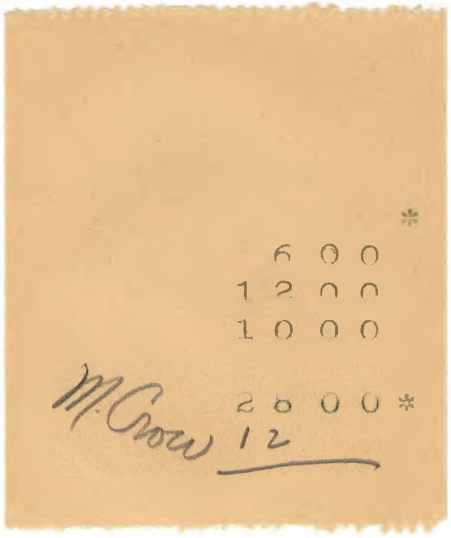

Marilyn Zier
1000
1400
1400
1000
4800 *
*

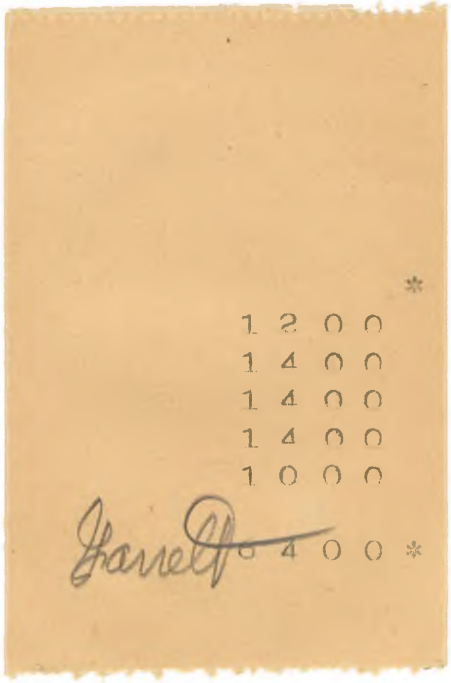

*
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
Coffey
4 8 0 0 *

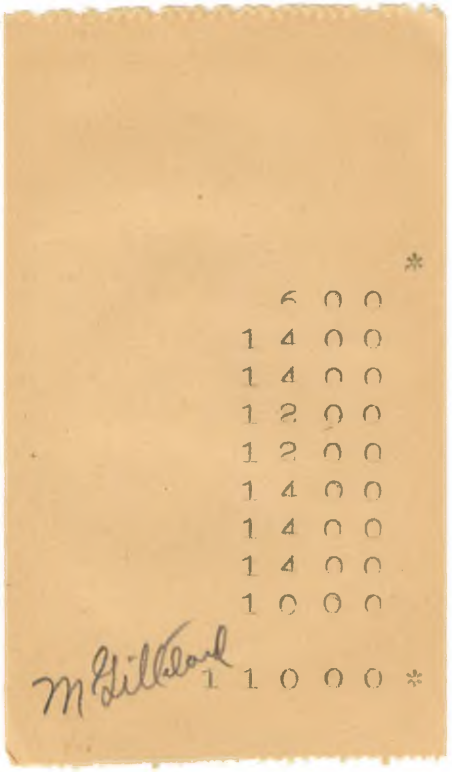

100
600
600
900
1300
1200
1100
200
Collateral
6000

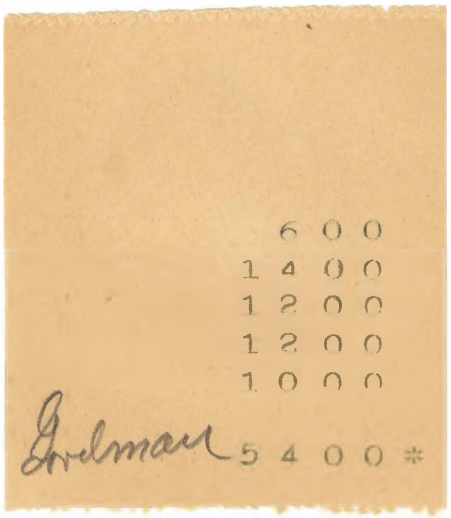

600
1400
1200
1200
1200
1200
1400
1000
Compton 9200

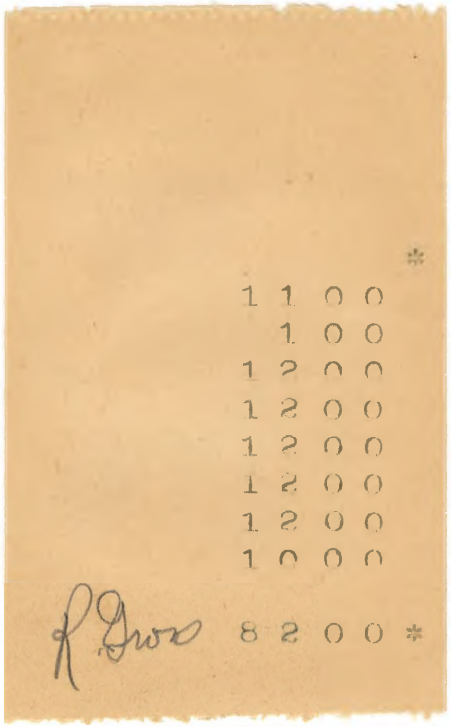

*
7 5 0
9 0 0
1 2 0 0
1 4 0 0
1 4 0 0
1 4 0 0
1 4 0 0
1 4 0 0
1 2 0 0
1 1 0 5 0 *
M Curtis

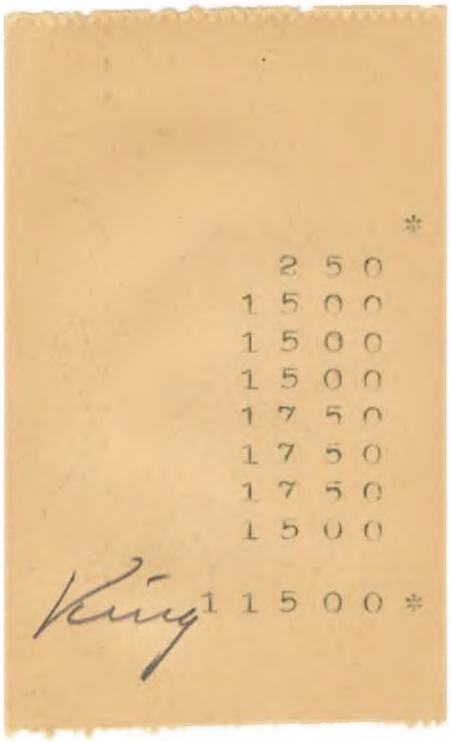

*
600
1200
1000
2800*
M Crow 12

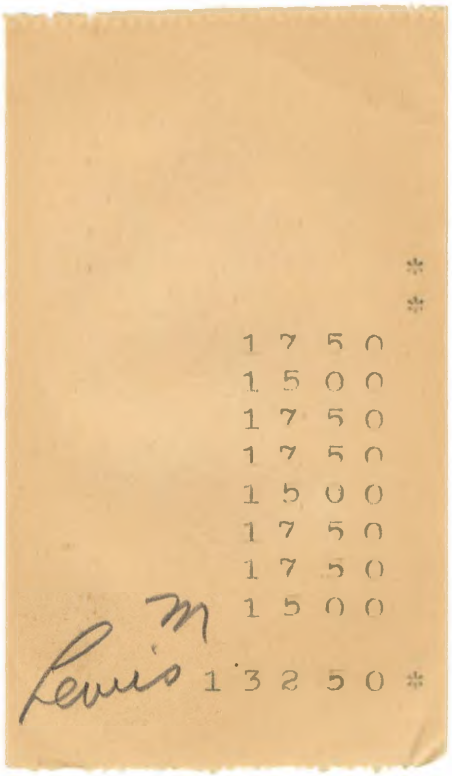

*
1200
1400
1400
1400
1000
Darrell 4000 *

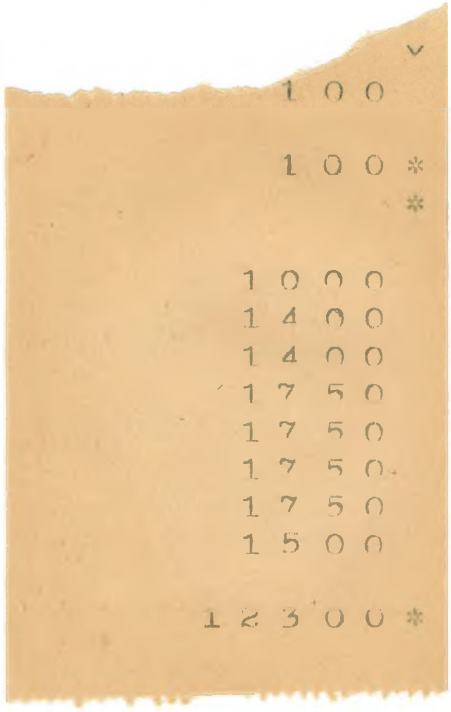

*
6 0 0
1 4 0 0
1 4 0 0
1 2 0 0
1 2 0 0
1 4 0 0
1 4 0 0
1 4 0 0
1 0 0 0
M Gilliland
1 1 0 0 0 *

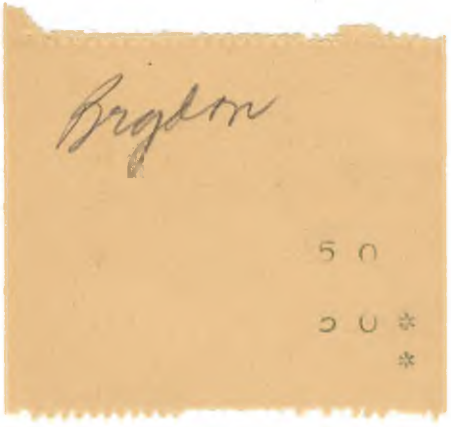

600
1400
1200
1200
1000
Goldman 5400*


*
1 1 0 0
1 0 0
1 2 0 0
1 2 0 0
1 2 0 0
1 2 0 0
1 2 0 0
1 0 0 0
R. Gross 8 2 0 0 *

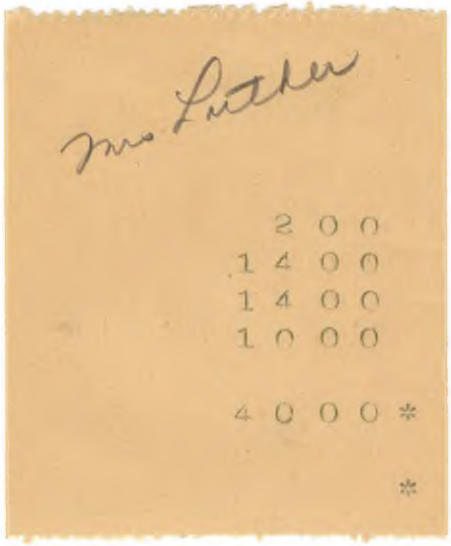

*
2 5 0
1 5 0 0
1 5 0 0
1 5 0 0
1 7 5 0
1 7 5 0
1 7 5 0
1 5 0 0
King 1 1 5 0 0 *


1750
1500
1750
1750
1500
1750
1750
1500
Lewis
13250

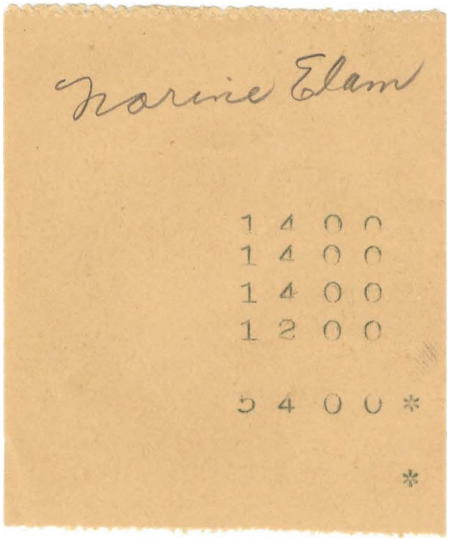

100
100*
*
1000
1400
1400
1750
1750
1750
1750
1500
12300*

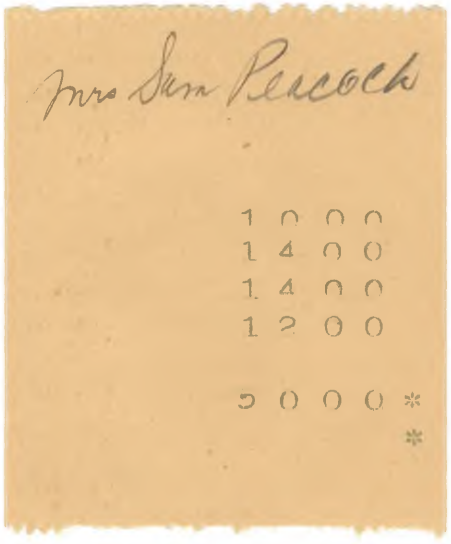

Brydon
50
50*
*

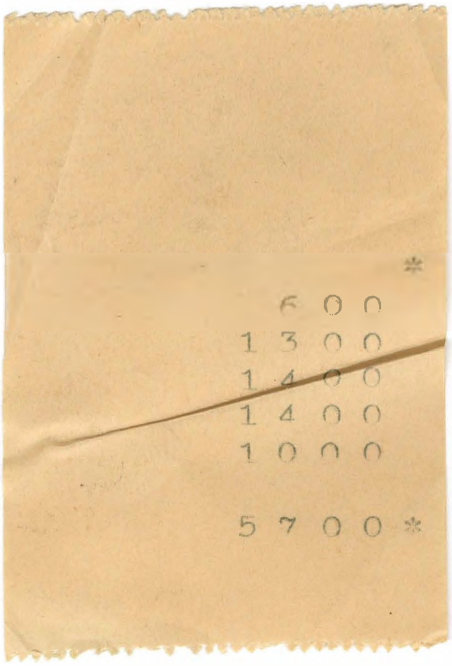

Inuit Tuvar
1 0 0 0
1 0 0 0 *
*

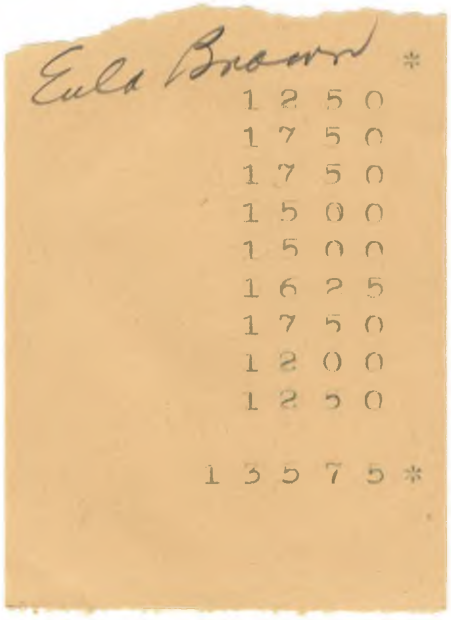

Mrs Luther
200
1400
1400
1000
4000*
*

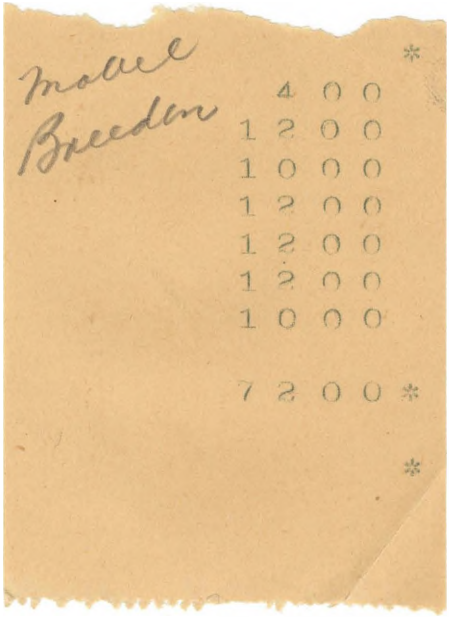

Jan Marelba
1200
1200
1200
1000
4600*
*

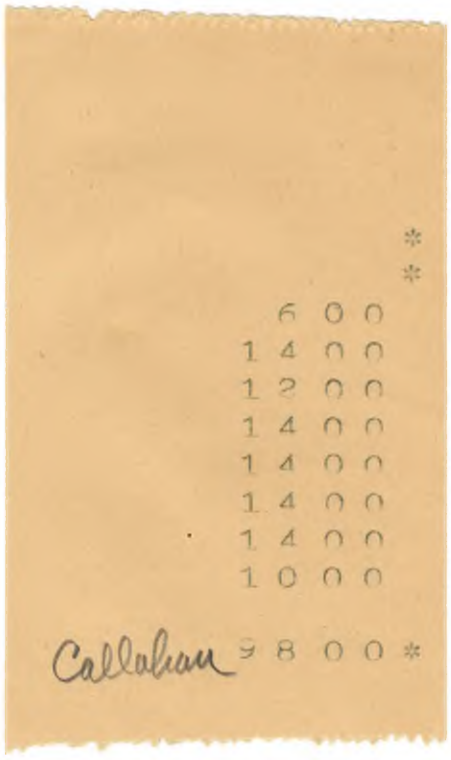

Jarvie Elam
1400
1400
1400
1200
5400*
*


Mrs Sam Peacock
1000
1400
1400
1200
5000 *
*


*
600
1300
1400
1400
1000
5700*


Eula Brown *
1250
1750
1750
1500
1500
1625
1750
1200
1250
13575 *


Model
Breeden
4 0 0
1 2 0 0
1 0 0 0
1 2 0 0
1 2 0 0
1 2 0 0
1 0 0 0
7 2 0 0

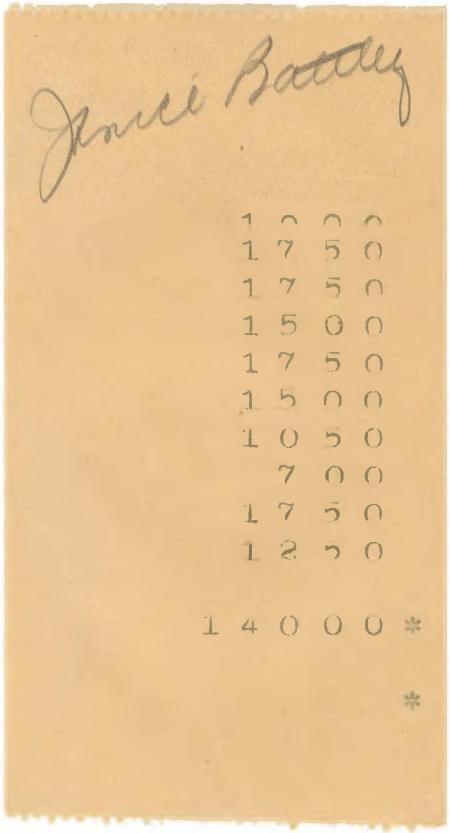

*
*
600
1400
1200
1400
1400
1400
1400
1000
Callahan 9800 *

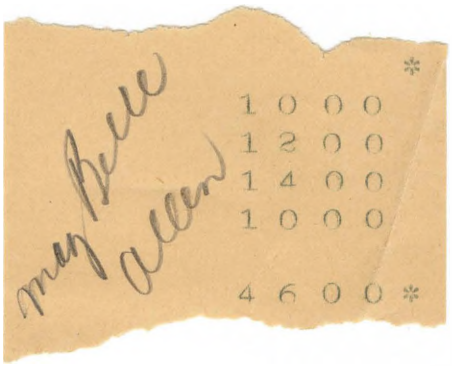
Vallei Breeders

*

5 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0
8 0 0

o 9 0 0 *

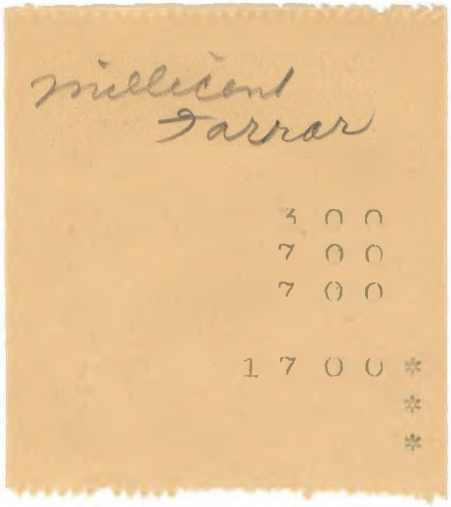

Janice Baddy
1000
1750
1750
1500
1750
1500
1050
700
1750
1250
14000*
*


1000
1200
1400
1000
4600

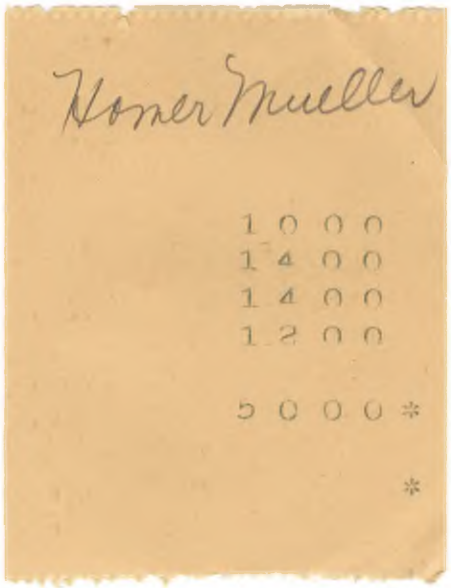

Thelma
Gatoura
1000
1400
1400
1000
4800*
*

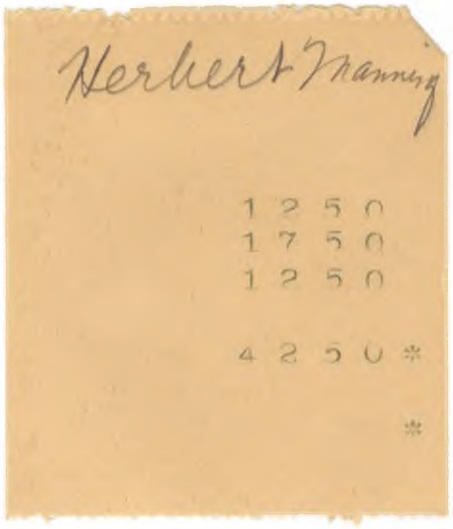

Laura McConnell
1000
1000
2000

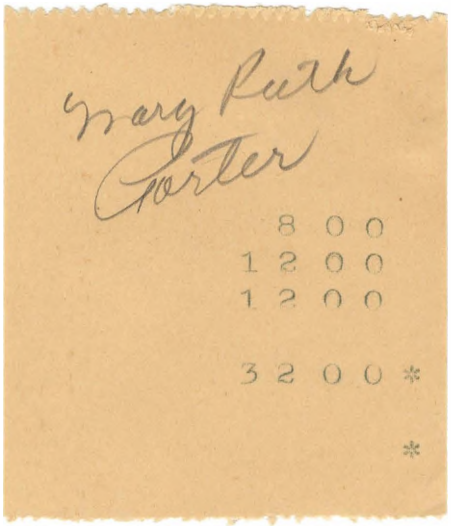

Eloyse McConnell
1000
1000
2000*
*


Millicent
Farrar
300
700
700
1700
*
*
*


281244
35000
316244*
*


Homer Mueller
1000
1400
1400
1200
5000*
*


Herbert Manning
1250
1750
1250
4250*
*


Mary Ruth
Carter
8 0 0
1 2 0 0
1 2 0 0
3 2 0 0 *
*

Form SS-1b
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised July 1939)

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE
CONTINUATION SHEET

PAGE NO._____

Date Quarter Ended

READ INSTRUCTIONS CAREFULLY

Enter in this space employer's name, address of principal place of business, and identification number exactly as shown in Items 10 and 13 on Form SS-1a

DO NOT USE THIS SPACE	EMPLOYEE'S SOCIAL SECURITY ACCOUNT NUMBER (17)	NAME OF EMPLOYEE (18)	TAXABLE WAGES PAID TO EMPLOYEE DURING QUARTER (19)	SEPARATION DATE (20)	STATE (21)
TOTAL FOR THIS PAGE—Total taxable wages paid			$		

2—17556

INSTRUCTIONS

1. This continuation sheet (Form SS–1 b) will be used when additional space is required to complete Schedule A of Form SS–1 a. The original continuation sheets should be securely attached to the tax return (Form SS–1 a). Carbon or duplicate copies should be retained by the employer.

2. The continuation sheets for each return should be numbered consecutively, beginning with page No. 2. The combined tax return and schedule (Form SS–1 a) is regarded as page No. 1.

3. The employer's name, address, and identification number should be entered in the space provided at the top of each sheet. These particulars should be the same as in Items 10 and 13 on the combined tax return and schedule (Form SS–1 a).

4. Returns from employers carrying on business in more than one State must show the State in which each employee to whom taxable wages were paid, was employed during the return period. In such instances, employers will list the employees who worked in each State in a separate section of Schedule A. Each such section should be commenced on a new sheet, and the name of the State need be stated only in the caption of column 21 on each sheet. Special subtotals for such sections are not required. In instances where all employees listed performed their work in the State of the employer's principal place of business, no indication of the State of employment will be required.

EMPLOYERS REPORTING FEWER THAN 1,000 EMPLOYEES

5. In the case of employers reporting fewer than 1,000 employees, each continuation sheet should be added separately, and the total taxable wages paid to employees should be shown in the space provided at the bottom of the sheet. *Totals should not be carried forward from page to page.*

6. A summary should be prepared, recapitulating the page totals, in two columns, as follows:

Page Number	Total Taxable Wages Paid

A blank continuation sheet (Form SS–1 b) will be used for this summary, inserting the proper headings as indicated.

7. The total taxable wages, as shown on this summary, will be transferred to Item 22 of Schedule A of Form SS–1 a.

EMPLOYERS REPORTING 1,000 EMPLOYEES OR MORE

8. In the case of employers reporting 1,000 employees or more, the employees will be listed in Schedule A in blocks of approximately 1,000 names. Page totals need not be shown, unless desired for the employer's own convenience. Blocks will be numbered consecutively, beginning with No. 1, and each block will be separately totaled.

9. A summary should be prepared, recapitulating the block totals in three columns, as follows:

Block Number	Inclusive Page Numbers of Continuation Sheets	Total Taxable Wages Paid

A blank continuation sheet (Form SS–1 b) will be used for this summary, inserting the proper headings as indicated.

10. The total taxable wages, as shown on this summary, will be transferred to Item 22 of Schedule A of Form SS–1 a.

IMPORTANT

Careful compliance with the foregoing instructions will obviate much unnecessary correspondence and will greatly facilitate the work of both the Internal Revenue Service and the Social Security Board in performing the duties which devolve upon them under the Social Security program.

U. S. GOVERNMENT PRINTING OFFICE 2—17556

Form SS-1 b
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised July 1939)

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE
CONTINUATION SHEET

PAGE No. _____

Travis County Johnson For Senate Club

Date Quarter Ended 6/30/41

READ INSTRUCTIONS CAREFULLY

Enter in this space employer's name, address of principal place of business, and identification number exactly as shown in Items 10 and 13 on Form SS-1a

Do Not Use This Space	Employee's Social Security Account Number (17)	Name of Employee (18)	Taxable Wages Paid to Employee During Quarter (19)	Separation Date (20)	State (21)
		JANE GARRETT	$ 64.00		Texas
		MARY GILLILAND	110.00		Texas
		SALLIE GOODMAN	54.00		Texas
		ROSE GROOS	94.00		Texas
		RUTH KING	115.00		Texas
		MADELINE LEWIS	132.50		Texas
		WINIFRED LONEY	123.00		Texas
		SARA LEE	57.00		Texas
		DAVID McANGUS	103.50		Texas
		IVA RUE MOORE	134.50		Texas
		IRENE NEWFIELD	51.00		Texas
		DORIS ORR	100.00		Texas
		PAULINE PAYTON	66.00		Texas
		MAUDE PEEVY	102.50		Texas
		MARTHA QUINN	76.00		Texas
		FLORINE ROBERTS	115.25		Texas
		BESS SCHWARTZ	35.00		Texas
		LELA SCOTT	122.50		Texas
		DOROTHY SHERMAN	90.78		Texas
		VALERIA STEGLICH	52.50		Texas
		ELAINE STRONG	110.00		Texas
		DORIS TURNER	55.81		Texas
		MARIE UNIS	117.50		Texas
		JERRY WILKIE	80.00		Texas
		MINA BOGGESS	85.00		Texas
		JEANNE ADELE GREEN	44.00		Texas
		JERRY BOYD	80.00		Texas
		EMORY LEA DUNN	52.00		Texas
		MARY ELIZABETH HARRIS	34.00		Texas
		ALMA JUANITA MULLINS	33.00		Texas
		JOHNNEY CLARK	36.00		Texas
		ALMA PREHN	90.00		Texas
		BETSY CURTIS	47.10		Texas
		LUCILE FAVOR	10.00		Texas
		JULIA BRYDON	350.00		Texas
		BESSIE JENNINGS LUTHER	40.00		Texas
		JEAN MARELKA	46.00		Texas
		NORINE ELAM	54.00		Texas

TOTAL FOR THIS PAGE—Total taxable wages paid ..... $ 3,162.44

2—17556

PII on this page has been concealed.

Form SS-1b
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised July 1939)

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE
CONTINUATION SHEET

PAGE No. _____

Date Quarter Ended 6-30-41

READ INSTRUCTIONS CAREFULLY

Enter in this space employer's name, address of principal place of business, and identification number exactly as shown in Items 10 and 13 on Form SS-1a

Do Not Use This Space	Employee's Social Security Account Number (17)	Name of Employee (18)	Taxable Wages Paid to Employee During Quarter (19)	Separation Date (20)	State (21)
		MAY BELLE ALLEN	$ 46.00		Texas
		MILLICENT FARRAR	17.00		Texas
		MARY RUTH PORTER	32.00		Texas
		HERBERT MANNING	42.50		Texas
		HOMER MUELLER	50.00		Texas
		THELMA B. GATOURA	48.00		Texas
		MARILYN TEER	48.00		Texas
		MRS. SAM PEACOCK	50.00		Texas
		MARGARET BIRDSONG	2.00		Texas
		NINA JOHN	34.00		Texas
		PETER MANSBENDEL	24.00		Texas
		DOLORES SCOTT	40.00		Texas
		BOBBY HOLLAND	19.00		Texas
		ROSEMARY YATES	2.00		Texas
		ELAYNE McCONNELL	20.00		Texas
		ELOYSE McCONNELL	20.00		Texas
		LAURA McCONNELL	20.00		Texas
		HELEN OSABA	10.00		Texas
		JOSEPHINE PETIT	16.00		Texas
		ERWIN GATHRIGHT	28.00		Texas
		JOAN HAGGERTY	28.00		Texas
		JIMMY BASKIN	5.00		Texas
		PAULINE HUNT	10.00		Texas
		SARAH WADE	20.60		Texas
		INEZ PRATHER	10.00		Texas
		EUGENIA PURL	18.00		Texas
		TOTAL FOR THIS PAGE—Total taxable wages paid	$ 660.10		

2—17556

PII on this page has been concealed.

Form SS-1a (Rev. Nov. 1940)
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

EMPLOYER'S TAX RETURN
UNDER FEDERAL INSURANCE CONTRIBUTIONS ACT

READ INSTRUCTIONS CAREFULLY

1. Number of employees listed in Schedule A 82
2. Total taxable wages PAID (from Item 21) ..... $ 5,290.04

EMPLOYERS' TAX

3. 1% of Item 2 ..... $ 52.90
4. Credit or adjustment $ ..... (Must be explained. See Instructions)
5. Total employers' tax ..... $ 52.90

EMPLOYEES' TAX

6. 1% of Item 2 ..... $ 52.90
7. Credit or adjustment $ ..... (Must be explained. See instructions)
8. Total employees' tax ..... $ 52.90
9. Total tax (total of Items 5 and 8) ..... $ 105.80

IDENTIFICATION No. ..... SS-4 filed

Travis County Johnson For
Senate Club

10. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

THIS COPY MUST BE KEPT BY EMPLOYER

July 1

6/30/41

This copy, together with a copy of each related schedule or statement which the employer is required to keep, must be carefully preserved by the employer at his principal place of business, and should at all times be available for inspection by officers of the Bureau of Internal Revenue. See Par. I of General Instructions on back of this copy.

105.80
5.29
.18

111.27

DO *NOT* DETACH AT THIS LINE

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE

(List all employees to whom taxable wages were paid during the quarter)

IDENTIFICATION No. ..... SS-4 filed

Travis County Johnson For
Senate Club

13. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

14. Date quarter ended 6/30/41

If there is not enough space to list all employees below, use Schedule A continuation sheets (Form SS-1 b). Each such sheet must show a page number beginning with number 2. (See instructions on back of continuation sheet.)

15. Total pages of return, including continuation sheets attached ..... three

16. Has a change of ownership, or other transfer, of the business taken place during the quarter? ..... No (Yes or no) ..... If so, attach the statement called for in Item 16 of Instructions.

Employee's Account Number (17)	Name of Employee (Type or print) (18)	Taxable Wages Paid Under Federal Insurance Contributions Act (19) Dollars	Cents	State (20)
	LYNNTON ESTES	128	75	Texas
	GERALD DRISKILL	119	00	Texas
	CLAUDE ZEIGLER	15	50	Texas
	EDMUND LENZ	104	50	Texas
	VERNON DUNLOP	53	50	Texas
	JULIAN ESTES, JR	44	00	Texas
	JANICE BOTTLEY	140	00	Texas
	VALLIE BOUCHARD	69	00	Texas
	MABEL CLAIRE BREEDEN	92	00	Texas
	MRS. EULA BROWN	135	75	Texas
	MAUREEN BROWN	101	00	Texas
	CATHERINE CALLAHAN	98	00	Texas
	SYBIL CATTERAL	60	00	Texas
	GLORIA COFFEY	48	00	Texas
	EMMA COMPTON	92	00	Texas
	MARY CURTIS	110	50	Texas
	MADELINE CROW	52	00	Texas
	ISAAC HEFFINGTON	24	00	

TOTAL FOR THIS PAGE—Total taxable wages paid ..... $ 1457 50

21. TOTAL FOR THIS RETURN—Total taxable wages paid ..... $ 5,290.04 (This total must be the same as Item 2 above)

(Do not use this space)

22. Number of taxable employees on pay roll covering last pay period (or pay periods) of quarter 59

THIS FORM MUST BE FILED WITH U. S. COLLECTOR OF INTERNAL REVENUE ON OR BEFORE THE LAST DAY OF THE FIRST MONTH FOLLOWING THE CLOSE OF THE QUARTER YEAR

16—12181

PII on this page has been concealed.

GENERAL INSTRUCTIONS

(For Entries to be Made in Items 1 to 22, Inclusive, See the Instructions on the Back of the Original Copy)

This form is to be used by each employer of one or more individuals in reporting and paying the taxes imposed under the Federal Insurance Contributions Act. This Act imposes an employers' tax of 1 percent upon wages paid by each employer and, in addition, an employees' tax of 1 percent upon wages received by each employee. An explanation of the principal provisions and requirements of the Act and related regulations is outlined below.

PARAGRAPH A. **Wages that are taxable.**—All wages paid to employees, with certain exceptions, are taxable. (The most important of these exceptions are listed in par. B, below.) **Taxable wages include not only money but the fair value of any other thing received by an employee from the employer in payment for work done, such as meals, lodging, clothing, or merchandise.** In general, taxable wages also include the following:

(1) Wages paid to temporary or part-time employees.

(2) Salaries or wages paid to officers of corporations.

(3) Wages paid to employees over age 65.

(4) Commissions paid to employees.

(5) Meals furnished to employees of restaurants and hotels, to seamen on American vessels, etc.

(6) Bonuses.

(7) Vacation allowances.

(8) Wages paid to relatives of partners or corporate officers working for the partnership or corporation.

(9) Wages paid by an individual employer to a son or daughter who is 21 or more years of age.

PAR. B. **Wages that are not taxable.**—Wages that are not taxable include:

(1) Amounts over and above the first $3,000 of wages paid to each employee **by the same employer** for services rendered in any one calendar year. In determining whether this exemption applies in the case of an employee who worked for more than one employer during the year, the employer may take into consideration **only** the total amount of wages paid by himself to the employee. In other words, the exemption applies separately to the wages the employee received from **each** employer and not to the total wages he received from all employers.

(2) Compensation for services which are not covered by the Act, such as agricultural labor and certain kinds of domestic service.

(3) Payments made by employers under certain plans providing for retirement, sickness or accidents, medical and hospitalization expenses, or death.

(4) Dismissal payments which the employer is not legally required to make.

(5) Tips paid directly to an employee by a customer of the employer, *provided* they are not accounted for by the employee to the employer.

PAR. C. **Collection of employees' tax.**—The employer should deduct the employees' tax of 1 percent when he pays them their wages, and if he does not do this, he becomes liable for this tax himself. **Tax so deducted is a special fund in trust for the United States and should be accumulated until the time fixed for its payment, when it should be paid over to the Collector of Internal Revenue. Employees' tax deducted from an employee's wages must not be used by the employer for his own purposes. Severe penalties are imposed by law for willful failure to pay, collect, or truthfully account for this tax.** The amount of the employees' tax, together with the employers' tax, must be paid over to the United States Collector of Internal Revenue once each 3 months.

PAR. D. **Quarterly tax return and wage report.**—For the filing of returns and payment of these taxes the year is divided into four periods or quarters of 3 months each, as follows: First quarter—January, February, and March; second quarter—April, May, and June; third quarter—July, August, and September; fourth quarter—October, November, and December.

Every employer must make a return on this form for the first quarter within which he pays taxable wages to his employee or employees, and for each quarter thereafter (whether or not taxable wages are paid therein) until he files a "final return," as explained in par. E. below. The return should be mailed or delivered to the office of the United States Collector of Internal Revenue and should be accompanied by remittance of the amount of taxes due, including both the employers' tax and the employees' tax. Checks or money orders should be made payable to the "U. S. Collector of Internal Revenue."

The return for the first quarter must reach the Collector's office not later than April 30; for the second quarter, not later than July 31; for the third quarter, not later than October 31; and for the fourth quarter, not later than January 31. Every employer who files a return after the due date, and who wishes to avoid the addition to tax for such delinquency (see par. J, below), must attach a statement to the return as a part thereof, making an affirmative showing of all facts alleged as a reasonable cause for his failure to file the return on time.

After an employer has once filed a return on this form, a blank form will be mailed to him every 3 months; but if at any filing period his form should fail to reach him, the employer should write to his local Collector of Internal Revenue or call at his office for a form so that he can make his return on time.

PAR. E. **Final returns.**—Any person who ceases to pay taxable wages must file a final return on this form. He should write the words "Final return" at the top of the return, show the period which it covers and the date of the last payment of taxable wages, and mail or deliver it, accompanied by a remittance of the taxes due, to the Collector so that it will reach his office on or before the 30th day after such date. He should also attach to the return a statement, in duplicate, giving the address at which the records referred to in par. I, below, will be kept, the name of the person keeping such records and, if the business has been sold or otherwise transferred to another person, the name and address of such person, and the date on which the sale or other transfer took effect.

PAR. F. **Statements to be furnished employees.**—Every employer is required to furnish each of his employees a written statement **in a form suitable for the employee to keep,** showing the following information: (1) the name of the employer, (2) the name of the employee, (3) the period covered by the statement, (4) the total amount of wages paid during the period, and (5) the amount of employees' tax with respect to such wages.

Each statement must cover one or more, but not more than four, calendar quarters and must be furnished to the employee not later than the last day of the second calendar month following the period covered by the statement. When an employee leaves the service of the employer, however, the statement must be furnished when the final wage payment to the employee is made.

If the employer chooses, he may furnish the statement at the time of each wage payment to the employee and, in that case, the statement may show the date of the wage payment instead of the period covered by the statement.

No particular form is prescribed for the statement required to be furnished by the employer to the employee. So long as it is in a form suitable for the employee to keep and shows clearly all the information required, the statement may be in any form. It may be furnished, for example, on the employee's pay envelope, on a detachable strip attached to the employee's pay check, or on a separate sheet of paper.

The law provides a civil penalty of not more than $5 for each willful failure of an employer to furnish the required statement to an employee.

PAR. G. **Employers must obtain identification numbers.**—Every employer who is required to file this form and who does not have an identification number and has not applied for one, must file an application on Form SS–4 for such a number. Copies of Form SS–4 may be obtained from any field office of the Social Security Board or from any Collector of Internal Revenue. The employer must file the application either with the nearest field office of the Social Security Board in the State in which his principal place of business is located, or with the Collector of Internal Revenue for the district in which such place of business is located. **The application must be filed on or before the seventh day after the date on which employment for wages for the employer first takes place.**

An identification number will be assigned to the employer on the basis of the information reported on the application. When received, the number should be entered in the employer's permanent records and kept on file for reference.

Each employer should have only one identification number. If an employer has more than one number and has not been advised which one to use, he should notify his Collector of Internal Revenue of the numbers he has and of the name and address to which each number was assigned. He should also give the Collector the address of his principal place of business. The Collector will then advise him of the identification number he should use.

An employer who has purchased or otherwise acquired the business of another person must not use the identification number assigned to such other person but must file an application for a new number for himself.

PAR. H. **Employees must obtain account numbers.**—As soon as an employee starts to work for an employer for wages, he must inform the employer what his account number is, and what his name is, exactly as shown on his account number card issued to him by the Social Security Board. If the employee fails to furnish this information, the employer is required to request it from the employee. As soon as the name and account number of the employee are made known to the employer, he must enter them in his records.

If an employee does not have an account number and has not applied for one, the employer must immediately advise the employee of the necessity for obtaining a number from the nearest field office of the Social Security Board. If the address of such a field office cannot be found in a local directory, it may be obtained at the local post office. The employee should then prepare an application on Form SS–5 (a copy of which can be obtained either at the field office or from the office of the local Collector) and submit the application to the field office of the Social Security Board. **The application must be filed on or before the seventh day after the date the employee starts to work for the employer for wages, or, if the employee leaves the employ of the employer before such seventh day, then the application must be filed before the employee leaves.** The field office of the Social Security Board will either issue an account number to the employee as soon as the application is submitted, or will issue a receipt to the employee acknowledging that an application has been filed by him.

In any case where an employee has not advised his employer what his account number is by the **fourteenth** day after the date he first starts to work for the employer for wages (or before he leaves the employ of the employer, if that event occurs within the fourteen-day period), the employer must immediately request the employee to comply with (1) or (2), below:

(1) If the employee has available a receipt issued to him by an office of the Social Security Board acknowledging that he has filed an application for an account number, the employee must show such receipt to the employer.

(2) If the employee does not have available such a receipt, the employee must furnish to the employer an application on Form SS–5, **completely filled in and signed by the employee.** If a copy of Form SS–5 is not available, the employee must, in place of that form, furnish to the employer a statement in writing, **signed by the employee,** setting forth the date of the statement, the employee's full name, present address, date and place of birth, father's full name, mother's full name before marriage, employee's sex and color, and information as to whether the employee previously filed an application on Form SS–5, and, if so, the date and place of filing.

If the employee complies with (1), above, by showing a receipt to the employer, the employer must enter in his records the date of issue of the receipt, its termination date, the address of the issuing office, and the name and address of the employee exactly as shown in the receipt. The receipt itself, however, must be retained by the employee. If, at the time the employer's return on Form SS–1a is filed, the employee's number is still unknown to the employer, the employer must enter on the return, with the entry with respect to the employee, the notation "Receipt issued," together with the name and address of the employee exactly as shown in the receipt, the date of issue of the receipt, and the address of the issuing office.

If the employee complies with (2), above, by furnishing to the employer a completely executed application on Form SS–5 or statement, the employer must attach such application or statement to his return on Form SS–1a unless, in the meanwhile, the employee's account number becomes known to the employer, in which case the number should be entered on the return and the application or statement returned to the employee.

If the employee fails to comply with either (1) or (2), above, the employer must execute and attach to his return on Form SS–1a, a Form SS–5 or statement, signed by the employer, setting forth as fully and clearly as practicable the information called for in paragraph (2), together with an explanation of his failure to secure from the employee a Form SS–5 or statement signed by the employee, and must insert the word "Employer" as part of his signature.

The employer should impress on each of his employees the need of keeping his account number and of having only one number. If an employee loses his account number card, he should apply for a duplicate card at the nearest Social Security Board office and should ask for the same number he had before. If an employee has more than one number, he should keep the one the employer has entered in his records and return the others to the nearest Social Security Board office for cancellation. Each account number card returned for cancellation should bear on the back, plainly written, the number which the employee is keeping.

The employer should advise any employee who wishes to correct a statement made on Form SS–5, or whose name has changed, to notify the nearest Social Security Board office so that his social security record will be accurate.

PAR. I. **Records.**—Every employer must keep sufficient records to enable him to fill in the return accurately for each employee, and to enable the Collector to verify the amount of taxes due. Such records must be retained for a period of 4 years from the date when the taxes were paid, and must at all times be open for inspection by Internal Revenue officers. **The employer's copy of this return, and copies of all schedules and statements required to be attached to the original copy pursuant to Items 4, 7, and 16 of the instructions appearing on the back of such original copy, must be kept by the employer at his principal place of business.**

PAR. J. **Interest and penalties.**—If tax is not paid when due, interest accrues at the rate of 6 percent per year. If the return is not filed on time, 5 percent to 25 percent of the tax will be added to the tax unless the employer establishes that a reasonable cause exists for the delinquency. The amount to be added to the tax depends on the duration of the delinquency. (See par. D, above, relative to the statement which the employer must submit if he does not file his return on time.) If the employer does not pay the amount of an assessment within 10 days after the service or mailing of a notice and demand for such payment, a penalty of 5 percent will be added to the assessment. Penalties are also imposed by law for willful failure to pay, collect, or truthfully account for and pay over tax, furnish statements to employees, keep records, make returns, or for false or fraudulent returns.

16—12181 U. S. GOVERNMENT PRINTING OFFICE

AUSTIN, TEXAS, _____ 194__

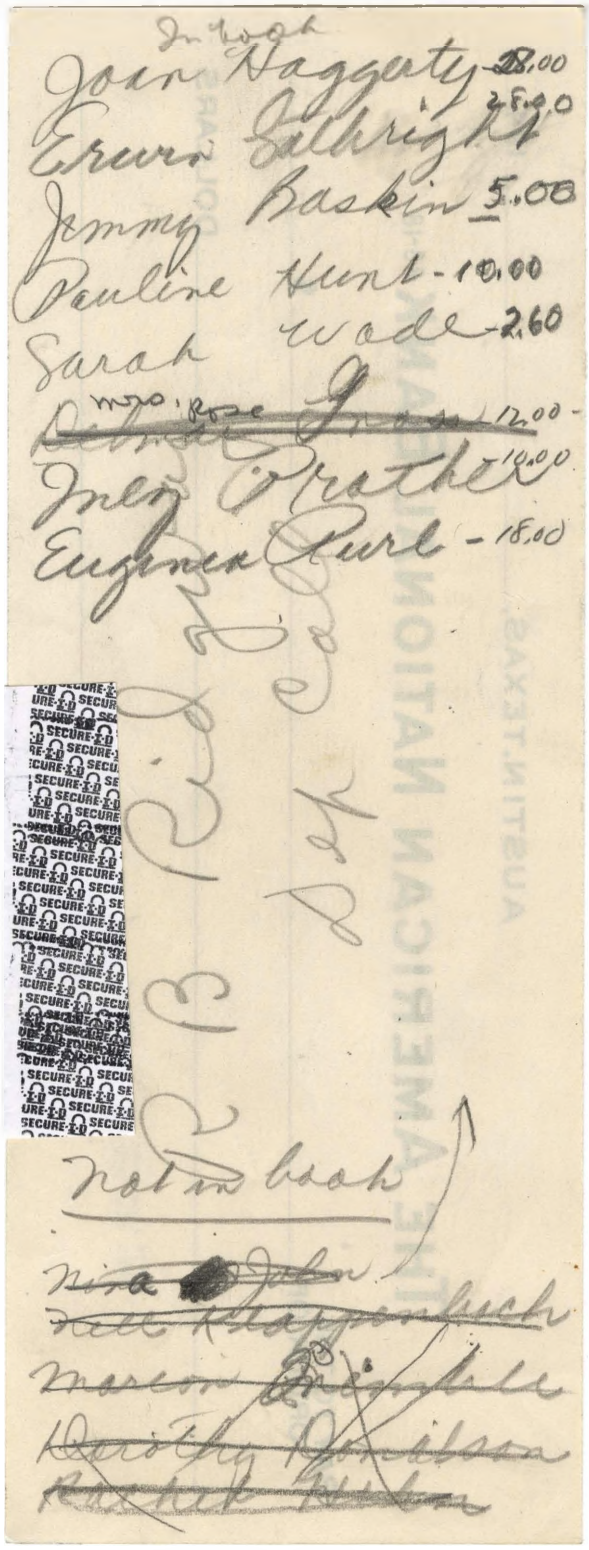
THE AMERICAN NATIONAL BANK 88-18

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

_____

PII on this page has been concealed.



PII on this page has been concealed.

Form SS-1a (Rev. Nov. 1940)
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

EMPLOYER'S TAX RETURN
UNDER FEDERAL INSURANCE CONTRIBUTIONS ACT

READ INSTRUCTIONS CAREFULLY

1. Number of employees listed in Schedule A ____
2. Total taxable wages PAID (from Item 21) ____ $____

EMPLOYERS' TAX

3. 1% of Item 2 ____ $____
4. Credit or adjustment $____ (Must be explained. See instructions)
5. Total employers' tax ____ $____

EMPLOYEES' TAX

6. 1% of Item 2 ____ $____
7. Credit or adjustment $____ (Must be explained. See instructions)
8. Total employees' tax ____ $____
9. Total tax (total of Items 5 and 8) ____ $____

IDENTIFICATION No. SS-4 filed

Tipton Johnson Company Heady

10. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

11. I swear (or affirm) that I have examined this return, that it is made in good faith, and that to the best of my knowledge and belief all entries made herein, and contained in each schedule or statement attached and made a part hereof, are true, correct, and complete, and in accordance with the law and regulations applicable hereto.

(Signed) ____

(Title) ____
(Owner, president, partner, member, etc. See instructions)

Sworn to and subscribed before me this ____ day of ____, 194__

(Signature and title of officer administering oath or signatures of two witnesses)

If paid by check or money order, make payable to "U. S. Collector of Internal Revenue."

12. Date quarter ended 6/30/41 1st Tax

Taxpayer will NOT use this space

Total tax. $____
Penalty ___ $____
Interest ___ $____
Total ___ $____

CASHIER'S STAMP
(Do not use this space for seal)

First & Final

DO *NOT* DETACH AT THIS LINE

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE

(List all employees to whom taxable wages were paid during the quarter)

IDENTIFICATION No. SS-4 filed

13. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

14. Date quarter ended 6/30/41 1st Tax

If there is not enough space to list all employees below, use Schedule A continuation sheets (Form SS-1 b). Each such sheet must show a page number beginning with number 2. (See instructions on back of continuation sheet.)

15. Total pages of return, including continuation sheets attached ____ 1

16. Has a change of ownership, or other transfer, of the business taken place during the quarter? No (Yes or no) If so, attach the statement called for in Item 16 of Instructions.

Employee's Account Number (17)	Name of Employee (Type or print) (18)	Taxable Wages Paid Under Federal Insurance Contributions Act (19) Dollars	Cents	State (20)
	MAY BELLE ALLEN	46	00	✓
	JANICE BATTLEY	140	00	✓
	VALLIE BOUCHARD	69	00	✓
	MABLE C. BREEDEN	62	50	72.00
	EULA BROWN	135	75	
	MAUREEN BROWN	47	00	
	Iron goitright			

TOTAL FOR THIS PAGE—Total taxable wages paid ____ $____

21. TOTAL FOR THIS RETURN—Total taxable wages paid ____ $____ This total must be the same as Item 2 above

(Do not use this space)

22. Number of taxable employees on pay roll covering last pay period (or pay periods) of quarter ____

THIS FORM MUST BE FILED WITH U. S. COLLECTOR OF INTERNAL REVENUE ON OR BEFORE THE LAST DAY OF THE FIRST MONTH FOLLOWING THE CLOSE OF THE QUARTER YEAR

16—12181

PII on this page has been concealed.

(THIS SPACE FOR COLLECTOR'S USE ONLY)

HOW TO FILL IN THIS FORM

(For General Instructions, see back of duplicate copy)

The blank return is furnished in duplicate. The original is for the U. S. Collector of Internal Revenue; the duplicate is to be retained by the taxpayer. It is suggested that the duplicate return should be filled in first. When this is completed and the taxpayer is satisfied that it is correct, the entries should be copied upon the original.

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE

Schedule A should be completely filled in before any entries are made in the employer's tax returns. The item numbers which follow correspond with the numbers which appear on the face of the return:

Item 13. Employer's name, address, and identification number.—Type or print the employer's name, business address, and identification number (as assigned by the Social Security Board), unless shown on the form when received from the Collector. If already shown, make any changes necessary to show correct name, address, or identification number. An employer who has not previously filed an application for an identification number should attach a properly executed application (Form SS–4) to the tax return. Do not enter the identification number assigned to a previous owner.

Item 14. Date quarter ended.—Unless already shown on the form when received from the Collector, enter in this space the last day of the 3-month period covered by the return, as March 31, 1941; June 30, 1941; September 30, 1941; or December 31, 1941. This may be written as 3–31–41, etc.

Item 15. Continuation sheets.—In case the space in Schedule A on this form is insufficient to permit the listing of all employees to whom taxable wages were paid during the quarter, continuation sheets (Form SS–1 b), a supply of which may be obtained from the Collector upon request, will be used. Enter in Item 15 the total number of pages comprising the return, including the continuation sheets attached.

Item 16. Change of ownership.—If a change of ownership, or other transfer, of the business for which this return is filed has taken place during the quarter, and you are the *new* owner or operator of the business, attach to the return a statement, in duplicate, giving the name, address, and identification number, if known, of the previous owner or operator, and the date on which the business was purchased or otherwise acquired. If you are the *previous* owner or operator, and this is your final return, follow the instructions in paragraph E of the General Instructions on back of duplicate copy.

Item 17. Employee's account number.—Enter in this column the account number assigned to each employee by the Social Security Board. If the employee does not have a number but holds a receipt issued to him by an office of the Social Security Board acknowledging that he has filed an application on Form SS–5 for a number, enter in this item "Receipt issued," together with the name and address of the employee exactly as shown in the receipt, the date of issue of the receipt, and the address of the issuing office. If the employee has neither a number nor a receipt, the word "Unknown" should be entered in this column, and the employer should request the employee to furnish him with a *completely executed* application on Form SS–5 *signed by the employee*, or, if a copy of Form SS–5 is not available, with a statement, *signed by the employee*, setting forth the date of the statement, the employee's full name, present address, date and place of birth, father's full name, mother's full name before marriage, employee's sex and color, and, if the employee has previously filed an application on Form SS–5, the date and place of filing. If the employee fails to furnish the Form SS–5 or statement, the employer should prepare such form or statement to the best of his own information and belief, include in it an explanation of his failure to secure the form or statement from the employee, and insert the word "Employer" as part of his signature. Any Form SS–5 or statement prepared in accordance with this instruction should be securely attached to, and submitted with, the original return regardless of whether an application for an account number was previously made by or on behalf of the employee. Blank Forms SS–5 may be obtained from the collector or from any Social Security Board field office. (See also par. H of General Instructions on back of duplicate copy.)

Item 18. Name of employee.—Type or print in this column the name of each employee to whom taxable wages were paid during the quarter. If practicable, the name should be entered exactly as it appears on the employee's account number card issued to him by the Social Security Board. In case the last name or any initial is known by the employer to be different from that shown on the account number card, enter in the first return on which the employee's name is reported the name as shown in the employer's records followed by the name shown on the account number card. In subsequent returns, enter only the name as shown in the employer's records.

Item 19. Taxable wages paid.—Enter in this column the total of taxable wages paid to each employee during the quarter.

Item 20. State.—Enter in this column the State in which the employee was employed during the quarter. In the case of an employee who worked in more than one State during the quarter, enter the name of the State to which the employer is required to report him for State unemployment compensation purposes; if the employer is not required to so report the employee, enter the name of the State which the employer considers to have been the last headquarters of the employee during the quarter. Do not enter more than one State for any employee and do not leave a blank space in column 20 for any employee listed. Employers carrying on business in more than one State and who use Form SS–1 b (continuation sheet) must group the employees by the States in which they work in accordance with paragraph 4 of the instructions on the reverse of that form.

Item 21. Total taxable wages.—Enter in this space the total of the amounts shown in the column headed "Taxable Wages Paid Under Federal Insurance Contributions Act." (Item 19.)

Item 22. Employees at end of quarter.—Enter in this item the figure obtained by counting the number of taxable employees during the last pay period ending within the quarter (including, for this purpose, employees in the last pay period who received remuneration in excess of $3,000 for services performed during previous pay periods of the same calendar year). If you maintain pay rolls for periods of varying length (that is, weekly, semimonthly, monthly, etc.), this figure should be obtained by adding together the employees who appear on all such last pay rolls within the quarter. Should there be no employees during the last pay period, enter zero (0). Do not count employees who received no wages during the last pay period of the quarter because they were on vacation, on sick leave, or laid off. (The number entered in this item will not necessarily be the same as the total number of employees listed in Schedule A, as reported in Item 1 of the tax portion of the return.)

EMPLOYER'S TAX RETURN

After completing Schedule A, the employer should fill in the tax return as follows:

Item 1. Number of taxable employees.—Enter the total number of employees listed in Schedule A.

Item 2. Total taxable wages paid.—Enter the same amount as reported in Item 21 of Schedule A.

Item 3. Employers' tax.—Enter 1 percent of Item 2.

Item 4. Credit or adjustment.—This space is to be used only for the correction of underpayments or overpayments of the *employers'* tax as reported on a prior return, or credits for overpayments of penalty or interest paid with respect to tax for prior periods. If the correction relates to a prior underpayment, the amount of the underpayment will be added to the amount entered in Item 3 in computing the total tax to be entered in Item 5. If the correction relates to a prior overpayment, the amount of the overpayment will be deducted from the amount entered in Item 3. If there are both an addition and a deduction to be reported, only the difference between the two will be entered in Item 4. Any amount entered in Item 4 must be explained by a statement, in duplicate, attached to the original return, showing the tax-return period in which the error was ascertained, and setting forth the reasons for, and the complete details of, each correction made in the employers' tax. (See note under Item 7, below.)

Item 5. Total employers' tax.—Enter the total employers' tax due with this return. If no credit or adjustment is entered in Item 4, this entry will be the same as Item 3.

Item 6. Employees' tax.—Enter 1 percent of Item 2.

Item 7. Credit or adjustment.—This space is to be used for the correction of any underpayments or overpayments of the *employees'* tax as reported on a prior return and for adjustments in the current period by reason of fractions of cents added or dropped in collecting employees' tax from employees. If the correction relates to a prior underpayment, the amount of the underpayment will be added to the amount in Item 6 in computing the total tax to be entered in Item 8. If the correction relates to a prior overpayment, the amount of the overpayment will be deducted. If there are both an addition and a deduction to be reported, only the difference between the two will be entered in Item 7. Any amount entered in Item 7 must be explained by a statement, in duplicate, attached to the original return, setting forth an explanation of the error which the entry is intended to correct, the tax-return period in which the error was ascertained, the particular return period or periods to which the overpayment or underpayment relates, the amount of overpayment or underpayment chargeable to each such period, the manner in which the employer and employee have settled any overcollection or undercollection of employees' tax; and if erroneous amounts of wages were reported for employees on prior returns, state the name and account number of each employee whose wages were erroneously reported, the erroneous amount reported on each return for each employee (if none, so state), and the amount which should have been reported on each return for each employee (if none, so state).

If there is a difference between the amount of the employees' tax as entered in Item 6 and the total of the amounts actually deducted from the wages of the employees, due to fractions of cents added or dropped in collecting employees' tax from employees, this difference should be reported in Item 7 as a deduction or an addition, as the case may be. If such a difference is the only entry to be made in Item 7, no statement explaining this item need be attached to the return, but the taxpayer should insert the words "fractions only" on the face of the return in the space to the right of the entry in Item 7.

NOTE.—The explanations required in connection with entries in Items 4 and 7 may, if desired, be combined in the same statement, in duplicate, to be attached to the original return.

Item 8. Total employees' tax.—Enter the total employees' tax due with this return. If no amount is entered in Item 7, this entry will be the same as Item 6.

Item 9. Total tax.—Enter the total of Items 5 and 8. This is the amount which should be paid to the Collector of Internal Revenue.

Item 10. Employer's name, address, and identification number.—Follow the instruction relating to Item 13.

Item 11. Signature and oath.—Each return must be signed (1) by the individual, if the employer is an individual; (2) by a principal officer, if the employer is a corporation; (3) by a responsible and duly authorized member or officer having knowledge of its affairs, if the employer is a partnership or other unincorporated organization; or (4) the fiduciary, if the employer is a trust or estate. If the tax due is more than $10, the return must be acknowledged before an officer authorized to administer oaths. If the tax due is $10 or less, the return may be signed before two witnesses instead of under oath.

Item 12. Date quarter ended.—Follow the instruction relating to Item 14.

U. S. GOVERNMENT PRINTING OFFICE 16—12181

Form SS-1a (Rev. Nov. 1940)
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

EMPLOYER'S TAX RETURN

UNDER FEDERAL INSURANCE CONTRIBUTIONS ACT

READ INSTRUCTIONS CAREFULLY

1. Number of employees listed in Schedule A ____________ ____________
2. Total taxable wages PAID (from Item 21) ____ $____________

EMPLOYERS' TAX

3. 1% of Item 2 ________ $____________
4. Credit or adjustment $____________ (Must be explained. See instructions)
5. Total employers' tax ____________ $____________

EMPLOYEES' TAX

6. 1% of Item 2 ________ $____________
7. Credit or adjustment $____________ (Must be explained. See instructions)
8. Total employees' tax ____________ $____________
9. Total tax (total of Items 5 and 8) ________ $____________

IDENTIFICATION No. ____________

10. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

THIS COPY MUST BE KEPT BY EMPLOYER

This copy, together with a copy of each related schedule or statement which the employer is required to keep, must be carefully preserved by the employer at his principal place of business, and should at all times be available for inspection by officers of the Bureau of Internal Revenue. See Par. 1 of General Instructions on back of this copy.

DO *NOT* DETACH AT THIS LINE

SCHEDULE A—EMPLOYER'S REPORT OF TAXABLE WAGES PAID TO EACH EMPLOYEE

(List all employees to whom taxable wages were paid during the quarter)

IDENTIFICATION No. ____________

13. Type or print in this space employer's name, address of principal place of business, and identification number. (See Item 13 of Instructions.)

14. Date quarter ended

If there is not enough space to list all employees below, use Schedule A continuation sheets (Form SS-1 b). Each such sheet must show a page number beginning with number 2. (See instructions on back of continuation sheet.)

15. Total pages of return, including continuation sheets attached ____________

16. Has a change of ownership, or other transfer, of the business taken place during the quarter? ____________ (Yes or no) If so, attach the statement called for in Item 16 of Instructions.

→ IF ANY EMPLOYEE'S ACCOUNT NUMBER IS UNKNOWN, FOLLOW ITEM 17 OF INSTRUCTIONS ←

Employee's Account Number (17)			Name of Employee (Type or print) (18)	Taxable Wages Paid Under Federal Insurance Contributions Act (19)		State (20)
000	00	0000		Dollars	Cents	

TOTAL FOR THIS PAGE—Total taxable wages paid ____________ $____________

21. TOTAL FOR THIS RETURN—Total taxable wages paid ____________ $____________ This total must be the same as Item 2 above.

(Do not use this space)

22. Number of taxable employees on pay roll covering last pay period (or pay periods) of quarter ____________

THIS FORM MUST BE FILED WITH U. S. COLLECTOR OF INTERNAL REVENUE ON OR BEFORE THE LAST DAY OF THE FIRST MONTH FOLLOWING THE CLOSE OF THE QUARTER YEAR

16—12181

GENERAL INSTRUCTIONS

(For Entries to be Made in Items 1 to 22, Inclusive, See the Instructions on the Back of the Original Copy)

This form is to be used by each employer of one or more individuals in reporting and paying the taxes imposed under the Federal Insurance Contributions Act. This Act imposes an employers' tax of 1 percent upon wages paid by each employer and, in addition, an employees' tax of 1 percent upon wages received by each employee. An explanation of the principal provisions and requirements of the Act and related regulations is outlined below.

PARAGRAPH A. **Wages that are taxable.**—All wages paid to employees, with certain exceptions, are taxable. (The most important of these exceptions are listed in par. B, below.) **Taxable wages include not only money but the fair value of any other thing received by an employee from the employer in payment for work done, such as meals, lodging, clothing, or merchandise.** In general, taxable wages also include the following:

(1) Wages paid to temporary or part-time employees.

(2) Salaries or wages paid to officers of corporations.

(3) Wages paid to employees over age 65.

(4) Commissions paid to employees.

(5) Meals furnished to employees of restaurants and hotels, to seamen on American vessels, etc.

(6) Bonuses.

(7) Vacation allowances.

(8) Wages paid to relatives of partners or corporate officers working for the partnership or corporation.

(9) Wages paid by an individual employer to a son or daughter who is 21 or more years of age.

PAR. B. **Wages that are not taxable.**—Wages that are not taxable include:

(1) Amounts over and above the first $3,000 of wages paid to each employee **by the same employer** for services rendered in any one calendar year. In determining whether this exemption applies in the case of an employee who worked for more than one employer during the year, the employer may take into consideration **only** the total amount of wages paid by himself to the employee. In other words, the exemption applies separately to the wages the employee received from **each** employer and not to the total wages he received from all employers.

(2) Compensation for services which are not covered by the Act, such as agricultural labor and certain kinds of domestic service.

(3) Payments made by employers under certain plans providing for retirement, sickness or accidents, medical and hospitalization expenses, or death.

(4) Dismissal payments which the employer is not legally required to make.

(5) Tips paid directly to an employee by a customer of the employer, *provided* they are not accounted for by the employee to the employer.

PAR. C. **Collection of employees' tax.**—The employer should deduct the employees' tax of 1 percent when he pays them their wages, and if he does not do this, he becomes liable for this tax himself. **Tax so deducted is a special fund in trust for the United States and should be accumulated until the time fixed for its payment, when it should be paid over to the Collector of Internal Revenue. Employees' tax deducted from an employee's wages must not be used by the employer for his own purposes. Severe penalties are imposed by law for willful failure to pay, collect, or truthfully account for this tax.** The amount of the employees' tax, together with the employers' tax, must be paid over to the United States Collector of Internal Revenue once each 3 months.

PAR. D. **Quarterly tax return and wage report.**—For the filing of returns and payment of these taxes the year is divided into four periods or quarters of 3 months each, as follows: First quarter—January, February, and March; second quarter—April, May, and June; third quarter—July, August, and September; fourth quarter—October, November, and December.

Every employer must make a return on this form for the first quarter within which he pays taxable wages to his employee or employees, and for each quarter thereafter (whether or not taxable wages are paid therein) until he files a "final return," as explained in par. E. below. The return should be mailed or delivered to the office of the United States Collector of Internal Revenue and should be accompanied by remittance of the amount of taxes due, including both the employers' tax and the employees' tax. Checks or money orders should be made payable to the "U. S. Collector of Internal Revenue."

The return for the first quarter must reach the Collector's office not later than April 30; for the second quarter, not later than July 31; for the third quarter, not later than October 31; and for the fourth quarter, not later than January 31. Every employer who files a return after the due date, and who wishes to avoid the addition to tax for such delinquency (see par. J, below), must attach a statement to the return as a part thereof, making an affirmative showing of all facts alleged as a reasonable cause for his failure to file the return on time.

After an employer has once filed a return on this form, a blank form will be mailed to him every 3 months; but if at any filing period his form should fail to reach him, the employer should write to his local Collector of Internal Revenue or call at his office for a form so that he can make his return on time.

PAR. E. **Final returns.**—Any person who ceases to pay taxable wages must file a final return on this form. He should write the words "Final return" at the top of the return, show the period which it covers and the date of the last payment of taxable wages, and mail or deliver it, accompanied by a remittance of the taxes due, to the Collector so that it will reach his office on or before the 30th day after such date. He should also attach to the return a statement, in duplicate, giving the address at which the records referred to in par. I, below, will be kept, the name of the person keeping such records and, if the business has been sold or otherwise transferred to another person, the name and address of such person, and the date on which the sale or other transfer took effect.

PAR. F. **Statements to be furnished employees.**—Every employer is required to furnish each of his employees a written statement **in a form suitable for the employee to keep,** showing the following information: (1) the name of the employer, (2) the name of the employee, (3) the period covered by the statement, (4) the total amount of wages paid during the period, and (5) the amount of employees' tax with respect to such wages.

Each statement must cover one or more, but not more than four, calendar quarters and must be furnished to the employee not later than the last day of the second calendar month following the period covered by the statement. When an employee leaves the service of the employer, however, the statement must be furnished when the final wage payment to the employee is made.

If the employer chooses, he may furnish the statement at the time of each wage payment to the employee and, in that case, the statement may show the date of the wage payment instead of the period covered by the statement.

No particular form is prescribed for the statement required to be furnished by the employer to the employee. So long as it is in a form suitable for the employee to keep and shows clearly all the information required, the statement may be in any form. It may be furnished, for example, on the employee's pay envelope, on a detachable strip attached to the employee's pay check, or on a separate sheet of paper.

The law provides a civil penalty of not more than $5 for each willful failure of an employer to furnish the required statement to an employee.

PAR. G. **Employers must obtain identification numbers.**—Every employer who is required to file this form and who does not have an identification number and has not applied for one, must file an application on Form SS–4 for such a number. Copies of Form SS–4 may be obtained from any field office of the Social Security Board or from any Collector of Internal Revenue. The employer must file the application either with the nearest field office of the Social Security Board in the State in which his principal place of business is located, or with the Collector of Internal Revenue for the district in which such place of business is located. **The application must be filed on or before the seventh day after the date on which employment for wages for the employer first takes place.**

An identification number will be assigned to the employer on the basis of the information reported on the application. When received, the number should be entered in the employer's permanent records and kept on file for reference.

Each employer should have only one identification number. If an employer has more than one number and has not been advised which one to use, he should notify his Collector of Internal Revenue of the numbers he has and of the name and address to which each number was assigned. He should also give the Collector the address of his principal place of business. The Collector will then advise him of the identification number he should use.

An employer who has purchased or otherwise acquired the business of another person must not use the identification number assigned to such other person but must file an application for a new number for himself.

PAR. H. **Employees must obtain account numbers.**—As soon as an employee starts to work for an employer for wages, he must inform the employer what his account number is, and what his name is, exactly as shown on his account number card issued to him by the Social Security Board. If the employee fails to furnish this information, the employer is required to request it from the employee. As soon as the name and account number of the employee are made known to the employer, he must enter them in his records.

If an employee does not have an account number and has not applied for one, the employer must immediately advise the employee of the necessity for obtaining a number from the nearest field office of the Social Security Board. If the address of such a field office cannot be found in a local directory, it may be obtained at the local post office. The employee should then prepare an application on Form SS–5 (a copy of which can be obtained either at the field office or from the office of the local Collector) and submit the application to the field office of the Social Security Board. **The application must be filed on or before the seventh day after the date the employee starts to work for the employer for wages, or, if the employee leaves the employ of the employer before such seventh day, then the application must be filed before the employee leaves.** The field office of the Social Security Board will either issue an account number to the employee as soon as the application is submitted, or will issue a receipt to the employee acknowledging that an application has been filed by him.

In any case where an employee has not advised his employer what his account number is by the **fourteenth** day after the date he first starts to work for the employer for wages (or before he leaves the employ of the employer, if that event occurs within the fourteen-day period), the employer must immediately request the employee to comply with (1) or (2), below:

(1) If the employee has available a receipt issued to him by an office of the Social Security Board acknowledging that he has filed an application for an account number, the employee must show such receipt to the employer.

(2) If the employee does not have available such a receipt, the employee must furnish to the employer an application on Form SS–5, **completely filled in and signed by the employee.** If a copy of Form SS–5 is not available, the employee must, in place of that form, furnish to the employer a statement in writing, **signed by the employee,** setting forth the date of the statement, the employee's full name, present address, date and place of birth, father's full name, mother's full name before marriage, employee's sex and color, and information as to whether the employee previously filed an application on Form SS–5, and, if so, the date and place of filing.

If the employee complies with (1), above, by showing a receipt to the employer, the employer must enter in his records the date of issue of the receipt, its termination date, the address of the issuing office, and the name and address of the employee exactly as shown in the receipt. The receipt itself, however, must be retained by the employee. If, at the time the employer's return on Form SS–1a is filed, the employee's number is still unknown to the employer, the employer must enter on the return, with the entry with respect to the employee, the notation "Receipt issued," together with the name and address of the employee exactly as shown in the receipt, the date of issue of the receipt, and the address of the issuing office.

If the employee complies with (2), above, by furnishing to the employer a completely executed application on Form SS–5 or statement, the employer must attach such application or statement to his return on Form SS–1a unless, in the meanwhile, the employee's account number becomes known to the employer, in which case the number should be entered on the return and the application or statement returned to the employee.

If the employee fails to comply with either (1) or (2), above, the employer must execute and attach to his return on Form SS–1a, a Form SS–5 or statement, signed by the employer, setting forth as fully and clearly as practicable the information called for in paragraph (2), together with an explanation of his failure to secure from the employee a Form SS–5 or statement signed by the employee, and must insert the word "Employer" as part of his signature.

The employer should impress on each of his employees the need of keeping his account number and of having only one number. If an employee loses his account number card, he should apply for a duplicate card at the nearest Social Security Board office and should ask for the same number he had before. If an employee has more than one number, he should keep the one the employer has entered in his records and return the others to the nearest Social Security Board office for cancellation. Each account number card returned for cancellation should bear on the back, plainly written, the number which the employee is keeping.

The employer should advise any employee who wishes to correct a statement made on Form SS–5, or whose name has changed, to notify the nearest Social Security Board office so that his social security record will be accurate.

PAR. I. **Records.**—Every employer must keep sufficient records to enable him to fill in the return accurately for each employee, and to enable the Collector to verify the amount of taxes due. Such records must be retained for a period of 4 years from the date when the taxes were paid, and must at all times be open for inspection by Internal Revenue officers. **The employer's copy of this return, and copies of all schedules and statements required to be attached to the original copy pursuant to Items 4, 7, and 16 of the instructions appearing on the back of such original copy, must be kept by the employer at his principal place of business.**

PAR. J. **Interest and penalties.**—If tax is not paid when due, interest accrues at the rate of 6 percent per year. If the return is not filed on time, 5 percent to 25 percent of the tax will be added to the tax unless the employer establishes that a reasonable cause exists for the delinquency. The amount to be added to the tax depends on the duration of the delinquency. (See par. D, above, relative to the statement which the employer must submit if he does not file his return on time.) If the employer does not pay the amount of an assessment within 10 days after the service or mailing of a notice and demand for such payment, a penalty of 5 percent will be added to the assessment. Penalties are also imposed by law for willful failure to pay, collect, or truthfully account for and pay over tax, furnish statements to employees, keep records, make returns, or for false or fraudulent returns.

16—12181 U. S. GOVERNMENT PRINTING OFFICE

Processing Note:

12/23/2024

The following document has a total of 52 pages, including the document's front and back covers. 34 pages have been scanned in the two-page spread format. The remaining pages have not been scanned either because there is no unique information on the page, or the page contains personally identifiable information.

Robert Mar

Digitization Technician

Standard B&P Blank Books and Loose Leaf Devices

TRADE MARK REG. U.S. PAT. OFF.

Standard Time Book

No.	Description
589	Weekly Form, Names & Days on Same Page
589½	Weekly Form, Names & Days on Opp. Pages
605	Two Weekly Form
587	Monthly Form

Specify by Number the Book desired

Made in U. S. A.

TIME BOOK

WEEKLY 589

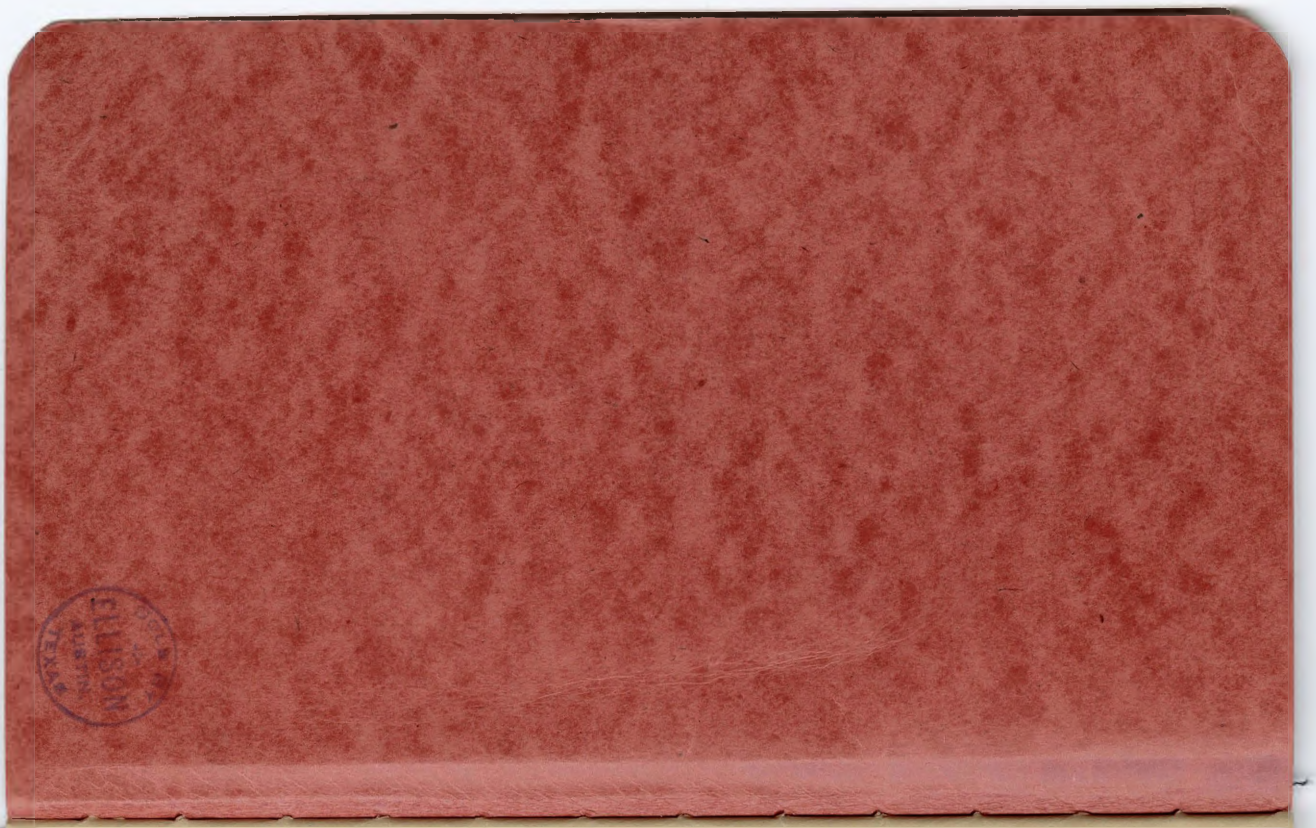


TABLE OF WAGES BY THE HOUR

	.25	.30	.35	.40	.45	.50	.55	.60	.65	.70	.75	.80	.85	.90	.95	1.00
¼	.06	.08	.09	.10	.11	.13	.14	.15	.16	.18	.19	.20	.21	.23	.24	.25
½	.13	.15	.18	.20	.23	.25	.28	.30	.33	.35	.38	.40	.43	.45	.48	.50
¾	.19	.23	.26	.30	.34	.38	.41	.45	.49	.53	.56	.60	.64	.68	.71	.75
1	.25	.30	.35	.40	.45	.50	.55	.60	.65	.70	.75	.80	.85	.90	.95	1.00
2	.50	.60	.70	.80	.90	1.00	1.10	1.20	1.30	1.40	1.50	1.60	1.70	1.80	1.90	2.00
3	.75	.90	1.05	1.20	1.35	1.50	1.65	1.80	1.95	2.10	2.25	2.40	2.55	2.70	2.85	3.00
4	1.00	1.20	1.40	1.60	1.80	2.00	2.20	2.40	2.60	2.80	3.00	3.20	3.40	3.60	3.80	4.00
5	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00
6	1.50	1.80	2.10	2.40	2.70	3.00	3.30	3.60	3.90	4.20	4.50	4.80	5.10	5.40	5.70	6.00
7	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20	4.55	4.90	5.25	5.60	5.95	6.30	6.65	7.00
8	2.00	2.40	2.80	3.20	3.60	4.00	4.40	4.80	5.20	5.60	6.00	6.40	6.80	7.20	7.60	8.00
9	2.25	2.70	3.15	3.60	4.05	4.50	4.95	5.40	5.85	6.30	6.75	7.20	7.65	8.10	8.55	9.00
10	2.50	3.00	3.50	4.00	4.50	5.00	5.50	6.00	6.50	7.00	7.50	8.00	8.50	9.00	9.50	10.00
20	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00
30	7.50	9.00	10.50	12.00	13.50	15.00	16.50	18.00	19.50	21.00	22.50	24.00	25.50	27.00	28.50	30.00
40	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00	26.00	28.00	30.00	32.00	34.00	36.00	38.00	40.00
50	12.50	15.00	17.50	20.00	22.50	25.00	27.50	30.00	32.50	35.00	37.50	40.00	42.50	45.00	47.50	50.00
60	15.00	18.00	21.00	24.00	27.00	30.00	33.00	36.00	39.00	42.00	45.00	48.00	51.00	54.00	57.00	60.00
70	17.50	21.00	24.50	28.00	31.50	35.00	38.50	42.00	45.50	49.00	52.50	56.00	59.50	63.00	66.50	70.00
80	20.00	24.00	28.00	32.00	36.00	40.00	44.00	48.00	52.00	56.00	60.00	64.00	68.00	72.00	76.00	80.00
90	22.50	27.00	31.50	36.00	40.50	45.00	49.50	54.00	58.50	63.00	67.50	72.00	76.50	81.00	85.50	90.00

TABLE OF WAGES BY THE HOUR (Continued)

	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.65	1.70	1.75
¼	.26	.28	.29	.30	.31	.33	.34	.35	.36	.38	.39	.40	.41	.43	.44
½	.53	.55	.58	.60	.63	.65	.68	.70	.73	.75	.78	.80	.83	.85	.88
¾	.79	.83	.86	.90	.94	.98	1.01	1.05	1.09	1.13	1.16	1.20	1.24	1.28	1.31
1	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.65	1.70	1.75
2	2.10	2.20	2.30	2.40	2.50	2.60	2.70	2.80	2.90	3.00	3.10	3.20	3.30	3.40	3.50
3	3.15	3.30	3.45	3.60	3.75	3.90	4.05	4.20	4.35	4.50	4.65	4.80	4.95	5.10	5.25
4	4.20	4.40	4.60	4.80	5.00	5.20	5.40	5.60	5.80	6.00	6.20	6.40	6.60	6.80	7.00
5	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50	7.75	8.00	8.25	8.50	8.75
6	6.30	6.60	6.90	7.20	7.50	7.80	8.10	8.40	8.70	9.00	9.30	9.60	9.90	10.20	10.50
7	7.35	7.70	8.05	8.40	8.75	9.10	9.45	9.80	10.15	10.50	10.85	11.20	11.55	11.90	12.25
8	8.40	8.80	9.20	9.60	10.00	10.40	10.80	11.20	11.60	12.00	12.40	12.80	13.20	13.60	14.00
9	9.45	9.90	10.35	10.80	11.25	11.70	12.15	12.60	13.05	13.50	13.95	14.40	14.85	15.30	15.75
10	10.50	11.00	11.50	12.00	12.50	13.00	13.50	14.00	14.50	15.00	15.50	16.00	16.50	17.00	17.50
20	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00	33.00	34.00	35.00
30	31.50	33.00	34.50	36.00	37.50	39.00	40.50	42.00	43.50	45.00	46.50	48.00	49.50	51.00	52.50
40	42.00	44.00	46.00	48.00	50.00	52.00	54.00	56.00	58.00	60.00	62.00	64.00	66.00	68.00	70.00
50	52.50	55.00	57.50	60.00	62.50	65.00	67.50	70.00	72.50	75.00	77.50	80.00	82.50	85.00	87.50
60	63.00	66.00	69.00	72.00	75.00	78.00	81.00	84.00	87.00	90.00	93.00	96.00	99.00	102.00	105.00
70	73.50	77.00	80.50	84.00	87.50	91.00	94.50	98.00	101.50	105.00	108.50	112.00	115.50	119.00	122.50
80	84.00	88.00	92.00	96.00	100.00	104.00	108.00	112.00	116.00	120.00	124.00	128.00	132.00	136.00	140.00
90	94.50	99.00	103.50	108.00	112.50	117.00	121.50	126.00	130.50	135.00	139.50	144.00	148.50	153.00	157.50

Time, week ending Saturday, May 3 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate DAYS	AMOUNT $	Cts.
Battley, J.									4	10	00
B[illegible], Willie									4	5	00
Barnes, Eula									5	12	50
Curtis, Betty									5	13	50
Curtis, Mary									5	7	50
Gilliland, Mary									3	6	00
Moore, [illegible]									5	12	50
[illegible], [illegible]									2	2	[illegible]
[illegible], [illegible]									5	12	50
Paxton, Pauline									4	6	00
Quinn, Martha									1	2	00
Roberts, Flo[illegible]									2	5	00
Scott, Lela									2	[illegible]	00
										100	30
Sarah Wade										18	00

Time, week ending Saturday, MAY 10 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
Battley, Janice								7		17	50
Bouchard, Wallie										8	00
B[illegible]								2		4	00
Brown, Eula								7		17	50
Callahan, Catherine								3		6	00
Curtis, Betty								6		15	60
Martin, Mary										9	00
Gilliland, Mary								7		14	00
Green, Rose								6		12	00
Lewis, Madeline								7		17	50
Loney, Winifred								5		12	00
McAnguy, David								2		4	00
Moore, [illegible]								7		17	50
[illegible], Irene										8	00
[illegible], Doris								7		17	50
Payton, Pauline										8	00
[illegible], Alma								5		[illegible]	[illegible]
Quinn, Martha								6		12	00
Roberts, Florine								6		15	00
Scott, Leta								7		17	50
[illegible], Valerie								2		5	00
[illegible], Marie								3		6	00

Time, week ending Saturday, MAY 10 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
King, Ruth								1		2	50
[illegible], Lucile								5		10	00
Compton, E.								3		6	00
x Wade, Sarah								1		2	40
Cottrel, Sybil								1/2		1	25
										273	70
Strong, Elaine								2		4	00
										277.	70

Time, week ending Saturday, May 17 1941

NAMES	S	M	T	W	T	F	S	Total Time PAYS	Rate	AMOUNT $	AMOUNT Cts.
~~VALLIE BOUCHARD~~										~~8~~	~~00~~
~~MABLE C. BREEDEN~~								6	~~2.00~~	~~12~~	~~00~~
~~CATHERINE CALLAHAN~~								7	~~2.00~~	~~14~~	~~00~~
~~GLORIA COFFEY~~										~~8~~	~~00~~
~~EMMA COMPTON~~								7	~~2.00~~	~~14~~	~~00~~
~~SYBIL COTTERALL~~								6	~~1.00~~	~~6~~	~~00~~
~~BETSY CURTIS~~								7		~~18~~	~~20~~
~~MARY CURTIS~~								8		~~12~~	~~00~~
~~MARY GILLILAND~~								7	~~2.00~~	~~14~~	~~00~~
~~X DELMAR GROSS~~								6	~~2.00~~	~~12~~	00
~~RUTH KENG~~								6		~~15~~	~~00~~
~~MADELINE LEWIS~~								6		~~15~~	~~00~~
~~WINIFRED LONEY~~								7	~~2.00~~	~~14~~	~~00~~
~~DAVID MC-ANGUS~~								7	~~2.00~~	~~14~~	00
~~IVA RUE MOORE~~								6		~~15~~	~~00~~
~~IRENE NEUFIELD~~										~~8~~	~~00~~
~~PAULINE PEYTON~~										~~8~~	~~00~~
~~MARTHA QUINN~~								7		~~14~~	~~00~~
~~DORIS ORR~~								7		~~17~~	~~50~~
~~FLORINE ROBERTS~~								7		~~17~~	~~50~~
~~LEILA SCOTT~~								7		~~17~~	~~50~~
~~VALERA STEGLICH~~								7		~~17~~	~~50~~

Time, week ending Saturday, 19

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
CONTINUED											
~~DORIS TURNER~~								6		~~6~~	~~85~~
~~MARIE UNIS~~								7		~~19~~ 14	~~00~~ 00
~~JANICE BATTLEY~~								~~7~~		~~17~~	~~50~~
~~EULA BROWN~~								7		~~17~~	~~50~~
~~JULIA BRYDON~~											
										352.	55
~~Alma Cohn~~										~~10.00~~	
										362.	55
Elaine Strong								7		14	00
										376	55

Time, week ending Saturday, MAY 24 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
~~Battley, Janice~~								2	2.50	15	00
~~Bouchard, Vallie~~										8	00
~~Breeden Mabel Claire~~										12	00
~~Brown, Mrs. Eula~~										15	00
~~Brown, Mae Maureen~~										15	00
~~Callahan, Catherine~~										12	00
~~Coffey, Gloria~~										8	00
~~Catteral, Sybil~~										6	[illegible]
~~Compton, Emma~~										12	00
~~[illegible], Madeleine~~											
~~Curtis, Mary~~										14	00
~~Garrett, Jane~~										12	[illegible]
~~Gilliland, Mary~~										12	00
~~Groves, Rose~~										12	00
~~King, Ruth~~										15	00
~~Lewis, Madeline~~										17	50
~~Loney, Winifred~~										14	00
~~McAngus, David~~										14	00
~~Moore, [illegible]~~										15	00
~~Newfield, Irene~~										8	00
~~Orr, Doris~~										17	50
~~Payton, Pauline~~										8	00

Time, week ending Saturday, MAY 24 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
~~Prather, [illegible]~~										10	00
~~Bussey, Mrs.~~										17	50
~~Roberts, Florine~~										15	00
~~Schmitz, B[illegible]~~										15	00
~~Scott, Lela~~										17	50
~~Stafford, Thelma~~										15	00
~~Turner, Doris~~										7	50
~~Unis, Marie~~										15	00
~~Wilkin, [illegible]~~										12	00
~~Preston, Alma~~										12	00
										398	50
~~Strong, Elaine~~										14	00
										412	50
Advance	(Doris Turner)									7	50
Pay Roll	(Advance)									414	00
										421	50
Pay Roll (actual)										412	50
Bal.										9.	00
Stamps											18
Bal. on hand										8	82

Time, week ending Saturday, MAY 31 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Battley, Janice										17	50
Bouchard, Vallie										8	00
Breeden, Mable Claire								6		7	50
Brown, Mrs. Eula								6		15	00
Browne, Mrs. Maureen								accumulated time		47	00
Callahan, Catherine								7		14	00
Cattural, Sylvia								4½		9	00
Coffey, Gloria										8	00
Compton, Emma								6		12	00
Curtis, Mary								7		14	00
Crow, Madeline								3		6	00
Barrett, Jane								7		14	00
Fitzland, Mary								6		12	00
Goodman, Sallie								3		6	00
Hood, Rose								6		12	00
Long, Ruth								6		15	00
Lewis, Madeline								7		17	50
Loney, Winifred								7		17	50
Lee, Sarah								3		6	00
McAngus, David								7		14	00
Moore, Ira Rae								6		15	00
Newfield, Irene										8	00

Time, week ending Saturday, MAY 31 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Orr, Doris								7		17	50
Payton, Pauline										8	00
Peavy, Maude								7		17	50
Quinn, Martha								0			
Roberts, Florine								6		15	00
Schnautz, Bess								6		15	00
Scott, Lela								6		15	00
Sherman, Dorothy								7		18	69
Steglich, Valeria								6		15	00
Strong, Elaine								7		14	00
Tames, Doris								6		8	68
Tunis, Marie								6		15	00
Wilkie, Jerry								7		14	00
Prehn, Alma								6		12	00
Boggess, Mina		S	-	24				7		19	50
Green, Jeanne								4		8	00
Dunn, Emmy Lee								3		6	00
Harris, Mary E.								3		6	00
Mullins, Alma J.								4		8	00
Luther, Mrs.								1		2	00
								over			

Time, week ending Saturday, May 31 1941 Continued

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Total										532	27

Time, week ending Saturday, [illegible] 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday, June 7 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
Battley, Janice								6	✓	15	00
Boggess, Mina								7	✓	17	50
Breckin, Mabel C.								6	✓	12	00
Brown, E. [illegible]								6½	✓	16	25
B[illegible], Maureen								7½	✓	15	00
Callahan, Catherine								7	✓	14	00
Cattrial, Sybil								6½	✓	13	00
Clark, Johnnie								7	✓	14	00
Coffey, Gloria									✓	8	00
Compton, Emma								6	✓	12	00
Crow, Madeline								6	✓	12	00
Curtis, Mary								7	✓	14	00
Dunn, Emory Lea								6	✓	12	00
Elam, Norine								7	✓	14	00
Garrett, Jane								7	✓	14	00
Gilliland, Mary								7	✓	14	00
Goodman, [illegible]								7	✓	14	00
Green, Jeanne								6	✓	12	00
G[illegible], R.								6	✓	12	00
Harris, Marie E.								7	✓	14	00
King, Ruth								7	✓	17	50
Lee, Sarah								6½	✓	13	00

Time, week ending Saturday, June 7 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	Cts.
Lewis, Madeline								6	✓	15	00
Loney, Winifred								7	✓	17	50
Lutz, R.								7	✓	14	00
Maretka, Jean								6	✓	12	00
McAngus, David								7	✓	14	00
Moore, Iva Lee								6	✓	15	00
Mullins, Alma J.								7	✓	14	00
Newfield, [illegible]									✓	8	00
Orr, Doris									✓	17	50
Payton, Pauline									✓	8	00
Pressey, Maude								7	✓	17	50
Prater, Al[illegible]								6	✓	12	00
Roberts, Florine								3½	✓	8.75	
Schnautz, Bess								2	✓	5	00
Scott, Lila								6	✓	15	00
Sherman, Dorothy								7	✓	18	69
Strong, Elaine								7	✓	14	00
Turner, Doris								6	✓	8	58
Tinis, Marie								6	✓	15	00
Wilkes, Jerry								7	✓	14	00
Thelma B. Gatoura								5	✓	10	00
Mae Belle Allen								5	✓	10	00

Time, week ending Saturday, ~~June~~ 7 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
~~Farras, Millicent~~								3	✓	3	00
~~Bird, Margaret~~								1	✓	2	00
~~Maine, Herbert~~								5	✓	12	50
~~Mueller, Homer~~								6	✓	10	00
~~Porter, Mary Ruth~~								4	✓	8	00
~~Prescott, Mrs. E.~~								5	✓	10	00
~~Trau, Marilyn~~								5	✓	10	00
~~Quinn, Martha~~								5		10	00
~~Bouchard, Vallie~~									✓	8	00
~~Manchester, Mrs.~~								4½	✓	9	00
										685	27
Elaine Strong	Back Salary									23	00
	two weeks "									14	00
										=	

Time, week ending Saturday, 19

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday, June 14 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Allen, Mae Belle								6		12	00
[illegible], Mina								7		17	50
Borchard, Callie										8	00
Mabel Clair [illegible]								6		12	00
Edna B[illegible]								7		17	50
Maureen Brown								6		12	00
Catherine Callahan								7		14	00
Cattural, Sybil								6		12	00
Clark, Johnny								6		12	00
Coffey, Gloria										8	00
Compton, Emma								6		12	00
Crow, Madeline								6		12	00
Curtis, Mary								7		14	00
Dixon, Emmaglea								6		12	00
Elam, Norine								7		14	00
Farrar, Millicent								7		7	00
Farrell, Jane								7		14	00
Gathright, Erwin								2		4	00
[illegible], Thelma								7		14	00
Goodman, Lallie L.								10		12	00
Greene Jeanne								6		12	00
Groce, Rose								6		12	00

Time, week ending Saturday, June 14 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Harris, Mary E								7		14	00
Kemp, Ruth								7		17	50
Lee, Dallie								7		14	00
Lewis, Madeline								7		17	50
Loney, Winifred								7		17	50
Luther, Bess								7		14	00
Manning, Hubert								7		17	50
Martha, [illegible]								6		12	00
Moore, Ina Rae								7		17	50
Mueller, H[illegible]								7		14	00
Mullins, Alma								3½		7	00
Neufeld, Irene								7		8	00
Porter, Mary Ruth								6		12	00
Payton, Pauline								6		8	00
Peavey, Maude								7		17	50
Preston, Alma								6		12	00
Quine, Martha								6		12	00
Roberts, H[illegible]								6		15	00
Scott, D[illegible]								4		10	00
Scott, L[illegible]								7		17	50
Sherman, Dorothy								7		18	69
Strong, Elaine								7		17	50

Time, week ending Saturday, June 14 19 41

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Iver, Marilyn								7		14	00
Turner, Doris								6		8	58
Ulloo, Marie								6		15	00
Wick, Jerry								7		14	00
Hagerty, Joan								3		6	00
Gilliland, Mary								7		14	00
Dalrymple, David								7		14	00
Peacock, M. S.								7		14	00
Manchester, Peter								6		12	00
Battley, Janice								6		17	50
Holland, Betty								3		6	00
Jato, Linda								6		12	00
Jato, Rosemary								1		2	00
										123	77

Time, week ending Saturday, 19

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday, June 21 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Allen, Mac Belle								7		14	00
Battles, Frances								7		17	50
Boggess, Nina								7		17	50
Burford, Callie								6		8	00
Brown, Lula								7		12	00
Brown, Maureen								6		12	00
Callahan, Catherine								7		14	00
Clark, John								6		12	00
Cotton, Lydia								5½		11	00
Compton, Emma								7		14	00
Cox, Madeline								6		12	00
Curtis, Mary								7		14	00
Dunn, Peggy								6		12	00
Elam, Norine								7		14	00
Farrar, Millicent								7		7	00
Fothergill, Lois								7		14	00
Fox, Elena								7		14	00
Gilliland, Mary								7		14	00
Goodman, Sallie								6		12	00
Greene, Jeane								6		12	00
Goode, Rose								6		12	00
Hagerty, Joan								6		12	00

Time, week ending Saturday, June 21 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Holland, Ruby								7		7	00
Hunt, Paul								5		10	00
Kemp, Ruth								7		17	50
Lee, Sallie								7		14	00
Lewis, Madeline								7		17	50
Long, Winifred			✓					7		17	50
Marshall, Peter								6		12	00
Marietta, Jean								6		12	00
McAugus, David								7		17	50
McCorkle, Elayne								5		10	00
McConnell, Eloyce								5		10	00
McConnell, Laura								5		10	00
Moore, Louise								6		15	00
Mueller, Homer								7		14	00
Mullins, Alma								2		4	00
Ogaba, Helen								5		10	00
Payton, Pauline								6		8	00
Peacock, Mrs								7		14	00
Peavey, Maude								7		17	50
Porter, Mary Ruth								6		12	00
Reber, Alma								6		12	00
Rust, Eugenia								4		8	00

Time, week ending Saturday, June 21 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Quinn, Martha								7		14	00
Roberts, Florine								5½		14	00
Scott, Dolores								6		15	00
Scott, Lela								7		17	50
Sherman, Dorothy			1					7		18	69
Strong, Elaine								7		19	50
Tew, Marilyn								7		14	00
Turner, Doris								7		10	00
Unis, Marie								7		19	50
Wilks, Jerry								7		14	00
John, Nina								6		12	00
Pettit, Josephine								4		8	00
										790	19
Baskin, Jim										5	00

Time, week ending Saturday, 19

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday, June 27 1941

NAMES	S	M	T	W	T	F	S	Total Time DAYS	Rate	AMOUNT $	AMOUNT Cts.
Allen, Mae Belle								5		10	00
Battley, Janice								5		12	50
Boggess, Irma								6		15	00
Bouchard, Vallie								5		8	00
Brown, Eula								5		12	50
Bruden, Mabel C.								5		10	00
Calhoun, Catherine								5		10	00
Catteral, Sybil								1		2	00
Clark, Johnnie								6		12	00
Coffey, Gloria								5		8	00
Compton, Emma								5		10	00
Crow, Madeline								5		10	00
Curtis, Mary								6		12	00
Dunn, Emory								5		10	00
Elam, Norine								6		12	00
Erwin Yatheright								5		10	00
Fatoura, Helma								5		10	00
Garrett, Jane								5		10	00
Goodman, Sallie								5		10	00
Greene, Jeanne											
Gross, Rose								5		10	00
Haggerty, Joan								5		10	00

Time, week ending Saturday, June 27 1941

NAMES	S	M	T	W	T	F	S	Total Time Days	Rate	AMOUNT $	AMOUNT Cts.
Hallard, Bobby								6		6	00
Hunt, Pauline								6		12	00
Jahn, Nina								5		10	00
Kang, Ruth								6		15	00
Lee, Sallie								5		10	00
Lewis, Madeline								6		15	00
Loney, Winifred								6		15	00
Luther, Lesa								5		10	00
Manning, Herbert								5		12	50
Mantka, Jean								5		10	00
McAngus, David								6		12	00
McConnell, Elayne								5		10	00
McConnell, Elyce								5		10	00
McConnell, Laura								5		10	00
Moore, Luella								6		12	00
Mueller, Homer								6		12	00
Oata, Helen								5		10	00
Peacock, Mosam								6		12	00
Penney, Maude								6		15	00
Pilcher, Josephine								4		8	00
Porter, Mary Ruth											
Rocha, Alma								5		10	00

Time, week ending Saturday, June 21 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Quinn, Martha								6		12	00
Roberts, Florine								5		10	00
Scott, Dolores								6		15	00
Scott, Lila											
Sherman, Dorothy								6		16	02
Strong, Elaine								6		15	00
Tees, Marilyn								5		10	00
Turner, Doris								4		5	72
Vais, Marie								6		15	00
Wilke, Jerry								6		12	00
Mandeville, Peter										3	00
Mary Gilliland								5		10	00
Barton, Pauline										4	00
Bridwin, Jimmy										5	00

Time, week ending Saturday, 19

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Julia Bryson										155	00
										155	00
										40	00
										350	00

TOTAL

Time, week ending Saturday,_____ 19____

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday,_____ 19____

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Form 1—(Revised May 1940)
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

RECEIPT FOR PAYMENT OF TAXES

Income 1 856
(Class of tax)

Collector's Office ____, *District of* ____

at ____ *Date* 8/5/41

(Description of collection: tax, penalty, interest, or offer in compromise, etc.)

(NAME AND ADDRESS OF TAXPAYER)

Travis County Johnson Jr. for
State Treas.
Austin Tex.

COLL. INT. REV.
Rec'd With Remittance
AUG 5 1941
DIST. TEX.

6/30/41
(Period covered)

Amount, $ 111 27

Received payment,

W. A. Ruhn
Dep *Collector of Internal Revenue.*

2—2792

Processing Note:

12/23/2024

The following document has a total of 50 pages, including the document's front and back covers. 18 pages have been scanned in the two-page spread format. The remaining pages have not been scanned either because there is no unique information on the page, or the page contains personally identifiable information.

Robert Mar

Digitization Technician

Standard B&P Blank Books and Loose Leaf Devices

Standard Time Book

No.	Description
589	Weekly Form, Names & Days on Same Page
589½	Weekly Form, Names & Days on Opp. Pages
605	Two Weekly Form
587	Monthly Form

Specify by Number the Book desired

Made in U. S. A.

TIME BOOK

WEEKLY 589

TABLE OF WAGES BY THE HOUR

	.25	.30	.35	.40	.45	.50	.55	.60	.65	.70	.75	.80	.85	.90	.95	1.00
¼	.06	.08	.09	.10	.11	.13	.14	.15	.16	.18	.19	.20	.21	.23	.24	.25
½	.13	.15	.18	.20	.23	.25	.28	.30	.33	.35	.38	.40	.43	.45	.48	.50
¾	.19	.23	.26	.30	.34	.38	.41	.45	.49	.53	.56	.60	.64	.68	.71	.75
1	.25	.30	.35	.40	.45	.50	.55	.60	.65	.70	.75	.80	.85	.90	.95	1.00
2	.50	.60	.70	.80	.90	1.00	1.10	1.20	1.30	1.40	1.50	1.60	1.70	1.80	1.90	2.00
3	.75	.90	1.05	1.20	1.35	1.50	1.65	1.80	1.95	2.10	2.25	2.40	2.55	2.70	2.85	3.00
4	1.00	1.20	1.40	1.60	1.80	2.00	2.20	2.40	2.60	2.80	3.00	3.20	3.40	3.60	3.80	4.00
5	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00
6	1.50	1.80	2.10	2.40	2.70	3.00	3.30	3.60	3.90	4.20	4.50	4.80	5.10	5.40	5.70	6.00
7	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20	4.55	4.90	5.25	5.60	5.95	6.30	6.65	7.00
8	2.00	2.40	2.80	3.20	3.60	4.00	4.40	4.80	5.20	5.60	6.00	6.40	6.80	7.20	7.60	8.00
9	2.25	2.70	3.15	3.60	4.05	4.50	4.95	5.40	5.85	6.30	6.75	7.20	7.65	8.10	8.55	9.00
10	2.50	3.00	3.50	4.00	4.50	5.00	5.50	6.00	6.50	7.00	7.50	8.00	8.50	9.00	9.50	10.00
20	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00
30	7.50	9.00	10.50	12.00	13.50	15.00	16.50	18.00	19.50	21.00	22.50	24.00	25.50	27.00	28.50	30.00
40	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00	26.00	28.00	30.00	32.00	34.00	36.00	38.00	40.00
50	12.50	15.00	17.50	20.00	22.50	25.00	27.50	30.00	32.50	35.00	37.50	40.00	42.50	45.00	47.50	50.00
60	15.00	18.00	21.00	24.00	27.00	30.00	33.00	36.00	39.00	42.00	45.00	48.00	51.00	54.00	57.00	60.00
70	17.50	21.00	24.50	28.00	31.50	35.00	38.50	42.00	45.50	49.00	52.50	56.00	59.50	63.00	66.50	70.00
80	20.00	24.00	28.00	32.00	36.00	40.00	44.00	48.00	52.00	56.00	60.00	64.00	68.00	72.00	76.00	80.00
90	22.50	27.00	31.50	36.00	40.50	45.00	49.50	54.00	58.50	63.00	67.50	72.00	76.50	81.00	85.50	90.00

TABLE OF WAGES BY THE HOUR (Continued)

	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.65	1.70	1.75
¼	.26	.28	.29	.30	.31	.33	.34	.35	.36	.38	.39	.40	.41	.43	.44
½	.53	.55	.58	.60	.63	.65	.68	.70	.73	.75	.78	.80	.83	.85	.88
¾	.79	.83	.86	.90	.94	.98	1.01	1.05	1.09	1.13	1.16	1.20	1.24	1.28	1.31
1	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.65	1.70	1.75
2	2.10	2.20	2.30	2.40	2.50	2.60	2.70	2.80	2.90	3.00	3.10	3.20	3.30	3.40	3.50
3	3.15	3.30	3.45	3.60	3.75	3.90	4.05	4.20	4.35	4.50	4.65	4.80	4.95	5.10	5.25
4	4.20	4.40	4.60	4.80	5.00	5.20	5.40	5.60	5.80	6.00	6.20	6.40	6.60	6.80	7.00
5	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50	7.75	8.00	8.25	8.50	8.75
6	6.30	6.60	6.90	7.20	7.50	7.80	8.10	8.40	8.70	9.00	9.30	9.60	9.90	10.20	10.50
7	7.35	7.70	8.05	8.40	8.75	9.10	9.45	9.80	10.15	10.50	10.85	11.20	11.55	11.90	12.25
8	8.40	8.80	9.20	9.60	10.00	10.40	10.80	11.20	11.60	12.00	12.40	12.80	13.20	13.60	14.00
9	9.45	9.90	10.35	10.80	11.25	11.70	12.15	12.60	13.05	13.50	13.95	14.40	14.85	15.30	15.75
10	10.50	11.00	11.50	12.00	12.50	13.00	13.50	14.00	14.50	15.00	15.50	16.00	16.50	17.00	17.50
20	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00	33.00	34.00	35.00
30	31.50	33.00	34.50	36.00	37.50	39.00	40.50	42.00	43.50	45.00	46.50	48.00	49.50	51.00	52.50
40	42.00	44.00	46.00	48.00	50.00	52.00	54.00	56.00	58.00	60.00	62.00	64.00	66.00	68.00	70.00
50	52.50	55.00	57.50	60.00	62.50	65.00	67.50	70.00	72.50	75.00	77.50	80.00	82.50	85.00	87.50
60	63.00	66.00	69.00	72.00	75.00	78.00	81.00	84.00	87.00	90.00	93.00	96.00	99.00	102.00	105.00
70	73.50	77.00	80.50	84.00	87.50	91.00	94.50	98.00	101.50	105.00	108.50	112.00	115.50	119.00	122.50
80	84.00	88.00	92.00	96.00	100.00	104.00	108.00	112.00	116.00	120.00	124.00	128.00	132.00	136.00	140.00
90	94.50	99.00	103.50	108.00	112.50	117.00	121.50	126.00	130.50	135.00	139.50	144.00	148.50	153.00	157.50

Time, week ending Saturday, May 3 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
LYNNTON ESTES					½	1	1	2½	250	6	25
GERALD DEE DRISKILL			1	1	1	1	1	5	200	10	00
CLAUDE ZIEGLER					1	1	1	3	@ 50¢	1	50

PII on this page has been concealed.

Time, week ending Saturday, May 10 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate WK	AMOUNT $	AMOUNT Cts.
L. Estes	1	1	1	1	1	1	1	7	17.50	17	50
J. Driskill	1	1	1	1	1	1	1	7	15-	15	00
Claude Ziegler	1	1	1	1	1	1	1	7	@ 50 da	3	50
F.W. BAYER	1	1	1	1	1	1	1	7	3.50	3	50
EDMUND LENZ			1	1	1	1	1	5	15.00	10	50

Time, week ending Saturday, May 17 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
L. Estes	1	1	1	1	1	1	1	7		17	50
J. Driskill	1	1	1	1	1	1	1	7		15	00
CLAUDE ZIEGLER	1	1	1	1	1	1	1	7		3	50
F.W. BAYER	1	1	1	1	1	1	1	7		4	50
EDMOND LENZ	1	1	1	1	1	1	1	7		15	00
VERNON DONLOP	1	1	1	1	1	1	1	7		3	50

PII on this page has been concealed.

Time, week ending Saturday, May 24th 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lynnton Estes	1	1	1	1	1	1	1	7	17.50	17	50
Gerald Driskill	1	1	1	1	1	1	1	7	15.00	15	00
Edward Lenz	1	1	1	1	1	1	1	7	15.00	15	00
Vernon Dunlop		1	1	1	1	1	1	6	10.00	10	00
Claude Zeigler	1	1	1	1	1	1	1	7	3.50	3	50
F. W. Bayer		1	1	1	1	1	1	6	3.50	3	50

Time, week ending Saturday, May 31 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lynnton Estes	1	1	1	1	1	1	1	7	17.50	17	50
Gerald Driskill	1	1	1	1	1	1	1	7	15.00	15	—
Edward Lenz	1	1	1	1	1	1	1	7	15.00	15	—
Vernon Dunlop	1	1	1	1	1	1	1	7	10.00	10	—
F. W. Bayer	+	1	1	1	1	1	1	6	3.50	3	50

Time, week ending Saturday, June 7th 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lynnton Estes	/	/	/	/	/	/	/	7		17	50
Gerald Driskill	/	/	/	/	/	/	/	7		15	00
Edmund Lenz	/	/	/	/	/	/	/	7		15	00
Vernon Dunlop	/	/	/	/	/	/	/	7		10	00
F. W. Bayer	/	/	/	/	/	/	/	7		3	50
Claude Zeigler	/	/	/	/	/	/		6		3	50
Julian Estes		/	/	/	/	/	/	6		10	00
										1450	

Time, week ending Saturday, June 14 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lynnton Estes	/	/	/	/	/	/	/	7		17	50
Gerald Driskill	/	/	/	/	/	/	/	7		15	00
Edmund Lenz	/	/	/	/	/	/	/	7		15	00
Isaac Heffington	/	/	/	/	/	/	/	7		10	00
Vernon Dunlop	/	/	/	/	/	/	/	7		10	00
Julian Estes	/	/	/	/	/	/	/	7		15	00
F. W. Bayer		/	/	/	/	/	/	6		3	50
										86	00

Time, week ending Saturday, June 21 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lynnton Estes	1	1	1	1	1	1	1	7	17.50		
Gerald Driskill	1	1	1	1	1	1	1	7	15.00		
Edmund Lenz	1	1	1	1	1	1	1	7	15.00		
Vernon Dunlop	1	1	1	1	1	1	1	7	10.00		
Julian Estes Jr.	1	1	1	1	1	1	1	7	15.00		
Issac Heffington	1	1	1	1	1	1	1	7	10.00		
H. W. Boyer		1	1	1	1	1	1	6	3.50		
McDonald											

Time, week ending Saturday, June 28th 1941

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Gerald Driskill	1	1	1	1	1	1	1	7		4	00
Edmund Lenz	1	1	1	1	1	1	1	7		4	00
Julian Estes	1	1	1	1	1	1	1	7		4	00
Issac Heffington	1	1	1	1	1	1	1	7		4	00
H. W. Boyer		1	1	1	1	1	1	6		3	50
Lynnton Estes	1	1	1	1	1	1	1	7			

TOTAL

Time, week ending Saturday, _____ 19____

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Lymnton Estes										128	75
Driskell										119	00
Ed Leny										104	50
Dunlop										53	50
Ed Zeigler										15	50
Julian Estes										44	00
IKEY Heffington										24	00
F. W. Bayes										25	50
										5	1475

Time, week ending Saturday, _____ 19____

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.

Time, week ending Saturday, _____ 19____

NAMES	S	M	T	W	T	F	S	Total Time	Rate	AMOUNT $	AMOUNT Cts.
Case		3	9	5	8				5		
Case			0	9	4	4					
1006 Shelby											
Case		2	3	2	4	0	2	19	09		
Case			9	7	6	4					
Burglary								4			
4509 Oakdale										37	50

PII on this page has been concealed.